Face time or screen time?

How do internal medicine residents spend their time at work? Last year, researchers from Johns Hopkins University set out to answer that question by observing residents at two Baltimore teaching hospitals.

They conducted a time-motion study involving 29 interns in two internal medicine programs in January of 2012. They observed the interns for 873 hours and found they spent:

- 12 percent of their time doing direct patient care
- 64 percent doing indirect patient care (documenting, consulting with other providers)
- 15 percent doing educational activities
- 9 percent sleeping, eating, walking and doing other miscellaneous activities.

Of note, the investigators found residents spent 40 percent of their time in front of a computer.

Source: Journal of General Internal Medicine, August 2013.

Rand reports on physician satisfaction

A new report by Rand Health explores nine factors believed to have an impact on physician satisfaction. The authors of the study of 30 physician practices in six states wrote that the most novel of their findings related to two areas: quality and electronic health records (EHRs).

When physicians think they are providing high-quality care, they’re more satisfied with their work. Yet the researchers found only half of the physicians surveyed thought leaders in their organization listened to their suggestions for improving care, and only half thought the information they received about the quality of their care was useful.

Factors studied

Quality of care
Electronic health records
Autonomy and work control
Practice leadership
Collegiality, fairness and respect
Work quantity and pace
Payment, income and practice finance
Regulatory and professional liability concerns
Health care reform

Factors affecting physician professional satisfaction and their implications for patient care, health systems, and health policy.

The researchers also found physicians have mixed feelings about EHRs. They like them in concept but find the current state of EHR technology frustrating. “Poor EHR usability, time-consuming data entry, interference with face-to-face patient care, inefficient and less-fulfilling work content, inability to exchange health information between EHR products, and degradation of clinical documentation were prominent sources of professional dissatisfaction,” the authors stated.

Health care reform was found to neither positively nor negatively affect satisfaction, and most physicians were satisfied with their income.

The report was sponsored and endorsed by the American Medical Association. It can be found at http://m.rand.org/pubs/research_reports/RR439.html.

Bias in the exam room

Research is showing that many physicians are biased against patients who are obese. Doctors who take the Web-based Weight Implicit Association test, which involves pairing images of “thin” or “fat” people with negative or positive words, associate the overweight people with negative words, according to a study published November 7, 2012, in PLoS One.

Does such bias affect patient care? According to a study published in Obesity in March, it might. Researchers analyzed audio recordings of office visits and found doctors were 35 percent less likely to demonstrate emotional rapport with overweight and obese patients than with normal-weight patients.

The anti-obesity sentiments likely take root long before people become physicians, however. According to a study in July’s Academic Medicine, nearly 40 percent of 310 third-year medical students were biased against overweight people. Two-thirds of those thought they held neutral views of people who were overweight.
The difference a thank you makes

BY JEANNE METTNER

We cannot find the words to express how thankful we are to have you as our doctor. You have gone the “extra mile” for us. You are truly beautiful inside and out.

Thank you again for diagnosing our daughter. Our journey to you took 5.5 years. You were the “light” at the end of the tunnel.

—from notes written to Mayo Clinic physicians

For the past four years, Paul S. Mueller, M.D., chair of Mayo Clinic’s division of internal medicine, has been making sure kudos and thank yous from patients are shared with those who deserve the credit. Each month, he uses them to create a slideshow that will run for 10 minutes before the start of staff meetings.

Mueller did not come up with the idea of kudos slides (previous chairs occasionally displayed the accolades in some form). He merely formalized the process of collecting, organizing and displaying them every month. “Usually, division meetings are about business—we discuss our monthly clinical productivity reports, policy matters, education and research activities, and so on. Sometimes we delve into controversial health care-related issues,” he explains. “Here, with these slides, we’re reminding staff that there is a lot of good that is going on, and we want to celebrate that before we tackle the meeting agenda.”

Most of the messages of appreciation arrive on Mueller’s desk. Other times, they go directly to his colleagues—sometimes with tokens of appreciation ranging from chocolates to paintings to monetary gifts. Anything beyond nominal value (eg, exceeding the cost of a box of chocolates) is turned over to Mayo. For example, a traditional piece of Indian art donated by one appreciative family is now on display on the 17th floor of the Mayo-Gonda building complex, which is home to the Division of General Internal Medicine. The monetary gifts have gone toward the institution’s research and teaching missions.

Mueller says the slideshows foster professionalism because they promote doing good work and having quality patient interactions. “Doctors love it; they may get a pat on the back from a colleague sitting next to them at the meeting, or you will see smiles on their faces as they see compliments about themselves on the slides,” he says. “And that’s what it’s about—generating positive energy in an environment that can be pretty hectic and stressful.” MM