Enhancing Our Practice Environment in Order to Support a Long, Fulfilling, and Productive Career

Most students pursue the vocation of medicine because they aspire to help relieve human suffering caused by disease. In turn, senior medical students select a career in obstetrics and gynecology because of its unique combination of medical and surgical challenges and the opportunity to build strong relationships with patients over many years of practice. For obstetrician–gynecologists, sustaining a long, productive, and fulfilling career is not easy. Multiple factors, including a complex and rapidly changing practice environment, challenge physicians to maintain their optimism, compassion, empathy, and technical skills.

REDDUCING THE RISK OF BURNOUT

Recent surveys indicate that, beginning with residency training and extending throughout our careers, the practice of obstetrics and gynecology is associated with a high rate of emotional exhaustion, cynicism, and perceived ineffectiveness, all of which are key symptoms of “burnout.” As physicians, our sense of fulfillment and well-being are deeply influenced by our personal and practice environment. What are the steps that we can take to enhance our personal and practice environment to sustain a career that is both productive and fulfilling?

The answer to this challenging question continues to evolve and is likely to be unique for each individual physician. Experts in the field of physician well-being recommend that we focus on both our personal and practice environment. Strategies to enhance well-being include personal interventions such as 1) ensuring adequate time with family and friends; 2) positive religious or spiritual activities; 3) ensuring proper nutrition, exercise, and sleep; 4) avoiding excessive use of alcohol and other medications; 5) adopting a positive philosophical outlook; 6) looking to our spouse or partner for love and support; and 7) finding activities outside of medicine that are both meaningful and enjoyable. Strategies to enhance physician well-being that focus on the practice environment include 1) developing adequate administrative support systems; 2) moderating our workload and reducing on-call hours by working in clinical teams of an optimal size; 3) having a physician mentor or support group to help guide professional development; and 4) having protected time to pursue professional interests such as teaching, research, community service, and leadership opportunities. In medicine we are in the midst of a major transformation from a “cottage industry” to a “systems model” approach to the practice of medicine. In this transition, we need to ensure that we evaluate and adopt practice solutions that maximally support a goal of enhancing physician productivity and satisfaction with practice.
REPORT OF THE ACOG TASK FORCE ON TWENTY-FIRST CENTURY PRACTICE

In this issue (see p. 10), Dr. Mark DeFrancesco reports on the deliberations of the American College of Obstetricians and Gynecologists (ACOG) Task Force on Changing Practice in the Twenty-first Century. American College of Obstetricians and Gynecologists President Dr. Kenneth Noller charged the committee to examine opportunities to better balance work, family, and personal life and proposed interventions that would enhance satisfaction with the practice of medicine. The Task Force identified three key areas that require additional attention: 1) patient safety, professional liability, and risk management; 2) practice economics; and 3) workforce changes. The Task Force recommended that ACOG continue to advance its leadership role in providing support and tools to enhance patient safety and practice efficiency, in part, by providing Internet access to model templates, procedure protocols, etc. The Task Force recommended that we develop additional resources to assist our members who want to make the transition to electronic applications for patient scheduling, medication prescribing, patient medical records, and billing processes. With regard to models of practice, the Task Force recommended detailed exploration of the benefits and risks of merging into larger fully integrated groups, cross-covering in larger groups, and exploring the development of laborist and hospitalist models.

At the Section, District, and National level, members of ACOG are leading many important efforts to support physicians as they work to sustain a long, productive, and fulfilling career in a complex environment. For example, the development of pilot programs for physician reentry into practice is a timely solution to a growing problem. Many state licensing boards are now reluctant to issue licenses to physicians who have not actively practiced medicine for 2 years. Reentry into clinical practice after relatively short leaves is becoming more difficult. Adams and colleagues recently reported the development and successful pilot testing of a program to provide a path to reentry to clinical practice for physicians who have been on leave. The American College of Obstetricians and Gynecologists has been a national leader in developing pathways for physician reentry to practice and sponsored an American Medical Association resolution to intensify the deployment of new reentry pathways.

ENHANCING THE PRACTICE ENVIRONMENT

The American College of Obstetricians and Gynecologists has a truly outstanding record of visible leadership and effectiveness in providing continuing medical education for obstetrician–gynecologists. If we practiced based on the knowledge contained in ACOG education materials, such as the Compendium, our patients would be receiving the most advanced women’s health care available in the world. However, the challenges we face as physicians in achieving a long, productive, and fulfilling career are not going to be solved solely by giving us more medical information. We acutely need additional efforts to improve our practice environment. Across all specialties, more efforts are being focused on enhancing the practice environment. The American Academy of Family Physicians publishes a journal, *Family Practice Management*, devoted to enhancing the practice environment. The American College of Surgeons has successfully developed a national network of surgical skill development centers that focus on helping experienced surgeons refine existing skills and develop new skills.

Much more can be done to enhance our practice environment. Our local, regional, and national medical organizations need to redouble their efforts to secure a viable practice environment for physicians. In addition to the recommendations of the Task Force, additional suggestions to enhance the practice environment include the adoption of 1) simplified universal professional billing forms; 2) single-application, universal credentialing with all insurers operating within a state; 3) single regional medication formularies; and 4) health system approaches to resolving adverse medical outcomes that do not focus on blaming individual physicians. The current tort system is a pernicious force that perverts the practice of medicine and reduces the productivity of physicians’ careers. To take on the challenge of improving the practice environment is especially daunting given contemporary macroeconomic and political forces. There is a widespread perception that health care costs are increasing at an unsustainable rate. An intensifying focus on cost containment will likely influence and constrain our solutions for improving the practice environment. Regardless of the barriers, much more can be done at the Section, District, and National levels to develop a broad and deep array of tools and resources for our members.

The ACOG Task Force on Changing Practice in the Twenty-first Century represents an important step in the long and complicated process of improving our practice environment. Sustaining a long, productive, and fulfilling career can no longer be achieved solely by acquiring additional medical knowledge. A supportive practice environment is crucial to enhancing...
physician productivity and fulfillment. As obstetrician-gynecologists, we need to commit to a national compact to collaboratively develop and deploy innovative solutions to our practice problems. What changes in the practice environment do you think would best support physicians, so that we can optimally pursue our original dream of caring for patients to reduce human suffering from disease?

REFERENCES