



GRMERC: When Professionalism & Work Hour Restrictions Clash

Peter G. Coggan MD, MS Ed

*"This above all: to thine own self be true;
And it must follow, as the night the day;
Thou canst not then be false to any man."*

William Shakespeare (1564 - 1616), Polonius in 'Hamlet,' Act I, Scene iii

Good advice from Shakespeare, but what bearing does it have on our work? When I was a resident in the British National Health Service the Ministry of Health introduced an overtime payment scheme for residents. My teaching hospital claimed one seventh of the national allocation of funds, immediately bringing to everyone's attention the Ministry of Health's gross underestimate of house staff work hours. Prior to the introduction of the eighty hour work week for US residents it was not unusual for some residents to work more than one hundred and forty hours a week. Clearly change was needed.

We have been living with the eighty hour work week for almost a decade and, while the change has been positive, there have been some unintended consequences. Among these is the conflict experienced by residents when work hour requirements clash with professional commitment to patients. The recent Institute of Medicine report proposes more restrictive work hours than the current ACGME requirements, and in response the ACGME has announced a special Congress to meet this July to re-examine this issue.

In a recent letter to the GME community, Dr. Tom Nasca, the Chief Executive Officer of the ACGME, recounts the story of a pediatric resident whose relationship with the family of one of her patients had provided vital support to them during their son's terminal illness. The resident felt torn between her professional duty and work hours restrictions that would have forced her to leave the hospital when her patient's death was imminent. She elected to remain with the family: a decision that we would all support.

Residents should never be faced with this dilemma. Professionalism has been one of the core characteristics of medicine for centuries. It is now formally integrated into the ACGME accreditation process as a curriculum requirement for all residencies. So too, are the work hours restrictions. These two necessary developments have created a conflict in situations such as the one described by Dr. Nasca; this conflict must be resolved.

Flexibility in work hours is needed to ensure that residents can carry out their professional commitments. We do not need to return to the days of excessive work hours to accomplish this and I look forward to the recommendations of the ACGME Congress to help us resolve the unintended consequences of our past decisions. A way must be found to accommodate both reasonable work hours and professional commitments.

Spring 2009

Event Calendar

For more info click
[CME Conferences](#)
or visit
www.grmerc.net

New Resident Orientation

June 15-30, 2009

New MSU/CHM Student Orientation

June 29-July 2, 2009

Excellence in Clinical Teaching & Faculty Recognition Dinner

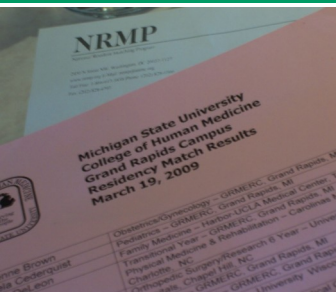
September 30, 2009

2 City-wide Faculty Grand Rounds on Clinical Teaching:

September 30 &
October 1, 2009
8:00-9:00 am
East Auditorium
Butterworth
Simulcast Yaw-Blodgett

MSU/CHM: Update

Peg Thompson MD



This spring has been active in the student services department. Our fourth year students experienced a very successful match in a range of specialties, including orthopedic surgery, family medicine, pediatrics, surgery, anesthesia, otolaryngology, internal medicine/pediatrics, radiology, and obstetrics and gynecology. We will have graduates all over the United States, from Los Angeles to Maine to Florida, and several staying here at GRMERC. This is a testament to the strong support and outstanding education provided by our staff and faculty in Grand Rapids. Overall, 40% of the CHM class of 2009 matched in primary care specialties. The student services staff, consisting of Susan Schmidt, Camille Bodziak, and Mindy Nienhouse, organized a wonderful Match Day for our students, with a luncheon at Mangiamo and an afternoon reception at GRMERC.

[Click Here for MSU Fourth Year Student Match Results](#)

[Click Here for GRMERC Residency Match Results](#)

Match Day 2009

The MSU/CHM Class of 2009 and GRMERC residency programs had another outstanding Match year.

Join us in welcoming our new residents and saying goodbye to an excellent group of medical students!



To view more pictures, [click here](#)

Want to be more involved?

Call or email us!

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The Importance of Etiquette-Based Medicine in Bedside Teaching: *Part 1*

John N. Sheagren, MD, MACP

*“To study the phenomena of disease without books is to sail an uncharted sea.
Whilst to study books without patients is not to go to sea at all.”*

- Sir William Osler (1849-1919)

As stated by Dr. Abraham Verghese in his insightful January 2009 NEJM paper titled “Culture Shock-Patient as Icon, Icon as Patient” (1), “...bedside skills have deteriorated as the available technology has evolved.” He goes on to point out that “the bedside is hallowed ground, the place where fellow human beings allow us the privilege of looking at, touching and listening to their bodies. Our skills and discernment must be worthy of their trust.” Dr. Verghese comments on how, to residents and medical students, patients have become “computerized” (hence his reference to patients...”as *icons*”), and on how he actively dealt with that problem by gathering his trainee team and heading straight to the bedside, to actually talk with and examine the patient.

Of course, consideration of sensitive patient issues is necessary in order not to embarrass or upset the patient and because family members or friends are often present in the room. Dr. Michael Kahn, after his own hospitalization, proposed an approach to tackling the problem of physician-patient interactions, referring to that process as “Etiquette-Based Medicine” (2). He recommended that we develop checklists of physician etiquette for the clinical encounter and offered a “possible checklist” for the first meeting with a hospitalized patient which is summarized below.

Basic Principles of Etiquette-Based Medicine:

1. Ask permission to enter the room; wait for an answer
2. Introduce yourself, showing ID badge
3. Shake hands (wear glove if needed)
4. Sit down. Smile if appropriate
5. Briefly explain your role on the team
6. Ask the patient how he or she is feeling about being in the hospital



Teaching at the Bedside:

Since coming to Grand Rapids from Chicago, I conduct a monthly “Professor’s Rounds” session with each Team of Internal Medicine Residents at St. Mary’s Health Care and Spectrum Health. Each patient presentation is carried out *at the patient’s bedside!* There, I try to emphasize the important role of bedside teaching not only to demonstrate skills in history taking and the physical examination, but to role-model sensitive, respectful patient interactions. I strongly believe it is critical for anyone in a teaching role to spend adequate time at the bedside, and while there, to engage in case presentations. ([Click here for “Professor’s Rounds” guidelines and checklists.](#))

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GRMERC Research Day 2009



The Teaching Moment

"There can be no significant innovation in education that does not have at its center the attitudes of the teachers. The beliefs, assumptions, feelings of teachers are the air of the learning environment; they determine the quality of life within it."

Postman and Weingartner

GRMERC Research Day 2009 was another resounding success, with over 170 oral and poster presentations! For more information, visit the [Research Day Recap](#) at our website. Mark your calendars for next year's Research Day on April 21, 2010.

Just a note to all researchers in the Grand Rapids Community, both Saint Mary's Health Care and Spectrum Health have set a June 2, 2009 deadline for completion of the online CITI Program (human subjects research training). Failure to meet this deadline will result in your removal from study protocols. For helpful information and the link to the website [click here](#).

GRMERC Education Services: Update

Pam Jager, RN

GRMERC's medical educators have been busy providing an increased number of learning experiences to meet the educational needs of our residents and medical students. A variety of services have been offered, including simulations run with our medium and high fidelity manikins.

Two of GRMERC's newest simulators are designed for realistic medical training: the pediatric METI PediaSIM manikin and the adult Laerdal VitalSim manikin. Both software programs and manikins can simulate vital signs, pulse, respirations, ECG, heart, lung and bowel sounds and can generate realistic responses to clinical interventions. Included in both systems is a PC based Scenario Builder program, allowing us to use pre-programmed scenarios or to custom build our own. Instructors can create real life drama to help perfect the skills of the learners.

On April 20, we were privileged to take part in Project Medical Education at Spectrum Health-Butterworth. Michigan state legislators partnered with MSU-CHM students and participated in high fidelity simulations. With assistance from Grand Valley State University personnel and our combined equipment, we provided scenarios for an adult, child and infant. It was exciting to see and experience all groups - physicians, educators, legislators, and students - engaging in these learning activities together. One of our goals was for the legislators to experience the hands on types of educational experiences that our students encounter. By using high fidelity simulation they were able to see that this not only provides an opportunity to learn in a safe environment but affords the ability to practice decision making skills in a wide variety of clinical scenarios.

The legislators were highly engaged in this Project Medical Education experience, and fascinated with the high tech equipment and teaching opportunities it provides. One legislator commented that it was "an excellent session with a realistic scenario. It was so useful to see how much teamwork and communication is needed." Student comments included, "Simulations are valuable because they give you a heads up on situations you may be presented with – practice makes perfect!" and "it is valuable to be given time to learn in a safe environment.....it simulates real life experiences which are too hectic to learn from unless you already have experienced the situation." For us it was a tremendous experience to demonstrate what we do in GRMERC Education Services.

We continue to work on providing high quality simulation experiences for our students and are dedicated learners ourselves in gaining expertise in simulation knowledge and application. For more information on simulation and our other educational services, please contact Ed Scheidel (ed_scheidel@grmerc.net 616-732-6220) or Pam Jager (pam_jager@grmerc.net 616-732-6247).

The Importance of Etiquette-Based Medicine In Bedside Teaching (continued)

Research shows that when done well, most patients and families *enjoy* participating in bedside case presentations, including focused and sensitively performed physical examinations, and in hearing carefully selected components of the related clinical care discussions (3-5). Patients and family members understand and value the fact that they are contributing to the education of health professionals. I feel they also appreciate the special attention such exercises provide, believing that the health care team is not only learning about the patient's illness but producing a better treatment outcome.

Preparations for Bedside Rounds: The following suggestions are based simply on good manners, common sense, compassion for the patient and professionalism:

- Make sure the patient has been informed in advance of the visit and its purposes.
- Make sure the team's presenter understands how to format a short, succinct (less than five minutes!) verbal case presentation.
- If a roommate is present, draw the curtains and speak as quietly as possible. Note that it is important to review with the presenter any terms which might upset a roommate (e.g., the term "hepatitis" might cause undue concern related to infection).
- Identify the presence of high risk behaviors or disturbing past medical events in advance (e.g., sexual behaviors, substance use, illegal activities, suicide attempts, episodes of mental illness) and leave such information out of the bedside presentation. Openly reviewing those issues in the presence of the rounding team might be upsetting not only to the patient, but especially if family members or friends are in the room.

Introductions:

- Introduce yourself and any other team members professionally, explaining your role as a teaching attending and clarifying the other team members. Show, or point to, ID badges.
- Explain the visit's objective and what is about to transpire (it might be to hear a brief summary of why the patient is in the hospital, to ask some additional questions for clarification, and/or to "check a couple of physical findings").
- If a family member or friend is in the room, always ask the patient if he/she agrees to allow that person to remain (the "yes" answer permits us, under HIPAA laws, to proceed).
- Encourage the patient to feel free to interrupt to ask questions or clarify the history.

In summary, frequently making teaching rounds at the patient's bedside is a valuable experience for trainees, patients and families alike. It is at the bedside that we make the critically important person-to-person connections so important both for medical education and clinical therapy. The ground rules to follow are simple: be open with what is to be done at the bedside; be compassionate in the bedside interactions, both verbal and physical; and use common sense in terms of what is discussed and how openly. The golden rule of "treating others as you would want to be treated" is the guiding principle for performing excellent bedside teaching exercises!

References

MSU/CHM: Update (continued)

In looking to the future, as we wrap up the first year of having preclinical students in Grand Rapids, CHM is looking forward to working more closely with our partners in the community. We have been participating in a series of meetings concerning Interprofessional Education, hoping to bring together faculty and learners from GRMERC, CHM, Grand Valley State University College of Nursing and College of Health Professions, Grand Rapids Community College, Ferris State University, Spectrum Health, and Saint Mary's Health Care. Different work groups have formed to explore opportunities for synergy in education and practice. Along with Maureen Ryan from GVSU, I co-chair the Curriculum subgroup of this endeavor. Our enthusiastic committee hopes to develop an Interprofessional Education Day, bringing together students from different institutions and disciplines to work together on clinical cases, with a goal toward understanding each others' scope of practice and role in health care and patient safety. Other work groups are focusing on Simulation, Cross-Cultural Competence (meaning understanding the cultures of the different health professions), Scholarship, Service Learning, and Clinical Setting. It is exciting to learn from each other and share our expertise and ideas.

It is hard to believe that in just over a year, the Secchia Center will open and we will be welcoming 100 first year medical students to Grand Rapids. I am delighted that we have an enthusiastic faculty, which is constantly growing. We will soon welcome and train new faculty members to teach in the basic sciences, as well as the intensive first year clinical skills courses. At the same time, we continue to add to our second year (Block II) faculty experience and expertise. I am very grateful for the Clerkship and Assistant Clerkship Directors, who for the first time beginning in July, will oversee five iterations of their clerkships during the coming academic year. We are so fortunate to have a medical community and physicians who are dedicated to working as a team to make this growth and change successful!

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Questions or comments? E-mail us at newsletter@grmerc.net or call 616.732.6249

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