

Graduate Medical Education



ADVANCING KNOWLEDGE. TRANSFORMING LIVES.

January, 2012

A Message from the Asst. Dean.....

I'm tired, but I can make it!

Upcoming Events

- **March 16** —
Resident Forum
(noon – SPB
Conf. Rm. F/G
(lunch provided)
- **March 30** —
MSU GMEC
(noon - SPB Rm
F/G)

Inside this issue:

Resident Representative Report	2
Meet Dr. Richards	3
C/A Psych Fellowship	3
Confidential Communication	4
Contact Information	4
GME Mission	4

Beginning this year, the ACGME has placed new rules regarding length of duty hours, breaks between shifts, and number of hours worked per week. These rules were put into place in part due to concerns raised in several Institute of Medicine reports regarding patient safety and errors in medical care. In those reports, resident fatigue was reported to be a major factor in errors related to decision-making on patients. In addition, the ACGME has received many anecdotal reports about residents being injured while driving home after prolonged shifts. Certainly, there are many studies showing that prolonged work hours are associated with an increase in errors, impairments in judgment and increases in reaction time that can lead to patient injury. As a result, we now have a system with increased hand-offs and “shift work”. Whether or not this system will ultimately result in decreased medical errors remains to be seen. In the meantime, I’d like to share some thoughts about fa-

tigue and what we can all learn about ourselves (even in the new system).

One of the most important principles of medical education is to teach residents to recognize their limitations—and then work to either change the limitation (by performance improvement, improved medical knowledge, or other means). In the current system, it’s more difficult for each of us to realize when we have exceeded our limitations with respect to fatigue. However, it’s very important to have a working knowledge of “symptoms” that may be related to fatigue, since, after graduation, you will not have a faculty member “looking over your shoulder” to make sure that you are not working while excessively fatigued. Therefore, we have purchased a new set of teaching modules developed by Duke University specifically to teach residents about fatigue and impairment. While each new resident in an MSU-sponsored program will be required to complete the modules, I

urge you all to look at them as well—either through the link that will be on our web page or through your program coordinator.

Along with self-awareness, we also need to be aware of the performance of our resident and faculty colleagues. If you notice behavior that may be secondary to fatigue, I urge you to contact your program director or my office (you can use the confidential reporting e-mail if you wish).

Fatigue is, unfortunately, part of our lives as medical professionals. However, by being able to recognize it in ourselves and others, we can be reassured that our patients will continue to get the best possible care.



Randy Pearson, M.D.

GMEC Resident Update.....

Submitted by Priyank Patel, MD

Being one of the first residents to write in this newsletter, I would like to take this opportunity to synthesize the function of the Graduate Medical Education Committee, how residents can have their share of administrative experience, and the recent updates from the GMEC meeting.

The Graduate Medical Education Committee is a body consisting of program directors and administrators from Michigan State University and Sparrow hospital, along with resident representatives. Its function is to oversee and implement policies that ensure appropriate quality of medical education to the residents, and the environment in which they work. Committee meetings are quarterly. Two weeks prior to these, residents and the resident representatives gather in person (at the Resident Forum), and discuss important issues which affect their work environment and education.

So far, during this academic term that started July 2011, there have been two GMEC meetings. Several important residency-related issues were discussed in the Forums, and were successfully relayed to the administrative authorities. We've witnessed a higher turnover of residents attending these Forums, and several residents have begun to actively voice their concerns so that they can be conveyed further. It is necessary to emphasize that these resident meetings are mandatory per ACGME regulations. More so, they provide a wonderful opportunity for residents to interact with people from other special-

ties and share common issues, bonding them in a closer loop. Last but not the least, there is always good food and desserts served at these noon meetings.

A very important message regarding an anonymous resident hotline needs to be conveyed to every resident. The GMEC has established a confidential "hotline" so that the residents, without any fear of being identified, can complain about any issues affecting their education or work environment. The email address where such complaints can be lodged is **resident-voice@msu.edu**. We have been assured complete anonymity in such interactions, and have been actively encouraged to utilize this as needed.

Drs. Gifford and Pearson are relentlessly trying to address every important issue and improve resident life at Sparrow hospital. Recently, as an outcome of such discussions from the Resident Forums, the Internal Medicine FIRM teams have been promised ASCOM phones for effective communication amongst each other, and with other sub-specialties. Such phones will improve efficiency and quality patient care. The Internal Medicine residency intends to implement a policy in which residents, while consulting other teams, will contact the consultant service personally and give a synopsis of the case and the reason for consultation. This will begin once the phone system is functional on the FIRM teams. The aim is to greatly improve the level

of communication amongst different groups, and hence patient care.

The ACGME also requires that residents participate in various administrative committees. By participating in this, residents have an opportunity to influence administrative decisions, which in turn affects patient care on a larger scale. Recently, an email was circulated amongst all the residents, seeking candidates to be part of these committees. We have three such committees, and the resident representatives for each committee are listed in parenthesis:

- * Clinical Informatics Steering Committee (Drs. Lee and Challa)
- * Quality Council (Drs. P. Patel and Alsara)
- * Patient Safety Committee (Drs. Dobias and Ekkah)

As a final comment, residents are strongly urged to participate in the next Resident Forum, which is scheduled for **March 16, 2012**, at noon in SBP F/G. Future meetings will be held in the same room on 6/15/12, 9/14/12, and 12/14/12. Looking forward to seeing you there.



*Priyank Patel, MD
Resident Representative*

Meet Dr. Richards - Child & Adolescent Psychiatry Fellowship Director

Dr. Madhvi Richards' journey to becoming the founding Director of MSU's Child and Adolescent Psychiatry Fellowship Program has been interesting. The daughter of a MSU graduate, she lived in Mt. Pleasant her first eight years. Then the family moved to India, where she lived until completing medical school. Her "Spartan gene" brought her back to the Lansing area and MSU for CHM's General Psychiatry Residency training, where she felt fortunate to work with great physicians and educators, in a nurturing environment. Interested in working with children and adolescents, Dr. Richards traveled a bit south, to "that other University" for her Fellowship training.

Formal training complete, she

was happy to return to East Lansing, and joined the staff of MSU's Department of Psychiatry. Her passion led her to help develop a specific program for Child and Adolescent Psychiatry at MSU. After two challenging years, in 2006, the Child and Adolescent Fellowship Program was accredited by the ACGME.

In her multiple roles as Program Director, Section Chair, and Elective Clerkship Director, Dr. Richards strives for clarity and transparency. She promotes open communication, and keeping everyone well-informed and on the same page. She recognizes the huge demand and need to help people, and encourages the fellows to provide dedicated and conscientious care to patients. Program-wise, Dr. Richards

looks forward to expanding the community. With electronic and technical advancements, she sees the community growing – from the local area, to including the whole State.

When not working, or supporting the various Spartan teams, she and her family (husband and 2 young children) enjoy traveling. They value the merits of experiencing different cultures, languages, and food. This allows them to be not only citizens of Lansing and the Michigan community, but of the larger world as well.



Madhvi Richards, MD

Child & Adolescent Psychiatry Fellowship Program.....

After two years of tedious preparation and paperwork, the MSU Child and Adolescent Psychiatry Fellowship program was launched in 2006. It is a 2-year program, accepting 2-3 physicians each year. Recruiting is good, and many of the candidates come directly from MSU's Psychiatry Residency program. The fact that it is one of two C/A Psychiatry programs in the country with dual accreditation

(ACGME and AOA) is appealing to candidates.

This is a unique program that maintains relationships with places such as U of M, and DeVos Children's Hospital, to provide a collaborative educational experience. For places further away, the program incorporates telepsychiatry for training, using a 2-way video polycom system.

All of this ensures that the fellows are exposed to a varied socio-economic, and diverse patient population.

Since the first graduates in 2008, all but one have chosen to work in mid-size and small communities throughout Michigan, thus exemplifying CHM's core institutional values of respect-of and care-for patients, and commitment to community within the State.

Confidential Communication

Know that you have access to someone in power, in case you have questions or concerns about your program and don't feel comfortable raising them with your program director or faculty. Dr. Pearson (or his assistant, Maureen McGrail) is always available to you. Their contact information is:

Dr. Randy Pearson (Asst. Dean of GME, and DME)

Randy.Pearson@hc.msu.edu

Maureen McGrail (GME coordinator)

Maureen.McGrail@hc.msu.edu

Office: Sparrow Professional Building Suite 640

517-364-5892

ANONYMOUS COMMUNICATION

The following e-mail allows you to send anonymous messages. Only Maureen has access to it, and all identifying information about the sender will be removed before information is passed on to Dr Pearson.

residentvoice@hc.msu.edu

MSU GME Office

Sparrow Professional Building
1200 E. Michigan Ave.
Suite 640
Lansing MI, 48912
517-364-5892

Randolph Pearson, MD
Randy.Pearson@hc.msu.edu

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Confidential e-mail address
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Residentvoice@hc.msu.edu

Graduate Medical Education Mission

"The mission of MSU's College of Human Medicine in Graduate Medical Education is to provide Institutional Sponsorship to high quality programs of GME, in those primary and specialty care disciplines relevant to the College's mission. Such GME programs will be accomplished in concert with the teaching hospitals and health systems affiliated with the College."

"The Graduate Medical Education Committee will oversee the conduct and management of all residency and fellowship programs for which MSU/CHM is the sponsoring institution."