



Using a Limerick Writing Contest to Address Residency and Career Stress and Foster Connection Among Pediatric Residents Approaching Graduation

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WHAT'S NEW

Creative game play that leverages humor and evokes joy in an emotionally safe setting may support discussions about stress, promote relationship-building, and offer residents a unique opportunity to think creatively. Trauma-informed approaches may augment emotional safety and facilitate participant engagement.

AS THIRD-YEAR PEDIATRIC residents prepare to graduate, they commonly navigate uncertainty around “ending” residency life and transitioning to new professional settings.¹ Residents graduating in summer 2021 faced additional emotional challenges in career preparation due to coronavirus-19.² Our residency program therefore sought to deliver a wellness activity to address residency and career stressors specific to the 2021 graduating class during a previously planned professional development session focusing on career transition.

In 2020, our program implemented a storytelling event that residents perceived as beneficial for emotional growth. However, a subset of residents reported stress while listening to stories meant to promote wellness.³ This prompted us to consider other approaches to wellness activities, including those that could evoke joy through creativity, humor, and game play. We hypothesized that residents would perceive a compassionately-delivered lighthearted limerick writing contest as an enjoyable, useful means of addressing residency and career stress and that limerick writing-and-sharing would promote peer bonding and provide creative skill competence.

EDUCATIONAL APPROACH & INNOVATION

Bandura’s social cognitive theory guided activity development. Bandura posits that “knowledge structures are formed from the styles of thinking and behavior that are modeled.”⁴ Bandura contends that learners will attempt new activities where they see others succeed and avoid activities where they see others fail.⁴ Although creative exercises are increasingly used in medical education to support emotional processing,⁵ medicine’s perfectionistic culture may make residents hesitant to engage in creative activities in which they are not experts. We sought approaches that would encourage enjoyable, low-stakes group engagement and make activity competence straightforward to achieve.

To do this, we integrated humor, which promotes stress-reduction and interpersonal bonding,⁶ with game play, which motivates learning, promotes relationship-building, and facilitates conversation about difficult topics.^{7,8} We selected limerick writing for its simplicity (5 lines with straightforward rhythm and rhyming) and function (humor, levity).

To cultivate emotional safety, we applied trauma-informed medical education (TIME) strategies.⁹ TIME fosters mutuality and collaboration; trust, transparency; empowerment, voice, choice; and sociocultural safety, demonstrating care for learners and facilitating growth.⁹ TIME acknowledges that asking learners to discuss stressors without cultivating safety may unintentionally trigger adverse emotional reactions (Figure).^{9–11}

We implemented the activity during a professional development session for third-year pediatric residents in April 2021. The facilitator opened by naming and

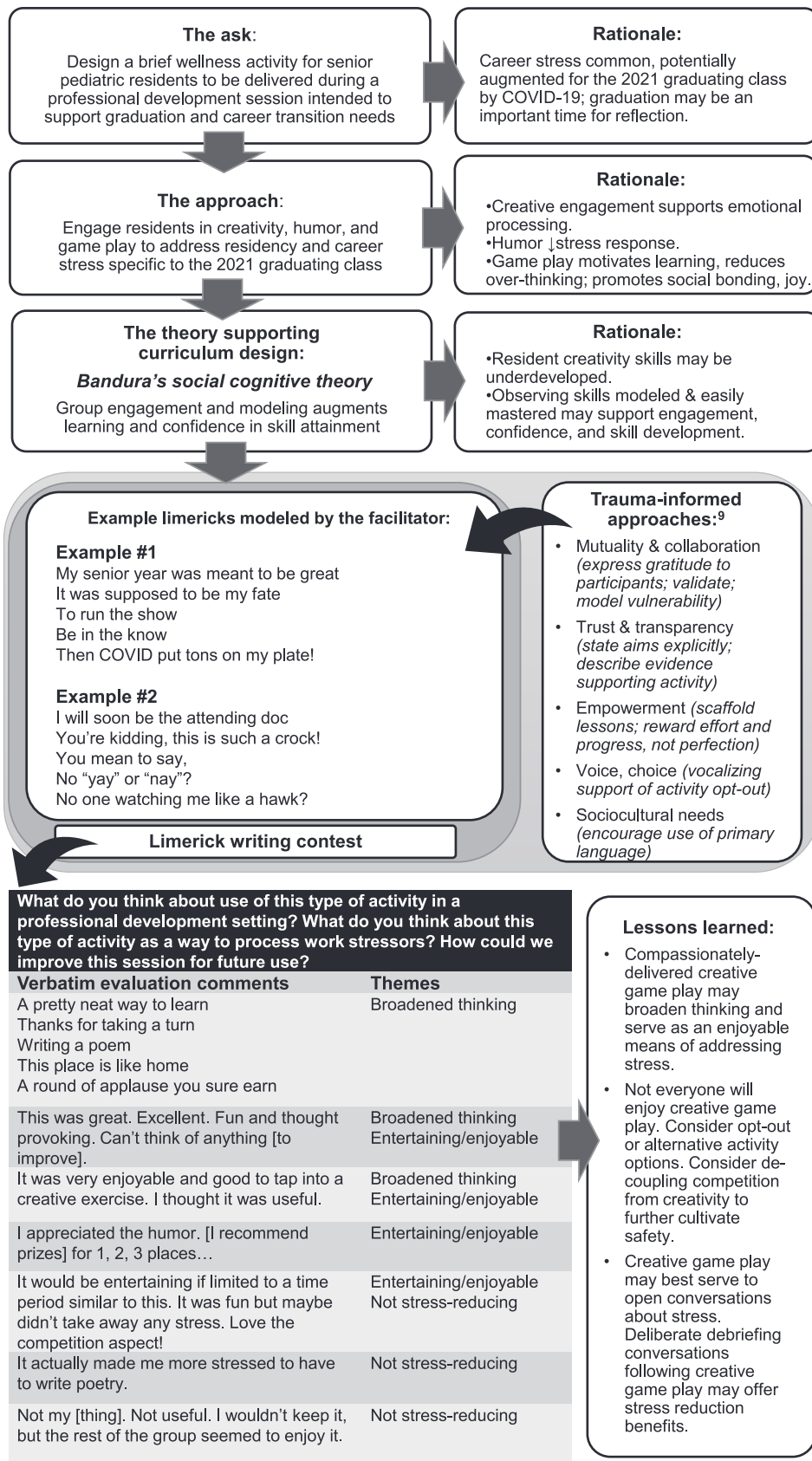


Figure. Key steps and lessons learned in implementing the limerick writing contest.

validating stressors residents faced during training. The facilitator introduced the activity, described benefits of creative engagement, explained limerick form and function, and modeled personally written, lighthearted and imperfect career-stress limericks. Residents had seven minutes to write limericks about training or career stress and were informed that the most prolific—not best—poet would win a small prize. Volunteers read limericks aloud. The facilitator closed the activity by noting common themes and determining the winner.

MEASUREMENTS

After the activity, we administered a 5-point scale survey evaluating activity enjoyability, activity utility in addressing residency/career stress, activity utility in promoting social connection, and perceived limerick expertise. We dichotomized responses as “not true” (“not at all” or “somewhat true”) or “true” (“moderately,” “very,” or “extremely true”). Free-text questions elicited feedback on activity use in professional development and stress processing. We performed inductive content analysis of free-text responses to ascertain emergent themes (Figure).

RESULTS

Eight of 11 resident participants completed the evaluation (72.7%). Most residents selected “moderately,” “very,” or “extremely true” that the activity was enjoyable ($n = 7$, 87.5%), useful for addressing residency/career stress ($n = 7$, 87.5%) and connecting with peers ($n = 6$, 75%), and that they could teach someone else to write a limerick ($n = 6$, 75%). Free-text comments revealed 3 themes: 1) Broadened thinking, 2) entertaining/enjoyable, and 3) not stress-reducing (Figure).

DISCUSSION AND NEXT STEPS

Most residents reported that this unconventional activity was enjoyable and offered utility in addressing stress and facilitating peer bonding. The activity offered a broadened approach to thinking for some residents. We discovered that although the activity offered perceived utility in addressing stress for most residents, the activity likely did not reduce stress and, as in our storytelling event, may have heightened stress for at least one person.

These results suggest that creative game play may enable entry into more focused and reflective wellness discussions for many but not all residents. Such activities may ease internal tension around disclosing hardships by increasing social acceptability of experiencing stress.⁸ The shared vulnerability of acknowledging stressors and engagement with a new creative skill within a safe setting may facilitate stress awareness and social connectedness among peers.^{7,8} We suspect that the brevity and lightheartedness of this activity provided insufficient structure for reducing stress and that more deliberate conversations following the activity may offer stress reduction benefits.

Despite the possible benefits of creative game play, we wonder whether the competitive aspect contributed to the creative writing stress reported by one participant. In

weighing competition risks and benefits, we hypothesized that the safety we otherwise cultivated by choosing limericks and using TIME would offer sufficient protection from severe contest stress. However, it is possible that the participant who reported activity-related stress might have had a better experience in a time-relaxed, noncompetitive setting, especially if creative engagement was new, challenging, or unpleasant for the participant. Residents who did not complete the evaluation might have experienced similar stress, and even mild stress evoked by creative game play may not be acceptable in wellness activities.

We do suspect that cultivating safety through skill modeling and TIME were overall supportive in facilitating engagement and augmenting activity enjoyment. Compassionately modeling creative activities as low-stakes, accessible, and necessarily imperfect may ease stress of engaging with new creative skills and engender creative skill confidence. Although it may be impossible to avoid generating stress in all participants during wellness activities, to further cultivate safety, programs might consider 1) informing residents in advance about session plans, 2) giving explicit opportunities to opt out, or 3) providing alternative activities, which we did not do.

Limitations in this pilot include small sample size in a single residency program and inability to assess perceptions of the 3 survey noncompleters. Future studies should assess the impact of humor-evoking creative activities, contests, and TIME within larger groups and across training programs to understand their potential roles in supporting wellness.

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