In response to mounting criticism of the long work hours encountered in training, and the growing evidence of the negative impacts of these hours on physician performance, the Accreditation Council for Graduate Medical Education (ACGME) will require limits on resident work hours officially as of July 2003. The controversial requirements will have a sweeping impact on residency programs across the country in all specialty fields. They will affect the provision of care to thousands of patients in hundreds of hospitals with training programs, and will change the way residents are trained in all venues. While these restrictions have been debated and discussed for years, their mandated implementation next July represents an affirmation of the commitment the ACGME has made to changing the way physicians are trained.

At the core of the limits are the expectations that residents will not work more than 80 hours in a week, will have on average, a day off in seven, and will not work more than 30 consecutive hours. At VCU, meeting these requirements will necessitate significant changes in the structure of the inpatient services, and major changes in the volume and pace of admissions to those services.

“Our primary goals will be to meet all of the ACGME requirements, retain team call, and avoid any ‘shift work’ arrangements,” said Dr. Richard Wenzel, chairman of the Department of Internal Medicine. “Our Residency Program director, Dr. Steve Freer, has been creative in designing a plan to meet all of these goals,” he said.

Dr. Freer said that the Internal Medicine Residency Program is fully committed to meeting all of the ACGME requirements. “This represents a unique opportunity to take stock of our program as a whole,” he said, “and to restructure not just our inpatient services but our entire curriculum.”

“Most importantly,” he added, “it is an opportunity to reaffirm that the primary purpose of a residency program is not to meet the service needs of an institution, but the training and education of young physicians.”
Current Challenges in Graduate Medical Education

The challenges facing Graduate Medical Education have never been greater. Training programs are increasingly squeezed by decreasing resources as hospitals struggle to surmount financial, while at the same time the Accreditation Council for Graduate Medical Education continues to focus on many requirements that consume resources yet lack any data to support a positive outcome. Decreasing patient length of stay increases the pressure on inpatient teams to do more in less time, while documentation and billing concerns force attending physicians to spend more time with the patient record than the patient or the housestaff.

The general public has become much more sophisticated consumers of health care and is demanding zero risk for adverse outcomes. This places additional pressure on teaching hospitals to increase supervision of trainees. Internal Medicine residents will be required to have 24-hour supervision in the not too distant future. Interestingly, the medical profession is finally beginning to accept what the patient on the street has known since time immemorial – sleep deprivation is not a good thing and doctors do not think clearly when they have not slept for long periods of time. The ACGME, not wanting to be outdone by Congress, finally decided to take this issue seriously and has issued new guidelines effective July 1, 2003. To enforce work hours limits. These new rules will force us to redesign our system of patient care to allow our house officers to live a more normal and healthy lifestyle. Nonetheless, patient care must still continue, and if house officers do not provide this care, who will?

Lastly, the competition for high quality house officers will continue to increase as medical students reject primary care fields by voting with their feet. If this trend continues, will Internal Medicine residency become nothing more than the road to the subspecialties?

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The Endangered Teacher – Current Challenges

Dear Colleagues,

To many of us, one of the adverse effects of the assault by managed care and the current economic challenges to Medical Centers is the continued loss of great teachers. I am speaking of those with special talents who have a passion for communication, the personal generosity to commit time with students, and the skills to excite others to go beyond the basic texts. Simply stated, in the era of mission-based management the days of cross-subsidization from clinical income are gone, and there is modest funding earmarked for excellent educators.

While we seek solutions to the increasing threat to medical education, a new question arises: what is the role of a teacher in the new century? Specifically, with the advent of the information highway, how is excellence defined? Only two decades ago, a great teacher was one with a huge knowledge base. Today, however, students have at their fingertips – literally, with their palm pilots or equivalent – more information available than any single educator could possibly know. The challenge is no longer access to information. If information is now accessible, where is perspective? Where are creativity and imagination to be found? Where is the pathway to rational decision-making? Still more, where is the road to wisdom? These are the critical questions that can only be answered by an excellent teacher in 2002. This is what needs to be preserved, even fostered and championed strongly in the face of economic stresses at Medical Centers.

Institutional and departmental efforts must be fueled to respond to what is an impending crisis. Efforts to constitute the public of the value of investing in future physicians need to be ramped up with clarity, vision and sustained energy. Departments should seek creative ways to reward and protect the great teachers financially, including targeted fund-raising for professorships dedicated to education. Importantly, the role of excellent teaching needs to be among the highly respected values of any good department.

One of the amazing attributes of the faculty in the Department of Internal Medicine is the collective interest in teaching. There is a widespread individual commitment and individual quest for excellence, even in the face of comprising pressures for our time. With teaching, not only find delight, passion, reward, satisfaction, and fulfillment. The individuals add up to a collective body of excellence. And our students – with palm pilots in their hands – recognize our essential value.

Richard P. Wyncott, M.D. M.S.
Director of Physician Education and Professor of Medicine

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NEWS BRIEFS

The WCU crew did 100 physicals for Camp Happy Land, the summer camp for children with cancer, June 26 and 27 at the Boys and Girls Clubs of Wilkes County. Without live physicals, many of the children would not be able to attend the camp included Cindy Simmons, RN, NP, Joane Bedard, MD and DOM faculty members. Dr. Sherman Baker, Laura Lishkshin and Tom Sosa.

Dr. John Van Nien has recently been appointed as Chair of the School of Medicine Protection and Tenure committee for the coming year.

The Hematology/Oncology Division received the following letter:

“he recalled little of the four days before, except for you moving the bed in the infusion lab and kneeling down to tell him that you would take care of him, that it would be alright – he believed, and was content that you could help him to get better. And you got him back for all – those three months meant a great deal to both of us... the (radiative care until) is a truly wondrous place – everyone seems so special and caring, down to the housekeeping crew... [I am] eternally grateful that you had the privilege of being cared for on 4 North.”

“My wife was with our daughter on March 20th, when you had to give her ‘very bad news’. [She] felt, and so did we, that she could not have had a finer doctor for her last 17 months of life.”

“I also wanted to thank you for your kind bedside manner in delivering my mother’s pregnancy. It was a very difficult time, and you have soothed the burden by your true gift of compassion for your patients. I could never be in a profession like yours, but I am glad God has blessed us with people like you.”

Michael Edmond, MD, MPH
Associate Chair for Education

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Facility Publications (continued from page two)


New Goals for the Internal Medicine Housestaff

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