

Graduate Medical Education



ADVANCING KNOWLEDGE. TRANSFORMING LIVES.

May, 2011

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

Upcoming Events

- **June 10** —
Resident Forum
(noon—SPB
Conf. Rm. F/G)
- **June 24**—MSU
GMEC Meeting
(noon—SPB Conf.
Rm. F/G)
- **June 28**—New
Resident Orientation
(St. Lawrence Cam-
pus)



Inside this issue:

| | |
|--------------------------|---|
| Family Medicine in China | 2 |
| Research Day | 3 |
| New Residents | 4 |
| GME Mission | 4 |

Duty Hours—Can We Get “Past” the Rules to Enhance Education and Patient Care?

Several years ago, the Institute of Medicine published a report highlighting the number of preventable errors in medical care, and beginning the process of improving health care by minimizing error. As the findings of the Institute have evolved, much focus has been placed upon the role of fatigue in errors in the decision-making process. Because of this focus, the ACGME has placed new regulations in place to limit the number of consecutive hours that residents can be involved in patient care activities. You are, by now, all aware of the implications of the new duty hour requirements on your training programs during the upcoming academic year (and beyond). I want to take a minute, however, to share a few thoughts with you about how I think the requirements should be viewed.

First, there is no doubt that fatigue impairs our ability to think clearly and to perform the precise activities required of us in today's practice environment. However, the tipping point is different for everyone. One of the roles of residency programs is to help residents learn where their individual tipping point is—requiring the resident to come near that point in a controlled environment so that they are more self-aware of their limitations, later on in their practice life. Although the new rules will make it more difficult to “stare into the abyss”, residents and faculty need to be vigilant about observing performance deficits related to fatigue, and institute appropriate interventions to improve resident self-awareness and performance improvement.

Second, we have no room for falsification of duty hour records. The ACGME is very clear about the rules and keeping good records of compliance. We can't allow residents to be coerced into falsifying records by attending physicians or other residents who say that we will be “missing all of the good cases” unless we stay an extra 15 minutes—or a half hour, or an hour or two. If you feel as though you are under such pressure, we urge you to discuss it with your program director or use our confidential reporting “hotline” (*residentvoice@hc.msu.edu*).

Finally, you have to remember that the duty hour rules are designed to improve the rest patterns of residents—not to allow them more free time, per se. During unassigned hours, you should try as much as possible to take it easy rather than using the time to expand your presence on the social scene. We realize that free time is valuable during residency, but also understand that a healthy balance between work, social activities and rest will give you the best chance to become the best physician that you can be.



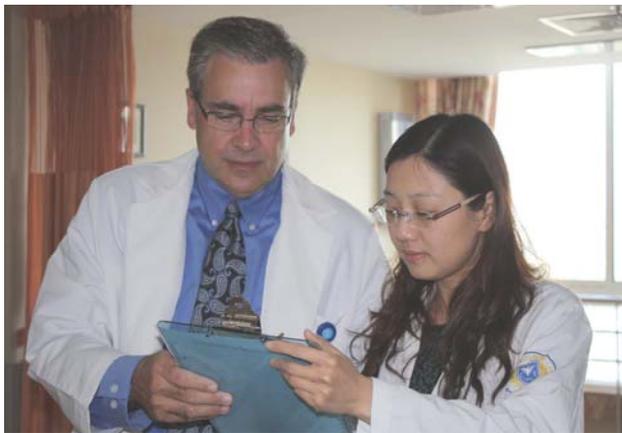
Randy Pearson, M.D.

Assistant Dean & DME

Back to the Future—Family Medicine in China

Randy Pearson, MD

As many of you are aware, I was privileged to have the opportunity to serve as a visiting faculty member for the Sir Run Run Shaw Hospital Family Medicine Residency in Hangzhou, China for the month of March. During that time, I worked in a clinic seeing “expatriate” patients—visitors or workers in China from other countries who wanted to see a “western” doctor. In the clinic, I was observed by a family medicine resident, a faculty member from SRRSH and a community physician—much the “old style” of apprenticeship training that we did in the US many years ago. I also spent some time as a more traditional preceptor with the residents and saw inpatients, from which I derived weekly teaching rounds for the residents.



Dr. Pearson with resident ISC2

That having been said, ignoring the implication of the traditional therapies did not make potential interactions go away. In our practices, we often get so focused upon reaching the diagnosis and working toward the best medical outcome that we fail to appreciate all of the cues that our patients provide to us. My greatest lesson learned was that always listening to the patient—even though some of what they tell us is not what we want to hear—will give us the best chance to affect positive outcomes with them, and strengthen the relationship that is the foundation of our patient care.

While I hope that my visit was educationally worthwhile for the Chinese residents, I was surprised at the degree of learning I actually gained from this experience. As a new specialty in China, the residents are very unfamiliar with the breadth of our generalist practice in the U.S. On the other hand, their patients live in an environment where western medicine and traditional Chinese medicine exist side by side. This allows the people to choose therapies from both disciplines (often mixed)—obviously creating challenges for management by the residents when the pharmacology of the traditional therapies are not well understood.



Inpatient 3

Lansing Community Research Day

Graduate Medical Education, Inc (GMEI) and its institutional partners, MSU College of Human Medicine, MSU College of Osteopathic Medicine, Sparrow Health System and Ingham Regional Medical Center, hosted the 6th Annual Lansing Community Research Day on April 21, 2011. Abstracts were submitted from medical students, residents, and fellows from all of GMEI's partner institutions and across specialties.

There were 45 poster abstracts on display and 13 oral presentations. Over 100 participants attended the awards luncheon and keynote presentation by Linda Williams, RN, MSI.

Ms. Williams, a member of the Veterans Administration National Center for Patient Safety, focused on development and implementation of patient safety curriculum for physicians. She teaches introductory human factors engineering sessions, and is involved in the practical application of usability principles to medical devices and software. Her presentation and hands-on objects were very interesting and informative.



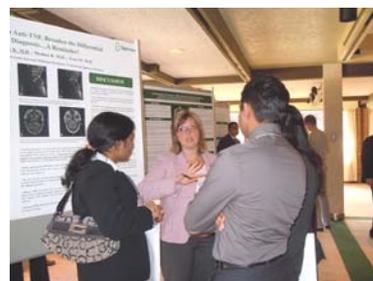
Linda Williams, RN, MSI



Drs. Gupta and Chhabra - MSU Pediatrics Residency



Dr. Laird-Fick discussing a poster



Tabulating evaluations



RESEARCH DAY WINNERS

| | |
|--------------------------------------|---|
| Best Research Case Study | Dr. Satheesh Chonat - MSU Pediatrics |
| Best Poster by a Resident | Dr. Daniel Bridger - Sparrow Emergency Medicine |
| Best Poster by a Fellow | Dr. Vijay Chaudhary MSU Hem/Onc |
| Best Oral Presentation by a Resident | Dr. Nicole Long - Ingham OB/GYN |
| Best Oral Presentation by a Fellow | Dr. Babutunde Sobowale - MSU Neonatology |
| Best Submission by a Medical Student | Daniel Abernroth - MSU CHM |

New Physicians Staying in Lansing

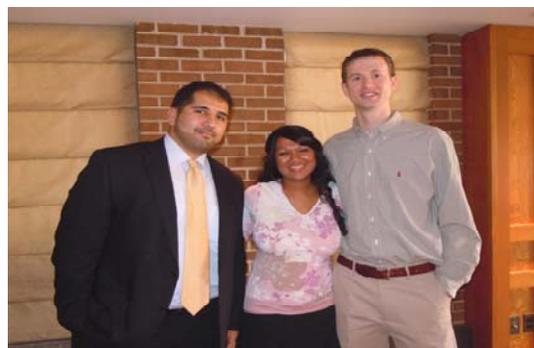
This year, we have three CHM graduates staying in Lansing for their residency programs. Congratulations and welcome to: Bob Becker, MD, Harshini (Hershey) Jayasuriya, MD, and Ali Saeed, MD.

Dr. Becker will be with Emergency Medicine. He felt that calling during his very first rotation, which was in the Pediatric E.R. He was fascinated with that environment and activity. Bob enjoyed all his rotations, but his later Emergency Medicine rotation confirmed that this was his future.

Dr. Saeed had a personal experience with Sparrow/MSU that fueled his desire to remain here. During his third year, a member of Ali's family had a stroke. Ali took a break, and spent considerable time on the floor at Sparrow. The staff took him under their wings, and made this a great learning experience for him. They were also models of compassionate care for patients and their families. His passion for neurology was ignited!

This experience also led to Ali's decision to make MSU's residency his first choice. He feels the Sparrow/MSU staff is second-to-none, and looks forward to training that is both academic and community focused.

Dr. Jayasuriya didn't have to wait for Match Day to know she would be with the Family Medicine Program. Hershey was part of the first TIP program, which integrates medical school with the Family Medicine Residency Program. She committed to Family Medicine after her third year of medical school, and will transition right into this residency. She is pleased to be staying in Lansing, and plans to teach, as her career progresses.



Drs. Saeed, Jayasuriya, and Becker

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

Maureen McGrail, Adm. Asst.
Maureen.McGrail@hc.msu.edu

Confidential E-Mail Address for
resident issues:

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."