

Transcript Details

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2020 Crohn's & Colitis Congress: Time Management Tips

Announcer:

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Here's your host, Dr. Matt Birnholz.

Dr. Birnholz:

Coming to you from the third annual Crohn's and Colitis Congress in Austin, Texas. This is REachMD. I'm Dr. Matt Birnholz. Here with me today is Dr. Uma Mahadevan from the University of California, San Francisco, UCSF, who presented on the topic of time management and work-life balance for clinicians caring for IBD patients. So Dr. Mahadevan, welcome to you. It is great to have you with us.

Dr. Mahadevan:

Thank you, great to be here.

Dr. Birnholz:

So clearly the subjects of work-life balance and physician burnout, they are on many people's minds in today's practice environment. So to start, how did you structure your session at these this year's congress to explore time management?

Dr. Mahadevan:

So, as you said, time management is a really important topic. The Foundation and the American Gastroenterological Association is very concerned about this and we want to keep young people in academic gastroenterology. So the first half was for young investigators on how to get started and the second half, how to sustain. Because you can start, but if you don't have a sustainable path, you're going to burn out.

Dr. Birnholz:

Yea, and I'm curious about that – the structure of being able to speak to a young audience versus a more seasoned audience. I imagine the advice for effective time management skills is fundamentally different. There are connections, but they are different, depending on your audience. How did you set up that type of differential education?

Dr. Mahadevan:

So I actually don't think that's true. I think time management is the same for all levels, it is just the more senior you are, the more power you have to enact what you want to do. So some of the time management tips we talked about for the young faculty coming in, is don't lick all the cupcakes, which means really focus on what you want to do, what is going to advance your career, what you are interested in, because if you become very diffuse, it is very hard to be good at everything. To survive and to thrive, you need to decide what is important and what is the path that you are going to take and to do that, you really do need a good mentor who can guide you and provide advice.

Dr. Birnholz:

But there is also, just as a devil's advocate, there is a plasticity that's available to younger practitioners who are coming in to a work environment that is always rapidly changing and might be a little bit more savvy in terms of how to navigate that, even though their experience within the system isn't quite there. Contrast that to the seasoned, you know, veteran clinicians, who are within a system that is changing, but they are maybe a little bit more set or are having a harder time adjusting to some of the new demands. How do how do

you counsel these clinicians at these different stages or milestones of their career to better adjust to those changes, whether it is taking on a mentor as a young clinician or finding some other means? You said there is more power to enact changes, as more seasoned, but how do we kind of adjust the expectations for these different clinicians?

Dr. Mahadevan:

So that is a really good question. I think the thing that you are referring to the most is electronic health record, which is, for many, the bane of their existence and the more senior you are, the less experienced you are in your career in having to deal with that, the harder it is to adjust. The young people coming in, they are always on the computer, their life is on the computer, they don't know they don't write anything anymore and so there is some adjustment there, but generally in terms of an academic career what I said in my lecture was to Marie Kondo your life, which means what is it in your life that sparks joy. That is what you should do at least 90% of the time or strive to do. Everybody needs a job, everybody needs to eat. You are going to have to do things you don't like, but in your academic career, what is it that gives you joy? Have a place for everything in your life, for the clinical part, the academic part, for your personal life, and then just make sure that if it is something you don't want to do and don't need to do, you get rid of it.

Dr. Birnholz:

Is there a lingering disconnect between more seasoned and younger clinicians when even the term of work-life balance comes up? Sometimes the attitude among clinicians who have been practicing for 20 plus years is sort of the Crimea River routine, where they are sort of like work-life balance – we got into this for a certain thing and you find your balance as you go and younger clinicians are more attuned to this because they see the rates of burnout among physicians and they don't want to be among those statistics. How do you help negotiate that difference in ideology between the older guard practice and the ushering in newer age of practicing?

Dr. Mahadevan:

So that is very challenging. I would consider myself as part of the older guard and sometimes we see these young people come in who clock out at 5:00 o'clock and haven't really wrapped up their patient issues or other things and it is very frustrating for us. I think there needs to be a balance between providing excellent continuous patient care and having work-life balance and that may have to do with better communication, it may have to do with having a team approach, but also keeping the patient center in all of this and making sure that we are not dropping the ball in their care.

Dr. Birnholz:

Right, and what about looking specifically at the gastroenterology field? What are some fundamental challenges within that field that are distinct with regard to work-life balance and the risk of burnout compared to other fields that you just don't see and really are unique to the gastroenterology field?

Dr. Mahadevan:

So this was outside of my talk, but in gastroenterology, most of the revenue comes from procedures and so gastroenterologist even in academic practices are being pushed to do more and more procedures, which then shifts patient care in the office setting to the nurse practitioner, the physician's assistant rather than the physician themselves and there can be a disconnect with the patient and then there is also a lack of satisfaction in just doing endoscopy and not actually connecting with your patient.

Dr. Birnholz:

Right. I'm also curious about any of the obstacles or barriers that you and your colleagues have encountered that from an individual standpoint might not be so easily surmountable, really require a more systems-based approach and support at an institutional or even federal level to be able to help present real issues with work li-work-life balance going forward. What are some of those issues?

Dr. Mahadevan:

So I think the biggest issue, at least at this point in the United States, is the electronic health record. It is all-consuming and physicians spend the majority of their patient visit actually on the computer and so patients feel it because there is less face time and physicians feel it because they finish the clinic, they go home, and then they are on their computer finishing their note, answering patient messages, etc. At UCSF as an institution, we recognized that this was a serious component of physician dissatisfaction and so we have had many different ways of approaching this and one of the things we did in the gastroenterology practice is we created a flow where everybody who helps us is working at the top of their job description – the administrative assistant, the nurse, the nurse practitioners, the physician, so that whatever can be done not by a physician is, and the physician can really focus on patient care.

Dr. Birnholz:

So a true delegation of tasks to be able to maintain as you said, the top of the flow.

Dr. Mahadevan:

Yes, in a very structured way that is written out.

Dr. Birnholz:

That's fantastic. Which gets to perhaps the most important last question from you, which is how do we best implement some of these ideas from your session into practice? Any other tips to be able to help implement some of the teachings from your session into practice?

Dr. Mahadevan:

So I think one of the things and so the session was really about the person as opposed to the institution and so the ways to implement Steve Covey's habits of successful people, where you had the box where quadrant one was urgent and important and you do it and quadrant two is urgent, not important, you plan. Quadrant three is not important, you delegate and then quadrant four is not urgent, not important, you eliminate and so the key thing is to constantly be assessing what you are doing, whether it is a one year plan, a five year plan, so you're not stuck in a rut and you're always doing what needs to be done and eliminating what doesn't. That's just a very broad stroke that you can apply to every aspect of clinical academic medicine.

Dr. Birnholz:

That's great, and you know considering the overall rising prevalence of physician burnout, the significant threat that this poses to patient care ongoing, it is fantastic to be able to dedicate some time at the congress to this subject around better time management. So, I can't thank you enough for your time, Dr. Mahadevan. I hope that we get to touch base with you again on this important subject going forward.

Dr. Mahadevan:

Thank you. It was a pleasure.

Dr. Birnholz:

I'm Dr. Matt Birnholz for Reach MD. Thanks so much for joining us.

Announcer:

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