2018-19 Annual Training Survey
Issues Committee

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Demographics (N=188)
Survey sent to 260 fellows and 346 residents, 22 incoming fellows
30% Response Rate (2018: N=187; 30%)

Hypothesis 1:
Trainees who thrive feel appropriately challenged, in
an environment where they receive an appropriate
level of support.
Background: Ideal Training Environment

- Prior research shows that training environments emphasizing challenge without adequate support are toxic.
- Those weighted too heavily toward support without adequate challenge promote devitalization and complacency.
- Both kinds of imbalance erode optimal performance.
- In contrast, the balance of support and challenge creates an optimal learning environment.


Balancing challenge and support

- 88% of respondents indicated they felt appropriately challenged by the faculty.
- 78% indicated the faculty created a supportive learning environment.

If you answered "no" to either of the previous two questions, which statement best applies to your program?

- Training program favors challenge over supportive learning: 26.35%
- Training program favors supportive learning environment over challenge: 2.40%
Hypothesis 2: Faculty acting as role models are critical to help trainees navigate the complex and challenging hospital environment.

Do you feel that you have enough dedicated mentored time for academic development and research?

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<th>Yes</th>
<th>No</th>
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<tr>
<td>Percent</td>
<td>58.70%</td>
<td>41.30%</td>
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Most but not all respondents have longitudinal mentorship

| Mentorship opportunities are currently available at my training program: |
|--------------------|----------------|
| Yes                | No            |
| 83.33%             | 16.67%        |

The mentor relationship is longitudinal, continuing over time during my training program:

| Mentor relationship is longitudinal, continuing over time during my training program: |
|--------------------------------|----------------|
| Yes                            | No             |
| 77.35%                         | 22.65%         |
Hypothesis 3:
Maladaptive coping responses to stressful situations can be identified as risk factors for distress among trainees.

Background: Coping
- Using “your most recent major surgical complication” to frame the question, trainees complete a modified, Brief COPE inventory
- Coping strategies include disengagement, self-blame, active coping, emotional and instrumental (peer) support, planning, prayer, and substance abuse
- Some coping mechanisms, when used excessively, become maladaptive


Active coping
- The process of actively trying to remove or circumvent the stressor or to ameliorate its effects. Active coping includes initiating direct action, increasing one’s efforts, and trying to execute ways to cope in stepwise fashion.

Maladaptive Coping

- Although disengaging can be adaptive, often impedes adaptive coping\(^1\)
- A recent article by Pinto et al. found that excessive self-distraction intensified traumatic stress among surgeons following a major surgical complication\(^2\)


Regarding your “most recent surgical complication”:

I have felt burned out by my work:

- 2018-2019: 40% (Every day: 18.29%, A few times a week: 22.86%, Once a week: 5.14%)
- 2017-2018: 24% (Every day: 2%, A few times a week: 4.27%, Once a week: 1.8%)
Level of Satisfaction Over Time:

- 2016: 4.39
- 2017: 4.36
- 2018: 3.96

Bivariate Analysis of Risk Factors for Burnout:

- Teaching in OR favors clinical productivity
- Trainee does not feel challenged
- Mentorship opportunities not available, not longitudinal
- Coping skills: self-distraction, substance use, self-blame, behavioral disengagement, humor
- Dissatisfaction with training program

Multivariate Analysis

- Highly self-critical trainees -> 9-fold increased risk for burnout (15% of all survey respondents)
- Trainees who feel appropriately challenged -> 84% decrease in the odds of developing burnout
Key Points

• Mentorship is crucial
• Trainees thrive in a setting that balances challenge and support from faculty
• Highly self-critical trainees are vulnerable to burnout
• Multidimensional approach to prepare a highly-engaged workforce that functions at a peak level of performance

Thank You

• The APDVS Leadership and Issues Committee
  – 2017-2018: Christopher Carsten, Rabih Chaer, Omid Jazaeri, Niten Singh, Max Wohlauer, Andy Lee, Gregory Magee, Katherine Hekman, Christine Shokrzadeh
  – 2018-2019: Christopher Carsten, Gabriela Velazquez-Ramirez, Niten Singh, Omid Jazaeri, Kevin Chang, Katherine Hekman, Christine Shokrzadeh
  • Joanna Bronson
  • Gina Dickinson
  • Amy Reed and EC for their support and valuable input

Operative Feedback: SIMPL

• Discussion