

Module: Care of the Surgeon and Team

Learning Objectives

Attitudes

- Understand the importance of the surgeon and team well-being
- Grasp the importance of well-being on the physical and mental health of the team
- Understand that a physician's well-being impacts the physician-patient relationship

Knowledge

- Demonstrate knowledge of the different components of well-being, including occupational, emotional, physical, financial, spiritual, social, and intellectual.
- Demonstrate knowledge of coping strategies following distressing events that are effective in improving the well-being of the surgical team.

Skills

- Identify potential opportunities to proactively address events that may negatively impact the surgeon and team's well-being.
- Facilitate the application of strategies to cope with distressing events.

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Teaching Outline

Delivering surgical care is immensely rewarding. However, a perpetually heavy workload and significant concomitant stressors render consistent well-being difficult to achieve. According to the National Academy of Medicine, *“physician and surgeon well-being is a state of personal fulfillment and engagement that leads to joy in one’s practice and connection to why one entered health care and surgery as a profession in the first place.”* This module will describe the components of well-being, the potential barriers and facilitators of surgeon well-being, and strategies to promote well-being and positive coping.

Surgeon Well-Being

1. Components of Surgeon Well-Being

- a. Well-being is not limited to a single environment or theme, but rather encompasses a conglomerate of professional components, personal components, and the interaction of the professional and personal on a surgeon’s feelings of fulfillment and engagement.
- b. Professional components of well-being include career satisfaction, feelings of burnout, and experiences of work-related stressors (including adverse events, patient complications, and intraoperative stress). These components often vary by surgical subspecialty, career stage, practice setting, and work duties.
- c. Personal components of well-being include social relationships, family, emotional health, physical health, and individual characteristics, such as gender, race, ethnicity, and religion. Relationships and family can include both promoters and detractors, such as spousal support or navigating a divorce. Emotional health may relate to levels of psychiatric distress from negative experiences during training, personal traits that promote or detract from well-being (e.g., grit, anxiety), and access to mental health services. Physical health reflects health-promoting behaviors (e.g., seeing a primary care physician, engaging in physical activity, etc.) and health-inhibiting behaviors (e.g., substance use, poor sleep hygiene).
- d. Work-life balance is defined as the balance between one’s personal life and professional constraints. This component of well-being underscores the potential tension between personal and professional responsibilities. Societal expectations and traditional gender roles (e.g., unequal distribution of household and caregiving responsibilities) can make this aspect of well-being challenging for women.

2. Impact of Surgeon Well-Being on Self and Patient

- a. Impaired well-being is associated with poor physical health, which can manifest as poor cardiovascular health, infertility, obesity, and/or the development of various comorbidities, and poor mental health, including substance use disorder, depression, and increased suicidality.

- b. Impaired well-being is also associated with increased resident attrition from training, reducing the surgical workforce and potentially increasing stressors on the surgical workers that remain.
- c. Impaired surgeon well-being is also associated with an increased frequency of clinical errors and the delivery of sub-standard care.

3. Promoters of Surgeon Well-Being

- a. Within the work environment, collegial relationships, trainee support, clerical or administrative support, mentorship, protected research time, adequate maternal policies, and patient appreciation are associated with improved surgeon well-being.
 - i. Social belongingness – usually created by positive mentorship and meaningful relationships – is positively associated with surgeon well-being.
- b. Within the personal realm, carving out time for hobbies, limiting alcohol use, practicing mindfulness, and prioritizing health maintenance were associated with surgeons' well-being.
- c. Personal characteristics such as emotional stability, extraversion, emotional intelligence, maintaining a positive outlook, grit, and resilience were associated with surgeon well-being.

4. Detractors from Surgeon Well-Being

- a. Within the work environment, poor collegial relationships (e.g., being bullied, issues with operating staff), poor hospital culture (the shared values and practices that shape how people interact and work together), lack of mentorship, inadequate referrals, excessive caseloads, perception of limited autonomy over care delivered, and excessive workload all contribute to poor well-being.
 - i. Specific demographics, such as those underrepresented in medicine, including racial, ethnic, gender, and sexual minorities, are more likely to experience poor social belongingness.
- b. Within the personal realm, inability to discuss personal distress, inability to access mental health services, emotional exhaustion, and depersonalization from family and work life contribute to poor well-being.

5. Strategies for Coping with Stressors and Distressing Events

- a. Individual Level
 - i. To facilitate individual well-being, surgeons can seek involvement in formal mentorship programs, seek service opportunities, request flexibility in professional requirements, and take time for hobbies and recreation.
 - ii. When dealing with specific distressing events, there are internal and external strategies that can be used to facilitate coping.
 - 1. Internal Strategies
 - a. Acknowledging the inevitability of some complications, strategic compartmentalization with plans for a healthy

outlet for processing when appropriate, forgiveness (from self and/or external sources), and developing emotional resilience

2. External Strategies

- a. Finding support in colleagues and mentors, incorporating lessons learned from previous complications into future practice, and developing personal practices and rituals that support coping

b. Practice Level

- i. To facilitate practice-wide surgeon well-being, practices can improve work culture, which includes ensuring staff are treated respectfully, promoting a shared mission, and encouraging professional relationships built on trust and clear communication. Such changes could result in lower turnover rates across surgeons and staff, foster a sense of community and belonging, promote the professional development of faculty, and provide recognition and support to surgeons in the practice.

c. System Level

- i. To facilitate well-being at a systemic level, surgical culture will need to improve within specialty groups and professional societies, which includes ensuring surgeons, regardless of their background, feel welcome and included, promoting collaboration amongst surgeons, and normalizing discussing challenges. Topics such as burnout, well-being, and grit should be incorporated into the educational curriculum for surgeons-in-training in both a meaningful and longitudinal fashion, thereby encouraging career-long learning in these areas.

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Pre/Post Test

Questions

1. What are the components of a surgeon's well-being?
2. How does poor surgeon well-being impact surgeons and the care they provide?
3. Name two strategies surgeons can use to cope with unwanted outcomes
4. Can practices and hospitals be structured to promote surgeon and team well-being?

Answers

1. Professional components (i.e., career satisfaction, feelings of burnout, and experiences of work-related stressors), personal components (social relationships, family, emotional health, physical health), and the interaction of the professional and personal on a surgeon's feelings of fulfillment and engagement.
2. Impaired well-being is associated with poor physician health, which can manifest as poor cardiovascular health, infertility, obesity, and/or the development of various comorbidities, and poor mental health, including substance use disorder, depression, and increased suicidality. Impaired well-being is associated with clinical errors and diminished quality of care.
3. Strategies include seeking formal mentorship from senior surgeons, participating in external service opportunities, and creating space for personal interests.
4. Practices and hospitals can be structured to promote surgeon and team well-being by fostering an inclusive culture in which staff and faculty are treated respectfully, reinforcing a shared mission, and encouraging positive relationships between faculty and staff.

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Case 1

You are the chief resident and took general surgery call this past weekend. You participated in an emergent colectomy on a 74-year-old woman for a perforated viscus. She initially was recovering well; however, she has since been intubated and admitted to the intensive care unit after a return to the operating room for a staple line dehiscence. You feel as if the need for reoperation is due to your operative skill and decision-making in the index operation. How will you begin to cope with this unwanted outcome?

Questions:

After a moment of self-reflection, determine when and how you might employ personal strategies to cope with your distress.

Determine whether any practice-level strategies or resources, including speaking with a colleague or mentor, can assist with coping with the distress.

Case 2

A month later, you walk into the preoperative holding area. One of your co-residents is sitting at a computer space and seems distressed. You know they recently had an unwanted outcome and had a bad interaction with the attending surgeon following the incident. They have another case in two hours, according to the operative board.

Questions

Determine whether your colleague would benefit from discussing their unwanted outcome.

If your colleague is unaware of the resources at your hospital, share the available resources for coping.

Facilitate your colleague's self-awareness of their current well-being and the impact it may have on their work.

Case 3

A decade later, you have chosen to begin your private surgical practice. You are trying to structure the practice to promote the well-being of the team and patients.

Questions

Consider benefits and resources that may help to promote overall well-being in the practice, such as access to mental health services, equitable time away from the hospital, or a mechanism for soliciting feedback about burnout.

Using a collaborative process, determine the practices that you could employ and the resources that could be provided to help the team manage unwanted outcomes.

Promoting Surgeon Well-Being: Small Group Exercise

Purpose

To practice the skill of promoting well-being among team members and colleagues

Method

One person will be the bystander surgeon. The other person will be the surgeon experiencing an unwanted outcome. Before the role play, the participants should decide whether the conversation will take place in the workplace or an external setting. The person playing the surgeon experiencing the unwanted outcome may choose to model a variety of levels of distress regarding the event.

Scenario: The surgeons are currently in a private area, either in the workplace or an external setting. The surgeon experiencing the unwanted outcome has just disclosed the details of the case.

Bystander Surgeon: You have been working with your colleague for the last five years. You notice that they seem to be acting differently. They have just disclosed that they recently experienced an unwanted outcome.

Surgeon Experiencing Unwanted Outcome: You just experienced a poor patient outcome. You and your colleague have intentionally chosen to set some time apart to have a conversation.

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Bibliography

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