

Question 9: If you are a member, please share the three main reasons you value the NC,ACP.

Summary: The #1 response was 100% for CME. Reviewing the 298 responses there were others looking for education. The #3 similar to CME which was medical update. I think a lot of members interpreted this question for National ACP, not just NC,ACP because many responses were grateful for weekly emails, MSKAP, updates, etc. The members are looking for a one stop place to obtain up to date medical information in one meeting. The #2 response was a surprise for me, advocacy. Members value NC,ACP to advocate for the members and their patients, I am assuming at the state and national level. Some of the more frequent responses were for networking and mentorship. I think if we can keep having opportunities like the lunches and time to mingle during the posters this helps make connections for members.

Sharon Rubin, MD, FACP

Question 13: What do you feel should be the top three priorities for the NC Chapter, ACP over the next four years? Select only three.

Keeping NC-ACP active and relevant is THE challenge.

In regard to membership:

We should continue the good work we're doing with recruiting medical students and residents. Of all we do mentoring is a primary role we can play for new doctors enter a changing workplace.

Increase efforts to reach out to new physicians in practice. In a marketplace where many will be entering a work relationship with a very big organization ACP can provide clinical, political/legal support and emotional support during the formative practice years.

Clinical- emphasizing the value of MOC support through educational offerings locally, MKSAP support and stressing the value of high-value care (over volume care currently).

Political/legal - understanding the work contract and insuring good benefits; insights from the more experienced colleagues as to how interoffice and intra-organizational process works, including the encouragement of new docs getting active on committees; increase the use of "white coat" Wednesdays and other venues for getting involved in the larger politics of the house of medicine. Finding ways to support new doctors in practice who want to participate in ACP Leadership Day each spring. Lastly, encourage new physicians to engage locally - serve on local boards, e.g. Board of Health, seek out volunteer clinics, know there local officials.

Emotional - peer to peer contact. With many internists either being outpatient based or hospital based the mutual support that took place in hallways, lounges, etc where we could swap stories, commiserate on difficult cases and share humor all of which helped lighten the load we bear needs to be supplemented. NC-ACP can help fund short regular socials where the agenda is limited to community building, "letting our hair down" and reducing the isolation that is inherent in the current environment (silos of practice).

To facilitate all of this we should find a way to identify new docs and provide them a list of local NC-ACP members in their practice or community. Conversely we should provide NC-ACP members a roster of new docs in their practice or community. Ideally a member (councilor) will take a lead role to make this happen.

Michael Norins, MD

Question 14: The NC,ACP's Top Three Legislative Priorities Should Be...

In regard to legislative activity and politics:

Our professional culture should encourage awareness and participation in nonpartisan issues that relate to the health of the community. As above - local governance of public health, education, especially issues like in school health related activities, mental health and safety net services should be issues we pay attention to. Serving on Boards, keeping abreast of what County Commissioners are doing and providing input whenever possible is a valuable effort NC-ACP members can make. This same effort should extend to the State level. Participating with the NCMS political agenda creation and lobbying efforts on issues related to the health of our communities is a good role for internists.

Given that there are more opportunities for involvement than any one working physician can take advantage of we should consider having the Council create a standing subcommittee on legislative issues/community development and have regional councilors help coordinate efforts at the local level. Historically physicians have wielded tremendous influence in community affairs due to their nonpartisan concerns for the health of the community and we should work to continue this tradition.

Work in these, and other, areas, will demonstrate our value and relevance which in turn will help strengthen our organization.

Michael Norins, MD

Question 15: The NC,ACP can best meet my needs by:

From the survey results, if I am reading correctly, it seems the top three results are

1. Assistance with CME and recertification
2. Protect the practice of medicine for future physicians
3. Continue advocacy in Raleigh.

These are all three great ways for the ACP to serve our full constituency (physicians and patients).

1. CME, MOC and recertification seems to be in turmoil at this time. I took boards for the first time in 1993, so I was not "grand-fathered", but I never saw that as a problem, since most of us expect to continue our education for a lifetime...or at least while we are practicing. Most physicians see ten-year boards as a good opportunity to stay current. The problem is the same with all agencies: if some is good, more and more is "better and better." Recertification, both in time commitment, complication and cost, has spun out of control. I am sending a presentation from the NCMS summit from last spring (under a separate email), that really points out some of the issues with ABIM. Helping physicians meet competency expectations should be one of our main endeavors as an organization. It may turn out that there may be more than one board to determine competency and certification; ACP may be part of this process.

(Not to belabor old points, but when they added the "CS" exam to the USMLE part 2 exam for medical students, all physicians should have revolted, then and there!! I am still smoldering...)

2. Protecting the practice of medicine for the future: It is hard to know what most people mean by this statement and I suspect, each person who answered had a different mental image of what this means. Fee for service? One on one patient encounters (vs supervising an army of NPs?)? Time with patients (not just 8 minutes? I see a lot of changes coming and it looks like the practice of medicine is likely to look a lot different in ten years. We may want to sample more of our members on the question, and dig a little deeper to see what aspects of medicine they really want to protect.
3. Continued advocacy in Raleigh: absolutely. Physicians have very little voice (and the AMA doesn't count for much of anything). NCMS has been a very effective voice for physicians in this state and we should stand with them as much as possible. This is one area where NC,ACP can shine for NC physicians: ACP is the only voice we have. We also need to let the doctors know how much the advocacy improves the practice of medicine in the state.

Dawn Brezina, MD

Question 20: How to attract medical students and residents.

There were two consistent themes in the responses. First, people think more practical education would be valued by student and resident members. Suggestions included an information sessions focused on residency preparation, career guidance, board preparation, financial planning, job searching, and mentorship. The second theme was that cost is still perceived as a barrier to student attendance. Many people advised free membership with zero dues. They also ask for free registration to the NC,ACP meeting and subsidized hotel accommodation, which I think is already the case. My perception is the NC chapter is already very supportive financially for the students and residents, which should be more clearly advertised on the website and registration pages.

Duncan T. Vincent, MD

Questions 21 - 23

**NC Chapter of ACP
Membership Survey Summary on Wellness and Burnout
Richard M. Wardrop, III**

Synopsis:

The NC ACP survey contained two distinct questions around wellness, resiliency and burnout and an open ended response around this topic and how ACP may be able to help in this area.

The first question was **“my work schedule leaves me enough time for my personal and/or family life”**. It is clear that while many respondents either strongly agree (10%) or simply agree (31%), the majority of respondents are either neutral (25%), simply disagree (25%) or strongly disagree (8.5%). It is important for our chapter to realize the typical member is either equivocal on this item or does not feel balanced based on work demands. It will be important to understand how / why those 41% are able to answer in a more positive way and to be able to find ways / resources to help the ~59% who are equivocal or negatively affected by their work schedule.

The next question was **“I feel burned out from my work”**. Again it is clear that a large proportion and the majority of respondents from the NC membership feel burned out either daily (10.5%), weekly (10%), 2 or more times per month (22%), or 1 time per month or less but more than a few times / year (16%). Respondents answering more positively as never (8%) or only a few times / year (32.5%) make up the minority. As in the previous item, it is clear about 60% of ACP members in NC feel either negative or equivocal about burnout.

The final question in this domain was open-ended request from ACP members and respondents on how the chapter may help with burnout. The open-ended nature of the question allowed members to express themselves uniquely related to this topic. There were 154 responses and 257 skipped responses. One themes of the responses dealt with exercise and possibility of the ACP engaging members with a benefit of decreased exercise packages locally or even ACP wellness events around exercise. Another themes emerged that suggested that ACP lobby on behalf of members with insurance companies, CMS, etc, of minimizing paperwork requirements and of course work control with regards to EMR. These suggestions go right into the realm of chaos, control, and EMR fatigue in a typical physician-burnout model. An additional theme importantly suggested that the ACP chapter could regularly provide formally materials on wellness, provide social venues focused on fellowship and recreation, and provide access to resources on burnout and how to cope with it.

Sample comments (those that are potentially most actionable are in bold, this is just a sample):

Education on signs of burnout and what to do. Data might appeal to us?

Not sure how ACP can help encourage our employers to offer less hours, or decrease demands on our time from insurance companies and government for those self-employed, etc.

Helping physicians learn motivational skills, how to facilitate change, how to be part of a solution vs. focusing on our frustrations.

Wellness seminars; promote culture change

Promoting work/life balance activities.

Promoting a better work life/balance; putting residents and students in touch with physicians who feel they have a good work life balance

Advocate more strongly for reduced paperwork and documentation required ONLY for insurance or government use. Physicians should only document those things pertinent for MEDICAL communication to medical team members and colleagues. Patients are now reduced to lists and checkboxes to satisfy financial and coding considerations and most physicians can no longer put together the story of the patient. So very bad for the patient, so very good for insurance companies and the government.

Sharing articles and local opportunities for wellness practice in regular newsletter

Health club memberships

Relaxation techniques or sounds in CD/DVD

Shielding MDS from the incessant and often unwarranted intrusions into the practice of medicine. Excessive time demands to process compliance and billing issues leaves little time to manage and advocate for patients that I believe is a major stressor for practicing doctors

Have appropriate members blog about the joys of practice and prescriptions for their own wellness.

Resilience training

Mindfulness seminars