



(/)(/)

NEWS (/NEWS) CLINICAL (/FRONT) ▾ OPINIONS ▾ FOR PHYSICIANS (/FRONT) ▾ FOR PHARMACISTS (/FRONT) ▾
E-CORTEX (/ELEARN) CLASSIFIEDS (/CLASSIFIEDS) MORE (/) ▾ | * PHARMACY U (/PHARMACYU) ▾

ADVERTISEMENT

01/11/2024

My tips on how to avoid burnout as a surgeon

Being on call is rough—and we shouldn't pretend otherwise

Our responsibilities as surgeons involve ensuring that the surgical service has complete on-call coverage at all times.

While it's a privilege to be able to do so, it can be quite an onerous responsibility at times. A day on-call, and in the operating room can feel like a war zone. On-call duties are disruptive to your elective practice, family responsibilities, leisure activities, sleep, and physical and mental health.

A recent study showed that it takes three days to recover after a night on call, and sleep deprivation is associated with burnout. So, if possible, minimize on-call duties and I suggest that you cover no more than 24 hours at a time. If you have the opportunity, ensure that a post-call day is lightened to address the variable nature and intensity of call. I start my office at 10:00 a.m., if I'm on call the previous night; or after a weekend on-call, I'll try to take the next day off.

We started an Acute Care General Surgery Service (ACS) in 2016 and hired three general surgeons at the same time. The ACS model can work with any number of added surgeons depending on your volumes. **Contact me if you would like a copy of our model.** Our ACS surgeons cover daytime on-call Monday to Friday and the entire Division (including elective surgeons) shares the nights, weekends, and holidays. This structure was one of the best things to happen to my life and my elective practice.

Surprisingly, I am not as indispensable to the hospital and to my patients as I once thought. Patients want high quality healthcare and a great patient experience, and fundamentally it doesn't matter if it comes from me. With ACS, patients get their consult and surgery, and get home faster with great care and experiences. Our wonderful acute care surgeons are dedicated to covering the ER, almost all surgical inpatients, and have dedicated OR, diagnostic imaging, and outpatient department time for patient follow-ups. I can attend to my elective duties with no calls from the ER, or inpatient floors.

We also hired a physician assistant (PA) to support the wonderful work of our ACS service to ensure that they do not suffer burnout. In addition, over the past six years, we hired 23 new surgeons of different specialities to address issues related to wait times and volume of work.

More time, less money? Not necessarily

Get Notifications



Our ENT Surgery service recently unanimously decided to reduce their individual OR time from four to three days per month, allowing them to hire two new surgeons with existing resources. Does this reduce a surgeon's income? This is something we need to be open to talking about. A waitlist of one week, one month, or one year has no effect on your income, but it drastically affects patient wait times for surgery and their satisfaction. It's up to you fundamentally. Having more free time allows you the flexibility to spend more time seeing patients in the office, take more open elective OR time that may be available, pursue other income opportunities, or choose to enjoy the additional time to pursue other interests. I use my additional free time to work on side projects such as a virtual-care startup called Sigma Healthtech. It also gives me the opportunity to mentor, consult, write (<http://www.duncanrozario.com>) and speak about the topics that interest me. Ensure that you have control over your schedule. Schedule protected time to allow you to do the nonwork activities that make life meaningful for you. I try to schedule two half days off per week to do non-clinical work. You oversee your schedule. Hire more physicians if possible- share the workload and develop creative ways to divide available resources. You will be surprised how well you can adapt to a slightly lower income if that is what happens.

Play nice, surgery is a team sport

Do you communicate well in the operating room? What would be the answer if you asked your anaesthesiologists and nursing staff? Surgery is a team sport, and we need a collaborative environment in the operating room where everyone on the team has a voice for optimal team function. In many hospitals, our colleagues in anaesthesiology feel a lack of respect from surgeons and are treated as technicians who are just responsible for take-off and landing. This is disrespectful and unjust. In turn, many surgeons feel disrespected when the anesthesiologist leaves the OR to do urgent obstetrics work without communication.

I realize now that when I first started in the OR my emotional intelligence or EQ was poor—that I didn't read the team in the OR well, and that led to a lot of frustration. We all have aligned goals in surgical care. It can be very difficult to know what other people are thinking, or their true motivations, but so many things can be seen as a slight or disrespect. Ask yourself, "Could I be wrong?" Most of the time, everyone is thinking only of themselves, not you. As my EQ has improved, my days in the OR are so much more enjoyable and productive.

The field of team training has demonstrated clearly that a respectful and collaborative approach to providing care in the operating room improves efficiency, outcomes and satisfaction and is simply the right thing to do. When booking urgent cases, communicate with your anaesthesiologists the details of the case. Treat the whole OR team with the respect they deserve as valued colleagues. The more aware and prepared our anesthesiologists are before surgery, the more efficiently things will progress. They are experts at resuscitating patients, and they will save you and your patients more times than you will remember. You can never communicate enough. Do you have a secure instant messaging system in your hospital? [I've written more on this subject here.](http://duncanrozario.com/files/comm.pdf) (<http://duncanrozario.com/files/comm.pdf>)

Optimizing hospital resources

Politics is fundamentally about "who gets what," and if you are committed to improving the organizational and personal issues leading to burnout and moral injury, you need to get involved in the management of your institution. Without controls over system funding and administration, we are expected to be a financial gatekeeper to universal healthcare by rationing and rationalizing patient access. To address that means getting involved in administration and leadership and making things better for physicians, staff and patients.

Develop a relationship with the administrators of your surgical program—you have more common ground than you may think. Ensure that you have a say in the expansion and allocation of resources. Use technology to automate the paperwork and processes that needlessly occupy physician time. Learn the Clinical Prioritization Process at your hospital to learn how new surgeons, OR days, equipment and outpatient time are allocated so that you are involved and help to drive the process.

Learn how to implement change—it is a lot harder, but more satisfying than you might think. Check out a Joule or Rotman course on the topic. Leadership is a lot more fun than you think. There are numerous positions in a hospital such as chief of staff, chief of surgery, surgical division lead, NSQIP surgeon champion, information technology lead, etc. that give you a seat at the table where decisions are made that change the future. Remember what Peter Drucker said: "The best way to predict the future is to

create it." Start now. After 20 years in practice, avoiding administration responsibilities, I realized I had to get involved or stop complaining to my wife. I became the chief of surgery in 2017 and I love it (90% of it)! Do you love going to work? If not, make changes so that you do. Enjoying your job is a form of wealth.

We have created diagnostic assessment programs for breast and colon cancer to expedite the diagnosis and treatment of patients. We have introduced a new virtual care program to make it easier to communicate with patients. Your hospital's foundation that does fundraising for your hospital is one of your best friends. Do you meet with them on a regular basis? I do. Our patients want to be involved in their healthcare, and it is our responsibility to spend the time to communicate with them to explain how a donation on their part will provide a tremendous return on that investment by advancing the surgical care of your community. The foundation cannot do their job without your help and engagement. Our Oakville Hospital Foundation is wonderful and has contributed to many of the tremendous initiatives and expansions that we have implemented successfully. Do you know your local mayor and member of provincial parliament (MPP)? Do you communicate with them on a regular basis and explain the needs of your institution and your surgical department? Have you met them in person and have you visited your provincial legislature? Your MPP needs your help to understand the clinical needs of your hospital and how best to advocate for you. Since politics is fundamentally about "who gets what," you need to get to know the politicians in your community. Get a departmental website. It is a great way to share information in your department and advance the interests of your surgeons. [See ours here \(http://www.oakvillesurgery.com\)](http://www.oakvillesurgery.com).

ADVERTISEMENT

On the individual level

Our fabulous coordinator of staff wellness, Louisa Nedkov has been working with us to enhance physician wellbeing and raise awareness about burnout, develop educational rounds and create a surgeon peer support network. She helped us to start a guided meditation program to help physicians, staff and patients. Guided meditation is more powerful, and easier than you may think and there is a surprising amount of data supporting its role. We brought a renowned expert in the field of burnout, Francoise Mathieu from the TEND academy in Kingston to present program rounds to all physicians and staff in the surgical program. Her fabulous presentation is found at our website listed below. Read about the problem. [We have numerous resources on our Department of Surgery website \(http://oakvillesurgery.com/energy.html\)](http://oakvillesurgery.com/energy.html).

Get an office website—it's a great tool to reduce calls to your secretarial staff (and reduce their stress) so they can look after patients instead of answering the same questions that can be easily answered by [a website such as mine \(http://www.drrozario.com\)](http://www.drrozario.com).

Do you devote time and resources to your own wellness? My favorite book on the subject, Robin Sharma's *The 5 AM Club* talks about the importance of devoting one hour per day to your wellness with exercise, meditation and reading. We spend time updating the operating systems of our phones and computers—what about ourselves? We can absorb the wisdom of others with just 20 minutes of reading a day. Some of my favorite books:

- *Build the Life you Want*, Arthur Brooks, Oprah Winfrey
- *Joy on Demand*, Chade Meng Tan
- *Start with Why*, Simon Sinek
- *Think Like a Monk*, Jay Shetty
- *Exception to the Rule*, Rea, Stoller, Kolp
- *Principles*, Ray Dalio

x

Get Notifications

- *On Leadership for Healthcare*, Harvard Business Review
- *The Obstacle is the Way*, Ryan Holiday
- *The 5 AM Club*, Robin Sharma
- *Leadership in Surgery*, Melina Kibbe, Herbert Chen
- *Think Again*, Adam Grant
- *Rumsfeld's Rules*, Donald Rumsfeld
- *The Almanack of Naval Ravikant*
- *Meditations*, Marcus Aurelius

Learn to say the most important word in life. No. Say it again, with feeling. Learn to say it to your family, friends, colleagues, patients and administrators as needed. You will get better with practice. The institution of healthcare will try to take advantage of you and use you as "free expansion room." Your time is valuable, ensure that the system pays you for it. The system needs to value you and invest in you if it wants to survive. It will because it needs to survive, just like we do. Need help saying no? [Try this resource \(https://www.careerfaqs.com.au/news/news-and-views/how-to-say-no-to-anyone\)](https://www.careerfaqs.com.au/news/news-and-views/how-to-say-no-to-anyone).

And as far as motivation is concerned: Why are you in surgery? What is your WHY? Read Simon Sinek's, *Start with Why*. It will be one of the best three hours you spend reading. The things you thought were important to you may not be as important as you thought. Finding meaning in life should be a real priority for us and we should feel inspired to be physicians and care for our patients and colleagues.

Get expert help

We must recognize that some problems require professional help. Recognizing the systemic issues at play, individual action × alone is not enough to address more advanced issues of physician burnout. Most provincial medical organizations have physician assistance programs. In Ontario, Dr. Jon Novick is a talented and compassionate physician and is the medical director of the Ontario Medical Association's [Physician Health Program \(https://php.oma.org/\)](https://php.oma.org/).

The PHP program has provided confidential care to numerous physicians, and I would encourage you to reach out to them for yourself or colleagues who are in need.

The institution of healthcare needs to understand that its very survival depends on an existential pivot to focus on the wellness of caregivers. As we support each other, we will all learn that empathy will be the key way to move ahead, together. As you gain insight into the nature of this problem, write about it and share so that we can all advance collectively. Talk to your teenagers and learn how Twitter, Instagram, TikTok and social media are some of the new ways to communicate with younger surgeons and patients.

Please give me your feedback about what I can do better, my email address is below. A career in surgery is a privilege and an honour. May yours be long and fulfilling. Email: [drozario@haltonhealthcare.com \(mailto:drozario@haltonhealthcare.com\)](mailto:drozario@haltonhealthcare.com)

Dr. Duncan Rozario is the chief of surgery at Trafalgar Memorial Hospital in Oakville, Ont.

Leave a comment

We encourage you to stay civil to one another at all times. Commenting is at the discretion of the reader and is subject to the terms and conditions of this website. Note: Your name will appear with your comments.

[Terms and conditions \(http://www.ensembleiq.com/terms\)](http://www.ensembleiq.com/terms)

0 Comments