



**CONFERENCES & MEETINGS**

**GRAND ROUNDS**  
**Thursday, June 9, 2005, 7:30 AM**  
**Clinic Auditorium**

**Paul Chelminski**, M.D.  
Assistant Professor of Medicine  
**Stephen Moll**, M.D.  
Assistant Professor of Medicine  
**M. Andrew Greganti**, M.D.  
Professor, Vice Chair of Medicine

**Hemorrhagic Complements of Warfarin Management**

**FROM DIVISIONS**

- Support for authors' fees of up to \$750 per article is now available upon faculty request from a new fund established by the Vice Chancellor for Research and Economic Development. The Open Access Fund will underwrite publication charges when permanent UNC faculty wish to publish research articles in peer-reviewed journals with "open access" or "open archive" policies. See [www.hsl.unc.edu/scholcom/](http://www.hsl.unc.edu/scholcom/) for more details.

**ANNOUNCEMENTS**

- After this week, Medicine Grand Rounds will go on hiatus for the summer break. Following this Thursday's presentation, there will be no regularly scheduled Medicine Grand Rounds until September.

**FROM THE CHAIR'S OFFICE**

In last week's newsletter, I began discussing our plans for improving our feedback on residents' performance. Today, I want to talk a bit more specifically about our plans to make work rounds more efficient and effective.

As you all well know, I have been, and remain, a strong proponent of decentralizing authority and responsibility in most areas. I am becoming convinced, however, that in our educational mission this approach may have not served us well. Therefore, we will soon be formulating much more detailed guidelines to attending responsibilities.

As we do so, we will ask for your feedback, that of the housestaff and that of the students. Andrew, Lee and I will be rounding with the Chief Residents to see how well we are achieving these goals.

While the exact guidelines have yet to be finalized (and hence you have the opportunity to respond to any of us on the topic), we believe it is feasible to structure work rounds such that they can be completed by 10:00 AM in most circumstances.

Yes, this will mean no more long presentations, and will require maintaining a pace to rounding and curtailing some discussions that prolong rounds unnecessarily. It will mean no more writing notes on rounds, and certainly not writing complete patient evaluations during work rounds. We will provide guidelines on how to do this successfully. It may be useful to have a faculty retreat, much like the retreat Joe and Cristin organized for the residents. I will also be speaking with the division chiefs about this topic in the next week. Becoming more efficient in rounding will provide time for new educational opportunities. We'll closely examine every educational venue in the department and grade each one according to whether it passes the litmus test of time-efficient learning. These changes certainly cannot take place without first setting expectations for the housestaff and students. However, these changes must begin with a common understanding among all of us, the faculty.

Variability of attending practice has been tolerated by a flexible system for some time. However, in the face of work-hour limitations and new expectations from the Hospital, I fear we are losing a component of teaching that has long been the mainstay of internal medicine.

In some respects, the changes I've discussed here are as challenging as our recent challenges with parking. The big difference is that these changes are completely within our domain. In this instance, we can direct our future. I know many of you are passionate about teaching residents and I look forward to hearing ideas from you and moving forward on making changes for the coming academic year.

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).