A Summary from the 2021 APSF Stoelting Conference: Clinician Safety: To Care is Human

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SUMMARY STATEMENTS ON CLINICIAN BURNOUT AND WELL-BEING:

1. A failure to address the crisis of clinician burnout and degraded well-being will be costly to clinicians, patients, and health care organizations.
   a. Clinician burnout is a significant patient safety issue (unhappy, unhealthy clinicians lead to unhappy, unsafe patients)
   b. Clinician burnout is a societal workforce issue because replacing one departing perioperative professional can cost 2–3 times that individual’s annual salary and facilitate increased turnover of other team members for up to a year.

2. Burnout is a systemic issue and must be addressed at societal and organizational levels. However, individual perioperative professionals can and must be involved to address this complex problem.

3. Any comprehensive/successful solution will require the following elements:
   a. Leadership commitment to clinician well-being as an institutional core value.
   b. Real change to an organization’s culture. Prioritization of clinician well-being (including psychological safety) and a focus on increasing meaning and purpose in work (e.g., a reduction of low-value tasks).
   c. Reliable measurement(s) of key metrics of individual and organizational well-being.
   d. Transparency and feedback
   e. Multidisciplinary efforts (including surgeons, proceduralists, and nurses) to build a “wellness community”
   f. Identify and address the most important issues at the local level (Each health care institution will be different).
   g. Incorporating diversity, equity, and inclusion in all decision making

4. Trainees are a particularly vulnerable population for degraded well-being and must be proactively addressed using similar approaches as described in item 3 above.

5. The allocation of tangible resources to clinician well-being (e.g., leadership roles, physical space) is an important signal to the organization that leadership is serious about this.

2021 STOEILING CONFERENCE RECOMMENDATIONS:

1. APSF should consider collaborating with professional societies (e.g., ASA, AANA, AAAA, ACS, and AORN, etc.) to produce a joint statement on clinician well-being and the effects on patient safety and quality in the perioperative period.

2. APSF should create and lead, in collaboration with other professional societies, the development of a toolbox to support the perioperative care team as they continue to proactively address well-being.

3. APSF should partner with other organizations to support and fund research on the “basic science” of clinician burnout/degraded well-being; expanding the evidence base for effective interventions; and developing best-practices for implementation of best-of-class interventions.

4. Diversity, equity, and inclusion (DEI) are important elements of clinician and organizational well-being. APSF should develop a statement highlighting the effects of DEI on clinician well-being.

5. APSF should create a financial business case for perioperative clinician well-being.

6. APSF should partner with perioperative colleagues to enhance education on clinician well-being that should include podcasts and webinars.

7. Consider publication of data on clinician safety shared at the conference in a future APSF Newsletter publication.

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DISCLOSURE: Matthew Weinger, MD, MS, is founding shareholder and paid consultant of Ivenix Corp., an infusion pump manufacturer. He received an investigator-initiated grant from Merck to Vanderbilt University Medical Center to study clinical decision making.