Academic Affairs

The Importance of House Staff to an Academic Medical Institution

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t a time when academic values appear to have been replaced by economic and market demands, it is very important to reiterate the value of Graduate Medical Education (GME). There is no doubt that good teaching leads to good patient care. GME is the linkage connecting the didactic learning of medical school to the lifelong learning process as a practicing physician.

At a recent conference in Chicago sponsored by the Accreditation Council for Graduate Medical Education, it was duly noted that the healthcare environment has contributed to the destabilization of teaching institutions. Some of the reasons for this include: the systems in which GME occurs are frequently fragmented and lack coordination; efforts to take costs out of the system and payor demands for deeply discounted rates affect teaching; there is an ongoing threat of further reductions in government support for GME and a growing difficulty in justifying government support for physician education; as well as the fact that managed care and medical education are not an easy fit. However, we do not need to continue to apologize to our house staff for managed care. They have "grown up with managed care," and it is our responsibility to teach them to succeed in this environment.

It is precisely this environment that gives Ochsner every opportunity to be successful with our GME program. Because of

our large multispecialty group practice and large participation in managed care, we offer house staff the kind of environment that can teach them to be successful practitioners. We also understand the need for educating and developing physicians in an academic environment that will allow them to enter the real healthcare world.

We are proud to have had another successful residency match and look forward to welcoming our new house staff. At a time when many institutions are threatened with resident unions, such as the much publicized National Labor Relations Board decision concerning the Boston Medical Center, we are fortunate to have a very active house staff association that has been brought into the management of our GME programs through the GME committee.

The house staff is an integral part of our healthcare team. They are the ones generally most available to interact with our patients, their families, and our other professional care givers. While they are an important cog in our ability to provide excellent healthcare, we must always be vigilant to balance their participation in education and clinical service. At the same time, we recognize the need to continue to measure and improve our educational performance.

We have recently undertaken an evaluation of the interaction of general surgery house staff with all elements of the hospital. We hope to use this activity as a prototype to evaluate the other residency programs to determine how the house staff can be educated most effectively, while at the same time ensuring that we provide the highest quality of efficient satisfying clinical service. This particular project involves all levels of healthcare providers within the hospital. Our GME executive committee, the Department of Surgery leadership, and senior hospital leadership are overseeing this project

With impending changes to the Direct and Indirect GME payments, it is imperative we examine our approach to education while searching for more secure sources of funding. Academics is a core value in our institution, and GME is a significant part of that commitment **

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