

Duke AHEAD Grants 2022-2023

Title: The Project on the Good Surgeon - Reimagining Postgraduate Medical Education Character Development

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Focused Question: Surgical education focuses on training efficient technique. Yet there is widespread recognition that deliberate attention to character formation is needed to produce wise surgeons. Can a novel curriculum help surgical trainees rediscover meaning and purpose in their work while nurturing the character traits to sustain their calling?

Background: Contemporary medicine suffers from a loss of morale. When social scientists recently asked a representative sample of U.S. surgeons whether they would encourage their own children to pursue their career, half said “no.” (1) In the same study, 40% of surgeons met criteria for burn out syndrome, 30% screened positive for symptoms of depression, and 28% reported low mental quality of life. This lack of flourishing is a result of medicine becoming a “fixing-people production line.” (2) As Harvard physician and anthropologist Arthur Kleinman notes, medicine has become “soulless.” (3) The bureaucracies that award efficiency, production, and cost-effectiveness avoid “the existential, moral, and spiritual domains of our lives.” Attempts to promote flourishing in the work of surgeons will likely be limited without attention to meaning, purpose and character. (4) Likewise, surgical trainees struggle to sustain the ideals that drew them to medicine. 18% leave surgery altogether after only a single year of training. (5) Like their mentors, many have lost a sense of meaning and purpose in their work, experience emotional exhaustion, and become callous toward patients. Though the late medical sociologist Charles Bosk rightly observed in the 1970s that surgical residency was primarily “a moral education,” (6) the intervening 50 years of surgical education has focused primarily on either training efficient technique or eliminating bad character (no more abuse of medical students, throwing of instruments, etc). The need for constructive character formation is rarely even recognized, let alone engaged, and as argued by University of Pittsburgh surgeon Daniel Hall, “Without deliberate and sustained attention to the character formation of surgeons, the profession runs the risk of creating excellent technicians who are nonetheless ill- equipped to practice wise and good surgery.” (7) Recent efforts to combat the broader crisis at the medical school level include: the Moral Movements in Medicine at Duke University, the Program for Leadership and Character at Wake Forest, and the Kern National Network for Caring and Character in Medicine (KNN). Yet, no program exists that focuses explicitly on character formation during residency: the most intense and formative years of professional development.

Specific Aims: We propose the Project on the Good Surgeon, a curriculum designed to help Duke surgical trainees rediscover meaning and purpose in their work while nurturing the character traits to sustain their calling and protecting existing virtues from corrosive erosion.

Methods: Brief description of educational intervention: We will use the strategies for postgraduate character development from the Oxford University Leadership Initiative (8) to create a program for learning communities of friendship and mutual accountability within the Duke Surgical Residency Program. The hallmark of the program will be a series of 9 small group dinner discussions structured by a formal curriculum of readings and self-reflection. Session & Guiding Question Theme 1: Why did I become a surgeon? On meaning and purpose 2: Who am I becoming? On self-reflection and the art of attention 3: Who is this for? On character and moral community 4: How do we care for social wounds? On moral formation amidst injustice 5: What is my patient? On depersonalization and the 'soul' of care 6: How do I navigate brokenness? On death, grief, and hope 7: How do I handle mistakes? On honesty, vulnerability, and humility 8: How can I thrive amid this grueling process? On resilience and grit 9: What am I striving after, again? On flourishing The group discussions will be complemented by opportunities for one-on-one mentoring. Finally, we will facilitate engagement with the humanities (guided tours of museums, group attendance at theaters, discussions of art and poetry, and exercises common to narrative medicine programs) to develop new habits of attention and self-reflection. This program will help surgical trainees rediscover sources of meaning and purpose in their work and focus on key character traits they want to demonstrate and mentor in others. Outcomes and measures: During the development phase (spring/summer 2023) we will host two, day-long workshops at Duke University to develop the curriculum for the Project. The first workshop, a gathering of scholars in philosophy, moral psychology, and education, (both internal to Duke as well as some external content experts) will focus on foundational questions regarding moral formation and pedagogy. The second workshop, with scholars primarily in graduate medical and surgical education, will seek to translate the theoretical to practical application for surgery residents. These workshops will be followed by a two-day writing retreat in the late summer of 2023 to select the final curriculum of humanities readings and to draft the introductory guide. The pilot study of the project will take place at Duke University over the next academic year (fall 2023 – spring 2024). Our pilot will leverage existing infrastructure in the "lab years" after the second year of clinical training when residents are freed from clinical duties to focus on research productivity. Our lab residents have experienced, firsthand, the challenges of practice, but have time to step back and construct habits to meet these challenges that are now no longer merely abstract, but concrete. Ultimately, this program aims to help our trainees rediscover sources of meaning and purpose in their work. Data management and analysis: Using a mixed-methods approach, we will assess participants by analyzing diary entries as well as surveys at specific timepoints: baseline, 6 months, post completion, and 6-12 months after return to practice. We will perform a critical discourse analysis of the resident's reflective writings aimed at uncovering how meaning, character, and flourishing are expressed. Surveys will include the following validated measures: Maslach Burnout Inventory (9), the Human Flourishing Scale (4), Consultation and Relational Empathy Measurement (10), Career Satisfaction Scale (11), and a single item measure assessing Sense of Calling (12).

IRB Status:

☐ Plan to submit

Challenges There are powerful environmental hazards abundant in modern medicine as well as forces, such as the hidden curriculum, that influence and shape the formation of trainees. We fully acknowledge that the proposed 9 sessions pales in comparison to the 80 hours a week our trainees are being formed in the operating room and on the hospital wards. Furthermore, we fully acknowledge that no program or curriculum can guarantee an outcome of good character. Despite these limitations, we believe that this program will remind our trainees of the key character traits they want to demonstrate and mentor in others and to develop the internal resources that allows them to return to their core values when falling short of the mark.

Works Cited: 1. Shanafelt TD, Balch CM, Bechamps GJ, Russell T, Dyrbye L, Satele D, Collicott P, Novotny PJ, Sloan J, Freischlag JA. Burnout and career satisfaction among American surgeons. *Ann Surg.* 2009 Sep;250(3):463-71. 2. Ariely D, Lanier WL. Disturbing Trends in Physician Burnout and Satisfaction with Work-Life Balance: Dealing with Malady Among the Nation's Healers. *Mayo Clin Proc.* 2015 Dec; 90 (12):1593-6. 3. Kleinman A. The soul in medicine. *Lancet.* 2019 Aug 24;394(10199):630-631. 4. VanderWeele TJ. On the promotion of human flourishing *Proc Natl Acad Sci.* 2017 Aug1; 114 (31):8148-8156. 5. Khoushhal Z, Hussain MA, Greco E, Mamdani M, Verma S, Rotstein O, Tricco AC, Al-Omran M. Prevalence and Causes of Attrition Among Surgical Residents: A Systematic Review and Meta-analysis. *JAMA Surg.* 2017 Mar 1;152(3):265-272. 6. Bosk CL. *Forgive and remember: managing medical failure.* UChicago Press:2003.2 ed. 7. Hall DE. The guild of surgeons as a tradition of moral enquiry. *JMedPhilos.* 2011Apr; 36 (2):114-32. 8. Lamb M, Brant J, Brooks E. How is virtue cultivated? Seven strategies for postgraduate character development. *J Character Edu.* 2021; 17:88-108. 9. West CP, Dyrbye LN, Sloan JA, Shanafelt TD. Single item measures of emotional exhaustion and depersonalization are useful for assessing burnout in medical professionals. *J Gen Intern Med.* 2009; 24:1318–21. 10. Mercer SW, Maxwell M, Heaney D, Watt GC. The consultation and relational empathy (CARE) measure: Development and preliminary validation and reliability of an empathy-based consultation process measure. *Fam Pract.* 2004; 21(6): 699–705. 11. Landon BE, Reschovsky J, Blumenthal D. Changes in career satisfaction among primary care and specialist physicians, 1997-2001. *JAMA.* 2003;289(4):442–9. 12. Tak HJ, Curlin FA, Yoon JD. Association of Intrinsic Motivating Factors and Markers of Physician Well-Being: A National Physician Survey. *J Gen Intern Med.* 2017 Jul;32(7):739-746.

Budget:

		Estimated Cost:
PI Support	0.25% effort	\$1660
Consultant costs	Honoraria and administrative support	\$1500
Equipment	Two day curriculum workshop	\$3500
Computer		
Supplies	Materials/supplies/food for development meetings	1000

Travel	For travel for dissemination at conference (2 people)	\$2000
Other Expenses		
Total Costs for proposed project:		\$8760