

Association for Surgical Education

The stress of residency: recognizing the signs of depression and suicide in you and your fellow residents

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Abstract

BACKGROUND: Stress, depression, and suicide are universal but frequently unrecognized issues for women and men in residency training. Stress affects cognitive and psychomotor performance both inside and outside of the operating room. Stress impairs the 2 key components of a surgeon's responsibilities: intellectual judgment and technical skill. We hypothesized that the recognition of depression, substance abuse, failing personal relationships, and potential suicide is poor among surgeons. If residents can recognize the signs of stress, depression, and suicide among colleagues, we believe it will not only improve their quality of life but also may preserve it.

METHODS: We first determined baseline resident knowledge of the signs of surgical stress including fatigue; burn out; depression; physician suicide; drug and alcohol abuse; and their effects on family, friends, and relationships. We then developed a curriculum to identify these signs in first, second, third, and fourth year surgical residents were identified as the target learners. The major topics discussed were depression; physician suicide; drug and alcohol abuse; and the effects of stress on family, friends, and our goals. Secondary objectives included identifying major sources of stress, general self-awareness, understanding professional choices, and creating a framework to manage stress. Residents participated in an interactive seminar with a surgical facilitator. Before and after the seminar, a multiple-choice test was administered with questions to assess knowledge of the signs of stress (eg, fatigue, burn out, and depression).

RESULTS: Twenty-one residents participated in this study. Seventeen completed the pretest, and 21 participated in the interactive seminar and completed the post-test. The pretest revealed that surgical residents were correct in 46.8% (standard deviation [SD] = 25.4%) of their responses. The postseminar test showed an improvement to 89.7% (SD = 6.1%, $P < .001$, paired Student t test = 5.37). The same test administered 4 months later to 17 of the 21 learners revealed 76.9% (SD = 18.7%) correct answers, suggesting that the information had been internalized. Cronbach α was calculated to be .67 for the pretest and .76 for the post-test, suggesting a moderate to high degree of internal consistency.

CONCLUSIONS: Stress is a significant and regularly overlooked component of a surgeon's life. Because its effects often go unrecognized, stress frequently remains unresolved. To prevent its associated consequences such as depression, substance abuse, divorce, and suicide, educating house staff

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about stress is crucial. This study suggests that the symptoms, causes, and treatment of stress among surgeons can be taught effectively to surgical resident learners.
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The recognition of stress is crucial to both residency training and long-term career success. Consequently, its understanding and treatment are important challenges for medical educators. However, the recognition of the signs of depression, substance abuse, failing personal relationships, and potential suicide is poor among both residents and faculty.¹⁻⁵ Therefore, the New York University Department of Surgery, New York, NY, developed an instrument to determine the baseline knowledge of the signs of surgical resident stress and then delivered a professionalism module to identify its signs and symptoms. We then determined the

effectiveness of this educational intervention both in the short- and long-term.

Methods

Educational goals and objectives

The goals and objectives of this educational intervention are to increase resident self-awareness of the signs and symptoms of stress, depression, and suicidal ideation and to

STRESS OF SURGICAL PRACTICE: How Much Do You Know?

Please circle: Male Female; R1 R2 R3 R4 R5

1. A colleague of yours seems down as of late. You went with him to medical school and thus have known him for a while. From time to time you meet socially and you've always admired his non-surgical interests. While you are on call with him you have a chance to talk to him for a while. Which of the following statements makes you most concerned about his possible suicide?
 - a. I'm so tired these days.
 - b. I just don't care about playing the piano anymore.
 - c. If I have to scrub with that attending once more, I'll kill myself.
 - d. These long hours are driving me crazy.
 - e. I'm not sure whether surgery is the right choice for me.
2. A lecture was cancelled which gives you a chance to have a quick cup of coffee with one of your colleague. She tells you that she just found out that she is pregnant and wonders up to how much time she can take without risking her job.
 - a. 1 month
 - b. 2 months
 - c. 3 months
 - d. 4 months
 - e. To be worked out with Program Director
3. An acquaintance tells you that she recently watched a TV program about physician suicide. She was surprised to learn that physicians are at greater risk than the general population. She then asks you how much greater the risk is for female physicians. What would you answer?
 - a. 10%
 - b. 40%
 - c. 100%
 - d. 130%
 - e. 200%
4. Of the following what is the most worrisome sign that a resident is suicidal?
 - a. Persistent sadness for 5-7 days
 - b. Diminished interest in surgery
 - c. Ignoring the routine tasks of daily life – grooming, etc.
 - d. Picking fights with medical students and staff
 - e. Dumped unceremoniously by the "love of your life"
5. In terms of substance abuse, which one of the following suggests an imminent problem?
 - a. Seems exhausted at morning rounds (after a night off)
 - b. New risky behavior (e.g. multiple sexual partners)
 - c. Seems to be "bulking up" biceps without requisite time at gym
 - d. Seems to be on top of every patient detail and never sleeps
 - e. At resident interview night, you notice a resident colleague taking three shots

Figure 1 The questions and correct answers (underlined) of the signs and symptoms of stress, depression, and suicide administered to the surgical resident learners before the interactive seminar, immediately after the seminar, and at the retest 4 months later.

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