



# ACG PRACTICE MANAGEMENT Toolbox



## Reclaiming Control of Your Schedule: Help decrease your risk of burnout

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This article provides suggestions and references to help foster a better work-life balance. Physician burnout remains a significant problem for many ACG members. This article outlines suggested steps to help you re-claim your schedule and wellness.

### Sources of Burnout

The face of GI practice has shifted, with the majority of GI physicians now working as employees of hospitals or large physician groups (Carol Kane, AMA, 2017). Although this brings some advantages, such as access to EMRs, negotiated group rates with insurances/equipment suppliers, and coverage of the business aspects of practice, there are drawbacks. Employed physicians may have reduced autonomy, feel pressure to meet RVU productivity goals, face additional bureaucratic tasks, and feel a lack of respect from administrators. All of these things are known drivers of burnout. Although some institutions do recognize the problem and encourage physician wellness with offers of discounted yoga and meditation programs, this is often insufficient to address the underlying drivers of burnout. As many of these institutions are being run by non-physician administrators, with a business background, fundamental change to the workday that may improve burnout but that will decrease productivity and revenue is unlikely.

Carol Burke, MD, FACP in her 2017 ACG membership survey, found that younger women physicians are among those with a higher rate of burnout, as well as those with children, those who take on more domestic chores/household management, and who take less than 20 days of vacation per year are particularly at high-risk. This underlines the fact that for many gastroenterologists, particularly for working mothers, the "Work-Life Balance" is WAY out of balance. The pandemic and other challenges have only made matters worse.



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According to the recent study, a dramatic increase in burnout and decrease in satisfaction with work-life integration occurred in U.S. physicians between 2020 and 2021, “suggesting the increase in physician distress was overwhelmingly work-related.” (Shanafelt, Mayo Clinic, 2022)

## Reclaim YOUR time

It is time to reclaim control of our schedules and bring balance back to our lives, to combat the threat of burnout. Each individual must identify the key drivers of burnout in their practice, and take action to change. How? Here are some ideas on how to uproot the sources of burnout and improve your life:

- **Creative use of Administrative Time.** Many employed physicians have a day of administrative time built into their schedule. Rather than taking this as one block of time, consider using this time to end your clinical sessions an hour earlier, or to start an hour later each day. This can give you time to finish notes, return calls and EMR messages, or to add in that urgent office visit. Building in some flexible time into each workday can allow you to KEEP WORK CONFINED TO THE WORKDAY.
- **Use your vacation days: ALL OF THEM.** In 2014, the Medscape Lifestyle Report stated that less than 20% of gastroenterologists take more than 4 weeks of vacation per year. Studies have shown that health and wellbeing improve for employees who take vacations and are able to psychologically detach from work. (DeBloom, 2012)
- **Practice saying NO.** If you are struggling to meet RVU goals, say NO to committee work or administrative roles that are unfunded and take time away from your clinical revenue-generating time. If you are struggling to maintain boundaries between work and home life, say NO to meetings or CME activities that happen outside of business hours. Re-frame the conversation, focusing on avoiding burnout, such as saying “Due to my many current obligations, I am unable to participate in that meeting.” Saying NO allows us to say YES to other aspects of our professional/personal lives that we deem important and may serve as an antidote to burnout (e.g., personal time, volunteer opportunities, professional improvement activities). Until physicians start saying NO, the culture of the workplace will not change.
- **Incorporate ergonomics and build in musculoskeletal recovery time during your endoscopy sessions.** Emotional and physical exhaustion is one of the three dimensions defining burnout. (Maslach, 1997) The musculoskeletal strain of endoscopy is well documented, with many gastroenterologists suffering from thumb/hand, wrist, neck, back pain. These injuries contribute to physical exhaustion. To combat this, consider blocking 5-10 minutes between endoscopy cases to stretch, to allow “microbreaks,” to reduce your daily caseload and to improve musculoskeletal trauma. ACG also offers a



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useful video tutorial on ergonomics in endoscopy by Patrick E. Young, MD, FACP and Manish B. Singla, MD, FACP.

- **Working Smarter, not Harder.** Consider changing your practice model to incorporate mid-levels, scribes, or a team-based approach. During COVID, many of us had our first experiences with telemedicine. Incorporating a telemedicine session with appropriate follow-up visits may be a way to work efficiently while making your schedule more flexible. The ACG Practice Management Committee Toolbox offers a wealth of “tools” to help practices be more efficient and effective. For example, the Toolbox offers guidance on how to make your EHR system more user friendly and actually work for you.

## References/Resources:

### Importance of Vacation

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### Factors Impacting Burnout:

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- Paturel A. Why women leave medicine. <https://www.aamc.org/news-insights/why-women-leave-medicine>



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## Keeping work confined to the workday:

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## Saying No:

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- Zuckerman C. How to Beat Burnout — Without Quitting Your Job. <https://www.nytimes.com/2021/04/30/well/workplace-burnout-advice.html>
- Learning how to say no at work to avoid burnout. <https://www.halftheskyasia.com/blog/2021/01/learning-how-to-say-no-at-work-to-avoid-burnout>
- Kua P. Avoid Burnout and Start Saying No. Here's How. <https://www.patkua.com/blog/start-saying-no/>
- Farris GE. Annals Graphic Medicine-Dr. Mom: Saying No. *Ann Intern Med.* 2021 Dec;174(12):W118-W119.

The header features a blue background with a hexagonal pattern. Various icons are scattered across the top, including a megaphone, a bar chart, a pie chart, a calendar with the number 3, a group of people, a wrench and screwdriver, and a stethoscope. The text 'ACG PRACTICE MANAGEMENT' is in a bold, white, sans-serif font, and 'Toolbox' is in a large, white, cursive font. On the right side, there is a photograph of a person in a white lab coat holding a stethoscope. The American College of Gastroenterology (ACG) logo is visible in the bottom right corner of the header.

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## **Working Smarter, not Harder:**

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<https://webfiles.gi.org/links/pm/LeveragingTheEHRToYourAdvantagePMCommitteeToolbox.pdf>