

## Governors' Committee on Physician

## Competency and Health:

## An update

by Gerald J. Béchamps, MD, FACS

**I**n the previous biannual report of the Committee on Physician Competency and Health, we provided this committee's mission statement, which emphasizes the promotion of maintenance of physical and mental wellness in the Fellows of the American College of Surgeons. To that end, the committee conducted an informal survey of ACS Governors attending a Clinical Congress, which revealed potential and significant issues related to professional satisfaction, well being, and the delivery of safe and competent care to our surgical patients.

The ACS, through our committee, and in contractual arrangement with the Mayo Clinic Institutional Review Board and its biostatistics department, initiated and financially supported a more formal, anonymous, cross-sectional survey to all Fellows of the College who had registered their e-mail address via the American College of Surgeons' Web site. The survey solicited more

<sup>1</sup>Shanafelt TD, Sloan J, Habermann T. The well-being of physicians. *Am J Med.* 2003;(114):513-517.

than 24,900 surgeons, and 7,905 (32 percent) completed the survey. The objectives of the survey were to measure burnout and quality of life among surgeons, evaluate personal and practice characteristics of surgeons, and determine any relationship between specific personal and practice characteristics among surgeons.

Burnout is defined as a syndrome of emotional exhaustion and depersonalization that leads to decreased effectiveness at work.<sup>2</sup> Burnout and physical and mental quality-of-life issues were measured using validated instruments. Of the practicing surgeons responding to the survey, 40 percent were considered burned out and 28 percent had a quality of life score more than one-half standard deviation below the population norm. Similar findings among residents being trained under the 80-hour workweek rules were reported in a presentation at the 2008 Clinical Congress (personal communication, Jacob Moalem, MD, Chair, Resident and Associate Society of the ACS, March 13, 2009). In that presenta-

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tion, emotional exhaustion in surgical residents was seen due to the development of more cross coverage, and continuous stress was apparent at work and due to constant home call. In addition, a sense of depersonalization developed in residents whose patients no longer identified the resident caring for them, and likewise residents routinely cared for patients they did not know because of the many handoffs. Burnout was the single greatest predictor of career satisfaction among surgeons, with wide variation in the level of career satisfaction and specialty choice.

Another analysis of these self-reported data included a valuated depression scoring tool. Among those surveyed, 8.9 percent reported having made

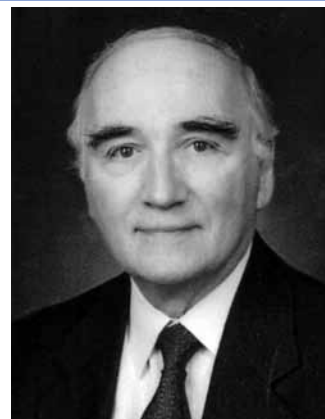
a major medical error in the last three months, although more than one-half of these errors did not result in any adverse patient outcome. Among these surgeons, 70 percent attributed their error to individual rather than system-level factors. Burnout and depression remained independent predictors of reporting a recent major medical error on multivariate analysis that controlled for other personal and professional factors.

The survey and the statistical analysis of this data have been submitted for publication in the near future.<sup>†‡</sup> At the upcoming Clinical Congress in Chicago, IL, the committee is sponsoring a panel session entitled Stress and Burnout Among Surgeons: Understanding and Managing the Syndrome, scheduled for Wednesday, October 14. In this panel session, we will discuss analysis of the ACS survey, administration interventions for counseling and mentoring, how adverse patient events interact with the Medical Practice Acts (the laws and regulations that control an individual's state medical license), and professional intervention and rehabilitation.

For the future, formal studies and surveys need to be done to assess burnout among surgical residents in training, determine how to identify and relieve surgeon stress, and determine how to support surgeons when medical errors occur. We also need to identify and promote societal and professional intervention for colleagues in need. To help those who seek assistance for themselves or their colleagues, all 50 states have developed programs for impaired physicians in conjunction

*continued on page 64*

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<sup>†</sup>Shanafelt TD, Béchamps G, Russell TR, et al. Burnout and career satisfaction among surgeons. Accepted for publication, *Ann Surg*, September 2009.

<sup>‡</sup>Shanafelt TD, Balch CM, et al. Special report: Burnout and medical errors among American Surgeons. Submitted for publication 2009, *N Engl J Med*.

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## COMMITTEE ON PHYSICIAN COMPETENCY AND HEALTH, from page 26

with legislation in their Medical Practice Act or through professional society memberships. The Federation of State Physician Health Programs Inc. (<http://www.fsphp.org>) has 42 member states and is an excellent resource. Michael Oreskovich, MD, FACS, is a regional director of that organization and is a member of our committee.

In fulfilling another aspect of the committee's mission, the ACS has been represented at the National Alliance for Physician Competency, a voluntary organization of many stakeholders across many disciplines trying to find uniform language, the definition of competency, and agreement in answering the question: "How will the health care system determine, measure, evaluate, and assure the public of a physician's competence throughout the course of his or her professional career?" A document called Guide

to Good Medical Practice USA (available at [www.GMPUSA.org](http://www.GMPUSA.org)), which is similar to the U.K.'s National Health Service document, has been adopted with the emphasis that it is a guide for medical schools, residency programs, and licensing and certification boards, but is not a standard.

Finally, as I complete my term as an ACS Governor from Virginia and Chair of this committee, I want to thank all the members for their input and support. In particular I want to acknowledge the outstanding contribution made to this survey and its analysis by Tait Shanafelt, MD, and his colleagues at the Mayo Clinic, and to Charles Balch, MD, FACS, from Johns Hopkins University, for coordinating and championing our efforts in this endeavor to be published and delivered in seminars. Ω