

Update: Breaking Down Cultural Barriers

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Disclosures

- I have no financial disclosures
- I am disclosing that for the majority of this presentation:
 - Fellows will likely be referred to in the male gender
 - When I say spouse/wife, I also mean this to include significant other

ACGME Core Cardiology Program Requirement

II. Program Personnel and Resources

- II.A.4.p) be responsible for monitoring fellow stress, including mental or **emotional conditions inhibiting performance** or learning, and drug -or alcohol-related dysfunction;(Core)

Delayed start

- ▶ Due to difficulties at the institution level ~ not able to start program until September.
 - Booklet developed and was sent in September to all residents via pdf format
 - Booklet is being sent out now to all new residents/fellows
 - We have created a Facebook page
 - Created a separate email address through institution's IMT

Events held

- ▶ Ice Breaker on Campus ~ very little response
- ▶ Ice skating ~ Frigid cold day
- ▶ Hockey game ~ Snow storm

- ▶ While the resident/fellow is in their orientation we will be holding a welcome reception for the spouses/significant others ~opening this to all programs facility wide
 - ▶ Acquiring spouse/significant other email address to be added to email group
 - ▶ Have sign ups for study groups, play dates etc at event

ACGME Meeting

- ▶ A Call To Arms for the ACGME to address Suicide Rate amongst Physician
Dr. Nasca

Why Do Doctors Commit Suicide?

By PRANAY SINHA
SEPT. 4, 2014



NEW HAVEN — TWO weeks ago, two medical residents, in their second month of residency training in different programs, jumped to their deaths in separate incidents in New York City. I did not know them, and cannot presume to speak for them or their circumstances. But I imagine that they had celebrated their medical school graduation this spring just as my friends and I did. I imagine they began their residencies with the same enthusiasm for healing as we did. And I imagine that they experienced fatigue, emotional exhaustion and crippling self-doubt at the beginning of those residencies — I know I did. The statistics on physician suicide are frightening: [Physicians are more than twice as likely to kill themselves](#) as nonphysicians (and female physicians three times more likely than their male counterparts). Some [400 doctors commit suicide every year](#). Young physicians at the beginning of their training are particularly vulnerable: [In a recent study](#), 9.4 percent of

Sinha, P. New York Times, Sept 4, 2014

3/6/2015 Nasca ACGME

Risk of Completed Suicide Compared to Other Professionals

Proportionate Mortality Ratio compared to other professionals
(100=identical risk)

- Male 170 (153-188)
- Female 238 (168-328)

Today's estimates: 380-420 Completed Physician Suicides per year

Equivalent to 3.0-3.5 medical school graduating class sizes

Frank, E., Biola, H., Burnett, CA. Am J Prev Med. 2000:19(3); 155-159

ACGME Sponsored
National Consensus Conference
This coming Fall, 2015

Addressing:

- Understand the problem across the continuum
- Fewer Suicides during UME/GME, but higher suicide rate during practice, relative risk for women greater than men
- Matriculants to Medical Schools have lower rates of depression and burnout
- Medical students and residents have a higher rate of depression and burnout
- Develop strategies
- Provide a framework for institutional and programmatic adjustments to loss
- Determine what role, if any, ACGME has in accelerating solutions

▶ Thank you

The right side of the slide features a decorative graphic composed of several overlapping, semi-transparent pink and magenta geometric shapes, including triangles and polygons, creating a layered, abstract effect.