



Dermatologic Disquisitions and Other Essays
 Edited by Philip R. Cohen, MD

My personal experiences at the BEST Medical Center: A day in the clinic—the afternoon[☆]



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Abstract Dr. Ida Lystic is a gastroenterologist who recently began her new faculty position at the BEST (Byron Edwards and Samuel Thompson) Medical Center. After completing her MD degree at the prestigious Harvey Medical School (recently renamed the Harvey Provider School), she did her internal medicine residency and fellowship training at the OTHER (Owen T. Henry and Eugene Rutherford) Medical Center. Her morning in gastroenterology clinic was highlighted by: (1) being reprimanded by the clinic nurse manager for a patient who not only arrived early, before clinic had opened, but also neglected to schedule the anesthesiologist for his colonoscopy; (2) the continued challenges of LEGEND (also known as Lengthy and Excessively Graded Evaluation and Nomenclature for Diagnosis by her colleagues), the new electronic medical record system after the BEST discarded the SIMPLE (Succinct Input Making Patient's Lives Electronic) system; (3) a nurse's interruption of an office visit—once the egg timer on the examination room door ran out—because she had exceeded the allocated time for the appointment; and (4) her chairman's unanticipated arrival in the clinic to visit with the clinic nurse manager. In addition to seeing her patients, Dr. Lystic's afternoon is occupied by attending a LOST (Laboratory OverSight and Testing) Committee meeting and a visit from a wayfinding and signage specialist to depersonalize the doorpost plaques of the examination rooms. Her day ends with a demeaning email from her chairman regarding the poor results of the most recent patient satisfaction survey and being personally held accountable to develop solutions to improve not only her performance but also that of the clinic. Although Dr. Ida Lystic and the gastroenterology clinic at “the BEST Medical Center” are creations of the authors' imagination, the majority of the anecdotes mentioned in this essay are based on individual patients and their physicians, clinics in medical centers and their administration, and actual events, though details have been modified to protect the guilty.

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Introduction

I, Dr. Ida Lystic, am a board-certified gastroenterologist. I received my MD degree at the prestigious Harvey Medical

School (which has recently been renamed the Harvey Provider School). I completed my internal medicine residency and training in gastroenterology—receiving the outstanding fellow award—at the OTHER (Owen T. Henry and Eugene Rutherford) Medical Center before accepting a position at the BEST (Byron Edwards and Samuel Thompson) Medical Center; however, before I could begin to work, it was necessary for me to complete several checklists to ensure that I fulfilled the employment requirements.¹

[☆] Please submit contributions to the section to Philip R. Cohen, MD, at mitehead@gmail.com.

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The requirements to work at the BEST Medical Center have changed my life. I usually wear sneakers to work because my open-toed pumps (most of which have been donated to the homeless) are not permitted to be worn when providing patient care. My short fingernails comply with the length required to reduce the possibility of spreading infection, and I no longer visit the nail salon for acrylic nails because they are prohibited. Because the Center prohibits smoking not only at work but also outside of the employment setting and randomly performs sensitive blood and urine nicotine screenings, I have become obsessive in my efforts to avoid secondhand cigarette smoke.¹

Morning clinic

Earlier today, Ms. Mary Martin, who is the clinic nurse manager, reprimanded me. Why? First, because my first patient arrived before the 8:00 AM starting time of the gastroenterology clinic. Second, because the patient failed to schedule an anesthesiologist for his colonoscopy; at the BEST, it is the patient's responsibility to organize all of their future appointments, laboratory tests, and special procedures.²

In addition, I was not able to complete all of my patient charts during their visits. This, in part, is attributed to the "LEGENDary" disaster that has followed since the medical center's decision to adopt a more comprehensive electronic medical records system when they transitioned from the SIMPLE (Succinct Input Making Patient's Lives Electronic) system to LEGEND, which many of my colleagues consider to be an acronym for Lengthy and Excessively Graded Evaluation and Nomenclature for Diagnosis.²

I exceeded the allocated appointment time for a new consult patient. When the egg timer on the examination room door (which is the innovative solution of the Wait Time Committee to keep doctors on time) went off, a nurse interrupted the visit to notify me to conclude the visit. Unfortunately, due to my tardiness, not only did I not receive the \$5 bonus per patient seen on time, but also my lack of compliance was documented. I will need to address this deficiency, along with providing a written corrective action plan, at my next monthly meeting with Ms. Martin.²

Also, during the morning, the chairman of the gastroenterology department, Dr. Seymore Fox, visited the clinic; indeed, although he may have been born a Fox, he is a belligerent individual and his behavior is more becoming of a slimy eel. His role in the department is administrative and he sees no patients; however, he can regularly be found in the clinic visiting with Ms. Martin, the attractive 28-year-old clinic nurse manager who accompanies him on his multiple trips abroad.²

Noon—Laboratory OverSite and Testing (LOST) Committee meeting

Promotion at the BEST Medical Center is based on several criteria, including participation in community service, such as

the Medical Center Committees. Finding time to attend the LOST committee meetings each month can be challenging; yet, I usually arrive before the attendance sheet has been collected.

To encourage attendance at committee meetings, the administration is considering providing financial incentives for the committee members. Individuals attending meetings held before 8:00 AM or after 5:00 PM would, of course, receive more money than the participants of meetings held between 8:00 AM to 5:00 PM. The debate about how to handle meetings that start before 5:00 PM but end after that time is ongoing.

Afternoon appointments

I started and finished my afternoon appointments on time. I earned \$55 in bonus payments today. I only had 1 episode of noncompliance to document for the day.

Room nomenclature

During the afternoon, Ms. Sylvia Quintero, a wayfinding and signage specialist in the department of building and hallway nomenclature, approached me.

"Dr. Lystic, do you realize that the room designations in this clinic do not follow Center regulations?" she asked.

"Excuse me," I queried. "Could you please explain the problem to me?"

"Of course, dear," she replied in a condescending tone. "Your name is next to the doorpost of the rooms in which you see patients."

"And where should my name be?" I asked.

"Now Dr. Lystic, there is no need to be argumentative," Ms. Quintero retorted. "Medical Center policy very clearly states that 'personal nameplates on doors and personal names on directories are not permitted in or upon BEST buildings.'"

"What do you suggest I do?"

"I am so sorry, but that is not part of my job description. You will need discuss your corrective action plan and suggested solutions with the nursing manager of the clinic."

That is just fine, I thought as I thanked her for enlightening me. At least I know where to find Ms. Martin—in Dr. Fox's office.

A note to end the day

It is 5:05 PM. The clinic is quiet, except for the *tap-tap-tap* created by my colleagues and myself as we type our notes on LEGEND. I briefly take a break and

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