



CONFERENCES & MEETINGS

MORTALITY & MORBIDITY CONFERENCE
Thursday, September 8, 2005, 12:00 Noon
Clinic Auditorium

Alice D. Ma, M.D.
Assistant Professor
Division of Hematology/Oncology

Douglas R. Dirschl, M.D.
Frank C. Wilson Distinguished Professor and Chair
Department of Orthopedics

M. Andrew Greganti, M.D.
Professor and Vice Chair
Division of Geriatrics

Perioperative Thromboembolic Complications

FROM DIVISIONS

- **Balfour Sartor, M.D.**, Gastroenterology and Hepatology, will serve as Chairperson of the Digestive Diseases and Nutrition C Subcommittee of the Diabetes and Digestive and Kidney Diseases Initial Review Group, NIH, for the term July 1, 2005 to June 30, 2006.
- **Gloria A. Preston, Ph.D.**, Nephrology and Hypertension, received one of three Novartis Vasculitis Awards at the 12th Annual Vasculitis and ANCA Workshop in Heidelberg. The award recognizes Dr. Preston's contribution to the workshop, "Complementary PR3 Peptide Activates CD4+ T Cells from Patients with PR3-ANCA-Disease."

ANNOUNCEMENTS

- The Department of Medicine is hosting mandatory meetings for faculty who are attending. September 13, 20, and October 11, 5:00 - 6:30 p.m., Clinic Auditorium. Please note, the Sept. 27 meeting has been cancelled. To RSVP, or for more information, contact [Katie O'Brien](#).
- **Michael Rosenfeld, Ph.D.**, University of Washington, presents "Chlamydia, Pneumoniae Infection and Cardiovascular Disease: Strength of the Evidence" at Rheumatology Grand Rounds on Friday, Sept. 9, 8:30 a.m., in 1131 Bioinformatics.
- Grand Rounds and M&M conferences have been moved to noon on Thursdays.

FROM THE CHAIR'S OFFICE

Now that Labor Day has passed, it's time to return to our usual schedule of weekly DOM Newsletters. This week, I'll focus on the general topic of clinical teaching in the department. Over the past several months, Lee Berkowitz, our Associate Chair for Education, and the Education Committee have led an effort designed to enhance educational opportunities for our residents and for medical students during their Internal Medicine Clerkship. Of course, we also needed to focus on ways in which we can make our clinical services as efficient as possible. The culmination of these efforts was the development of a template for our inpatient attending activities. Last night, we had the first of four meetings to discuss this template with all faculty who attend. About thirty faculty met last night and the feedback and interaction was outstanding. I am confident that by the time we have met with all attending faculty, we will be able to finalize a set of guidelines for inpatient attending activities.

Today, I'll discuss the major issues in a general way and when we complete our discussions with all of you who attend, we will provide a more focused set of guidelines. First, it is clear from meetings with the housestaff that they desire, and would benefit from, set expectations at the initiation of rotations and our providing feedback during and at the end of the rotation. Second, housestaff want to be efficient, as much as we do, but they also greatly benefit from our bedside and patient-based teaching. Between morning report (now rescheduled for 10:00 AM to allow morning rounds to be completed) and the daily noon conferences, we do provide our housestaff with a curriculum that covers all important topics in medicine. As times have changed, the need to provide students with additional didactic teaching sessions as part of our attending activities has been reduced. The skill we can provide to them during rounds is how we apply clinical information at the bedside and in clinical decision-making. Third, because of all the factors impacting us and our housestaff, we will need to be innovative in managing our time. More on this later. And fourth, we need continue to concentrate on medical student education. The third-year clerkship is one of the students' most valued inpatient learning experiences and without a conscious effort on our part, their experiences can be lessened as we try to get everything else done.

We are making one more major change this year. **Medical Grand Rounds (and Mortality and Morbidity Conference once a month) have been moved from 8:30 AM to 12:00 Noon on Thursdays.** This is, in part, to facilitate management rounds on Thursday mornings. The major reason for the change is that we believe this is a time that our housestaff can attend this important conference. We know that this will be an inconvenience to some of you, and it is a change for all of us. As long as I have been in medicine at four different medical centers, Medical Grand Rounds has always been a morning event. We'll have to see if we achieve our goal of greater attendance by the housestaff, and I hope that you will be able to arrange your schedules to attend as you would like.

In a few weeks, I'll write more about our educational efforts. Talk with you soon.

Questions or submissions, contact katie_obrien@med.unc.edu