

Fix the "pebble in the shoe" problems to cut physician burnout

APR 15, 2019

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Nothing puts a hitch in your step like a pebble in your shoe. On the other hand, few problems in life are as easy to fix. Take off your clodhopper, knock out the little stone and—voilà—it feels like you're walking on a cloud.

Leaders at Wisconsin's Marshfield Clinic Health System have undertaken an effort to find what they call "pebble in the shoe" problems afflicting their physicians and other health professionals. Once a year, they invite doctors and others to roundtable events where they share what they're frustrated by. The pebble in the shoe problems are ones that could be solved within three weeks—a mere moment in time in the health care world.

One notable example: a physician complained that the toilet was broken and had not been repaired for nearly a month. It meant he had to walk to a distant bathroom and made it harder for the practice to stay on schedule.

"The chief administrative officer of the facility was right there and it became very evident that nobody knew about it," said Narayana S. Murali, MD, a nephrologist and executive director at Marshfield. "They got that fixed."

Issues submitted at the roundtables are categorized into three areas:

- Red—Cannot be accomplished.
- Green—The work can be completed easily.
- Yellow—Work will take about six to nine months.

"We had a facilitator who broke the physicians into different groups to have the conversation internally so that they could come up with the key areas where they saw gaps," said Dr. Murali, a member of the AMA Integrated Physician Practice Section Governing Council. "We took that material back to our clinic board and addressed some of those elements and created a sequence in terms of what we

need to address at the board level.”

About 1,200 line-item issues were brought to the attention of leadership through roundtable events across the health system. To date, about 30% that were deemed “pebbles” were resolved. The others were tied to processes across the system.

When at the Marshfield site in Eau Claire, Wisconsin, leadership learned the lights where the surgeons park were not working. This issue was taken care of “almost immediately” because it affected the surgeons’ ability to get to the parking lot, Dr. Murali said.

Another pebble popped up at a new facility in Eau Claire. A physician noted the surgical operating room lacked a place to hang coats or put on aprons, while another said the TV remotes were missing.

Committed to making physician burnout a thing of the past, the AMA has studied, and is currently addressing issues causing and fueling physician burnout—including time constraints, technology and regulations—to better understand and reduce the challenges physicians face. By focusing on factors causing burnout at the system-level, the AMA assesses an organization’s well-being and offers guidance and targeted solutions to support physician well-being and satisfaction.

The AMA Ed Hub™—your center for personalized learning from sources you trust—offers education and CME on a broad range of topics, including professional well-being from the AMA’s STEPS Forward™ open-access modules offering innovative strategies that allow physicians and their staff to thrive in the new health care environment. These courses can help you prevent physician burnout, create the organizational foundation for joy in medicine, create a strong team culture and improve practice efficiency.

Not all asks are quick fixes

Marshfield health centers also shared frustrations that required longer periods of time for a solution or were tied to key elements of the organization. In one practice, new building signs had not gone up yet.

“We thought building signs could be done in less than two weeks, but by the time we went through the process of getting it approved, having it go to an external vendor, it took us six or seven plus weeks,” said Dr. Murali. “It also exposed a gap in the process of how you’ve gone about it. The process got fixed so that the next time we don’t run into some of those issues.”

Another physician suggested fixing the electronic health record, but that can’t be fixed overnight.

“We by no means have fixed all the issues, but we are doing our very best to make sure that we meet as much as is practically possible given the constraints of all the things that we are doing as a health system,” said Dr. Murali.