On Neurosurgical Resident Physician Well-being

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Syllabus

- Why are we here?
- National guidelines
- Unique challenges of neurosurgery
- OHSU neurosurgery department wellness initiatives
- Future improvements
- Discussion
“Well-being”

• “..includes the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment and positive functioning”.⁷
“The joy of practicing medicine is gone.”

“I hate being a doctor... I can’t wait to get out.”

“I can’t tell you how defeated I feel... The feeling of being punished for delivering good care is nerve-racking.”

“I am no longer a physician but the data manager, data entry clerk and steno girl... I became a doctor to take care of patients. I have become the typist.”
Why are we here?

• More than half of US physicians are experiencing professional burnout$^{17}$

• Physician suicide 2-4X population, F>M$^8$
Dr. Noah Chase Beadell, a man known for his dedication and love, passed away on May 26, 2017, in New York City, NY. He was 32 years old.

Noah was born in Lincoln, NE, on October 10, 1984, and passed away on May 26, 2017, in New York City, NY. He had a strong connection with the city, having grown up there. He was a husband, son, brother, uncle, and doctor, and was loved by many.

Noah was married to Kayla Greeninger on January 9, 2017, in Las Vegas, NV. They married in Portland, OR, and shortly moved home to Lincoln, NE, with their three beloved dogs.

He was passionate about his work as a doctor and his love for music. His love for music was also recognized by the OHSU Medical School, which awarded him the Rose Award for outstanding teaching in 2013. He was also a resident of the Department of Neurology and was nominated for the Rose Award in 2017.

Noah was a dedicated family man, and his love for his family was evident in everything he did. He was a devoted husband, son, brother, uncle, and doctor, and was always there for his loved ones.

Noah had a passion for music, particularly playing the guitar. He was known for his singing and was often seen around town with his guitar.

Noah loved to travel and try new foods. He was always seeking out new experiences, and his love for music and travel made him a great companion for any adventure.

He was always there for his loved ones, providing guidance, support, and comfort. His love for his family was evident in everything he did, and he will be deeply missed by everyone who knew him.

Words cannot express how much Noah will be missed. He was known for his love for music, teaching, and seeking knowledge. His love for music is beyond words, and he will be remembered for his love and passion for music.

Noah will be deeply missed by everyone who knew him. He was a true friend and a dedicated family man, and his legacy will live on through the memories and stories of those who knew him.

Welcome to the memorial page for

Dr. Noah Chase Beadell

October 10, 1984 ~ May 26, 2017 (age 32)
Why are we here?

The IHI Triple Aim
- Population Health
- Experience of Care
- Per Capita Cost

The Missing Aim
- Better Outcomes
- Improved Clinician Experience
- Lower Costs
- Improved Patient Experience
National guidelines

- ACGME Section VI of Common Program Requirements

VI.C. Well-Being

In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.
Goals of Neurosurgery Training

• “To generate a physician who can persist through the unremitting stress, respond to emergencies in a moments notice, maintain composure, always act professionally, teach, advance the field academically and provided excellent patient care simultaneously, in addition to learning highly technical and delicate procedures…”
Well-being and neurosurgery

• “Professionalism is not workaholism.” ¹¹

• More humane training should not mean lesser training
Unique stressors of neurosurgery residency

- Critically ill patients and high stakes decisions
- Traditional training culture
- Inefficient work systems
- High malpractice risk leading to burdensome documentation
- Lack of autonomy in junior years + long training program
Maintain the culture

- Neurosurgery/Residency is not a normal job
- How do you make a good resident?
  - “Constant, unremitting stress.” - John A. Jane Sr
- “If it doesn’t hurt a little bit, you’re not doing it right” – J. Raskin
- “Informed persistence may be the best remedy for resistance [to culture change]”²
- AEQUANIMITAS – Imperturbability
- Recognize there is method in some of the madness
Maintain the Culture

• To function at the level expected requires sacrifice
• Stress, sleep deprivation, crisis, tragedy are all constants
• Must train residents to effectively respond and cope, which takes time, effort, stress and time
• Must balance self sacrifice and self preservation
Obstacles

• Traditionalist culture
  – “I did it, I survived, you must…”
  – Stigmas and appearance of weakness
• “There is no time for …”
• Guilt, Fear, Burnout
• Limited access to wellness programs
• “Pain is weakness leaving the body”
Healthy Workplace Structure

Linzer et al.: Results from the Healthy Work Place (HWP) Study

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<th>Work Conditions</th>
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<th>Patient Care</th>
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<td>Stress</td>
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<td>Quality of life</td>
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Resolutions

• Look to other professions:
  • Pilots
  • Special Forces
  • Elite Athletes

• Mental Toughness Training
  • Goals / Positive self-talk, visualization / arousal control
  • Coping strategies
  • Stress mitigation

• Targeted interventions
  • Self assessments / Burnout measures
  • Check-in sessions
  • Data collection for structured analysis

• Mental Health Resource Access
  • Mentors, Peers, Counselors
  • Online programs
  • Small groups Social Groups
Structuring the Program

Finding the Balance

- Work / Wellness
- Work flow / intensity / distribution
- Traditions / Removing stigmas
- Self-doubt / healthy coping
- Autonomy / Supervision

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**WELLNESS TOOLBOX**

1. Designate a faculty who owns wellness and has time to champion it, and then enlist the help of the chief resident(s). These individuals can develop a plan, based on the program’s needs or needs assessment, for the next steps.
2. Define wellness.
3. Administer a burnout tool (e.g., Maslach Burnout Inventory) twice a year to faculty and residents. Provide individual and group feedback.
4. Provide lectures on wellness, burnout, writing a mission statement, positive psychology, and cognitive-behavioral counseling techniques.
5. Schedule “difficult patient” panels twice a year to discuss, as a group, how to manage difficult situations and interactions.
6. Schedule class meetings every other month with faculty mentors who model the human side of medicine.
7. Develop a list of psychological and primary care providers tailored for residents. Put it on a shared server.
8. Schedule 1-day faculty retreats for renewal.
9. Assign “wellness partners” for faculty and residents with emotional, physical, spiritual, and social goals. Send quarterly reminders.
10. Develop a professionalism contract for faculty and residents with annual review.
11. Make wellness an agenda item on monthly faculty and resident meetings.
12. Develop a physician support group (see the work of Rachel Naomi Remen, MD*).
13. Ask residents to set quarterly wellness goals during advisor meetings.
14. Assign gregarious office staff to schedule “fun” social events for the entire office (e.g., sporting events).
15. Involve residents in faculty meetings, committees, etc., to increase sense of control.
17. Empower faculty and residents to confront concerns as they see them, both in residents and faculty.
18. Encourage faculty to provide positive feedback.
19. Take time to publicly celebrate accomplishments, even transitions from postgraduate year 1 to 2 to 3. Hand out appreciation lists.
20. Change the culture over time. Create an environment that does not focus on pathology.
OHSU resident well-being program pre-2015

- Work hour regulations
- Lectures on stress management and sleep
- PD quarterly meeting
- Individual resident-PD meeting
- Hotline (www.ohsu.edu//rfwp)
Resident group suggestions

The program could:

1. Provide residents and fellows a document underscoring the formal training and available resources for a comprehensive resident well-being program.
   a. Including any pre-reading designed to orient one with the emotional toll of NSG training
   b. Including the schedule of group discussion meetings with counselors
   c. Including the available local resources for self-care (gym, hiking, etc)
   d. Including the protocol to have protected time during work hours for an appointment
   e. Including a resident and faculty mentor

2. Even when residents identify a need to see a counselor, stigma and time constraints preclude that resident from seeking help. Programs could include non-traditional methodologies for coping including online resources (e.g. www.betterhelp.com) or explicit language/culture supporting mental health.

3. Create opportunities for team building within the resident complement.
   a. Including paid group outings (e.g. BBQ, sports arena games, etc)
   b. Including random quick evening socials during week (e.g. pizza)

4. Limit the clerical work leading to decreased job satisfaction.
   a. Including stream-lining systems which overly page residents (e.g. pre-op, multiple pages from same team)
   b. Including redundant processes (e.g. surgical consents, scheduling angiograms outside of EPIC)
Additions to well-being plan

• Recent additions 2015-2016:
  – Tully cookie jar – reward system/snacks
  – Starbucks Sat/Sun
  – Sharing of work load (e.g. chief weekend emails)
  – With awareness, covering for appointments/meetings
  – Group meeting with PsyD from Resident Wellness Program
  – Team breakfasts

• Future plans
  – Schedule of fun activities for year
  – Resident ‘Olympics’
Further program development possibilities

• Develop an alumni fund for resident discretionary funds

• Quarterly PhD-resident only conferences?

• Active training on conflict resolution?

• Measure burnout: serial MBI for residents and faculty?

• www.betterhelp.com, an online mental health resource web based chat

• A voluntary wellness program by faculty and residents like MUSC
Still room for improvement

- Wellness is being recognized, but still stigmatized
- Neurosurgery will never be “nice”
- The job does not change but our responses to it can and should
- Actively addressing these problems will benefit all involved
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Discussion