

Michigan Surgery Sessions Wellness Podcast

Featuring: Dawn Coleman, MD; Michael Kemp, MD; Gurjit Sandhu, PhD

Narrator:

Welcome to, Michigan Surgery Sessions, where we discuss the latest in clinical care, education and surgery culture with faculty, residents, and medical students.

Gurjit Sandhu:

This is, Michigan Surgery Sessions, at the Michigan Medicine Department of Surgery in Ann Arbor, where we talk about taking call and culture and everything in between. I'm your host, Gurjit Sandhu.

Gurjit Sandhu:

Surgeons spend their careers caring for individuals who are not well, and working hard to help patients to get better following surgical intervention. While surgeons are focused on improving the wellbeing of patients, they have not always attended to their own wellness. Pushing one's wellness aside often starts in residency, during surgical training, marginalizing one's wellness becomes a way of being.

Gurjit Sandhu:

Here to help us better understand trainee wellness is Dr. Michael Kemp. Dr. Kemp is a fourth year general surgery resident at the University of Michigan. Dr. Kemp completed a biology undergrad at the University of Notre Dame in 2012, followed by medical school, and now surgical residency at the University of Michigan. He has a solidified personal and research interest in resident wellness. Mike, welcome to, Surgery Sessions.

Michael Kemp:

Really excited to have this opportunity. Thanks for having me.

Gurjit Sandhu:

Also with us is Dr. Dawn [Coleman 00:01:24]. She's an Associate Professor of Surgery and Pediatrics at the University of Michigan, where she serves as the program director for the integrated vascular residency program and fellowship. Dr. Coleman earned her medical degree at the University of Cincinnati's College in medicine in 2003. She then completed general surgery residency and a two year vascular surgery fellowship at the University of Michigan. Dr. Coleman is also a Lieutenant Colonel in the Army Reserve, assigned to the 948 Forward Surgery Team, having been deployed in 2016 to a forward base in central Iraq, and again, in 2018 to support a combat support hospital in Kuwait, she's keenly interested in physician wellbeing and resiliency, given her background in military service, and surgical education. Dawn, welcome to the program.

Dawn Coleman:

Thank you so much, Gurjit. Really pleased to be here.

Gurjit Sandhu:

Mike, let's start with you. Wellness seems to mean so many different things to different people. How would you describe wellness?

Michael Kemp:

I think my definition of wellness has actually changed throughout residency, in terms of what I'm thinking about. Is it primarily related to me, or is it related to the folks around me? Initially, when I started off residency, I think wellness for me was really about making sure that I really didn't go over the hours. I took care of going to the gym every once in a while when I was able to.

Michael Kemp:

But now that I've been thinking about this more holistically, wellness for me is now something that extends into multiple different realms. It's not about getting enough sleep, or not being in the hospital beyond that 80 hour work week, or anything like that. It's about making sure that I take time to not only meet my own personal needs, in terms of time for myself, but also making sure that I take care of the folks that are around me. I'm about to actually get married in a couple of weeks, and so now I have all of that in the back in the back of my mind, like, how am I going to take care of my soon to be wife? How am I going to make sure that I not only take care of what I need, but also what she needs?

Gurjit Sandhu:

And, Dawn, you've gone through that residency training, and now are on the other side, of taking care of the residents. What does wellness mean to you?

Dawn Coleman:

I think my thoughts about wellness and even how I would define it have evolved over the years. I think, to keep it really simple, it's being in a mental, physical and emotional state that allows you to thrive. And in thriving professionally, allowing you an opportunity to thrive personally, and take the best care that you can, of your patients, your family, your partners, your trainees, whoever it is that you're accountable for. It's really, really critically important for us to function at our fullest capacity, and be the best version of ourselves that we can be, to have the greatest impact that we can have. We have to be well.

Dawn Coleman:

And that doesn't mean that every day is easy, and I think it really is so much more than duty hours, and how much time you're spending at the hospital. It's really complicated and it's really individual, but I think it has everything to do with simply thriving.

Gurjit Sandhu:

What I'm hearing from both of you is that, in order to care for others, it's becoming critically important that surgeons, physicians, learn to also care for themselves. So, Michael, what experiences or insights drew you to this area of study?

Michael Kemp:

When I was going through second year and third year, I had a few run-ins with Dr. Mike Englesbe, who is universally loved by everybody at all levels. And every now and then I would just run into him in the hospital and he'd be like, "You look tired. Are you doing okay?" And then he would follow up with an email and it was one of those things that, I never really chatted with him more than that, but his emailing me simply had this massive impact in brightening my day when I was exhausted working, working in the hospital or taking care of other people.

Michael Kemp:

I got on to my research years. And it made me realize like, wow, he was really tapping into something, in terms of, I wasn't recognizing necessarily that I wasn't always balanced in how I was approaching life in the hospital. And I don't think that's necessarily a fault on our program or anything like that, but it's really something that you can lose sight of, as a resident. And it's so helpful to have people who are around you that are willing to email you out of the blue and say, "Hey, how are you doing?" He initiated that. And that got me thinking more about it.

Gurjit Sandhu:

Dawn, that probably resonates with you as well, in your role as program director.

Dawn Coleman:

I had benefit of being a resident to Mike Englesbe as a transplant fellow, and he was really formative in my own training. He models lots of really good behaviors that support wellness. So I think it's really prudent that we're talking about him right now. As a program director, that probably is why I care so much about this topic, if we're being honest. And again, I'm going to just circle back and suggest that it's so much more than duty hours. And so, one of the things that I've observed personally, as I've transitioned from being a general surgery resident here at Michigan to a vascular surgery fellow to a junior faculty, and now a mid-level faculty, I'm so happy here, obviously, because I'm not leaving, primarily because we are in a really careful and supportive and intentional culture that allows us to thrive, with great leadership.

Dawn Coleman:

But at the end of the day, medicine is changing. I see my trainees suffering, and they do suffer at times. It is generally not always because they've been working excessive hours, because those excessive hours and those calls, are sometimes some of the most formative and motivating moments that you'll have. If they're spent doing what empowers us and what fills our cup up, and that is taking care of patients. And so when our trainees are thriving, sometimes they're still working a lot, but they're doing really meaningful work, that is part of their core mission here. And they're taking care of sick patients and they're making an impact and they're mastering a skill. And sometimes that's really hard and sometimes you're tired.

Dawn Coleman:

But I think where struggles come into play. They're multifactorial, but I've observed a transition in what the work looks like. So the work that Mike does now is a little bit different than the work I did as a general surgery resident, because the service structures are a little different, but I'll also suggest that some of the administrative burden, that faculty feel, absolutely is felt by our trainees. And so we're not all doing around the clock, meaningful work. And I think that really challenges the training model and it challenges our work force in general, because healthcare isn't necessarily made to optimize the physician experience, and our trainees are part of that.

Dawn Coleman:

There are also long hours that will ultimately erode into what I don't want to call work-life balance, because I don't think that's a thing. I do think integration is probably a better word, and so when people are really struggling to continue to prioritize other domains of their life that are so important, maybe not every day, but enough, that becomes a problem.

Dawn Coleman:

It also can be really challenging when you're caring for really sick patients, and there are outcomes that can start to really burden you. And if you don't have enough support, either from peers, or from leadership, or an outlet to think and talk about this, that also, I think, can really weigh heavily on our trainees.

Dawn Coleman:

That's pre-COVID. Everything's pretty much compounded since, but I will say that probably what has been most apparent to me is just the way that we work is different, and it is harder. And it takes away a little bit from the opportunity to do more meaningful work, because we're all pushing paper a little bit, especially as it relates to the electronic medical record, and trying to navigate a healthcare system, even at the University of Michigan, that isn't always easy.

Gurjit Sandhu:

Can you talk to us about what faculty can do to support resident wellness?

Dawn Coleman:

I think it's really important at the end of the day, to just care sincerely and authentically about people. And so that's your patients, right? That is so easy to us, but I think you also have to circle it back on the people that you're working with. But specifically our trainees. Our trainees are extraordinarily resilient. They think about problems really differently. They are innovative, they are creative. This generation is going to solve a lot of problems. We're putting a lot on you guys, Mike.

Dawn Coleman:

But I also think, despite how completely stellar y'all are, that you do need to be supported. And at the end of the day, you need to know, without any question, that somebody has your back, and that's our job. I've spent many, many years trying to kind of focus my schizophrenic pathway that seems to pull in all of these different interests and focus, always, my energy on when I say yes to something, and what I

want to prioritize. I focus it on two specific things. And one is a group of patients that I care for that were special to me. But the other area is the people that really drive this hospital, and beyond, and those are the trainees. So if it doesn't support the patients, and it doesn't support the trainees, it's not worth supporting at all. And I think being really consistent and using that as a true North has been really helpful for me personally.

Gurjit Sandhu:

The residents spend a lot of time with each other. So, Mike, what can residents do to support the wellness of their peers?

Michael Kemp:

Everyone's going to have different needs in terms of the community that they're in. As a resident, and being reminded by Dr. Englesbe that probably at times, I wasn't necessarily taking care of myself, I think it's important when you're in this community to recognize that when those flags start to go up in your mind, that so-and-so doesn't necessarily look so well, they look tired, offering a friendly smile or a check-in or say, "Hey, how you doing?" That stuff can have a big impact. I think a lot of things just cascade from that. If you notice anybody that's around you is not doing as well as you think they were before, reach out to that person, just say, "Hey, I care about you. How you doing? How are things, are you struggling with anything? Can I help them figure out anything?"

Gurjit Sandhu:

In order to help us look out for each other, we also need to see each other. So what are some of the signs or symptoms that you might see in one of your colleagues that would prompt you to check in on their wellness?

Michael Kemp:

When people are getting frustrated and irritated, those are all signs of, the system that you're working in, when you're dealing with inefficient processes, and you're sleep-deprived and you're working long hours, these coping mechanisms that people have with dealing with stress break down quite easily. Recognizing when somebody's coping mechanisms aren't aligning with what you know them to be as a person, that's when the red flag gets up. So, in the same way that Dr. Englesbe, when I was half-disheveled, coming into the hospital in the middle of the night, he would tell me that my hair looks like it's going in all different types of directions. That was his way of saying, "Hey, something seems like it's a little bit off with you."

Michael Kemp:

But I think too often, we recognize these red flags, but we don't recognize them as red flags. And I think that red flag is going to be different for each type of person. And so if you feel like that, that sense of, "Something's a little bit off, what's going on?" that's the red flag to listen to.

Gurjit Sandhu:

Dawn, from your lens, are there certain red flags or signs or symptoms that you pay particular attention to?

Dawn Coleman:

Honestly, it just requires check-ins, informally, periodically. And I'll also suggest that I've tried to hold at least within vascular surgery, a culture of accountability, peer accountability. So I really expect the residents and the fellows to look out for one another and they do, they really do, because they really care. And we've been really intentional about building a culture that it is okay to ask for help, that it's okay to not be okay, that I expect, we expect, everybody to take care of each other. And if that breaks down, there's a real problem. I will say that when there are problems, I may not know about all of them, but we try to, across our group, identify individuals to outreach when behaviors start to shift, or performance starts to decline, or people become less visible. And so I think just looking for changes in all of those things is really the first red flag.

Gurjit Sandhu:

You mentioned something critically important, which is culture. If a department or institution doesn't have a culture that supports this kind of work, how would you advise trainees to look for, or prioritize, wellness?

Dawn Coleman:

So I'll quote our chair, who I used as a mentor, an arms-length mentor, for many, many years. And one of the most profound credits I'll give him, and it's been formative for me, is the fact that he said you can lead at every level, and think about that and do something with that. And so for our trainees, you can lead at every level, you're going to role model behaviors, and others are going to see, and you have complete accountability for yourself, and whether or not you want it, we all have accountability for each other.

Dawn Coleman:

So whether or not you've got a culture or a direct leader that necessarily supports that, you can still support that. And I'll also propose that many of the struggles that we have, the challenges that we face, that limit wellness or require an intervention, many of those things are system-level, big picture struggles, that not one person can fix. Maybe not even one large body of people can fix. It takes a lot of time. It's really complicated.

Dawn Coleman:

But we do have accountability and responsibility to ourselves and other people. And so you can act as a peer support, or mentor. And I think there's a tremendous amount of value that's been borne out with data to support that type of intervention, that doesn't cost any money, and just takes a little bit of time. You can also find support outside of the confines of that hardened structure, if you will. And so I've observed lots of different platforms for peer support that now transcend geographic barriers. And that's really, really huge.

Gurjit Sandhu:

Mike, I'd love to hear your insights on this as well.

Michael Kemp:

The things that you can control as a resident are your reaction to things, and yourself. If you go along with the flow, there's no way to change it. If you find yourself in a system where you're not able to, you find that the priority of wellness is not at the level that you think it should be, try to find those things that you can control as an individual, and really focus on that. As you focus on that, hopefully that will initiate conversation at a larger level or with other people that may be at higher levels. And culture change always starts with one person, and you've got to find the people that will catch onto it with you.

Gurjit Sandhu:

So, Mike, coming back to you. When we think about wellness strategies in surgical residency or trainees, could you provide us with some practical strategies?

Michael Kemp:

Thinking about resident and trainee wellness, you have to think about the person not as somebody that fits into a schedule and fits this clinical need. You have to think about them as really a person who's got every other need that every other human being on the planet has. They still need sleep. They still need time to themselves. They still need to exercise. They still need to eat. All of these different things that everybody else has access to. What can you do from a schedule standpoint to allow people to have time to decompress, have time to get exercise, have time to eat something that is not fried, or something that's healthy. Allow them to actually be with their family and spend time at home and not just do work at home. Not finish up clinic notes, not finish up hospital requirements, allow them to actually have time to value things that, frankly, make life worth living.

Michael Kemp:

It doesn't really matter what sort of interventions you do. If you have those targets in mind, eventually you should end up getting there. And I think initiating a system in place that allows residents and trainees to provide feedback as to whether or not those interventions actually are meeting the needs they have, is really the more critical aspect. Because, as Dr. Coleman said, things are going to change and they've changed since she was in training. The needs of residents 10 years from now are going to be different from the needs of residents now.

Gurjit Sandhu:

Dr. Coleman, would you add any strategies to that, especially in light of the fact that I know there's been quite a bit of attention to wellness within the military as well. So are there additional strategies that you think about?

Dawn Coleman:

So I think in the military, a few other things I'll expand on, and this may be controversial. I think many people would suggest that there is such a, like I referenced, a systems responsibility, higher level issue that challenges wellness across the board, for faculty and trainees alike. We also are all still accountable for our own resiliency. And there is value to learning those skills. They can be taught and they can be optimized and there's data to support the role of coaching, which doesn't mean everybody needs to go out and buy a coach. There are simple ways and then more complex ways, maybe more expensive ways, to garner resiliency in trainees, and in faculty, and in soldiers.

Dawn Coleman:

And so I do think it's really, really important at the end of the day, that we also all acknowledge that we do have a responsibility to maintain our own readiness, if you will, our own resiliency, and our program directors and educational leaders have to support that. So identifying, maybe, who would benefit from an individualized or direct intervention. That said, to protect your own resiliency and be resilient, you have to have an environment that permits those things.

Dawn Coleman:

The other thing that I think is really, really important that we haven't touched on, is the importance of mental health and de-stigmatizing mental health. And again, it gets back to this concept of asking for help, and not feeling like you're going to be criticized. That's a hard one for us, as surgeons, because we are fixers, and we are strong and we are not going to say, "I am tired. I need to go home." Or, "That surgical outcome just leveled me. And I need a break, need a little bit of downtime before I go back in and get back on the saddle." We don't take sick days. We just have a larger, broader culture of invincibility that, frankly, has to break down a little bit.

Dawn Coleman:

And the military has been actively working on this for decades, really in response to pretty egregious and staggering suicide rates. Rates, not just ideation, but rates of suicide. So for decades, they've been pushing forward a resiliency program, even when I'm deployed down range, far forward, we have resiliency training in between mass casualty situations. We're learning how to be resilient, but there is just this constant infusion of, "It's okay to ask for help. Battle buddies, be accountable for each other. If somebody is demonstrating these symptoms, be responsible for them, help them get help. And nobody's an island, nobody's alone."

Dawn Coleman:

But this has been a huge 180 for the military. And I would say that we're not that far from that as surgeons, we have to be really, really, really, really strong and infallible for our patients, but we are not superheroes. We're just not, we're humans. There has to be ongoing conversation about this, and really visible chatter and interventions that support that it is okay to ask for help, and that if you seek out counseling or mental health in some capacity, that should not be red flags, that shouldn't make you worry about your ability to continue practicing.

Dawn Coleman:

And so I think that's something that really needs to be said, and we haven't talked about yet. And I feel really strongly about that. And as program directors, I think you have to be cognizant and aware, if you start to see signs that are worrisome and emphasize to your team, that there are resources available to them.

Gurjit Sandhu:

Mike, would you like to add to that, around the stigma and ensuring that there are appropriate resources?

Michael Kemp:

Even when you recognize the red flags in somebody, or even if they recognize it in themselves, you have to break down the barriers that prevent people from actually accessing those services. And I think a big part of that is removing the guilt from leaving the service, that the work that you're leaving behind is going to fall on your colleagues. I think that's a tremendous barrier. We tend to have this sense that the team can't function without us, and we as a culture need to make it okay for people to realize that, no, we got this, when you need to take time away from the hospital.

Gurjit Sandhu:

Tell me, how do you attend to your own wellness? And what are some of the barriers that might get in the way?

Michael Kemp:

I remember I was working on our trauma service and I was spending a ton of time in the hospital, taking consults and trying to finish up clinic notes. Dr. Matt [Delano 00:23:59] pulled me aside one day and he goes, "Listen, this is a marathon. This is not a sprint. You need to take time for yourself and get out of the hospital." I was more on the senior level of residents. And one of the things that I really focused on was trusting more in my team, that they would be able to help me out. Having conversations and being upfront with, "Hey, I can't handle this right now. I need your help." I haven't met somebody who's not willing to help out when you say, "I can't do this."

Michael Kemp:

Recognizing that it's okay to not be the superhero and you don't need to be the number one in all of these different types of situation, that's a hard thing for surgeons to let go of, but that's something that I've tried to do, to make sure that I can get home in time and spend some time with my fiancé and really allow myself the opportunity to decompress and take care of myself as a person.

Gurjit Sandhu:

Dawn, please share with us some strategies you have for your own wellness, and some of the barriers that might get in the way?

Dawn Coleman:

I will say that the most important thing that has helped me, in the last few years, prioritize my wellness, are the residents. And specifically acknowledging that I am not always setting a great example for them, period. I've had a little bit more grace for myself, as far as recognizing that there is always going to be a to-do list that you're just never going to get through. And so acknowledging that sometimes you just have to stop and walk away is really important.

Dawn Coleman:

And then I'll say when things get really, really hairy and I'm really in a low place, which happens periodically, reintegrating my daily activities with exercise helps. So I find that when I stop exercising, you stop exercising because you're so busy and you stop prioritizing it, and then it's this really terrible circle. And so for me, that's a really easy way, when I acknowledge that, you've stopped these really

important activities. You got to do that again, because it allows you to physically focus on yourself, emotionally and psychologically decompress, think strategically. And then it allows me to be a better person, specifically a better wife and a better mom, and hopefully a better educator and a better peer at the hospital, a better doctor.

Gurjit Sandhu:

I'd like to thank Dr. Michael Kemp, general surgery resident at the University of Michigan for being with us. I would also like to thank Dr. Dawn Coleman, Associate Professor of Surgery and Pediatrics at the University of Michigan.

Gurjit Sandhu:

We want to remind our listeners that if you're struggling with mental health, help is available no matter where you are. Reach out to a mental health or call the Michigan Medicine Crisis Hotline at (734) 763-5409. You've been listening to, Michigan Surgery Sessions, and I'm Gurjit Sandhu. Thank you very much for tuning in.

Narrator:

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