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Just Who Is Burning Out … Chairpersons or Program Directors?

To the Editor:
Dr. De Oliveira et al. recently published an interesting manuscript discussing the apparent high incidence of burnout in academic anesthesiology chairpersons.1 Risk factors including low job satisfaction and spousal support were discussed at length, and the survey instrument used was attached as an Appendix (pp 189–93).

While reading the article, I began to wonder if similar burnout risks applied to program directors, and I was surprised to see that the Appendix specifically asked questions of program directors, not program chairs. I assume that this was either part of a larger survey, or that the wrong Appendix was included with the manuscript; however, I was hoping the authors could comment on their thoughts on program director versus chairperson stress and burnout. Furthermore, did the authors receive comments or data from any of the anesthesiologists who serve as both program director and chair in their departments?

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Reference

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In Reply:
Thank you for your interest in our article. The data presented1 were part of sequential series of studies performed independently that evaluated the risk of burnout in department chairs and then program directors and more recently anesthesiology residents. The survey tool for the program director survey was similar to that for the chair survey except that faculty and resident were used in place of resident and dean in place of chairman in sections 2 and 4 of the survey and chair replaced program director throughout.

We found that program directors exhibited burnout to a degree similar to that of chairs, with 52% of the respondents exhibiting moderate to high burnout risk. Risks to the development of burnout in the program directors were slightly different from those of the chairs and included disputes with the chair and Accreditation Council of Graduate Medical Education dispute issues. It is conceivable that chair burnout could affect the program director responses because burnout in the workplace has been recognized to spread among co-workers.2 Because the surveys were delinked, we were unable to test the cross-association of chairs and program directors or the potential that the same individual served both roles. We did not receive any comments regarding dual responsibility roles of the respondents and can only speculate that a chair who also serves the role of program director would be facing extreme stressors and could be at a high risk of burnout.

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References

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Hypoxemia during One-lung Ventilation: Looking the Other Way

To the Editor:
Rozé et al.1 discuss the problem of hypoxemia during one-lung ventilation in a very constructive way but omit the option of increasing the concentration of oxygen in the shunt. Their case report illustrates the difficulty that sometimes arises.

If the concentration of oxygen in the shunt is increased, the same shunt causes less arterial desaturation. Because the amount of oxygen is quite small, a small volume, e.g., 50 ml with a low inflation rate, e. g., 6 breaths/min of the nonventilated lung can greatly improve arterial oxygenation. This simple technique was described in 2009 and usually caused marked improvement in oxygenation without disrupting surgery on the nonventilated lung.2

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References

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