
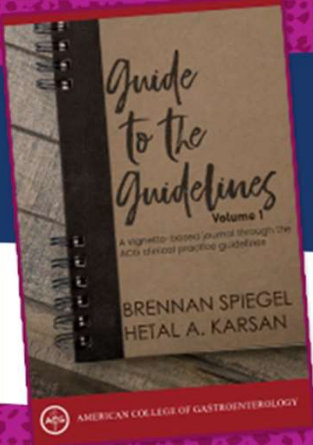


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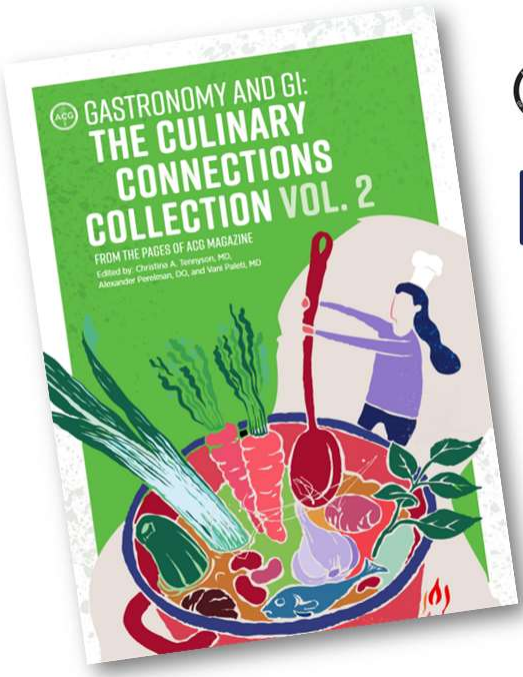
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ACG **GASTRONOMY AND GI:**
THE CULINARY
CONNECTIONS
COLLECTION VOL. 2

FROM THE PAGES OF ACG MAGAZINE
Edited by Christina A. Teneyson, MD,
Alexander Papanicolaou, MD, and Kara Papanicolaou, MD



GASTRONOMY AND GI:
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Special Issue:
WELL-BEING

JOY AND WELL-BEING IN THE PRACTICE
OF MEDICINE - THE IMPORTANCE OF THE
HUMAN CONNECTION

ACG MAGAZINE

[BIT.LY/ACG-MAG-WELLBEING](https://bit.ly/acg-mag-wellbeing)

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**Community Outreach on Colorectal Cancer:
Lessons & Pearls from ACG's SCOPY Award Winners**

Thursday, February 1, 2024 at Noon & 8pm Eastern



Co-Host Tauseef Ali, MD, FACG
SSM Health



Co-Host Reezwana Chowdhury, MD, FACG
Johns Hopkins



Dawn M. Baker
University of Kentucky



Darwin Conwell, MD, MS, FACG
University of Kentucky



Erica Duh, MD
UC Irvine



Katie F. Farah, MD
AlleghenyHealth Network




Sudha Pandit, MD
LSU Shreveport

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Participating in the Webinar




Moderator:
Jonathan A. Leighton, MD, FACC

All attendees will be muted and will remain in "Listen Only Mode"

Type your questions here so that the moderator can see them.
Not all questions will be answered but we will get to as many as possible.

A handout with the slides and room to take notes can be downloaded from your control panel.



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ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!




Week 4 – Thursday, January 25, 2024
 Endobariatric Therapies and Pharmacotherapy - When and When Not to Combine
 Faculty: Shelby A. Sullivan, MD, FACC
 Moderator: Mark A. Gromski, MD
At Noon and 8pm Eastern









Week 5 – Thursday, January 25, 2024
 Community Outreach on Colorectal Cancer: Lessons & Pearls from ACG's SCOPY Award Winners
 Faculty: Katie Farah, MD, Erica Duh, MD, Sudha Pandit, MD, Darwin L. Conwell, MD, MS, FACC, and Ms. Dawn Baker
 Moderators: Tauseef Ali, MD, FACC and Reezwana Chowdhury, MD, FACC
At Noon and 8pm Eastern

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Disclosures



Richard S. Bloomfeld, MD FACP:
No relevant financial relationships with ineligible companies.



Jonathan A. Leighton, MD, FACP:
No relevant financial relationships with ineligible companies.

*All of the relevant financial relationships listed for these individuals have been mitigated

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Joy and Wellness in Gastroenterology



RICHARD S. BLOOMFELD, MD, FACP
PROFESSOR OF MEDICINE
ATRIUM WAKE FOREST BAPTIST HEALTH
WINSTON SALEM, NC

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Case

- ▶ Dr. H was born in Maryland and grew up in Winston Salem, NC
- ▶ He graduated from UNC-CH and attended medical school at Wake Forest University School of Medicine
- ▶ He completed Internal Medicine residency at Vanderbilt and then a gastroenterology fellowship at the University of Virginia
- ▶ Joined a thriving GI private practice in Winston Salem, NC in 2002

- ▶ Dr. H loved gastroenterology and always dreamed about being a gastroenterologist

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Case

- ▶ He had inpatient and outpatient responsibilities
 - ▶ Call every fourth night and every fourth weekend
- ▶ Hospital was stressful
 - ▶ Especially being the primary admitting attending for very ill patients with comorbidities who happened to have a GI problem
 - ▶ Worked hard to take excellent care of severely ill patients at a large referral hospital
- ▶ He suggested inpatient admission to hospitalists
 - ▶ "old docs did it, why not you"
 - ▶ Felt the medical center didn't like to be questioned
 - ▶ Felt pressure to be a "team player"
- ▶ Outpatient was good for a while and he loved GI

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Case

- ▶ Then the EMR came in 2014
- ▶ Dr. H is a very thorough person and started spending hours on nights and weekends charting in the EMR
- ▶ Dr. H would wake up before his wife and children on weekends to do pre-charting on patients and send letters
- ▶ "The Computer became part of my body"
- ▶ Dr. H and his partners were getting much more clerical and non-physician work to do

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Case

- ▶ During this time Dr. H realized that he was not happy
- ▶ Loved GI and loved his coworkers "like a second family"
- ▶ Questioned his quality of life
- ▶ "Didn't want his kids to see dad bitching all the time"
- ▶ "Couldn't be the doctor I wanted to be"
- ▶ "Didn't get satisfaction" from helping his outpatients or saving an acutely ill patient in the hospital with a GI hemorrhage

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Case

- ▶ When he researched burnout, he got advice like meditate and get a hobby. This did not sit well with him.
- ▶ Dr. H's one place of serenity in life was on the porch of his beach house
- ▶ One day, sitting on the porch, staring at the horizon, it hit him suddenly: "I can't do this shit forever. I am done"
- ▶ His wife convinced him to take 48 hours to think about it
- ▶ Those were the most hopeful 48 hours of his life
- ▶ At 48 hours, in June 2021, Dr. H called the president of his group and said "I am done"

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Case

- ▶ Dr. H started Googling non-clinical jobs
- ▶ Created a CV
- ▶ Now works remotely for a Clinical Research Organization
- ▶ At age 55 he is the happiest he has ever been and wouldn't change a thing
- ▶ Winston Salem lost a great clinician

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“ Even the best of us – good people,
good docs – do bad in these bad
systems ”

THE FAT MAN

Samuel Shem
Man's Fourth Best Hospital

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Outline

- ▶ A case presentation
- ▶ What is burnout?
- ▶ Culture of Wellness
- ▶ Efficiency of Practice
- ▶ Personal Resilience
- ▶ What can the ACG do for you?

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Burnout

- ▶ Burnout is a state of emotional, physical, and mental exhaustion caused by prolonged stress in the workplace.
- ▶ Multifactorial: including loss of autonomy, excessive workload, leadership culture which does not visibly support physicians
- ▶ Myriad personal and professional effects
 - ▶ Broken relationships, alcohol and substance abuse, depression, suicide, unprofessionalism
 - ▶ Decrease in patient satisfaction, decrease in productivity, increase in medical errors, litigation, early retirement

Carol Burke, ACG Magazine 2018

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Burnout

- ▶ Burnout is an Occupational Hazard
 - ▶ It is not a deficiency of personal resilience
 - ▶ Studies consistently show physicians to be at higher risk of burnout than workers in other fields, including those requiring advanced degrees



Shanafelt 2019

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ACG Burnout Survey

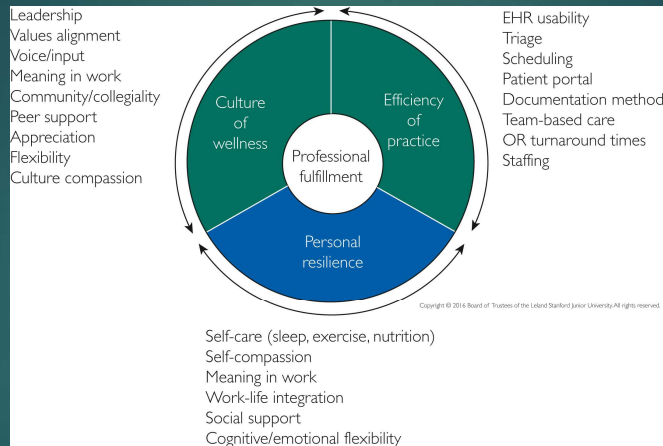
- ▶ In a survey of ACG members Burnout (emotional exhaustion or depersonalization) was noted in 49.3% of respondents
 - ▶ Burnout did not vary by practice type or location
 - ▶ Higher burnout in those who found EMR not user-friendly
- ▶ Among GI fellows 42.7% experienced burnout
- ▶ This survey provides insight into the drivers of burnout among ACG members

Anderson et al 2023

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Professional Fulfillment



Stanford Model of Professional Fulfillment

Shanafelt 2023

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Culture of Wellness

- ▶ Components of wellbeing include positive emotion, flow, cognitive flexibility, social connections, and physical health
- ▶ Hierarchical culture of medicine tends to infuse a lack of empowerment
- ▶ Historically, medical training teaches endurance
- ▶ "Creating a Culture of Wellness: Conversations, Curriculum, Concrete Resources, and Control" (Place and Talen 2013) introduced a culture of wellness in the Northwestern Family Practice Residency

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Culture of Wellness

- ▶ Dr. Surawicz (ACG Magazine 2019) tells us that 80% of burnout is due to systems factors
- ▶ Pharmacologic therapy, psychotherapy, and resiliency training of the individual (while worthwhile) will not address the problem
- ▶ Effectively addressing the problem requires medical centers/practices to improve the environment by reducing inefficiency, optimizing team-based care, supporting individuals, and driving organizational culture change. (Shanafelt 2023)
- ▶ “There is so much we can do in healthcare to reduce stress and create an environment focused on well-being” Dr. Leighton (ACG Magazine 2023)
- ▶ There are factors outside of organizational control:
 - ▶ Administrative burden of payers and regulatory bodies
 - ▶ Cumbersome EMRs
 - ▶ Professional culture

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Culture of Wellness

- ▶ Leadership- great impact on day-to-day work environment
- ▶ Opportunity for Input- do physicians feel heard
- ▶ Peer Support- “We need to support each other in ways that those who do not walk in our shoes cannot do” (Surawicz 2019)
- ▶ Healthcare must transform from “transactional” to primarily “relational” (Leighton 2023)
- ▶ Flexibility
 - ▶ Child care, elder care
 - ▶ Flexible work schedule

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Culture of Wellness

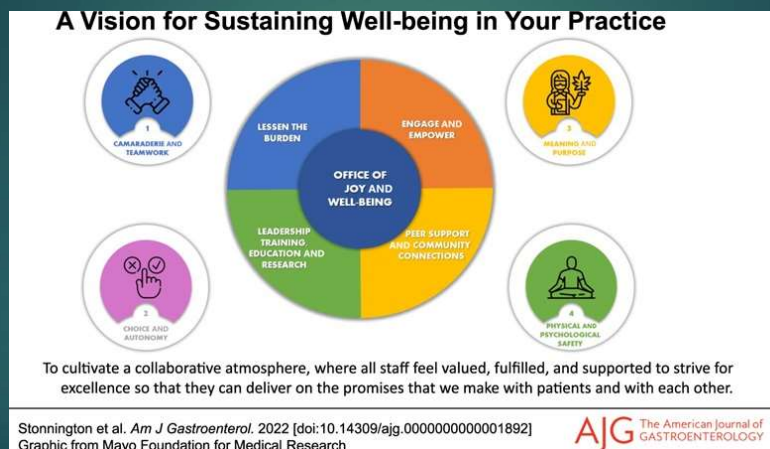
- ▶ "How to Infuse Joy in Your Practice: Our Journey to Sustained Well-Being" (Stonnington, Jones, Leighton. AJG 2022)
 - ▶ Reducing burnout is necessary but not sufficient
 - ▶ Must foster joy and fulfillment

- ▶ Leaders can make inroads
 - ▶ Recognizing valued contributions
 - ▶ Supporting at least 20% of time to meaningful work
 - ▶ Acting on those "pebbles in the shoe" that unnecessarily diminish professional fulfillment

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Culture of Wellness



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Culture of Wellness

- ▶ May require a Chief Well-Being Officer to lead system level improvement
- ▶ Recognize that most specific improvement efforts must address local challenges at the work unit level
- ▶ Within each specialty, needs may vary by clinic or practice site
- ▶ May require Unit Well-being leaders
- ▶ "Organization-Wide Approaches to Foster Effective Unit-Level Efforts to Improve Clinician Well-Being" Shanafelt et al. Mayo Clinic Proceedings. January 2023

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Culture of Wellness

- ▶ Culture change is not easy
- ▶ Culture change is not quick
- ▶ Do not give up

- ▶ If you are in a small organization, you can raise awareness by bringing in a speaker or conducting an informal burnout survey
 - ▶ Small first steps will build support and gain momentum

James 2021

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Efficiency of Practice

- ▶ Culture of Wellness must include Efficiency of Practice
 - ▶ EMR usability
 - ▶ Scheduling
 - ▶ Triage
 - ▶ Patient Portal
 - ▶ Appropriate clinical support staff
 - ▶ Streamlined clinical workflows

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Efficiency of Practice

- ▶ Requires creation of High Functioning Healthcare Teams
 - ▶ Increased comorbidities and increased complexity and specialization of care requires team-based care
 - ▶ Patient-centered care requires an effective team
- ▶ American College of Physicians: December 2023 Position Paper
 - ▶ "Team-based care is associated with improved patient outcomes, better collaboration among healthcare professionals, and reduced professional burnout"
 - ▶ "Care-teams . . . are associated with lower levels of burnout"

Annals of Internal Medicine December 2023

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Efficiency of Practice

- ▶ National Academy of Medicine core principles to foster effective healthcare teams
 - ▶ Shared goals
 - ▶ Shared goals reflecting patient priorities understood by all team members
 - ▶ Clear roles
 - ▶ Each team member understands responsibilities and accountabilities
 - ▶ Mutual trust
 - ▶ Trust each other, ask questions, admit mistakes
 - ▶ Effective communication
 - ▶ Consistent channels for efficient bidirectional communication
 - ▶ Mutual processes and outcomes
 - ▶ Reliable assessment of performance with feedback to team members

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High Functioning Healthcare Teams

- ▶ Require leadership
- ▶ Require teamwork training
- ▶ These must be incorporated into medical training

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Personal Resilience

- ▶ Personal resilience is not a substitute for a culture of wellness or organizational efficiency
- ▶ Studies show that physicians have higher resiliency scores than the general population
- ▶ We should not expect physicians to overcome burnout by being more resilient and enduring a broken system
- ▶ Nevertheless, factors that foster individual resiliency are healthy
- ▶ Many physicians adopt unhealthy behaviors or excessive working, self-blame, and isolation

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Self-Care is Essential

- ▶ Enough sleep
- ▶ Healthy diet
- ▶ Exercise
- ▶ Vacation time
- ▶ Hobbies
- ▶ Sense of community
- ▶ Seek help when needed

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What Can ACG do for you?

- ▶ ACG Wellness Central
- ▶ Plan to incorporate wellness into ACG activities
- ▶ Please give us feedback
- ▶ Get involved in ACG activities

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Conclusions

- ▶ Personal resilience is important, but burnout is not a deficiency in resilience
- ▶ Medical leaders must create a culture of wellness to promote fulfillment in healthcare providers
- ▶ Efficient team-based practice is necessary
- ▶ Wellness efforts will improve physician satisfaction and patient satisfaction
- ▶ Get involved with ACG

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Thank You



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Questions



Richard S. Bloomfeld, MD FACC



Jonathan A. Leighton, MD, FACC

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ACG GI Circle
Connect and collaborate within GI



IBD Circle
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