A “buddy” can help physicians cope, thrive during hard times

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Physicians looking for a glimmer of light on the horizon have seen their hopes dashed by an unrelenting pandemic and ongoing staffing shortages. Some who have held it together over the last two and a half years are at their breaking point.

Many are rethinking their hours or looking to relocate to practices that can better support them, said Mark Greenawald, MD, vice chair for academic affairs, well-being and professional development at the Virginia Tech Carilion School of Medicine in Roanoke, Virginia. He also serves as the medical director at the Carilion Clinic Institute of Leadership Effectiveness.

Doctors by nature are fiercely independent. But sometimes you need a colleague—or two—to get through the difficult times.

In 2019, Dr. Greenawald established PeerRxMed, a program that offers one-on-one, proactive peer support. “It was very prescient to be thinking about this program prior to knowing that a pandemic was coming,” he said.

In a video interview with the AMA, Dr. Greenawald discussed how this program has grown in relevance since COVID-19, and what health systems can do to further support their physicians and other health professionals.

“Bring your own buddy”

PeerRxMed operates on the premise that you don’t travel on your health care journey alone, that you have a “buddy” or partner to travel with.
Choose someone you pair with well, advised Dr. Greenawald. This could be someone you went to medical school with or someone in your practice. Some physicians in the program decide to form a triad.

“There are no rules. What I've really enjoyed is watching the creativity of different groups and individuals in terms of making this work for them,” he said.

Dr. Greenawald enables conversations among the partners through weekly prompts or nudges. “In those prompts and having something to talk about that's cued, you become comfortable talking about anything. And that's really the goal,” he said.

Your 2 a.m. friend

Having someone to confide in proactively can prevent a crisis from happening. It’s that “2 a.m. friend” you can call when the going gets really rough, said Dr. Greenawald. 2 a.m., he noted, is a common time for people to ponder suicide.

“We sadly know that that's happening right now for physicians who are under incredible distress,” he said. “While it’s not intended as a suicide-prevention tool, having a buddy could prevent some of these events. There’s also an opportunity to thrive in this environment, to share any victories of the health care journey.”

Reducing physician burnout is a critical component of the AMA Recovery Plan for America’s Physicians.

Far too many American physicians experience burnout. That's why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

Finding, addressing the pain points

Dr. Greenawald had envisioned that health systems would adopt and eventually become PeerRxMed systems. “We've not gotten to that point yet, though I have had some health systems who are participating in different ways.”

Looking ahead, the biggest challenge for many organizations is “owning their stuff,” he said. This involves some introspection. Are health system structures and processes supporting care teams
efficiently? Are they contributing to the problem?

Health system leaders should be engaging with their physicians and acknowledging their concerns instead of just trying to put a Band-Aid on the problem. Find out where the “pain points” are and address them, he advised.