



ANNUAL MEETING UPDATE: PART III

ATTENDING SGIM19 AS A
FORMER YOUNG SCHOLAR IN GIM

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Among physicians, it is increasingly common to feel detached from patients and work, with decreasing feelings of motivation, inspiration, or purpose. From day to day, it is sometimes difficult to see the big picture, the *why* rather than the *how* or *when*. In particular, general internists are at high risk, with 49% of internists who responded to a 2019 Medscape survey¹ reporting having experienced the aforementioned feelings (up from 46% the year prior). The top contributing reasons included “too many bureaucratic tasks, spending too many hours at work, and increased computerization of practice (EHRs).” When feeling overwhelmed or detached, it is easy to function on “autopilot” and miss something unexpected. It is also difficult to creatively problem solve—a skill that is often required when working with medically and/or psychosocially complex patients. The importance of this ability to think outside the box, to expect the unexpected, and to cultivate a strong sense of purpose was consistently emphasized at the 2019 Society for General Medicine (SGIM) Annual Meeting in Washington, DC.

For example, in such a state, it is easy to understand how a physician could potentially miss the reason why his patient, a 34-year-old Salvadoran immigrant, is experiencing weight loss. He may check thyroid function tests or an A1C, rule out infection, and, in the end, chalk it up to stress. However, as eloquently demonstrated in one of the oral clinical vignettes (“Weight Loss in a Salvadoran Woman: Through the Migration Lens”) presented by Dr. Jordana Laks in the “Social Determinants of Health” series at this year’s SGIM National Meeting, probing a bit deeper would uncover the fact that this woman had just recently walked nearly the entire way from El Salvador to the United States in order to escape a violent gang that had killed her brother and niece. During this journey, she had limited access to regular food, hence the weight loss.

Similarly, we have all probably seen a frustrated colleague (or perhaps even ourselves) write off the non-compliant, undomiciled “frequent flier” who has landed

on her inpatient service yet again. Likewise, she may become irritated at the “difficult” patient who continuously and without explanation refuses a necessary cardiac MRI. These were two real cases discussed at the “Moving Beyond the ‘Difficult’ Label: Strategies for Caring for Disengaged, Manipulative and Traumatized Patients” workshop at this year’s meeting. With a little patience and effort, the providers involved in the care of these “difficult” patients discovered that their “homeless frequent flier” actually had a stable home, but was constantly labeled as undomiciled due to his disheveled appearance and to incorrect information being copied forward in his EMR. Due to this mislabeling, the patient felt judged and therefore did not engage with his health-care team. Similarly, the patient constantly refusing a cardiac MRI carried with her a strong history of abuse and crippling claustrophobia after being serially locked in a closet as a child. These cases illustrate the importance of stepping back and reframing, for example, the manipulative patient as resourceful, the obstinate or disengaged patient as misunderstood.

When we are overwhelmed, overworked, fatigued, or distracted, it is harder to come up with novel solutions to problems, either on the level of an individual patient or the system as a whole. Creativity and flexibility are essential when interfacing with complex patients and systems. This was clearly demonstrated by Dr. Alessandra Calvo-Friedman, during the Thursday Plenary Session, who found a man passed out on her clinic’s steps after overdosing on opiates and was able to get him initiated with a buprenorphine program in under an hour (“From Overdose to Buprenorphine Intake in Under One Hour.”) In such a state, it is also difficult to be alert and on the lookout for opportunities to make systematic changes, like Dr. Brittany Badesch did when she noticed an epidemic of young black men in her community being injured or killed from gun violence and seized an opportunity to intervene (“Between the Bullets: A Case of Missed Opportunity in Primary Care”). Additionally, in such a

continued on page 2

ANNUAL MEETING UPDATE: PART III (continued from page 1)

state, it is easier to give up on a ‘non-compliant’ patient with uncontrolled chronic disease rather than think creatively like Dr. Michael Tzeng did, engaging a patient who was terrified of using needles in a multi-disciplinary approach to bringing down her A1C (“Terrified of Insulin: Using a Patient-Center, Multi-Disciplinary Approach to Treat a Severe Case of Type 2 Diabetes”). Among other things, this approach included weekly outpatient dulaglutide injections by a clinical pharmacist so that the patient did not have to inject herself daily.

In the Presidential Address by Dr. Giselle Corbie-Smith during Thursday’s Plenary Session (“Health Equity: Race for the Sure”), the importance of “finding your purpose” was emphasized as a means of staying motivated and dedicated to our work as physicians. However, as exemplified by some later speakers, this won’t always be easy. Your “purpose” will often be tested. This was demonstrated by Dr. Yvette Roubideaux, who, in her lightning talk “American Indian Healthcare:

Trying to Heal a Broken Promise,” noted that she was asked by a mentor essentially why she was “wasting” her skills by choosing to work for the Indian Health Service. Additionally, pursuing your “purpose” can be exhausting. As eloquently described by Dr. Carl G. Steed in his lightning talk (“Sustaining a Note”), it is essential to find the “choir” that will help you “sustain a note” when you lack the energy or resources.

I am writing this from the perspective of a new clinician educator, with now almost a year of junior faculty experience under my belt. This is now my third year attending the SGIM national meeting (and my first year participating as an attending physician; I attended last year as a Young Scholar in GIM). More than ever, I found myself appreciating and understanding the importance of such a meeting as a way to step back and reflect, to exchange ideas, to inspire, motivate and re-spark a sense of “purpose.” Although the official theme of the SGIM 2019 Annual Meeting was “Courage to Lead,” an additional theme that I gathered

from the various sessions I attended was “be ready for the unexpected.” This could apply to a surprising clinical diagnosis, an unanticipated or initially invisible piece of social history that influences a patient’s physical health, an unusual solution to a complex problem, or, on a state or national level, the unrolling of new legislation that is potentially detrimental to patients’ access to healthcare. I left the meeting feeling empowered and energized to make changes in my own clinical practice as well as in how I teach my residents about social determinants of health, with the confidence that I am supported, through the SGIM network, by thousands of innovative and passionate advocates for social change.

References

1. Kane L. Medscape national physician burnout, depression & suicide report 2019. www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056#4. Accessed July 2019. (Free account registration needed to navigate the site.)

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