Burned out on burnout? Changing course with peer support

BY DAVID RIGBERG, MD, AND KRISTYN MANNOIA, MD

Imagine a conversation with a (nonvascular surgeon) colleague about aortic dissections. “Renal malperfusion,” he says, “is just part of the natural history of the condition. Nothing you can really do about it.” You, of course, take issue with this and explain the possible interventions and the robust supporting data that have essentially changed the way we approach management of complicated aortic dissections. Perhaps you are a surgeon only a year out of fellowship, and you have never encountered this old dogma before. You have seen during training what a difference early intervention can make. And yet this doctrine is new enough that there are people in practice who are unaware of—or discount—the significant advances made in the treatment of complicated dissections.

This month the SVS Member Support Group topic is burnout. Yes, again. But the point our community is trying to drive home is that burnout is another condition we can treat. We know that more than 50% of physicians report being burned out. Our Society for Vascular Surgery member survey found that 41% of SVS members meet criteria for burnout. And the natural history, so to speak, is well studied. In physicians who experience emotional exhaustion, depersonalization or diminished sense of personal success—the main measures of burnout—there is an increased risk of motor vehicle accidents, depression, substance abuse and suicidal ideation.

Professionally, burnout can contribute to suboptimal care, disruptive behavior, malpractice lawsuits and reduced patient satisfaction with the surgeon. In a broader context, major medical error and premature departure from a job are significantly more common in physicians who report symptoms of burnout.

This is part of a natural history we do not need to accept; it is a clinical certainty we can challenge. Being a vascular surgeon does not need to lead to burnout at such high rates. Residents and fellows entering vascular surgery can start with a new paradigm of practice just as we did with aortic dissection. And once there are warning signs, we now know there are interventions we can undertake to change the course of this condition.

So why is the practice of vascular surgery so often a set-up for burnout? Part of the problem is the gravity of the consequences that accompany our “failures”—stroke, amputation, paralysis and death at the most serious. And even the stress of patient dissatisfaction with seemingly “minor” problems can overwhelm any conscientious surgeon. Add to this the urgent nature of much of our work, and it is no mystery why we are particularly susceptible to burnout as a specialty. But recognizing that we are all working in these conditions provides an opportunity for coping with these situations in a healthier way.
Most obvious opportunities for change are focused on systems that create environments conducive to burnout. The SVS provides excellent resources for organizational improvement: go to SVSConnect for tips on maximizing on electronic medical record templates or the SVS website (vascular.org) for credentialing resources, among other things.

For many vascular surgeons, though, expecting large organizational change is unrealistic. What we do have, though, is potent if we can take advantage of it: a body of surgeons with a deep well of experience and wisdom.

From medico-legal advice, to business guidance, to emotional support, please visit SVSConnect (vsweb.org/SVSConnect) . We can support each other as peers and empower a change in the natural history of burnout in our community.

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