

Resident's Monthly Newsletter

Volume 4, Issue 4

October, 2011

Burnout, Dissatisfaction Seems Rampant Among Medical Residents

By Kathleen Doheny, DO, HealthDay News Reporter

Reprinted from www.politicsandmedicine.com, September 6, 2011

The medical resident of today -- possibly your doctor in the future -- is exhausted, emotionally spent and likely stressed out about debt, a new study indicates.

"About 50 percent of our trainees are burned out," said study leader Dr. Colin P. West, an associate professor of medicine and biostatistics at the Mayo Clinic in Rochester, Minn.

Higher levels of stress translated into lower scores on tests that gauge medical knowledge and more emotional detachment, among other fallout.

The study is published in the Sept. 7 issue of the *Journal of the American Medical Association*, a themed issue devoted to doctors' training.

West and his team evaluated results of surveys and exams given to nearly 17,000 internal medicine residents, who were said to represent about 75 percent of all U.S. internal medicine residents in the 2008-9 academic year. The participants included 7,743 graduates of U.S. medical schools. They were asked about quality of life, work-life balance, burnout and their educational debt.

Among the findings:

- Nearly 15 percent said their overall quality of life was "somewhat bad" or "as bad as it can be."
- One-third said they were somewhat or very dissatisfied with work-life balance.
- Forty-six percent said they were feeling emotionally exhausted at least once a week.
- Nearly 29 percent said they felt detached or unable to feel emotion at least once a week.

More than half said they had at least one symptom of burnout.

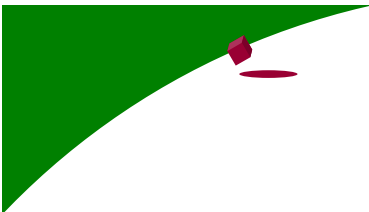
The more educational debt the residents had incurred, the greater their emotional distress, the researchers found. Those with more than \$200,000 of debt had a 59 percent higher chance of reporting emotional exhaustion, 72 percent greater likelihood of suffering burnout, and an 80 percent higher chance of feeling depersonalization.

Perhaps more alarming is the finding that greater stress was associated with lower test scores, and those students who were academically hurt by stress never caught up with their peers.

West said he can't explain why those more laden with debt are more stressed out. One possibility is that they may be more prone to stress to begin with.

Medical residents' stress has made news for years, and efforts are under way to improve their working conditions. However, West said, "to our knowledge, this is the first national study of residents' distress issues. And it's also the first national study to connect those issues to other important outcomes like medical knowledge."





AOCO0-HNS Resident Monthly Newsletter

American Osteopathic Colleges
of Ophthalmology and
Otolaryngology-
Head and Neck Surgery
4764 Fishburg Road, Suite F
Huber Heights, OH 45424

Phone: 800-455-9404
Fax: 937-233-5673

Views and opinions expressed in the
Resident Monthly Newsletter are not
necessarily endorsed by the
American Osteopathic Colleges of
Ophthalmology and Otolaryngology-
Head and Neck Surgery.

We're on the Web!
www.aocoohns.org

As for solutions, he said "we have not yet identified the best ways to reduce burnout and promote well-being for residents, or for physicians in general."

He hopes that this new data, now gathered nationally, will help lead to solutions.

The findings come as no surprise to Dr. Peter Cronholm, an assistant professor of family medicine and community health and also a senior fellow at the Center for Public Health Initiatives of the University of Pennsylvania.

Cronholm, who published a study on resident burnout in 2008, said the residents of today may put more emphasis on work-life balance than previous generations.

One disturbing finding, he said, is that a stressed-out resident has less empathy over time. Already, close to one-third said they felt detached emotionally at least weekly.

However, he said, it's difficult to balance obligations to patients and get sufficient sleep and personal time. "Those two things sort of continue to compete with each other," he said.

Solutions aren't available yet, as "the problem is not yet totally understood. This is part of the conversation about health care reform," he said.

[Www.politicsandmedicine.com](http://www.politicsandmedicine.com)

ENT News

The relationship between repeat tympanostomy tube insertion and adenoidectomy

The purpose of this article was to examine the relationship between adenoidectomy and repeat tympanostomy tube placement in the treatment of otitis media, and the relationship between potential risk factors for otitis media and repeat tympanostomy tube placement. This was a Retrospective, cross-sectional analysis of consecutive patients undergoing tympanostomy tube placement at an academic/teaching hospital with 400+ beds. 904 children were included in the study. Of the 780 children who initially underwent tympanostomy tube placement alone, 178 required additional tube placement; a repeat rate of 20%. Of the 90 children who initially underwent tympanostomy tube placement with adenoidectomy, only 6 required repeat tube placement, a statistically significant decrease in the incidence of repeat tympanostomy tube placement concluding that adenoidectomy performed at the first tympanostomy tube for the treatment of otitis media may decrease the risk of repeat tube placement, especially for children >4–10 years of age.

Ophthalmology News

Myopia as a Risk Factor for Open-Angle Glaucoma

This article sought to determine the association between myopia and open-angle glaucoma through a Systematic review and meta-analysis of observational studies of Thirteen studies involving 48 161 individuals. Data from 11 population-based cross-sectional studies were included in the main analyses. The pooled OR of the association between myopia and glaucoma based on 11 risk estimates was 1.92. On the basis of 7 risk estimates, the pooled ORs of the associations between low myopia (myopia up to -3 D) and glaucoma and between high myopia (\leq -3 D myopic) and glaucoma were 1.65 (1.26–2.17) and 2.46 (1.93–3.15), respectively. Overall it can be concluded that individuals with myopia have an increased risk of developing open-angle glaucoma.