

“Donut”

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"There is not a problem in the world that a donut cannot make better."
--quote from a promotional poster seen in a donut shop.

Yes, I spelled it wrong but "doughnut" doesn't give me the same vibes. When I was a five year old kid in Chula Vista, California, my love affair with this form of fried dough started with Winchell's chocolate donuts and bars (unfilled). A few years after moving to Galveston, Texas, my mom went to Kovacevich Bakery on 36th and Broadway, and asked for \$1 worth of donuts. They stuffed a white paper bag full of fifteen glazed donuts. Those donuts tasted really good. The sweet white glaze was generous on both sides of the donut and slightly crispy. My mom though, was mystified as to why they gave her so many. As a slender Asian woman, she wondered if she looked too thin and malnourished to the cashier.

Well, I found out the extra donuts had nothing to do with how malnourished their customers looked. It was policy to give away more donuts after 12 noon, since prime time for donuts is early in the morning. The shop closed at 2 pm, and a new batch of donuts would be made the next day. So I learned that if I wanted to score on quantity, I would go after 12 noon, dollar \$1 bill in hand, and ask for a dollar's worth of donuts and walk off with a bag stuffed with at least a baker's dozen of glazed donuts pure joy. Over the years, I would run into the grey haired Mr. Kovacevich at his shop. I would use my standard line, "A dollar's worth of donuts please." He would always stuff the white paper bag (even if it was before noon), give me a wink, and whisper, "I gave you some extra." Oh if I could just go back in time with

vente Pike's roast from Starbucks...

I didn't really seek out donuts as a college or medical student. When I returned to Galveston to do my internal medicine residency at University of Texas Medical Branch in 1998, I was thrilled to see Kovacevich Bakery still there. If I got up early enough, I'd pick up "a dollar's worth of donuts" on my way to the hospital. One Sunday after church during the fall of my internship, while waiting in line at Luby's Cafeteria (another southern restaurant franchise), I ran into a much older Mr. Kovacevich and his female companion. He told me he was retiring and closing his shop. He'd been doing it for nearly 30 years and it was time for him to take it easy. Less than a year later, he passed away. I would thereafter have to "settle" for Shipley's Donuts, a southern donut franchise found in every city in Texas. Their glazed donuts also have glaze on both sides, the glaze has a subtle hint of vanilla; the bread is chewy and still melts in your mouth. Many Humboldt County residents who have tried Shipley's, will swear that they're the best donuts they have ever had (you can't just eat one).

Back in Galveston, I discovered quickly how exhausting residency could be. I was chronically broke and sleep deprived, and although electronic health records (EHR's) were not yet adopted in the hospital and clinics, there was burdensome computer physician order entry (CPOE). The UTMB hospital cafeteria didn't allow residents to get free food like our current family medicine residents get at St. Joe's. So like the incarcerated patients at the Texas Department of Criminal Justice Hospital, we were always looking for ways to score extra meals (one resident even took the untouched tray of

a patient who coded and got transferred to the ICU). The general medicine service was a tough experience we accepted and endured.

But I will never forget the months I was on the wards with Dr. Stephen J. Sibbit (now CMO at Baylor Scott & White Health in the vast Temple, TX region). As a young faculty member at the time, the rigors of residency were still fresh in his mind. Being on call was tough because even with a night float service taking admissions overnight (to allow the on call team to sleep), there was no end to the scut work that had to be done notes to finish, orders to enter, cross covering for other services, getting paged to enter emergency orders for a laxative of choice, ...etc. We were fortunate to get 2 to 3 hours of sleep. Some of us would just stay at one of the hospital call rooms (which were actually pretty nice on the top floor of John Sealy Hospital), while others insisted on making the trip home to sleep in their own bed even if that meant sleeping less. But, at least, post-call morning on Dr. Sibbit's service meant two large boxes of fresh warm delights from Shipley's Donuts - glazed/chocolate/maple frosted donuts, cinnamon twists, bear claws, pigs in a blanket (hot dog kolaches), apple fritters, and donut holes (highest surface area glaze to bread volume ratio). He brought fresh Shipley's EVERY post-call morning. Despite feeling exhausted, I would rush to the nurses station coffee station (yes, they had those back then before Joint Commission took all that away), pour black coffee in a tall styrofoam cup, grab a big warm cinnamon twist gen-

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erously coated with glaze, take a bite, chew, take a sip of coffee, repeat pure ecstasy. Somehow, I had a burst of energy to continue working with a smile.

There was another more senior faculty member (unnamed) who would also bring donuts on occasion. His donuts were day old donuts from Donut Palace (a mom and pop shop on Broadway not quite as good as Kovacevich) that sold for \$2 and came in a plastic bag with condensation inside the bag. Needless to say, the donuts were soggy and just didn't generate the same feelings as the fresh donuts from Shipley's. Just about everyone on the team would take a bite, realize they weren't that great, take a couple more bites to be polite, and then discretely toss the rest in the trash. Needless to say, I just didn't seem to have as much energy on this faculty member's service as I did on Dr. Sibbit's.

Which brings me to the topic of physician and caregiver appreciation. With the pandemic, hospitals all over the country put up "Heroes Work Here" banners, with many symbolic gestures of appreciation for front line workers. Cars honked and people cheered. Nevertheless, there were many reports in the news and social media about doctors and nurses being forced to work in unsafe conditions without adequate PPE., and There were also reports of medical students/residents mandated to volunteer for inpatient shifts (and being told "demanding hazard pay is not becoming of a compassionate and caring physician").[1] Banner Health employees received a commemorative coin ("Banner Strong" on one side, "We kept each other safe to save as many lives possible" on the other) with a card print signed by the health system's executive team for working through the pandemic.[2] The coin, which had no cash value (not even the 1/20 of a cent for a coupon), left

many feeling disrespected after risking their health, accepting furloughs with temporary job loss, and sacrificing their mental health, to support their hospital. One observer commented that although the "coin" was well intentioned, it was "clearly not the right scale to honor the pandemic response."

Praise and words of encouragement are no doubt beneficial to those on the receiving end. But they only go so far. Just as "thoughts and prayers" readily flow to those who have experienced tragedy, concrete demonstration of appreciation or sympathy are so much more meaningful (ie, help with groceries, transportation, childcare, chores). Of course, although monetary bonuses, nice meals, and social events are always appreciated there are concrete gestures that also go a long way.

Early in the pandemic, I received a box from the hospital with masks, hand sanitizer and a nice note of encouragement (no toilet paper though). I appreciated the goodies cart that came through my hospital-based department with not just substantial snacks, but also reusable masks and compression socks stuff I was able to use immediately. We even had a socially distanced Doctor's Day where we were still able to partake of the excellent catered food we've gotten accustomed to enjoying every year.

But what else can be done? Personal emails, calls, or in person visits to physicians, nurses, and caregivers to see how they are doing in the trenches go a long way. The "gemba" walk allows hospital leaders to see what unmet needs are evident.

Giving a frustrated patient who has been waiting in the ER a warm blanket and reassuring them that they will be cared for as soon as possible goes a long way and can identify/remove obstacles that stand in the way of an expedited evaluation, not to mention improving Press Ganey scores (a side benefit but not the sole intent). And when unmet needs are identified, address those and

regularly communicate with stakeholders the progress of the solutions. Hearing nothing back after being told that an issue/issues will be addressed does not foster trust. If the work to address an issue is outsourced or assigned to someone else, there needs to be follow through to hold the responsible party accountable for completing the job.

It's hard to list these important actions on a financial spreadsheet. They don't really cost anything to do, but they require the resources of time and attention. The time/energy investment in doing this will yield great dividends in trust, motivation, and energy. If funds cannot be allocated on a spreadsheet for this, it needs to be allocated on a schedule.

When it comes to physician compensation (and compensation for all health care workers), what is the approach? We've heard of many systems trying to squeeze as much service out of them for as little as possible. Here's an idea why not try to make them feel valued by paying them fairly and giving them the tools needed to be productive?

When clerical clinic staff leave for jobs as bank tellers and store clerks because they pay better, what does that say about how much we value quality medical care? I mean come on, Burger King is offering \$250 sign in bonuses to improve their workforce! The front office is the first contact most patients have with a clinic and has a significant influence on how a patient perceives their experience in the clinic, no matter how competent or caring the physician is.

Clerical staff aren't looking to break the bank, but more needs to be done if we are going to retain them, because losing them adversely affects productivity of the nurses and physicians who depend on them, taking away from patient care.

We know it ends up costing more to replace someone than it does to retain them.[3] Knowing this would

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propel any decision maker to design salary packages to "recruit and retain talent" a line often used by the industry to justify sky high \$10M+ executive salaries. Shouldn't those who directly care for patients also deserve to be recruited and retained?

Physicians aren't looking to make 7 figure incomes either. But when a new physician gets presented with a financial package, will that physician walk away feeling like I did when Mr. Kovacevich handed me a stuffed white bag with extra glazed donuts and when Dr. Sibbit brought his boxes of fresh Shipley's Donuts; or will they walk away with the sinking feeling I got biting into the soggy day old donuts? Both experiences brought on very different feelings and levels of motivation, which I'm sure led to different levels of productivity. Yet when you look at what the penny pinching attending saved in terms of dollars getting day old donuts, that amount pales in comparison to the amount he lost in terms of good will, motivation, and yes, productivity on his service. I dare not even think about whether it affected patient outcomes.

Dr. Sibbit's postcall gestures didn't break his bank and I'm sure he had a lot less money in his retirement account as junior faculty than the less generous senior faculty. But which attending do you think we were willing to go the extra mile for? The appreciation he had for our hard work was evident in the extra investment he made in getting us high quality fresh hot Shipley's Donuts.

Fast forward to 2013, Steve and I met again when he wanted to recruit me to head up the new radiation oncology department (still under construction) in Waco, Texas, just acquired by the Scott & White system. The recruiter even took me to Shipley's Donuts. As much as I missed Shipley's, Tex Mex, and Texas BBQ, I still preferred the cooler Humboldt weather, Dungeness crab,

and the great practice I had at St. Joe's with Mike Harmon, and now also with Dusten Macdonald. Happy Donuts in Eureka is pretty good, and Natalie will often throw in an extra donut.

Nevertheless, I'm forever grateful to Steve for the consistent high-quality refreshment my team and I received after tough call nights and for my enduring addiction to donuts. In exchange, he got an intern who was willing to work longer and harder.

Don't underestimate the power of donuts.

NOTES:

1. <https://www.newyorker.com/science/medical-dispatch/what-happened-when-medical-residents-asked-for-hazard-pay>
2. <https://www.medpagetoday.com/special-reports/exclusives/93610>
3. <https://www.hrdiver.com/news/study-turnover-costs-employers-15000-per-worker/449142/>



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partment. They became close friends, their families socializing and taking an annual fishing trip to Alaska.

Hard thanked Scheibel for his support in the acknowledgments in "The Hunt for the Blackfoot Lion."

"He would bounce ideas and concepts off me," said Scheibel, 85, and long retired. "He and I did many wonderful things together and he was my dear friend."

He said he visited Ted and Ellie in Eureka often, including just a few days before Ted's death.

Hard was born Edward Wilhelm Hard II in Buffalo, New York, on Oct. 6, 1939, the son of Mary (Hazel) and Edward Hard. His grandfather, John R. Hazel, was a judge who administered the oath of office to President Theodore Roosevelt after President William McKinley was assassinated.

He played fullback for Yale University's 1960 football team, and attended class reunions. He graduated from the Columbia University College Of Physicians And Surgeons in 1966.

Hard always enjoyed writing. When he was serving a surgical residency at Stanford University, he had three short stories published by the Saturday Evening Post.

In addition to his wife, Hard is survived by his children, Michael Hard of San Diego; Sophia Hard of Austin, Texas; Leisa Cohen of Short Hills, New Jersey; Paul Alsop of Santa Rosa; Sara Alsop of Oakland and several grandchildren. He is also survived by his younger sister, Gretchen Jones of Bryan, Texas.

Galvez-Hard said her husband died at home surrounded by family members.

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