2016-17 Annual Training Survey
Focus On Well Being
Issues Committee

Chair: Dawn Coleman
Rabih Chaer, Omid Jazeari, Kellie Brown, Max Wohlauer, Jennifer Perri
No Disclosures – I don’t have the answers

‘These are the duties of a physician: First...to heal his mind and to give help to himself before giving it to anyone else.’

— Epitaph of an Athenian doctor, 2 AD

‘One of the mysteries of illness is that no one can be healed by anyone whose emptiness is greater than their own.’

— Mark Nepo
Physician Burn-Out

• **Definition:** A mental state characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment

• Risks adverse consequences for both patient and clinician

• >50% of US physicians self-report burn-out
5 Key Drivers of Physician Distress

- Excessive Workload
- Inefficient work environment, inadequate support
- Loss of meaningful work
- Problems with work-life balance
- Loss of autonomy, flexibility and control
Rates are on the rise

- Compared with 13 other surgical specialties, vascular surgeons have had the second highest rate of burnout.

- Vascular surgeons also report the lowest level of career satisfaction

Balch et al; Ann Surg; 2011
Shanafelt et al; Ann Surg; 2009
Why do we care?

- 1/3 of vascular surgeons report depression
- When compared to other surgical specialties, the highest incidence of suicidal ideation occurs in vascular surgeons
- 70% of physicians who score in the lower third on the PWBI report their wellbeing as average or above average
  - Limited self-insight or awareness

Balch et al; Ann Surg; 2011
Shanafelt et al; Ann Surg; 2009
Why do we care?

- Physician well-being
- Complicates recruitment and retention
- Quality of care suffers
  - Patients sense a lack of empathy
  - Burn-out clearly linked to medical errors

Shanafelt et al; Ann Surg; 2010
Lown et al; Health Affairs; 2011
What about the learners?

- Students enter med school altruistic, idealistic, excited
  - Empathy; eager to care for their future patients
- Current training paradigm → decline in compassion
  - Emotional detachment and affective distancing for the purpose of clinical neutrality
- 20% of medical school graduates reported disconnects between what they were taught (professional behaviors/attitudes), and what they saw demonstrated
- Empathy further eroded by “time-constrained” patient interactions
- Influenced by often frustrated and overwhelmed faculty
Demographics (N=187)

Restructured AT Survey sent to 133 recent grads and 491 current trainees by the APDVS Issues Committee
30% Response Rate

**Gender**
- Male: 67%
- Female: 33%

**Age**
- ≤ 25y: 20%
- 25-29: 20%
- 30-34: 58%
- 35-39: 2%
Training Program – Type (N=174)

Training Program (%)

- Academic: 90%
- Community: 8% (1%)
- Military: 11% (1%)
- Other: 9%

Dedicated Research Time

- No: 63%
- ~6mo: 13%
- 1 year: 4%
- 2 years: 9%
- Yes - other amount: 11%

37% of programs incorporate some amount of protected time for research
Respondent Level of Training
(88 fellowship / 91 residency)
‘Top 3 motivators at this stage in your life’ (n=165)
‘Three factors that negatively impact your QOL as a trainee’ (n=165)
Level of Satisfaction with Training Program (n=164)

- Very Dissatisfied: 1.22%, 2
- Dissatisfied: 2.44%, 4
- Neutral: 7.32%, 12
- Satisfied: 37.20%, 61
- Very Satisfied: 51.83%, 85
- Total: 164
- Weighted Average: 4.36
PO3-102

**Physician Well Being Index***(n=164)*

*25-30% of trainees have features of burn-out on a weekly basis!!

<table>
<thead>
<tr>
<th>Item</th>
<th>Never</th>
<th>A few times a year</th>
<th>Once a month or less</th>
<th>A few times a month</th>
<th>Once a week</th>
<th>A few times a week</th>
<th>Every day</th>
<th>Total</th>
<th>Weighted Average</th>
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<tbody>
<tr>
<td>I have felt burned out from my work.</td>
<td>11.59%</td>
<td>35.37%</td>
<td>10.98%</td>
<td>17.68%</td>
<td>6.10%</td>
<td>14.02%</td>
<td>4.27%</td>
<td>164</td>
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<td>58</td>
<td>18</td>
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<td>23</td>
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<tr>
<td>I have worried that my work is hardening me emotionally.</td>
<td>21.34%</td>
<td>23.17%</td>
<td>12.20%</td>
<td>15.24%</td>
<td>12.20%</td>
<td>7.93%</td>
<td>7.93%</td>
<td>164</td>
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<td>35</td>
<td>38</td>
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<td>I have felt bothered by emotional problems (such as feeling anxious, depressed, or irritable).</td>
<td>34.76%</td>
<td>27.44%</td>
<td>9.76%</td>
<td>10.37%</td>
<td>7.93%</td>
<td>6.71%</td>
<td>3.05%</td>
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<td>2.62</td>
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<td>57</td>
<td>45</td>
<td>16</td>
<td>17</td>
<td>13</td>
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<td>I have felt that all things I had to do were piling up so high that I could not overcome them.</td>
<td>29.88%</td>
<td>28.66%</td>
<td>17.07%</td>
<td>10.37%</td>
<td>6.71%</td>
<td>5.49%</td>
<td>1.83%</td>
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<td>I have felt bothered by feeling down, depressed, or hopeless.</td>
<td>39.63%</td>
<td>24.39%</td>
<td>10.98%</td>
<td>9.15%</td>
<td>6.71%</td>
<td>7.32%</td>
<td>1.83%</td>
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<td>My physical health has interfered with my ability to do my daily work at home and/or away from home</td>
<td>64.02%</td>
<td>20.12%</td>
<td>6.71%</td>
<td>4.27%</td>
<td>1.22%</td>
<td>1.83%</td>
<td>1.83%</td>
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<tr>
<td>I have fallen asleep while stopped in traffic or driving.</td>
<td>62.20%</td>
<td>23.17%</td>
<td>6.71%</td>
<td>3.66%</td>
<td>3.05%</td>
<td>1.22%</td>
<td>0.00%</td>
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<td>6</td>
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*PWBI = validated 7-point screening index to identify physicians in distress*

*Dyrbye et al; J Gen Intern Med; 2012*
Additional ‘Free-Text’ for APDVS

- ‘Fellow burn-out is a major problem’
- Improve work-life balance, time for family
- Burn-out influences medical student and resident career choice
- Burn-out will affect recruitment and retention into our specialty
- Our specialty has projected increasing workforce needs – this is an immediate threat!!
How do we address this epidemic?

The Individual

• Build personal resilience

• No specific burn-out intervention has been shown superior to alternatives

• Mindfulness, stress management, meditation, spiritual nurturing, self-care (exercise, health, etc…) can be effective approaches to reduce burn-out scores
How do we address the epidemic?
The Organization

- No amount of resilience can withstand an unsupportive or toxic workplace
- Build a culture that values well-being
- Schedule time for open and honest discussion of social and emotional issues that arise
- Team member to member support
- Suicide prevention and depression awareness programs (web-based, anonymous)
How do we address the epidemic?

**Organizational Leadership**

- Make compassion a core value, articulate it and establish metrics
- Screen for care-giver and resident/fellow burn-out
- Establish policies to manage adverse events
- Offer support systems that preserve work control autonomy of residents/fellows
  - EMR is not going away – education and resources for efficiency
One of our goals should include improving the overall wellness of our members and trainees!

Provide tools to identify, monitor and measure burn-out and compassion

Provide members references and evidence-based programs that build personal resilience

Reassess post-graduate education
  – ‘Re-personalize’ surgery
  – Cultivate and role-model skills and behaviors that strengthen compassionate interactions
We have a professional obligation to act!

- Physician distress threatens our surgeons, learners and our workforce
- It is unprofessional to allow this to continue
- We must SHARE RESPONSIBILITY to assess and act on distress

- Better evidence to ensure best practices
- Develop strategies to combat the 5 drivers of physician distress
The Schwartz Center for Compassionate Care

- National non-profit organization leading the movement to bring compassion to every patient-caregiver interaction
  - >425 healthcare organizations (including SVS)
Developing systems for delivering care with compassion is a big part of wellness for care providers.
Interventions to Reduce Physician Burnout and Promote Physician Well-Being

November 17, 2015

Presenter:
Colin P. West, MD, PhD
Professor of Medicine, Medical Education, and Biostatistics
Division of General Internal Medicine
Division of Biomedical Statistics and Informatics
Mayo Clinic
Surgeon well-being is vital for patient and surgeon success. Assess your well-being and benchmark your results nationally.

The American College of Surgeons (ACS) cares about your well-being and invites you to utilize our latest member benefit, the Physician Well-Being Index. This validated tool is an opportunity to help you better understand your overall well-being, and identify areas of risk compared to physicians across the nation. We will also provide you with access to local and national resources. The tool is **100% anonymous**—your information and score is **private** and your individual score will **not** be shared with ACS or anyone else.

**Access Your Well Being**
Invitation Code: st9asx

**Learn How The Physician Well-Being Index Works** (video)

**Using the Tool**
Upon accessing the Index for the first time, you will need to register. The registration screen collects the following information, which is used to create your well-being report and compare your well-being to others nationally, e-mail address, gender, medical school graduation year, specialty, and state. This information is kept confidential and is not shared. You will also need to create a password for the site and agree to the terms and conditions. A detailed Privacy and Confidentiality Agreement is accessible from the registration page.
Thank you!

- Emily Kalata, Gina Dickinson
- APDVS Leadership and Issues Committee Members
  - Rabih Chaer, Omid Jazeari, Kellie Brown, Max Wohlauer, Jennifer Perri
- Malachi Sheahan
- Kenneth Slaw, PhD (SVS Executive Director)
- Michael Goldberg, MD (Retired ortho surgeon, devotes his time to the Schwartz Center for Compassionate Care)