



Wellness Task Force to Update Its Work

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Three Sessions Planned

With fresh statistics and compelling anecdotes, the SVS Wellness Task Force will continue its work to facilitate SVS efforts to improve vascular surgeon well-being, by helping mitigate the personal, economic and social impact of vascular surgeon burnout.

Task Force presentations at this year's Vascular Annual Meeting include:

- "Vascular Surgeon Burnout," unveiling new statistics, at 8:42 a.m. Thursday, during the von Liebig Forum
- "I Feel Your Pain – Day in the Life of a Vascular Surgeon: Results of a National Survey," at 8:32 a.m. Friday, during Scientific Session 4
- "Advanced Tools for Vascular Surgeon Wellness," Breakfast Session 8, 6:30 to 8 a.m. Saturday.

Burnout and wellness are "involved with every aspect of our lives. There's no one way to combat it," said Malachi Sheahan III, MD, task force vice chair. "The one thing we can do is to be very united as a society."

Task force members spent the past year collecting up-to-date data via surveys that also produced a large volume of personal responses. (The most recent statistics were 12 to 15 years old.) "We have a good sense of our issues right now. And that allows us to speak as a specialty," said Dr. Sheahan.

By many metrics, the situation is much worse today. Thirty percent of 872 active members met the criteria for burnout and 8 percent had thought of suicide during the past year. "The suicidal ideation rate is an eye-opening, alarming statistic," said Chair Dawn Coleman, MD. "Many of our peers are suffering right now. If we don't get ahead of this immediately, we'll struggle to take care of our patients effectively."

And burnout affects all of medicine, not just vascular surgeons, said Dr. Sheahan. "Even pathologists are burned out."

Statistics, including pain from performing operations and its effects, will be presented at both the scientific sessions. At the breakfast session, Drs. Coleman and Sheahan will follow up on the survey results and discuss the task force's current efforts, including efforts to enhance peer support, the ergonomic challenges of vascular surgery and struggles with electronic medical records.

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Dr. Sheahan, who has been a vocal critic of EMR, said studies show one hour of patient interaction requires two hours of documentation. The SVS, along with the presidents of the Society for Clinical Vascular Surgery, the Vascular and Endovascular Surgery Society and the five major regional vascular societies, sent a letter to the Department of Health in January on EMR detailing deleterious effects on physicians.

“Let us do what we’re good at, what we’ve trained decades for,” he said. “They shouldn’t have us be glorified documenters.”

He believes vascular surgeons are near a breaking point. “We can’t keep up at this point. It’s not going to go away,” he said. Certain efforts thus far are mere Band-Aids to help the physician cope, but what is really needed is to “fix a system that’s broken. There needs to be a national push for all doctors and all medical systems to work to figure this out.”

The task force – with support from SVS leadership – is looking for ways to fix that system. Additionally, “some of our work is driving toward a culture change,” said Dr. Coleman. “That’s important. There are things we can do better as leaders and peers.”

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