

THE HOUSE STAFF PROBLEM *(Originally published June 1967)*

Another crisis was precipitated at the Medical Center by the announcement that the hospital would have approximately half its quota of interns for the following year. The situation has resulted from a variety of factors, among them the increasing competition from University Centers that offer highly specialized training, and decreasing interest in the type of general practice training in which we excel. An honest self-analysis must also admit that our situation has resulted in declining interest and effort on the part of the attending staff, who are constantly under pressure from the demands of private practice. When the problem was presented to the executive committee, they were unanimous in the feeling that the educational program should not be dropped, and that efforts should be made to preserve and improve it. An educational committee was then appointed to attack the problem.

The first recommendation of this committee was that the attending staff must prepare themselves to carry the entire burden of the staff service without assistance from interns and residents when necessary. First, there may well be times when this is an absolute necessity, and second, it is only in such an atmosphere as this that a good program can be cultivated. The first suggested plan was that the services be covered part of the year by house staff and that the attending staff assume the entire responsibility for the remainder of the year. A second proposal found more favor, and the intention now is that all services be covered throughout the year. This will mean, however, that on many occasions the attendings will have to take a place on the duty rosters during times of vacations and other unexpected emergencies. This plan also requires that fulltime physicians be employed for the emergency room. Efforts to employ these physicians may be successful by July 1. However, if they are not, some rotational plan may have to be accepted by the attending physicians. In order to cover the outpatient clinics, attending physicians may be asked to devote more time to this activity. As far as the house staff is concerned, the clinic will be "mixed," and they will see all types of patients on any one day. This may eventually prove more satisfactory than the old system since the house officers will accumulate a group of patients that they will follow throughout the year. This is a step in the direction of family or comprehensive care, which is becoming so popular.

The pathology department will resume weekly teaching sessions on Monday afternoon. Specific efforts to improve the teaching program have also been intensively planned. The committee felt that a major weakness of the present program was the lack of unity among the services. It was thought that the most effective way to remedy this was the rescheduling of some departmental conferences so that all members of the house staff could attend regardless of the service to which they were currently assigned; this would also result in a larger audience for the conference, better preparation, and a much wider subject coverage during the year. Again, attendings will be asked to inconvenience

themselves to rearrange their schedules accordingly. Next, a weekly didactic series has been planned for Saturdays to cover the key subjects in each department. Many members of the staff will also be asked to conduct these sessions.

A modest beginning has been made in the establishment of a Department of Medical Illustration. A part-time photographer will work in the evenings to document interesting clinical and pathological material, and to build up a library of teaching aides. These services are available to any attending physician for any purpose that will further the cause of Medical Education. You are urged to seek help in the preparation of teaching aides for any program in which you are engaged.

Finally, the essential element is closer participation by all attendings to provide the best possible program for the house staff. This will involve some didactic teaching. But it must also be close and constant enough to assure that staff patient care is of a high quality because no program will be convincing unless it is ultimately translated into good patient care. One blessing in our present situation is that our attendings will of necessity become so independent of the house staff that they can demand the best of which they are capable without fear of their leaving for a milder professional climate. Ever-increasing salaries will not secure the best efforts and interests of interns. The only possible solution is a program of teaching and patient care that will command their respect. The best intern programs are in those hospitals that have least need of interns.