The Surgical Education Culture Optimization through targeted interventions based on National comparative Data (SECOND) Trial

Principal Investigators: Karl Bilimoria, MD MS & Yue-Yung Hu, MD MPH
Surgical Outcomes and Quality Improvement Center (SOQIC), Northwestern Medicine
In conjunction with the ACGME, ACS, and ABS

Program Tour FAQs

What is a Program Tour?
A team of SECOND Trial researchers will visit a variety of programs to learn about their learning environments and different approaches to resident wellness. Over the course of two days, our team will observe educational conferences and resident work processes, as well as perform interviews andfocus groups within that organization.

How does my program benefit from a Program Tour?
The Program Tour is a way for us to highlight the work you have done to improve the learning environment and wellness of residents. Program Tours should therefore be a source of pride among your residents and faculty; we hope programs view the Tour as a showcase and a celebration. Upon completion of the two day Program Tour the SOQIC team will host a social event for your residency.

Resident wellness initiatives and resources identified during Program Tours may be included as content in the SECOND Trial's Wellness Toolkit. All content included in the Toolkit will be credited to the source program. By including your work in the Wellness Toolkit, we all will be able to influence the experience of surgical residents throughout the country.

How many programs are being toured?
We will tour programs until we reach the thematic saturation (i.e., when we begin to encounter redundant ideas or interventions). Currently, we are preparing to visit 30 programs, but we may increase that target depending on what we find. We have visited several programs already, and it has been extremely successful.

How are programs being chosen for Tours?
We are utilizing a variety of sampling techniques:
(1) We will aggregate data from the ABSITE survey at the program-level and use it to identify programs that represent a range of performance on various metrics of the learning environment and well-being of residents. The data from the ABSITE survey are de-identified at the individual resident and the program level.
(2) We have asked several national experts in physician wellness to identify exemplary programs.
(3) We surveyed program directors to identify programs with innovative or comprehensive wellness initiatives. Members of the Program Tour team will not know why any particular program has been chosen for a tour.

Who is on the Program Tour team?
Each team will have 4-6 members who will consist of a surgeon, a PhD-level qualitative researcher with expertise in conducting hospital visits to assess implementation of quality improvement initiatives, a psychiatrist who studies healthcare professional wellness, a PhD psychologists who studies healthcare professional wellness, study coordinators (Masters-level health services researchers), and/or surgical research residents.

What will the Program Tour team look for?
All Program Tour personnel will be blinded to the programs' data, and all tours will be conducted similarly. We will observe educational conferences such as Morbidity & Mortality, as well as residents working in their typical environments (e.g., clinical workspaces, resident lounge). We will interview a sample of residents and faculty, as well as departmental and institutional education leadership (e.g., program director, chair, DIO). Our interview will consist of questions regarding the work environment and wellness. For example, "How has your residency experience been thus far? Tell us about how your program promotes wellness. What initiatives has your program implemented? Did you take part? What were the barriers? What do you think works or doesn't work and why?"

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What is the time commitment for each program?
We hope to conduct the tours in a minimally disruptive way. We want to understand your program in its natural state. We will plan our visit around your existing conferences and workflow. A sample agenda is available on our website. We do not intend to interview all residents; only the residents who are available and open to the process.

Won't programs know they are bad if they are being visited and change their behaviors?
Our goal is to learn about resident wellness. This requires us to visit a range of programs, especially those that are exemplary. This is not a Joint Commission or an ACGME visit; we are not trying to uncover bad behavior. We seek to understand how we can all do better together and identify lessons that may be shared across the surgical education community.

How do observations help you build a Toolkit of interventions?
Broadly, we are interested in how policies, procedures, and initiatives translate into culture, and how this culture manifests in wellness. Observations are key to helping understand complex environments. Our experience with quality improvement tells us that the mere existence of initiatives is not enough to effect change. There are nuances to implementation that may make all the difference in outcomes; this is what we seek to understand through observations and interviews. For example, we may find that the same initiative was implemented at two different programs, but that one was more successful based upon local context.

Additionally, observations are a way to triangulate the data that we collect from surveys and/or interviews. As in other qualitative research, we learn a lot by observing how people interact with one another and these interactions may be shaped by policies, training, or infrastructure that is exportable to other programs. Aspects of local culture and environment may not be readily apparent to those who are embedded in it; hence, these important factors may be missed if we only conduct interviews, focus groups, and surveys. For example, we may find that there is something about the learning environment that is a major contributor to wellness and that goes largely unrecognized (i.e., aspects of a program may not appear unique to those at the program, but are recognized as unique by outside observers).

Will our program get feedback after our Program Tour?
To protect the confidentiality of the people who participate in the focus groups and interviews, we will not be providing feedback to programs after the Tours. However, if a resident reports physical abuse, discrimination, sexual harassment, or suicidal thoughts, we will report these issues to the appropriate institutional representative. Residents will be made aware of this potential confidentiality requirement in the verbal consent process. This protocol is based upon feedback from our Bioethics Panel.
We envision the Wellness Toolkit as an electronically available living document, to which programs will add their tips, tricks, and experiences as they begin implementing the interventions that you contributed. In this way, the SECOND Trial will weave together the best pieces from all programs to maximize our collective impact on resident well-being.

We have worked hard on our interventions. How can we participate in the research?
We at the SECOND Trial is supportive of collaborative research efforts. If you contribute novel interventions to the Wellness Toolkit and serve as coaches or topical experts for programs that decide to implement them, you may participate in the scholarship in the following ways:
(1) We can analyze and give you ABSITE survey results to write up for the subset of programs that choose your intervention from the Wellness Toolkit. (Our data use agreements prohibit us from sharing raw data.) Of course, then your metrics are limited to the ones that are already measured in the ABSITE survey.
(2) You may gather your own data on metrics of your choosing from the programs working on your intervention. As coach, we would anticipate you'd have regular contact with them.

(3) Wherever permissible, we plan to credit the Surgical Education Trials Collaborative as an author of all SECOND Trial manuscripts, so individuals who contribute can be acknowledged as co-authors.

How will the SECOND Trial examine whether program-specific data and/or the Toolkit work?
At the conclusion of the trial, metrics of the learning environment and resident well-being (e.g., burnout) will be compared between the intervention and control groups to assess the intervention's effectiveness. Both baseline and follow-up data will be obtained from the ABSITE survey (or other survey mechanisms), which is administered to all residents in ACGME-approved general surgery programs and typically has an excellent response rate.

Why randomize? Isn't it unethical to withhold resources from the control group?
Both trial arms will have access to data about their residency (e.g., burnout, suicidal thoughts), but only intervention arm programs will have access to the Learning Environment Report, Wellness Toolkit, and the implementation support. Because there is currently little data about the effectiveness of any wellness interventions and many are expensive and/or time/effort-intensive, the Bioethics Panel that we convened has concluded that the SECOND Trial has equipoise as proposed.

Randomization also will allow us to address the secular trend of increasing emphasis on wellness, as programs who are independently embarking on wellness initiatives should be evenly divided between intervention and control arms. We will also closely track the wellness changes implemented at all programs in both study arms annually.

After the conclusion of the trial, access to the Wellness Toolkit will be expanded to all enrolled programs.

Who is conducting the SECOND Trial?
Like the FIRST Trial, the SECOND Trial is a joint effort among the Accreditation Council for Graduate Medical Education (ACGME), American College of Surgeons (ACS), Association of Program Directors in Surgery (APDS), and the American Board of Surgery (ABS). The AAMC and the Society of Surgical Chairs have joined this trial as well. As in the FIRST Trial, the ACGME will not have access to the data; this is clearly stated in our contract with each program and with the ACGME. The Surgical Outcomes and Quality Improvement Center (SOQIC) at the Northwestern University Feinberg School of Medicine will serve as the data center for the trial.

How will the confidentiality of individual residents be protected?
We recognize that these are sensitive topics. All individual resident identifiers are removed from survey data prior to transferring to the data center; identification of individual residents is not possible. Program-Specific Reports will be provided as quartiles (i.e., for burnout, your program ranks in the first (best) quartile of programs in the country). We will not provide programs with the responses of individual residents or even the proportion of their residents that reported any particular metric, thus precluding attempts to identify the residents who might have reported any particular issue. During Program Tours, all interviews and focus groups will be conducted confidentially.

How will the confidentiality of programs be protected?
ABSITE survey data are sent to the data center, and programs are immediately de-identified. It is maintained in de-identified form throughout all analyses. Program-Specific Reports will be generated using program-level linkages, which are securely maintained.

Much like other clinical quality improvement programs, we will mandate that programs cannot disseminate or publicize/advertise the data in their reports outside of their institutions. We encourage sharing within

each institution (i.e., with residents and faculty), but this decision will be left to the discretion of each program director, chair, and DIO.

When will the SECOND Trial start and end?
Recruitment for the trial will conclude in August 2019. All programs will receive their data and the Wellness Toolkit in fall 2019. All programs will be given access to the Wellness Toolkit in early 2022.