2016-17 Annual Training Survey
Issues Committee

Chair: Dawn Coleman
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Demographics (N=187)

Survey sent to 133 recent grads and 491 current trainees
30% Response Rate

Gender
- Male: 67%
- Female: 33%

Age
- ≤ 25y: 0%
- 25-29: 20%
- 30-34: 58%
- 35-39: 20%
- ≥40: 2%
37% of programs incorporate some amount of protected time for research
Respondent Level of Training
(88 fellowship / 91 residency)
Advanced Degrees

- MBA
- MA
- MS
- PhD
- MPH
- JD
- Other

**Legend:**
- Current Degree
- Pursue During Training
- Pursue After Training
Training Environment

• How many trainees in your ‘class’ (N=61)
  – 33% trainees are ‘solo’ (N=20)
  – 51% class of two (N=31)
  – 16% class of three (N=10)

– Remaining responses to senior class unclear
Most junior trainees assigned to GS rotation feel they are treated the same/well (n=89)

- Equivalent Operative Cases: 54 (61%)
- Acceptable Cases / Adequate Learning: 22 (25%)
- Inequitable Cases / Inadequate Learning: 7 (8%)
- Haven't Noticed: 6 (7%)
Cases on Non-vascular Rotations (n=89)
Impact of Collaborative Learners (n=174)

- Different perspectives
- Exposure to different/new techniques
- Help with work-load
- Positive team learning experience
- Promotes professional communication and networking
- Impact case volume
- Quality and investment variable
Professional Goals (n=170)
(60% have academic ambitions)

- 30% Academic - Basic/Translational
- 27% Academic - Clinical Research
- 21% Academic - Educational
- 8% Academic - QI/health policy
- 7% Community + Teaching
- 5% Community - Clinical
- 2% Academic - Clinical
Anticipated Clinical Work Load and Salary (n=170)

Anticipated Clinical Work Load

- < 50: 7
- 50-60: 60
- 60-70: 63
- 70-80: 33
- > 80: 7

Anticipated Salary

- <$200K: 1
- $200-249K: 9
- $250-299K: 10
- $300-349K: 18
- $350-399K: 54
- $400-449K: 28
- $450-499K: 15
- > $500K: 5
‘Select 3 areas that could enhance satisfaction with training’ (n=165)
‘Select the top 2 threats to Vascular Surgery’ (n=165)
‘Top 3 motivators at this stage in your life’ (n=165)
‘Three factors that negatively impact your QOL as a trainee’ (n=165)

- Work-life balance: 123
- Administrative Responsibilities: 79
- EMR: 77
- Duty hour regulation: 37
- Emergent cases: 36
- Academic development: 33
- Other: 33
- Transition of care: 29
- Collaborative learners: 26
- Medical students/teaching: 16
- Other: 6
Level of Satisfaction with Training Program (n=164)

<table>
<thead>
<tr>
<th>Level</th>
<th>Count</th>
<th>Weighted Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Dissatisfied</td>
<td>1.22%</td>
<td>2</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>2.44%</td>
<td>4</td>
</tr>
<tr>
<td>Neutral</td>
<td>7.32%</td>
<td>12</td>
</tr>
<tr>
<td>Satisfied</td>
<td>37.20%</td>
<td>61</td>
</tr>
<tr>
<td>Very Satisfied</td>
<td>51.83%</td>
<td>85</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>164</td>
</tr>
</tbody>
</table>

Weighted Average: 4.36
Burn-Out Survey (n=164)

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

<table>
<thead>
<tr>
<th></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>
</tr>
</thead>
<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>
<td>3.30</td>
</tr>
<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>
<td>3.29</td>
</tr>
<tr>
<td>I have felt bothered by emotional problems (such as feeling</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>
<td>164</td>
<td>2.62</td>
</tr>
<tr>
<td>anxious, depressed, or irritable).</td>
<td>57</td>
<td>45</td>
<td>20</td>
<td>25</td>
<td>13</td>
<td>13</td>
<td>5</td>
<td>164</td>
<td></td>
</tr>
<tr>
<td>I have felt that all things I had to do were piling up so</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>
<td>164</td>
<td>2.59</td>
</tr>
<tr>
<td>high that I could not overcome them.</td>
<td>49</td>
<td>47</td>
<td>28</td>
<td>17</td>
<td>11</td>
<td>9</td>
<td>3</td>
<td>164</td>
<td></td>
</tr>
<tr>
<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>
<td>164</td>
<td>2.48</td>
</tr>
<tr>
<td>My physical health has interfered with my ability to do</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>
<td>164</td>
<td>1.71</td>
</tr>
<tr>
<td>my daily work at home and/or away from home.</td>
<td>105</td>
<td>33</td>
<td>11</td>
<td>7</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>164</td>
<td></td>
</tr>
<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>
<td>164</td>
<td>1.66</td>
</tr>
</tbody>
</table>
‘Additional Comments’

• ‘Fellow burn-out is a major problem’
• Standardize/improve board prep (VSITE inadequate)
• Incorporate team approach to simulation training
• Temper GS requirements (ie: lap case numbers) – especially as open vascular numbers continue to decline
• Improve DVU training and consider APDVS-mandate for RPVI training/certification during training
• Improve open/endo balance
Conclusions

• Trainees want an academic environment – what does that mean? How do we foster that?

• Burn-out = HUGE issue
  – Make this an issues for PDs that may not see it
  – This will affect people at various levels – well being for trainees, retention, compassion, quality of care and patient safety
Proposed Next Steps

• Replicate the survey this summer – increase power
  – Consider VAM abstract (2018) for dissemination and manuscript
• Survey PDs – existing best practices, implemented programs that work
• ‘Breakfast Session’ at VAM 2018 on Physician Well Being
• Physician Wellness Ad Hoc Committee – combined support from SVS and APDVS
  – Survey SVS members and attempt to ID perceived threats
  – Raise awareness and accountability
  – Disseminate tools to identify, monitor and measure burn-out and compassion
  – Provide references and evidence-based programs that build personal resilience
  – Consider global challenges – EMR, inefficient hospital processes, RVU
Thank You

• The APDVS Leadership and Issues Committee
  – Rabih Chaer, Omid Jazeari, Kellie Brown, Max Wohlauer, Jennifer Perri

• Emily Kalata
• Gina Dickinson