



**CONFERENCES & MEETINGS**

**GRAND ROUNDS**  
**Thursday, June 2, 2005, 7:30 AM**  
**Clinic Auditorium**

**M. Patricia Rivera, M.D.**  
Associate Professor, Pulmonary  
**Frank C. Detterbeck, M.D.**  
Professor, Surgery  
and  
**Heather Krumnacher, M.S.N.**  
Clinical Instructor, Pulmonary

**Commit to Quit: Helping Patients with Tobacco Cessation**

**FROM DIVISIONS**

- **Yehuda Ringel, M.D.**, Assistant Professor of Medicine, Division of Gastroenterology and Hepatology, has received a Seed Grant from the UNC Center for Functional GI and Motility Disorders. This one-year grant provides funding for Dr. Ringel's pilot study to investigate the association between intestinal microflora and mucosal inflammation and immune activation in patients with IBS.

**ANNOUNCEMENTS**

- The Health Sciences Library has announced its recent purchase of a subscription to Images.MD, "the online encyclopedia of medical images," with over 50,000 medical images available for free use to physicians and researchers. The service, which requires a brief individual registration, is located online at <http://www.images.md>

**FROM THE CHAIR'S OFFICE**

Today, I would like to start a dialogue on education, particularly as it relates to inpatient rotations at UNC Hospitals.

Recently Joe Cassara and Cristin Colford organized two retreats on this topic, one for interns (who will become junior residents in a few weeks) and one for rising senior residents. As always, our housestaff, not being a reticent group, had ideas on how our inpatient teams can function together more efficiently and effectively. One recurrent theme had to do with concerns about time-management and how to juggle work versus educational needs. Another theme addressed the need to set expectations and provide feedback on the residents' performance.

It occurred to me, Andrew Greganti and Lee Berkowitz that we have not been as direct in discussing

attending roles as we might be. So, in a two-part column that will continue next week, I will speak to this topic and invite each of you to participate in the process we will soon initiate to define expectations for our attendings. We will then all need to work together so that we can successfully implement these important changes.

We do already have a general set of recently revised guidelines regarding attending responsibilities. You can find these at <http://medicine.med.unc.edu/education/attending.doc>. But we will soon define attending roles more explicitly than we have in our department in the past. The time is now for you all to have input into this process.

Let me start with some generalities: it is no news to say that changes, such as the 80-hour work week and the interventions we're making to improve hospital throughput, have dramatically affected our day-to-day activities when attending. Before those of you as old as I am recoil against these changes, it is important to consider that these are opportunities to better serve our patients. The more efficiently we conduct rounds, the more time we have for our patients and the more time we have to teach our housestaff and students so they can become the kind of physicians we all hope we will have when we are ill. When we get discharge orders written by 9 a.m. and patients discharged by 11 a.m., we speed the transition of patients from the ICUs to the floors and from the ED to our floors or intensive care units. These are just two of many ways in which we can formulate changes that are very positive for ourselves and our patients.

Next, on to setting expectations and feedback: If you don't hear from me that our activities as attendings are important, then how would you know that I feel very strongly that this is a central component of our mission here? So let me say it: attending activities are important - critically important - to me and to all of us.

Likewise, when our housestaff and students don't hear from you in detail about what they do well and what they do not so well, how can they know? We know we can improve in this area. Right now we have a resident evaluation completion rate of only about 25%. How do we expect young physicians to improve their skill sets without regular feedback and summative evaluations?

Setting expectations is one part of achieving success; the other part is providing ongoing feedback. Next week, I'll discuss new ideas about how to improve our efficiency and effectiveness in these areas. Our roles as attendings, our ability to balance our time, and our interest in medical education have never been more important - or more challenging.

Questions or submissions, contact [Jeremy.Powell@med.unc.edu](mailto:Jeremy.Powell@med.unc.edu) or [katie\\_obrien@med.unc.edu](mailto:katie_obrien@med.unc.edu) (secondary contact).