

Academic Affairs

Another Academic Year



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A new academic year has begun! It is the time of year for great excitement, great expectations, and great fears. It is also a time for great opportunities. For the educators at academic medical centers, this is our opportunity to renew our commitments to our patients and our future physician colleagues in ensuring that we continue to regenerate and to improve the quality of health care.

Our 74 new house staff who began their postgraduate medical education at Ochsner in July were medical students only a few weeks before. Now we have expectations that they will be performing as true physician professionals as they interact with our patients while learning the nuances of their chosen specialties in helping us to care for the members of our community.

We expect a lot of our house staff. We place great mental and physical demands upon them. First and foremost, they must be students. They must be able to learn from didactic exercises, practical experiences, and their own self-motivation and self-study. Our patients expect a lot from them as well. They expect that the house staff will be a productive interface between them and the fully trained

health care professionals who supervise their care. However, as I pointed out in a previous commentary about the weakening public trust in physicians concerning clinical research (*April 2001-- Ed.*), there is growing concern with the public in their trust that the house staff are agents of quality health care.

Both the lay and professional press have recently discussed concerns regarding the work hours of house staff and the resulting fatigue. As greater concern has been raised regarding "medical errors," questions have arisen in regards to the contribution to this problem by over-worked and under-supervised house staff. It is recognized that to become an expert in one's field, a resident needs to spend considerable time diagnosing, treating, and caring for sick patients. However, like everything else, there is a point of diminishing returns.

I believe that our profession has recognized inherent problems with extended duty hours and, therefore, through the Accreditation Council for Graduate Medical Education (ACGME), the appropriate Residency Review Committees have established guidelines to which programs are mandated to adhere. However, a survey of ACGME accredited programs as recently as 1999 indicates that at least 20% of programs reviewed have been in noncompliance with their own rules.

We have an obligation to our house staff and to our patients. We must follow the rules and ensure that our products (education and health care delivery) are of the highest quality with unnecessary risks eliminated. At Ochsner, our leadership is pledged to this tenet and we continue to work diligently to assure that we meet this standard.

Hence, to our new and returning house staff, welcome, and be assured we are very serious in providing the appropriate environment for you to further your education. To our patients, please recognize that we maintain a safe environment for you, while providing state-of-the-art, leading-edge, quality health care.*