Dr. Taylor Riall is a professor of surgery and chief of the Division of General Surgery.

Riall's clinical expertise is in general and pancreaticobiliary surgery, including pancreatic and periampullary cancer, acute and chronic pancreatitis, gallstone disease, gastrointestinal cancer and general surgery. She has extensive expertise in comparative effectiveness and health services research with a particular focus on the quality of cancer care and care of surgical patients. Riall, who was also president of the Society of University Surgeons in 2018, has worked to streamline care, improve outcomes and decrease cost for patients undergoing pancreatic, gallbladder or colorectal surgery.

Riall also serves as an executive leadership coach, having trained at the Institute for Professional Excellence in Coaching. She applies her leadership training to help surgeons and residents reach their full potential by raising self-awareness, developing emotional intelligence, clarifying their goals, identifying and addressing personal challenges, and consciously improving and integrating the many facets of their lives. She has played a key role in bringing awareness to surgeon and resident well-being and implementing programs to promote wellness within the Department of Surgery and beyond.

In this Q&A, Riall discusses her work promoting well-being for medical faculty and residents and offers tips for avoiding burnout.

**What do you consider some of the biggest challenges to residents, surgeons and other physicians when it comes to maintaining their well-being?**

Part of it is just the nature of what we do. We're often in life-or-death situations, and medicine by its nature teaches us to put other people first. At the same time, most residents and faculty have families. So, especially if you're a parent, your family is a priority as well. With this focus on others, you often don't have time to take care of yourself.

This is further complicated by a traditional surgical culture of strength and invincibility, the idea that surgeons, or physicians, are somehow superhuman without fundamental needs for self-care. And we're not, of course. Plus, if a surgeon allows him or herself to be fully human, traditional culture labels them as weak or not worthy of our respect. It's not intentional, but traditional surgical culture simply doesn't create an environment that encourages us to take care of ourselves.

Couple that with changes in health care over the last two decades; it's frustrating to be a physician. It's easy to lose sight of your "why," your purpose. We deal with inefficient systems that seem somehow designed not to take care of patients. We go into medicine to help people, but there are all these barriers, like arguing with insurance companies, and you
oftentimes can't do what you know is right. This wears people down. It's moral injury.

On top of that, our days are long. It is difficult to balance our personal and professional lives. Then add to that the financial component: The average medical student comes out of school with more than $200,000 worth of debt. When you're a resident, you're working really hard but you're not making any money.

When you combine all of those things, they contribute to a high potential for burnout.

**What steps can physicians and residents take to avoid burnout? What can they do to overcome burnout if they experience it?**

First, it’s about having awareness around the things that predispose us to burnout and the possibility that it can happen to us. The Stanford model of physician well-being [2] talks about reciprocal domains of well-being: about personal resilience, a culture of wellness, and practice efficiency, all of which are interdependent. One approach is to teach people the tools to be resilient. How do we respond to the stress that is inherent in our environment? How do we choose to show up every day? How do we interact with each other to make a difference? These things impact the culture. We can all lead from where we are; you can be a leader as a resident or a student. To do so, you need to lead by example and start to create the culture you want to see.

I feel like it's my responsibility as a leader not only to talk about and teach well-being and resilience, but also to model that behavior and to create an environment for my faculty, residents and staff that actually supports these behaviors. We have to have creative models to help each other. For example, (in the past) I would take call every weekend if I could just ride my bike for three hours. I wanted to race one of the weekends I was on call, and one of the other surgeons covered those few hours. If we all do that for each other, we create an environment and culture that allows all of us to be whole.

The thing I've learned is that I have little control over my environment, but I do get to choose how I respond to it. I get to choose how miserable I make myself on certain days. And every moment, I get to choose what I think, how I show up, how I communicate, and the results that I generate.

**What steps can hospitals and academic institutions take to ensure they're promoting a culture of wellness?**

Recognize that the system needs to be changed. Have a broader definition of success. Understand the value that each person contributes to your department or unit and that each person's value is unique. I may have one person who's a really busy clinician and then another person who's NIH-funded. Everybody has to see the value that each individual adds to the whole picture. Open up the conversation, raise awareness, recognize that everybody has a story and is experiencing the same things. Have open communication. Normalize some of the feelings and stress within our day-to-day lives. Implement wellness programs.

The things that really work are those that create a sense of community and connection. That makes all the things that are hard easier, because you're just doing it with people you like, in a place you like. Everybody is willing to work hard in the right setting.
Does the UA currently have any programs in place to address resident/physician well-being? If so, what are these programs doing to promote wellness?

In 2016, the Department of Surgery created a well-being and resiliency program for our residents. I didn't sit down with a clear curriculum in mind; I've been learning by trial and error. I started doing things I thought would work, and I've progressively refined it. Now we have a formal curriculum, which I am hoping to expand to other programs in the institution.

The program occurs during the residents’ protected educational time. It's two hours every month. All the sessions are experiential and interactive. We start with a model called energy leadership that describes seven levels of energy or awareness and helps people create self-awareness and emotional intelligence. It really gives them a different way to respond to the stress that's inherent in our environment as surgeons and as residents. It also has the great advantage of giving us a common language to talk about what are sometimes abstract concepts. We have sessions on work-life integration, goal setting, communication, team building, emotional intelligence, crucial conversations, empathy, resilience and more.

I'm also adding in topics relevant to resident career development: financial planning, job interviews, negotiation, loan repayment. We also have things outside the formal program that are not required, like social events and things that we do together. For example, we had 25 residents, faculty and staff run the Tucson marathon, half-marathon and marathon relay the past two years.

We recently had a session on resilience that was incredibly powerful. One of our residents brought a video on Kintsugi to me. Kintsugi is a Japanese art form where you break pottery wrapped in a cloth and then put the pieces back together using beautiful gold leaf filler. The art is symbolic of the hammers in our lives, the things that hold the pieces together during that time, and the end product that emerges stronger and more beautiful on the other side. We watched this video and had residents and faculty share stories of pivotal moments in their lives. It was moving. It is helpful to know that everyone is human. Everyone has a story.

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