

Duration on teaching service effect on academic hospitalists experience and teaching effectiveness : a planned mixed method study

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Background

Historically, the same attending would remain with one teaching team (defined as having house officers with medical trainees and students) for 30 days. With increasing numbers of hospitalist attending as well as demands of documentation and supervision, the # of days an attending physician remains with a team has been reduced at many academic medical centers. This reduction in attending physician continuity may impact the learners (teaching, receiving effective feedback) while potentially improving faculty experience (reduced burnout and fatigue).

Background & Purpose

At Emory University Hospital Midtown, attending faculty have limited opportunities to participate on teaching services due to finite number of teaching blocks available.

In order to increase the number of available teaching blocks, the duration of teaching service was changed from 14 days to average 10 days (9-11 days depending on calendar). For a calendar year, this would increase # of total blocks from 52 to 70

Previous feedback from faculty was that teaching effectiveness decreased at the end of 14 day blocks due to fatigue.

Methods

Hypothesis: A 10day rotation would decrease fatigue and burnout in attending faculty, would increase teaching effectiveness, and improve ability to observe learners (direct or indirect) without negatively affecting the resident perception of teaching and/or value to their education.

Planned Methods:

1. Quantitative survey to be created and sent to EUHM hospital faculty who participated in teaching service during FY19. This survey will include questions over perception of fatigue, burnout, teaching effectiveness, and workplace satisfaction.
2. Qualitative survey with faculty of perceptions around 10 day teaching rotations
3. Impact on learners: rotation evaluation for EUHM by residents

This project was determined to be IRB exempt by Emory IRB.

Stakeholders :

1. Academic hospitalists
2. Division directors/hospital leaders
3. Residency leadership
4. Trainees

Scholarship Potential

Other potential outcomes measures:

1. Continuity of days between attending and housestaff
2. # of direct observations
3. Quality of feedback provided to learners
4. Workplace satisfaction and retention of faculty

Anticipated Timeline

Quantitative Survey : Sept 9, 2019.

Qualitative survey: Sept –Oct 2019

Data analysis: Nov-Dec 2019

Manuscript: Jan 2020

	FY18	FY19	Projected FY20
# shifts/cFTE	36.2	34.4	38.6
# shifts/cFTE (not including CR and APD)	32.7	31.1	35
# participating hospitalists	25	28	24

Summary

There is limited data on structuring attending physician time on inpatient internal medicine rotations. Faculty based factors such as morale and burnout may influence the effect of duration on service. Learners needs and experience can be a counterbalance to duration of service. The intent for this project is for a qualitative and quantitative analysis of effect of decreasing the time on service from 14 days to 10 days on both faculty and the trainees in Internal medicine.

References

[Osman NY¹, et al Teach Learn Med.2015;27\(2\):130-7.](#)

[Cassidy-Smith TN et al . CJEM. 2011 Jul;13\(4\):259-66](#)

[Hinami K et al. J Hosp Med 2012 May-Jun;7\(5\):402-10.](#)