

A study of depression and anxiety in people with chronic diseases

Romeo Hirsch, RN PhD, Division of Endocrinology, Harvard Medical School, Boston, Massachusetts

Abstract (Limit: 600 words)

Since the 1960s, trends in physician labour supply and demand in the United States have been studied using a combination of expert panel opinions, historical and original data modelling, and physician surveys. While determining the best path for the "stock" of physicians is difficult in and of itself, estimates of a surplus of specialists made in early reports have not proven true for many internal medicine (IM) subspecialties. Indeed, the Lewin Group, which was commissioned by the Endocrine Society to estimate the endocrinology workforce needs for the next two decades, projected the current shortage of endocrinologists in 2003. The predicted rising demand–supply disparity between 2010 and 2020 has never been more accurate or frightening than it is today. According to a more recent analysis, the shortage of adult endocrinologists will reach 2700 by 2025 if no action is taken. The number of filled endocrinology fellowship posts (the "pipeline") is the key factor determining the potential workforce, in addition to attrition (mainly retirement rate). The 50 percent increase of endocrinology training posts from 223 in 2009 to 326 in 2019 has been accompanied by a static number of applications, as seen by the applicants/positions ratio approaching 1.0. (Fig. 1). This prolonged drop is concerning since it is occurring at a time when demand for endocrinologists is skyrocketing. Significant changes in the composition of recent classes of endocrinology fellows have occurred, similar to other IM subspecialties, heralding big alterations in the future workforce. First, female fellows have increased in number during the last 15 years, accounting for 71% of the entering cohort in 2016, despite a consistent decline in male enrollees. As mentioned below, this tendency should drive the medical community as a whole to address the gender wage gap and career development prejudices as a means of retaining the entire workforce. Second, since 2013, according to data from the American Board of Internal Medicine, the primary component of first-year endocrinology fellow classes has shifted from US medical graduates (USMGs) to International Medical Graduates (IMGs).

Importance of Research (Limit: 200 words)

The supply–demand gap is increasing. We can implement clinical care practises that are successful, sustainable, and aligned with our workforce's professional and personal goals since we have a consulting speciality. A shared care model, which is becoming more popular in academic centres, draws on the expertise of all team members while also reducing physician isolation, which can lead to burnout. Organizations that prioritise autonomy and flexibility in their workflow have a higher rate of doctor retention. Similarly, trainees who set aside time to pursue their professional goals are more likely to be satisfied in their jobs and serve as field ambassadors to rotating MSs and IM residents. In this environment, the value of MSs and IM residents interacting with enthusiastic endocrinology mentors—both fellows

and faculty—as the prism through which younger peers view our subject cannot be overstated.

Biography (Limit: 200 words)

Romeo Hirsch is a Medical Specialist in endocrinology, Harvard Medical School, Boston, Massachusetts. Romeo Hirsch has completed his graduation in McGill University, Canada. Romeo Hirsch is involved in research in endocrinology diseases and metabolic diseases. Romeo Hirsch has his expertise in evaluation and passion in improving the health and wellbeing of patients suffering from metabolic diseases. He received a bachelor's degree in endocrinology from university of Montreal and a master's degree in neuroendocrinology from University of Manitoba in western Canada. His current field placement is with the Harvard Medical School, Boston, Massachusetts. He is interested in Neuroendocrinology, Endocrine disorders, Pediatric endocrinology. He has published several research papers on the topics related to endocrinology and metabolic diseases.

Information of Institute (Limit: 200 words)

Harvard Medical School was established on September 19, 1782, after President Joseph Willard presented the President and Fellows of Harvard College with a report outlining intentions for a medical school. It is the third-oldest medical school in the United States, following the University of Pennsylvania's Perelman School of Medicine and Columbia University's Vagelos College of Physicians and Surgeons.

Because Harvard Medical School does not directly own or run a teaching hospital, the medical school moved multiple times throughout the subsequent century due to changing clinical connections. [6] In 1810, the school relocated to what is now Washington Street in Boston. The school was transferred to Mason Street in 1816 and renamed the Massachusetts Medical College of Harvard University in honour of a donation from the Massachusetts Great and General Court.



References (15-20)

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