Tonight, my associate chiefs and I had a meeting with several faculty in my division to discuss recent concerns over productivity targets and how to improve the current low morale in one of the largest practices in our health system. We sat and listened, and I worked hard to give people the time to vent their frustrations without interruptions or getting defensive. “What do you mean I didn’t communicate the rationale behind the RVU targets?” “Of course we value the academic non-clinical work that you are doing.” They needed to be heard and they were right.

So much of what we heard during that meeting has been echoed over and over again over several years in the Forum, at national meetings, and other venues; it is directly related to the overwork, under appreciation, and lack of compensation that is the plight of academic general internists. I work with some of the best physicians, educators, and researchers in my 30-year career. They weren’t complaining for themselves but in defense of an ideal, academic general medicine environment—one that meets the patients’ needs, trains students and residents, and is rewarding for faculty.

In the April Forum, some concerns are discussed and a few answers are proposed. Dr. Maria (Gaby) Frank describes that hospitalists who decide to admit their patients under Medicare’s definition of observation care over inpatient may be imposing major financial hardships on them. These regulations can strain the patient-physician relationship and affect the recommendation for post-acute care services. Dr. Marcie Levine and colleagues describe how their program benefited from the expansion of the role of the medical assistant to more of a care coordinator to achieve the quadruple aim-enhancing patient experience, improving population health, reducing costs, and improving the work life of health care providers, including clinicians and staff. Dr. Lauren Block and her colleagues describe their interprofessional collaborative practice training program, the IMPACcT program, that also makes use of medical assistants as key members of the team.

This month’s Forum also touches upon several important issues that are not only facing generalist physicians but also the country. Dr. Keith vom Eigen describes the impact of the new tax law on health care, and it’s not pretty, as it relates to health care access and affordability. Dr. Michelle Fleshner describes the rewarding practice of physician as advocate.

Finally, I want to give a shout out to SGIM members who will be starting their LEAD, TEACH, and LEAHP scholar’s programs at this upcoming national meeting. Their respective journeys in those programs will likely leave indelible marks on their careers, and I believe the work they do will provide the answers for the issues brought up by my faculty at our faculty meeting.

Happy Spring!!