Running on Empty: Residents at Risk

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Faculty Disclosure

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No conflicts of interest to report
Original Investigation

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

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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.'
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*
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.
Health Care: The New American Sadism

Charles Simic
Hippocrates 460 BC

Harvey: Circulation 1628

Long: Ether 1842

Lister: Antisepsis 1865

Hoffman: Aspirin 1893

2015 AD
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

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

Abstract

A substantial percentage of patient satisfaction surveys indicate 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 subtle forms of disrespect can have profound effects 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 dissatisfaction 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.

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We propose that disrespectful behavior is a major cause of the dysfunctional culture that permeates health care...
Hidden Curriculum
11th Century
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The Boston Globe

Doctors, patients, and computer screens
By Dr. Suzanne Koven | GLOBE CORRESPONDENT | FEBRUARY 24, 2014

Healthcare system becoming more transactional and impersonal

The New York Times

Afraid to Speak Up to Medical Power
By Pauline W. Chen, M.D.
‘Speaking up’ about patient safety concerns and unprofessional behaviour among residents: validation of two scales

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

- Time
- Mentoring
- Speak up
- Integrity