



ACGME Symposium on Physician Well-Being
November 2015



Running on Empty: Residents at Risk

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Faculty Disclosure

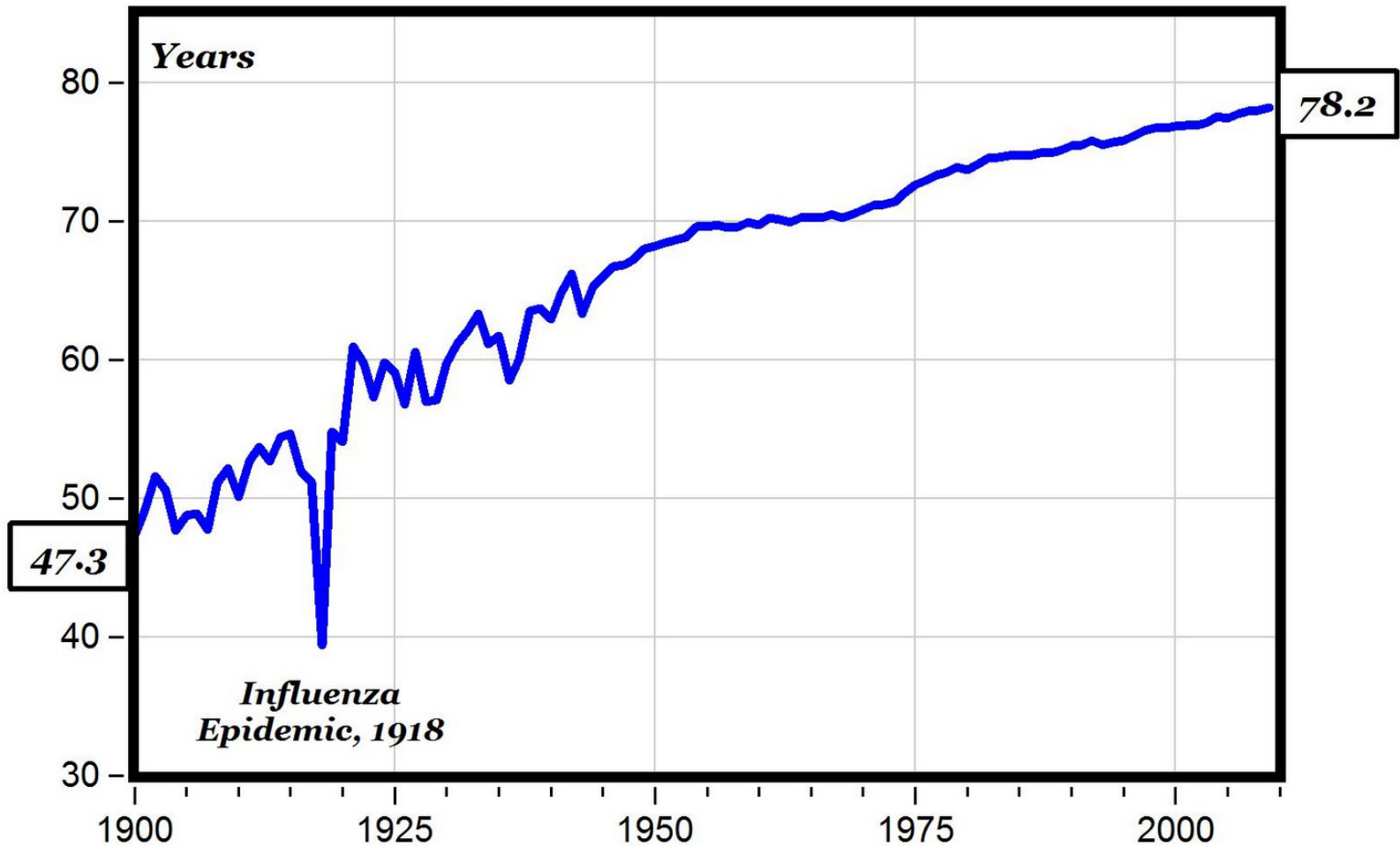
Presenter: Richard I Levin

No conflicts of interest to report

The Arnold P. Gold Foundation



US Life Expectancy



Original Investigation

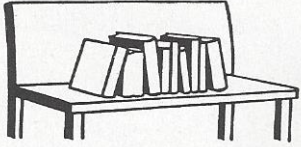
Mortality, Hospitalizations, and Expenditures for the Medicare Population Aged 65 Years or Older, 1999-2013

Harlan M. Krumholz, MD, SM; Sudhakar V. Nuti, BA; Nicholas S. Downing, MD; Sharon-Lise T. Normand, PhD; Yun Wang, PhD

JAMA. 2015;314(4):355-365. doi:10.1001/jama.2015.8035



POSTSCRIPT
OLIVER SACKS



Four weeks before Oliver Sacks died,
I received a letter from him. In our



On the Death of Oliver Sacks

It's about a world in which individuals live isolated, in cells, fearful of self-reliance and direct experience, dependent on plate screens, instant messages and the ministrations of an all-competent Machine. Yet there is also a boy who, like Sacks, saw what was missing. The boy tells his

mother , 'The Machine is much, but it is not everything. I see something like you in this plate, but I do not see you. I hear something like you through this telephone, but I do not hear you. That is why I want you to come. Pay me a visit, so that we can meet face to face, and talk about the hopes that are in my mind.

SECOND EDITION

SECOND EDITION

SECOND EDITION

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SECOND EDITION

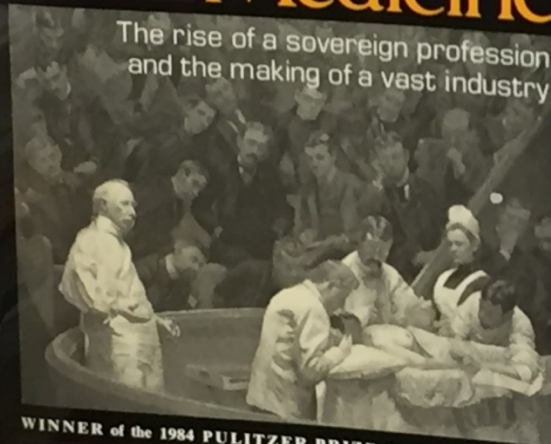
SECOND EDITION

IV

Creel-Duzepe

The Social Transformation of American Medicine

The rise of a sovereign profession and the making of a vast industry



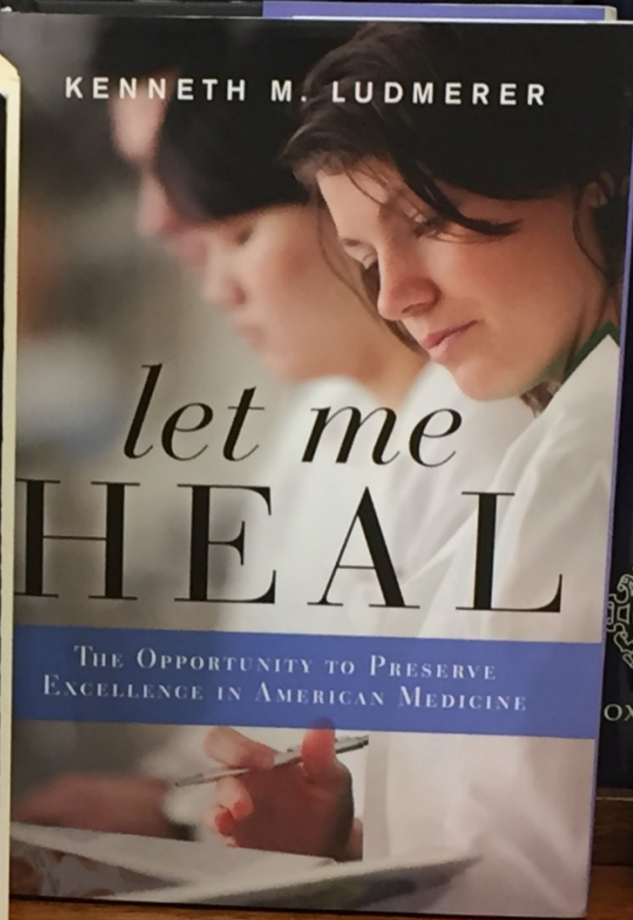
WINNER of the 1984 PULITZER PRIZE for General Non-Fiction

PAUL STARR

KENNETH M. LUDMERER

let me HEAL

THE OPPORTUNITY TO PRESERVE EXCELLENCE IN AMERICAN MEDICINE



X

Moul-Ovum



OX

EXCELLENCE



The Four Doctors






Mentors and apprentices are partners in an ancient human dance, and one of teaching's great rewards is the daily chance it gives us to get back on the dance floor. It is the dance of the spiraling generations, in which the old empower the young with their experience and the young empower the old with new life, reweaving the fabric of the human community as they touch and turn.

—Parker J. Palmer

*The Courage to Teach: Exploring the Inner Landscape
of a Teacher's Life*

Time & Mentoring

 www.hopkinsmedicine.org

Doctors-In-Training Spend Very Little Time At Patient Bedside, Study Finds - 04/23/2013

Time with patients seems “squeezed out” of training, investigator says

Release Date: April 23, 2013

Dr. Lauren Block



Medical interns spend just 12 percent of their time examining and talking with patients, and more than 40 percent of their time behind a computer, according to a new Johns Hopkins study that closely followed first-year residents at Baltimore’s two large academic medical centers. Indeed, the study found, interns spent nearly as much time walking (7 percent) as they did caring for patients at the bedside.

Compared with similar time-tracking studies done before 2003, when hospitals were first required to limit the number of consecutive working hours for trainees, the researchers found that interns since then spend significantly less time in direct contact with patients. Changes to the 2003 rules limited interns to no more than 30 consecutive hours on duty, and further restrictions in 2011 allow them to work only 16 hours in a row.

The New York Review of Books

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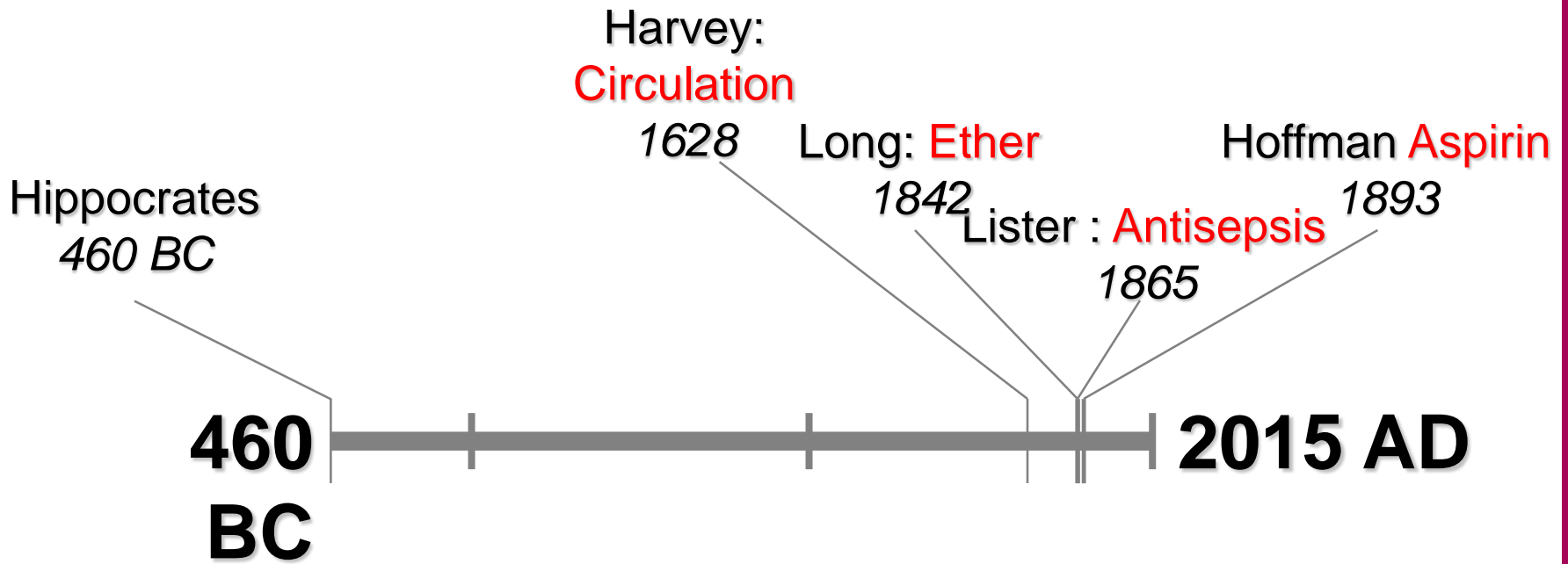
Shop

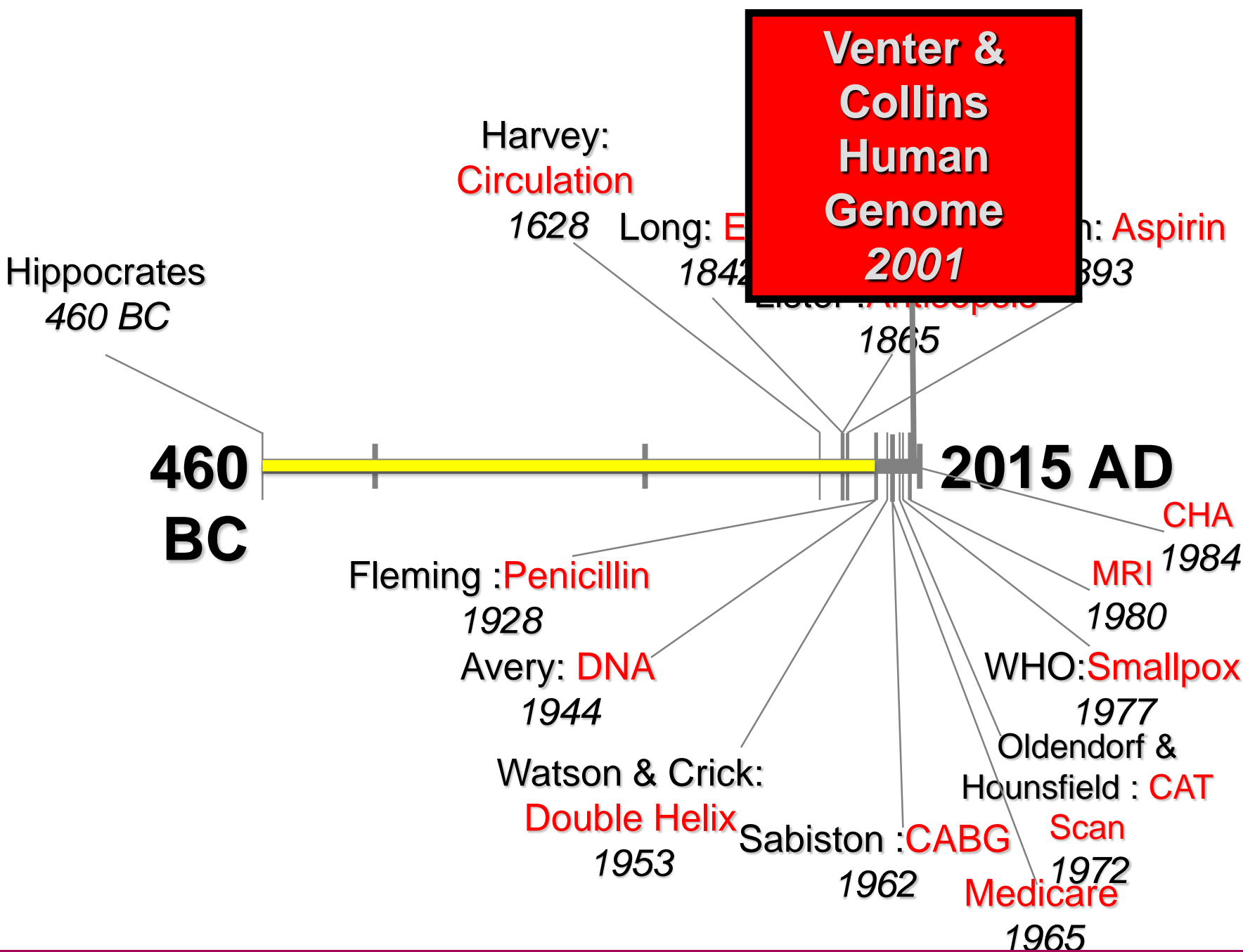
Health Care: The New American Sadism

Charles Simic



Max Beckmann: Night, 1918





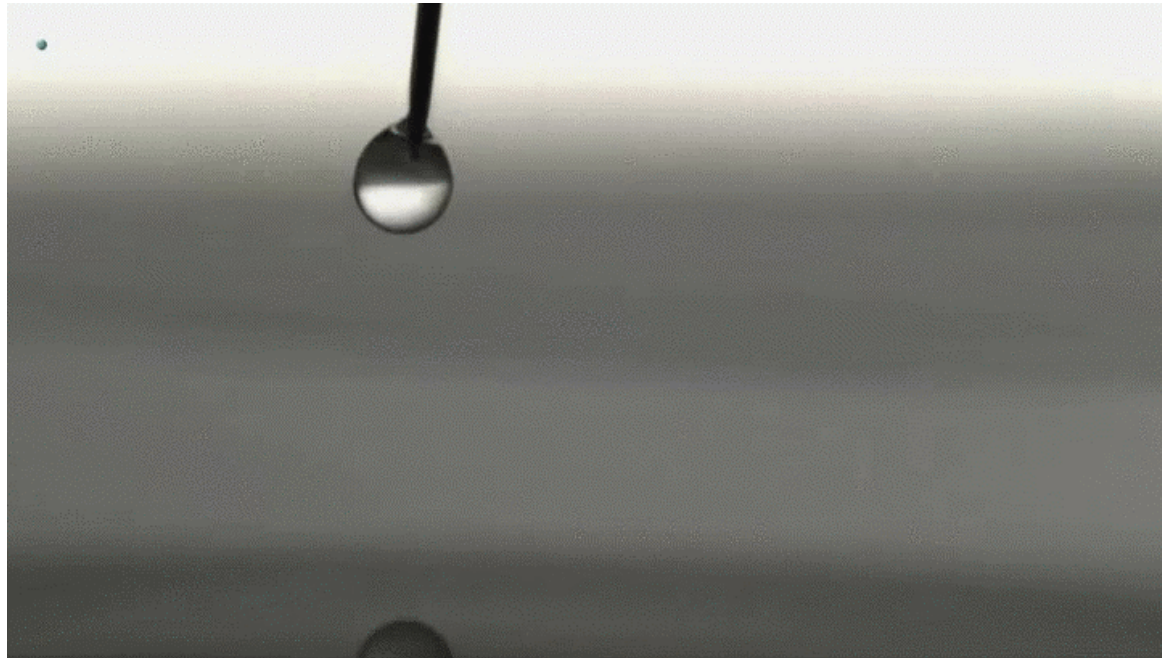
Medical disrespect

Bullying doctors are not just unpleasant, they are dangerous. Can we change the culture of intimidation in our hospitals?

by Ilana Yurkiewicz 2,800 words [Read later or Kindle](#)



Photo by China Daily/Reuters



Perspective: **A Culture of Respect, Part 1: The Nature and Causes of Disrespectful Behavior by Physicians**

Lucian L. Leape, MD, Miles F. Shore, MD, Jules L. Dienstag, MD, Robert J. Mayer, MD, Susan Ed

We propose that disrespectful behavior is a major cause of the dysfunctional culture that permeates health care...

Abstract

A substantial patient safety problem is rooted in widespread disrespect. The authors identify a broad range of disrespectful conduct, suggesting six categories for classifying disrespectful behavior in the health care setting: disruptive behavior; humiliating, demeaning treatment of nurses, residents, and students; passive-aggressive behavior; passive disrespect; dismissive treatment of patients; and systemic disrespect.

At one end of the spectrum, a single disruptive physician can poison the atmosphere of an entire unit. More

as passive resistance to collaboration and change. Even more common are lesser degrees of disrespectful conduct toward patients that are taken for granted and not recognized by health workers as disrespectful.

Disrespect is a threat to patient safety because it inhibits collegiality and cooperation essential to teamwork, cuts off communication, undermines morale, and inhibits compliance with and implementation of new practices. Nurses and students are particularly at risk, but disrespectful treatment

distractions that diminish joy and fulfillment in work for all health care workers and contributes to turnover of highly qualified staff. Disrespectful behavior is rooted, in part, in characteristics of the individual, such as insecurity or aggressiveness, but it is also learned, tolerated, and reinforced in the hierarchical hospital culture. A major contributor to disrespectful behavior is the stressful health care environment, particularly the presence of "production pressure," such as the requirement to see a high volume of patients.

Acad Med. 2012;87:1-8.

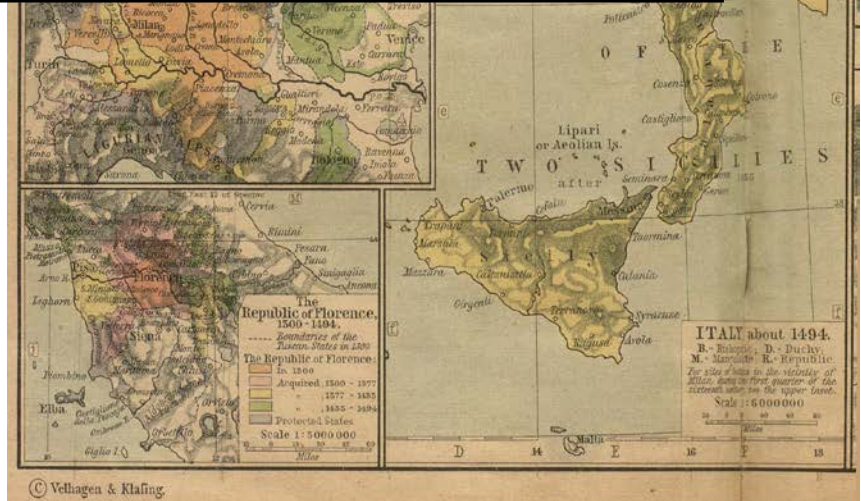
First published online

doi: 10.1097/ACM.0b013e318258338d

Hidden Curriculum



11th Century



**Mondino de
Luzzi, circa 1319**





Our practice is always in the news...

The Boston Globe

IN PRACTICE

Doctors, patients, and computer screens

By Dr. Suzanne Koven | GLOBE CORRESPONDENT | FEBRUARY 24, 2014



Healthcare system becoming more transactional and impersonal

by Greg St. Martin



Downloaded from <http://qualitysafety.bmj.com/> on July 22, 2015 - Published by group.bmj.com

BMJ Quality & Safety Online First, published on 21 July 2015 as 10.1136/bmjqs-2015-004253

ORIGINAL RESEARCH

C:

'Speaking up' about patient safety concerns and unprofessional behaviour among residents: validation of two scales

r?

William Martinez,¹ Jason M Etchegaray,² Eric J Thomas,³ Gerald B Hickson,⁴ Lisa Soleymani Lehmann,⁵ Anneliese M Schleyer,⁶ Jennifer A Best,⁶ Julia T Shelburne,⁷ Natalie B May,⁸ Sigall K Bell⁹

ABSTRACT

Back to the Future

- **Time**
- **Mentoring**
- **Speak up**
- **Integrity**