VAFP Wellbeing Corner
Summer 2024

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PERSONAL CLINICAL EXPERIENCE:

Tuesday morning and my first patient, Ms. R, is scheduled at 7:45 a.m. and rumor has it that my nurse has called out. I've 8 open notes leftover from yesterday, 20 e-refill requests, 40 labs, 12 documents, and 30 telephone encounters (which is patient portal messages, telephone messages, tasks from my staff, prior authorizations etc) all waiting for me. I'm strategizing for frail Ms. T who lives alone at 90 and was discharged from the hospital without the O2 it appears she now requires as well as home health care services. I'm trying to feel the pulse on which pharmacy might have access to any glp1 receptor agonists that everyone has been out of for 3 weeks now. There's a stack of FMLA forms next to my coffee cup for patients who have just had surgery and seen their surgeon as well as those whom I have taken out of work. I need to leave by 5pm today to pick up my kids from school, feed them a wholesome meal, and conjure up a half dozen teacher appreciation gifts. This is a typical day and often overwhelming. Today I have a choice on how I want to face it all and ask myself. What kind of person do I want to be? What kind of physician do I want to be?

As dedicated family physicians, we wear many hats. We're diagnosticians, educators, coaches and confidantes. We care for patients throughout their lifespan, throughout the organ systems, throughout their communities. This commitment to comprehensive care is often why we chose family medicine in the first place, but the pressure to be the sole source of solutions for every patient can lead to burnout and hinder the quality of care we provide. This often bleeds into other aspects of our lives as well – needing to be the best parent, partner, church-member, leader. Let's challenge the fallacy of feeling like we need to do it all.

The ever-expanding landscape of medicine makes it impossible for one person to stay current on every advancement. The staffing shortages we've all experienced in the past few years has made it seem like we're the only ones left standing to get everything done. The ease of access to our physicians with portal messaging has removed barriers that may have previously protected our free time or perhaps have not been scheduled into our workflows. Many of us are also feeling like there are more patients to care for now than ever with a slew of our colleagues retiring, practices closing, or patients more motivated (perhaps anxious?) to have close relationships with their health care teams. Doing it all is not realistic but that does not mean we have to compromise on the quality or scope of care we provide.

Specialization within family medicine allows us to leverage the expertise of colleagues while focusing on areas where we excel. Is there a doc in your practice who is more comfortable with sports medicine or musculoskeletal procedures than you so you can defer treatment of that shoulder injury while you focus on the rest of their care? Collaboration with our specialists can sometimes feel like fracturing their care, but when referred thoughtfully cardiologists, mental health professionals, or dermatologists ensure our patients receive the best possible up to date care, tailored to their specific needs. This can allow us to focus on the whole of the patient as well as all their other complaints.

Delegating tasks empowers our team. By trusting nurses, medical assistants, and other healthcare professionals to handle routine tasks, we free ourselves to focus on complex cases and patient education. This creates a more efficient and collaborative environment, ultimately benefiting patient outcomes and strengthening our essential staff. Staffing shortages and high turnover rates have affected all of us, but it is not reasonable to expect that we can tackle all of the daily tasks of a busy clinical practice. Partner with your clinical managers to collate work flows to triage telephone encounters and patient requests, develop standing orders that the nursing team can enact without consulting you, standardize rooming and pre-charting responsibilities across physicians in the practice so all team members can substitute in another's absence.

Recognize the difference between urgent and important. One of my patients (who does not work in medicine) was frazzled by the overwhelming demands of her employer. When she realized that "no one will die" if she didn't meet certain deadlines, she was able to prioritize her work flows and at the end of the day, if "no one will die" if a task was left undone, then she felt comfortable leaving it until tomorrow, knowing she had already put in a reasonable full days' worth of work. In medicine, sometimes that line in the sand is more literal but there will always be a mountain of work for us to do. If we don't finish some things today, it will be there tomorrow. Urgent issues require immediate attention. These are situations where a patient's health could be at significant risk if not addressed promptly. Examples include acute injuries, uncontrolled chronic conditions, or potential mental health emergencies. However, many patient concerns, while important, are not necessarily urgent. These might involve ordering a screening mammogram, medication adjustments, or advising about getting vaccines. While these deserve attention, a response can wait until tomorrow or perhaps the next scheduled appointment.

Re-evaluate your panel size. There is nothing wrong with wanting to do it all. That will look different if you are caring for 1000 patients versus 3000. You can refer less often with a smaller size and have either longer visits or more frequent visits with a smaller panel without losing revenue.

Recognizing our limitations isn't a weakness, it's a strength. It allows us to prioritize our well-being and avoid burnout. A well-rested and balanced physician is a better physician, with more energy and focus to dedicate to their patients. A well-rested and balanced physician is also a better in all our roles outside of medicine. Transitioning from a "do-it-all" mentality to a collaborative and empowering approach requires a shift in perspective. It doesn't have to involve complete system change, as nice as that would be.

So back to Tuesday morning: I glance through the documents and labs, communicate a coumadin dosage change that is needed, then move through my telephone encounters. I've set up a number system with my team to assign priority to those that most need by attention and while I wait for my first patient to be ready, respond to those labeled #1 or flagged in red. I send a highlighted message to my medical assistant that I need her to make sure Ms. T has oxygen and home health before the end of the day. I take a deep breath as I review Ms. R's vitals, prep her refills and lab orders for this first visit of the morning, and choose to be present with her because she is one of the reasons that I showed up today.

FPM, the AAFP's Family Practice Magazine, has many articles on addressing work flows, patient messages, team based care, practice efficiency.

Please send us your experiences, tips, and questions for the next issue at admin@VAFP.org. Is there a specific challenge you are facing as a physician preventing you from thriving that you'd like to see featured in this corner?