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Med Life with Dr. Horton

On joy in medicine

Jillian Horton MD

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This is an excerpt from a longer podcast. You can listen to the full interview here: cmaj.ca/medlife

CHRISTINE SINSKY is Vice President of Professional Satisfaction at the American Medical Association and a general internist who practices in Dubuque, Iowa.

The interview was conducted by Dr. Jillian Horton, director of the Alan Klass Health Humanities Program at the Max Rady College of Medicine, University of Manitoba, Winnipeg. She hosts *Med Life with Dr. Horton* on *CMAJ* Podcasts.

Jillian Horton: How did you become interested in how we create joy, purpose and meaning in work for physicians?

Christine Sinsky: It was a long journey. In the early days of my own practice, I realized that I was starting to feel overwhelmed. And I took a moment to think: What do I find enjoyable, and what do my patients need from me? It turned out, those two things overlapped, but I wasn't spending my day in that overlap. I gradually changed the way work was organized, distributed necessary tasks among different team members and maximized the amount of time I spent on the things I felt only I could do ... including things that brought me joy in my work.

JH: How did you figure out where to begin?

CS: It took time. I can't say that I just immediately got a "eureka" insight. I remember staring at my pile of charts, dictating the day's work, thinking, "This would be better if I did X. This would be better if we did the labs ahead of the appointment." I realized if we saw every patient the day they called in, we wouldn't be seeing more patients, but we'd be giving them better care and I'd be spending less time apologizing for the delay. So ... thinking, and then finally getting the activation energy to try something and then refine it. And it took me about a year to find the time to figure out how to implement that.

JH: What are the biggest psychological hurdles to embarking on this kind of process?

CS: It's really hard to imagine something you haven't experienced, and it's hard to change while you're doing the work. It's

hard to fix the plane while you're flying at 30 000 feet. And yet, I believe, if you spend an hour improving the workflow, you'll save hours and hours of time in the long run. My hope is that most people don't have to start from scratch. We can share the wisdom we've collected.

JH: What are some of the studies you have done in this area?

CS: One of the first studies was, "In search of joy in practice." We were able to identify actual practices that sounded promising. I arranged to do site visits. I would meet patients in the waiting area, I would talk with them and then I would shadow them through their experience at the clinic. And I would shadow the physician and other staff, and through that we were able to collect some best practices from the field to improve efficiency and, therefore, leave room for joy and time to have a relationship with the patient.

JH: Is it possible to find joy in practice in the absence of efficiency?

CS: You need to eliminate some of the redundancy and some of the waste so that you have room for the meaningful. If all my cognitive bandwidth is used up just trying to get situational awareness, like, "Who is this patient, what are their problems, what are their meds, what are their care gaps?" then I'm not able to be the diagnostician that I'd like to be. I'm not able to generate the trust.

JH: What advice would you give to a practitioner looking to rediscover joy in their practice?

CS: I would say: let's think about health care. Let's understand that all the forces around us are forces towards fragmentation and are built on an idea of health care being transactional. But let's reclaim our values. Our value is that we're about relationships. And when we prioritize relationships, I think all is better. If we start thinking that way as individuals, as mid-level leaders, as health-system leaders, we will get where we want to go.