TIME STUDY IMPLICATIONS FOR THE REDESIGN OF GRADUATE MEDICAL EDUCATION

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The IOM Report, *Crossing the Quality Chasm*, has been the catalyst in focusing attention on patient safety as an issue to consider with regards to graduate medical education. Residents have welcomed the recent work hour restrictions, yet there is the impression that this is but the tip of the iceberg as far as the problems that residents face with the present system of GME. The debate surrounding resident work hour restrictions suggests that this is but a temporary fix for a much larger problem – which GME itself needs to be redesigned.

To undertake the redesign process the University of Wisconsin Hospital and Clinics has adopted a clinical micro system approach. A clinical micro system is defined as a small group of people who work together on a regular basis to provide care to discrete populations (Nelson, et al). As the first step in understanding the resident training clinical micro system we utilized the services of 2 industrial engineers to conduct a time study and system analysis of medical, surgical and obstetrical residents.

The studies revealed opportunities for improving the resident training micro system along the lines of the nine success characteristics suggested by Nelson, et al:

Communication

- Need for greater communication and ease of contact among residents, attending physicians and other team members.
- Residents must learn to adapt to considerable variation among clinical services.

Role Definitions and Expectations

- Need for more thorough and consistent orientation to responsibilities with an emphasis on levels of accountability.

Paperwork

- Excessive and redundant paperwork detracts from patient care and resident education.
- Streamlined and automated records would reduce rote transcription of information and improve communication.