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## A guide for surgeons on burnout and resilience

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Dr. Duncan Rozario

**On-call:** Our responsibilities as surgeons involve ensuring that the surgical service has complete coverage at all times. While it is a privilege to be able to do so, it is quite an onerous responsibility at times. A day on-call and in the operating room can feel like a war zone at times.

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. Minimize your on-call duties, and cover no more than 24 hours at a time.

If you have the opportunity, ensure that your post-call day is lightened to address the variable nature and intensity of call. We started an Acute Care General Surgery Service (ACS) 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 we all share the nights and weekends—this 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. I can attend to my elective duties with no pages from the ER, or inpatient floors.

We are in the process of hiring a physician assistant (PA) to support the wonderful work of our ACS service to ensure that they do not suffer burnout. In addition, we are hiring 10 new surgeons of different specialties over two years to address issues related to wait times and volume of work. Does this reduce a surgeon's income? This is something we need to be open to talking about. A wait-list of 1 week, 1 month, or 1 year has no effect on your income, but it drastically affects patient wait times for surgery and their satisfaction. It is 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. Ensure that you have control over your schedule. Schedule protected time to allow you to do the non-work activities that make life meaningful for you. Yes, you are in charge of your schedule, if you are looking for someone to blame, look in the mirror. Hire more physicians—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.

**Communication in the OR and anesthesia:** Do you communicate well in the operating room? What would be the answer if I asked your anesthetists and nursing staff? Surgery is a team sport, and egos need to be checked at the door.

In many hospitals, our colleagues in anesthesia 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. 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 in the OR and is simply the right thing to do. When booking urgent cases, communicate with your anesthetist the details of the case. Treat them with the respect that they deserve as valued colleagues. Try shadowing them for 24 hours and you will appreciate



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your life as a surgeon. The more aware and prepared they 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? See our [article](#).

**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 the financial gatekeeper to universal health care 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 that you might think. Check out a Joule 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, that I had to get involved or stop complaining to my wife. I became the chief of surgery 18 months ago and I love it (95% of it)!

Do you love going to work? If not, make changes so that you do. 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 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 absolutely 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 Queen’s Park? Your MPP needs your help to understand the clinical needs of your hospital and how best to advocate at Queen’s Park 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](#).

**Individual issues:** Our fabulous co-ordinator of staff wellness, Louisa Nedkov has been working with us to enhance physician wellbeing and raise awareness about burnout and wellness, develop educational rounds, and create a surgeon peer support network. She is helping 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. This year we brought a renowned expert in the field of burnout, Françoise Matthieu 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. The renowned author and expert on physician burnout, Dr. David Posen presented to the entire department of surgery in June on the topic of prevention of burnout in physicians. Read about the problem. We have numerous resources on our [department of surgery website](#).

**Get an office website:** it is a great tool to reduce calls to your secretarial staff (and reduce their stress) so that they can look after patients instead of answering the same questions that can be easily answered by a website such as mine at [drozario.com](#).

**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”—our 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 us. Need help saying no? Try this resource [here](#).

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 meaningful priority for us and we should feel inspired to be physicians and care for our patients and colleagues.

You may like our recently published article on burnout and resilience which can be found [here](#).

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 and social media are the new ways to communicate with younger surgeons and patients.



Please give me your feedback about what I can do better below in comments. A career in surgery is a privilege and an honour. May yours be long and fulfilling.

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*Opinions expressed in this article are those of the writer, and do not necessarily reflect those of CanadianHealthcareNetwork.ca or its parent company.*

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