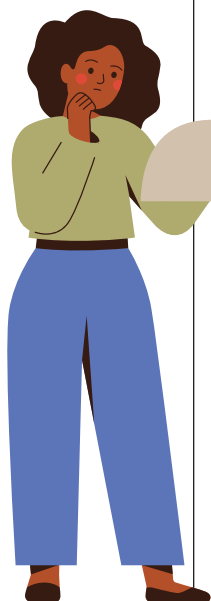


# Resetting Your Priorities in Family Medicine Post-Pandemic

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**What if we stopped saying “yes” to new demands and reallocated our time based on our priorities? This three-part exercise can help.**



**A**s we begin to see the light at the end of the COVID-19 tunnel, it is a good time for family physicians to reflect on the past 18 months and how our lives can be better going forward. The pandemic brought unprecedented challenges to our professional and personal lives. As always, family medicine physicians rose to the occasion, but not without a personal cost to us.

Even before the pandemic, many of us could relate to Sisyphus, the king from Greek mythology who was forced to roll a boulder up a hill for eternity. Every time he neared the top, the boulder would roll back down, forcing him to start the process again. This is often what the health care system feels like for physicians, leading not just to burnout but also to moral injury.<sup>1</sup>

If we aren't careful, at some point in our careers, we may look back with regret over missed opportunities, missed family events, and the missed cultivation of stronger relationships with loved ones. This time of regret may arrive abruptly, when we are on the receiving end of a new diagnosis, a failing relationship, or an avalanche at work from which we feel we may never recover. For many physicians, the unique challenges

and stressors of the COVID-19 pandemic have intensified this self-examination. However, if carried to action, such introspection could foster the beginning of a better and healthier relationship with the way we practice medicine.

## HOW WE GOT HERE

Progressing through medical school, residency, and our careers, we learned to adapt, adjust, and work harder and longer to become more efficient at a job that constantly heaps new duties on us. Although we often excel at managing time, money, our practices, and patient care, many of us have realized that we cannot manage the people closest to us, despite belonging to a profession based on relationships. Instead, we've learned that we need to add margin, or unscheduled time, to our lives to prioritize these relationships and allow them to grow and flourish.

But adding margin is difficult when our careers are so demanding. Over time, many of us have become disillusioned and frustrated as the very resources intended to “assist” us in medicine have often become our dictators. For example, as electronic health records (EHRs) have become ubiquitous, our work has invaded our homes. A recent study showed that the average family physician spends 1.4 hours each day taking care of patients after their regular workday,<sup>2</sup> and “in-basket glut” has been tied to physician burnout.<sup>3</sup>

## ABOUT THE AUTHORS

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These stressors have been compounded by the challenges of practicing family medicine during the pandemic. Concerns about personal protective equipment, our personal and family health, financial instability, and changes in our practices have driven burnout levels even higher. A recent Medscape survey of nearly 7,500 physicians in eight countries found that almost two-thirds of U.S. physicians had intensifying levels of burnout.<sup>4</sup>

Time is perhaps the most ruthless dictator, for it is finite and unforgiving, and there is no rewind button in life. Carl Sandburg said, "Time is the coin of your life. You spend it. Do not allow others to spend it for you."<sup>5</sup> This has become more of a challenge as more family physicians now work in employed settings where they may lack the autonomy to practice in a way that aligns with their personality, energy, and passions.

Given the changes in health care over the last two decades and, in particular, the rise of nonclinical administrators who now outnumber physicians more than 10 to 1,<sup>6</sup> physicians need a proactive strategy to regain autonomy.

## AN INTROSPECTIVE APPROACH TO SETTING PRIORITIES

How do we prioritize our needs as human beings and physician leaders so we may serve people with the excellence and empathy so foundational to the patient-physician relationship? Put another way, how can we use our training, expertise, and gifts to serve people, while ensuring we don't lose ourselves and our relationships along the way? The first step is to realize that no one can do this for us. Each of us has the ability to make choices that can change our lives. We need to own our journey and embrace the belief that there is always a way forward, while understanding that our plans are subject to change.

It is common for family physicians to be on autopilot and in survival mode. We see our patients, finish our tasks, read our emails, and then race home to other responsibilities. We give heroic efforts each week and then get one or two days of respite before we start again the following Monday. Many of us say "yes" to new responsibilities too easily and lose sight of which priorities need to be first, but there is a better way.

We recommend three periods of self-reflection to monitor your time and assess your efforts.

**Quarterly: Clarify your priorities.** This first period of self-reflection is the foundation for the other two, so spend some quality time here rediscovering your "why." In other words, beyond just your profession, what is the higher purpose that compels you? Why did you become a family physician? What do you hope your legacy will be in medicine as well as in your personal life? Here are some examples: "to use my time and talents to improve the physical and

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emotional health of those around me," "to advocate for those who cannot advocate for themselves," or "to leave things better than I found them."

Next, come up with three to five priorities for your life that reflect your "why" and who you are today, not who you were five or 10 years ago. For example, your priorities might include your personal health and wellness, quality time with family, becoming an expert in a particular area of medicine, community service, and financial freedom. These priorities can serve as a litmus test for all current and future activities. When an opportunity comes along, you can ask yourself, "Does this new opportunity support one of my priorities for my life?"

Spend some time thinking about your goals in each of these areas, including what changes you need to make to support your newly defined priorities. Then, set a date (usually one to three months into the future) by which you will enact those changes.

**Daily: Align your time with your priorities.** For this second period of reflection, spend five to 10 minutes each morning reflecting on your upcoming day, setting or reviewing your goals (both short-term and long-term), and identifying what is essential versus nonessential for the day. As you

create your schedule and to-do list, make sure they reflect your priorities and what will define success or joy for you during your day. For example, if building family relationships is one of your priorities, you should see that reflected in your schedule or to-do list.

#### **Monthly: Assess how you are doing.**

For this third period of reflection, start by analyzing how you spend your time during a typical week. How many hours did you spend on work (broken down by each of your various activities) and on each of your priorities? This needs to be an honest assessment to see if the way you prioritize your time supports the life you desire to live. Just as many of our patients find success in dieting when they keep a food log, we encourage you to keep an activity log for one week to see where you spend your time, then reflect on how well this aligns with your goals.

Next, think about what you need to change to get closer to reaching your goals. You may need to reevaluate your workload: the length of your appointments, the number and complexity of patients and procedures in a day, and time spent on administrative tasks. Are there things you can stop doing entirely, delegate to someone else, or do more efficiently? (For ideas, see “Seven Habits for Reducing Work After Clinic,” *FPM*, May/June 2019, <https://www.aafp.org/fpm/2019/0500/p10.html>.) Consider whether the daily flow is appropriate for your practice type and energy. Challenge the “production treadmill” mindset, and ask yourself if that bonus or productivity goal is worth the potential negative effects on your personal and relational health as well as your ability to care for each patient with excellence. Similarly, consider whether a certain title or salary you’ve been chasing is worth the sacrifice of peace of mind or balance. Do you have long-held goals that no longer fit your values and need to be reconsidered? Is there a change you need to make in your practice to support your ability to take care of your patients and your relationships outside of the office? Does your practice model support or hinder the life you desire to live? What goals do you need to set and prioritize for your health and well-being? Do you really need to participate in another committee or meeting, or is your time better spent elsewhere?

This process may be enhanced by engaging in it with a trusted family member, friend, mentor, or coach who will hold you accountable. It is easy to continue to do things out of habit. Having a new perspective and accountability for your priorities and where you spend your time can bring great insights into activities that may no longer support the person or physician you strive to be.

## **MEASURING OUR SUCCESS**

Much of our experience of success versus failure lies in our perception, which is subjective and often based on comparison with our peers. By playing the cards we have been dealt (mental capacity, personality, insight, cognition, perspective, perception, etc.) rather than fretting over the cards we lack, we will enjoy a greater sense of success, fulfillment, and joy. Indeed, no two decks are the same, and attempting to be someone we are not is a sure path to discontent and failure. On the other hand, embracing who we are and aligning our work with our priorities will bring peace as we work to make our lives and practices more congruent and genuine.

Rather than settle for an incongruent, all-consuming, harmful work life, we have an opportunity to deepen our commitment to a healthier, more genuine, and more meaningful life while serving others. **FPM**

1. Talbot SG, Dean W. Physicians aren’t “burning out.” They’re suffering from moral injury. *STAT News*. July, 26, 2018. Accessed June 4, 2021. <https://www.statnews.com/2018/07/26/physicians-not-burning-out-they-are-suffering-moral-injury/>

2. Arndt BG, Beasley JW, Watkinson MD, et al. Tethered to the EHR: primary care physician workload assessment using EHR event log data and time-motion observations. *Ann Fam Med*. 2017;15(5):419-426.

3. Wohlever AS. “Burnout” in the workplace: strategies, omissions, and lessons from wounded healers. *Am J Health Promotion*. 2020;34(5):568-571.

4. Kane L. Medscape U.S. and international physicians’ COVID-19 experience report: risk, burnout, loneliness. Medscape. Sept. 11, 2020. Accessed June 4, 2021. <https://www.medscape.com/slideshow/2020-physician-covid-experience-6013151#9>

5. McGill R. *The Best of Ralph McGill: Selected Columns*. Cherokee Publishing Company; 1980.

6. Kocher R. The downside of health care job growth. *Harvard Business Review*. September 23, 2013.

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