

Graduate Medical Education



ADVANCING KNOWLEDGE. TRANSFORMING LIVES.

October, 2010

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

What's Up with Duty Hours?

Upcoming Events

- Nov. 25-26 —
Thanksgiving Holiday
- Dec. 10 —
Resident Forum
(noon – SPB Conf. Rm. F/G - lunch provided)
- Dec. 17—MSU
GMEC Meeting

Inside this issue:

Meet Dr. Laird-Fick	2
Resident Forum Report	2
Change In ACGME Requirements	3
Program News	3
Internal Medicine Res.	3
Professionalism—Pt 4	4
GME Mission	4

As you know, the ACGME has released new duty hours requirements for all residents and fellows effective July 1, 2011. While these requirements will affect all residents, they will significantly affect the sequential hours that first-year residents can spend in patient care. Under the new rules, first-year residents can spend no more than 16 hours straight in patient care and then must have an 8-10 hour rest period (depending upon the individual requirements set by the specialty Review Committees). These new rules are designed to decrease medical errors caused by fatigue, and to improve the resident learning experience by decreasing their fatigue. Because no one is sure that these changes actually will achieve their desired goals, they will continually be reassessed by the ACGME. In addition, residents are encouraged to contact the ACGME to voice their concerns and experiences with duty hour requirements

As each of you work with your programs to implement the new rules, you should pay attention to some important points. First, as you transition to a greater reliance on shorter shifts to cover patient care, you will be participating in more “hand-offs”, where care is transitioned to another provider. Poorly structured hand-offs carry a significant risk of adversely impacting patient care—in fact, they pose a patient safety risk that may be as serious as fatigue-associated errors. Therefore, your programs need to spend time on your hand-off processes to assure that patient safety is preserved in the process.

Second, each of us has to learn as physicians where our limitations lie. In the old system, residents who were appropriately supervised could learn, in a controlled environment, when their individual “tipping point” was reached with respect to fatigue. This is not an arbitrary 16 hours, as implied by the new rules. Some residents can work for longer hours without an

appreciable fatigue effect. Others become impaired after fewer than 16 hours. Remember that, after you enter practice, there will be no faculty observing your behavior. So, pay attention to your body to try to discover where your “tipping point” is, even after the adoption of shorter duty hours.



Randy Pearson, M.D.

Assistant Dean & DME

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

Meet Dr. Laird-Fick - Internal Medicine Residency Program Director

Heather Laird-Fick, MD, MPH, FACP has been involved with medical education since medical school, when she participated in the first CHM professionalism task force. She completed her internal medicine residency and a fourth year chief residency at St. Joseph Mercy in Ann Arbor, Michigan which deepened her interest in teaching. She joined the Saginaw campus of CHM for two years after residency before moving to East Lansing as the residency's Associate Program Director, and then became Program Director in 2007.

Residency can be bittersweet, but Dr. Laird-Fick remembers how supportive her own colleagues were when tragedy struck her family. She received a page while on call to tell her that her grand-

mother, a visitor at Sparrow Hospital, had coded and was on life support in the ICU. "I lost it. But one of my fellow seniors just stepped in and took my pager, made sure I was safe to go to see my grandma." This incident strongly influenced her desire to develop a supportive residency environment with an emphasis on teamwork.

Dr. Laird-Fick is a lifelong Spartan at heart and "bleeds green." She has strong family ties to the area, and lives in Haslett with her husband, six year old daughter, and two cats. She is happy to be in Lansing because she enjoys the smaller, safe, friendly community, and is grateful for the lack of traffic jams - but she's not adverse to an escape to sunshine, when March comes along!

To residents, she offers the following advice:

- * Be curious. Don't assume – ASK.
- * Have a good support system, both at work and at home.
- * Smile! You'll feel better and others will respond as well.



Heather Laird-Fick, MD

Resident Forum.....



Our lives begin to end the day we become silent about things that matter.

The first MSU-GME Resident Forum took place on Friday, September 17, 2010. Thanks, to those who attended. You are now part of CHM-GME history!

Some issues that surfaced were call rooms, adequate staffing, and supplies. Drs. Lynn Butvidas, Vijay Chaudry, and Priyank Patel were chosen as Resident Representatives to the GME Committee. They will attend the quarterly GMEC meetings to present resident perspectives on issues and concerns. Please assist them by participating in the resident forums.

Future resident forums will be held in an SPB conference room, rather than the Sparrow Auditorium. The tables and chairs in conference rooms are better suited for eating and discussion.

Remember that the purpose of these forums is to give residents/fellows an opportunity to interact with each other, and express concerns in a non-threatening, confidential environment.

Please mark your calendar for the next Resident Forum – on **Friday, December 10, 2010 – at noon in SPB - F/G.**

Program Requirement Changes.....

On September 26, 2010, the ACGME Board of Directors approved a set of requirements that are a comprehensive approach to patient care, quality improvement, supervision, professionalism, transitions in care, and resident well-being. They are designed to better match residents' levels of experience with developing competencies. This is accomplished by:

- * Establishing graduated requirements for minimum time off between scheduled duty periods
- * Expanding program and institutional requirements regarding handovers of patient care
- * Setting more specific requirements for alertness management and fatigue mitigation strategies, designed to ensure both continuity of patient care and resident safety

What residents may notice most is a reduction in hours for PGY 1s and PGY 2s, more frequent patient handoffs, and the reduction or elimination of “moonlighting” opportunities.

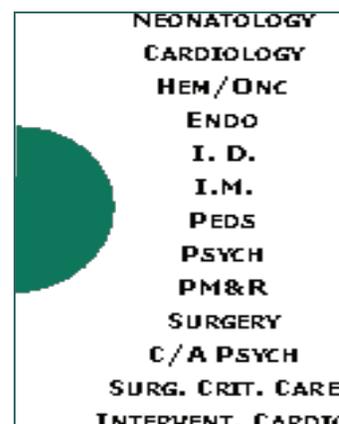
To read the new “Common Program Requirements”, go to www.acgme.org and under “News” click the first item: “New—Duty Hours: ACGME Approved Standards Website”..

Program News.....

Internal Medicine — Several residents had poster presentations at the American College of Physicians Michigan Chapter scientific meeting, held in Kalamazoo Sept 30—Oct. 2.

Pediatrics — Conducted a day-long retreat in September, featuring remarks by the Dept. Chair, and presentations by several speakers.

Internal Medicine — They won!! The MSU American College of Physicians Doctor’s Dilemma team won the Michigan regional final, and will go on to compete in the national competition in the Spring. Congratulations to: Prashanth Peddi, Amit Banga, Tahmeed Contractor, and Nephertiti Efeovbho-kan.



Internal Medicine Residency Program.....

According to Dr. Laird-Fick, program director, the Internal Medicine Residency can be summed up by its mission statement: *We are a dynamic, learner-centered program focusing on our residents' individual needs and goals to produce excellent physicians.*

Supporting that mission, faculty and staff work harmoniously with individual residents to help them achieve their careers of choice, whether academic or private practice, university- or community-

based. Residents have gone on to work regionally as general internists or hospitalists, and placed in top subspecialty fellowships across the country. The culturally diverse program maintains a small-group atmosphere, so bonds are developed between residents, faculty, and patients.

The Internal Medicine Residency is a three-year program. Residents spend considerable

time in inpatient settings, including critical care, in addition to having continuity clinics and a range of outpatient rotations. The program also has a strong academic flavor, with a considerable track record for research, publications and presentations in conjunction with university and community faculty members. The residents also play a strong role in education, teaching one another, medical students, and residents from other programs.

Medical Professionalism (*last in series*)

Previous issues of this newsletter have addressed professionalism for residents as Care-givers, Teachers, and Learners. This issue will take a quick look at professionalism as Colleagues. The term “colleague” is not limited to fellow physicians, but also includes other health care professionals.

In caring for patients, one never acts alone, so the roles others play must be recognized, acknowledged, and respected. Each professional has received specialized training, and offers unique experiences and viewpoints. Take advantage of this. Even when well-versed in an area, it is wise to invite and consider what others have to offer; as well as to share your knowledge and insights with them.

Patients are best served when there is a collaborative effort. This collaboration develops from an attitude of openness, respect, and selflessness. It is important to remember that this is not reserved solely for fellow physician, but extends to the whole range of health care professionals and staff.

Michigan State University—CHM
Graduate Medical Education Office
1200 E. Michigan Ave. Suite 640
Lansing, MI 48912
Phone: 517-364-5892
Fax: 517-364-5899

WE'RE ON THE WEB

GME.CHM.MSU.EDU

Another aspect of “professionalism as a colleague” is recognizing colleagues in need of personal assistance. Physicians are not immune to drug, alcohol, or emotional problems, but their issues may not be identified, or addressed, as readily as the general population’s. Peer monitoring and reporting are the prime mechanisms for identifying physicians whose knowledge, skills, or attitudes are compromised. This is especially important for, in our society, physicians have been granted the privilege of self regulation. As difficult and sensitive as reporting may be, quality of care must be the priority.

In conclusion, the responsibility for maintaining medical professionalism lies with physicians themselves. Each physician contributes to defining the expectations and standards of the profession – as Care-giver, Teacher, Learner, and Colleague. Let your “sandwich-board” proudly reflect your professionalism!!



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.”

Graduate Medical Education Manual