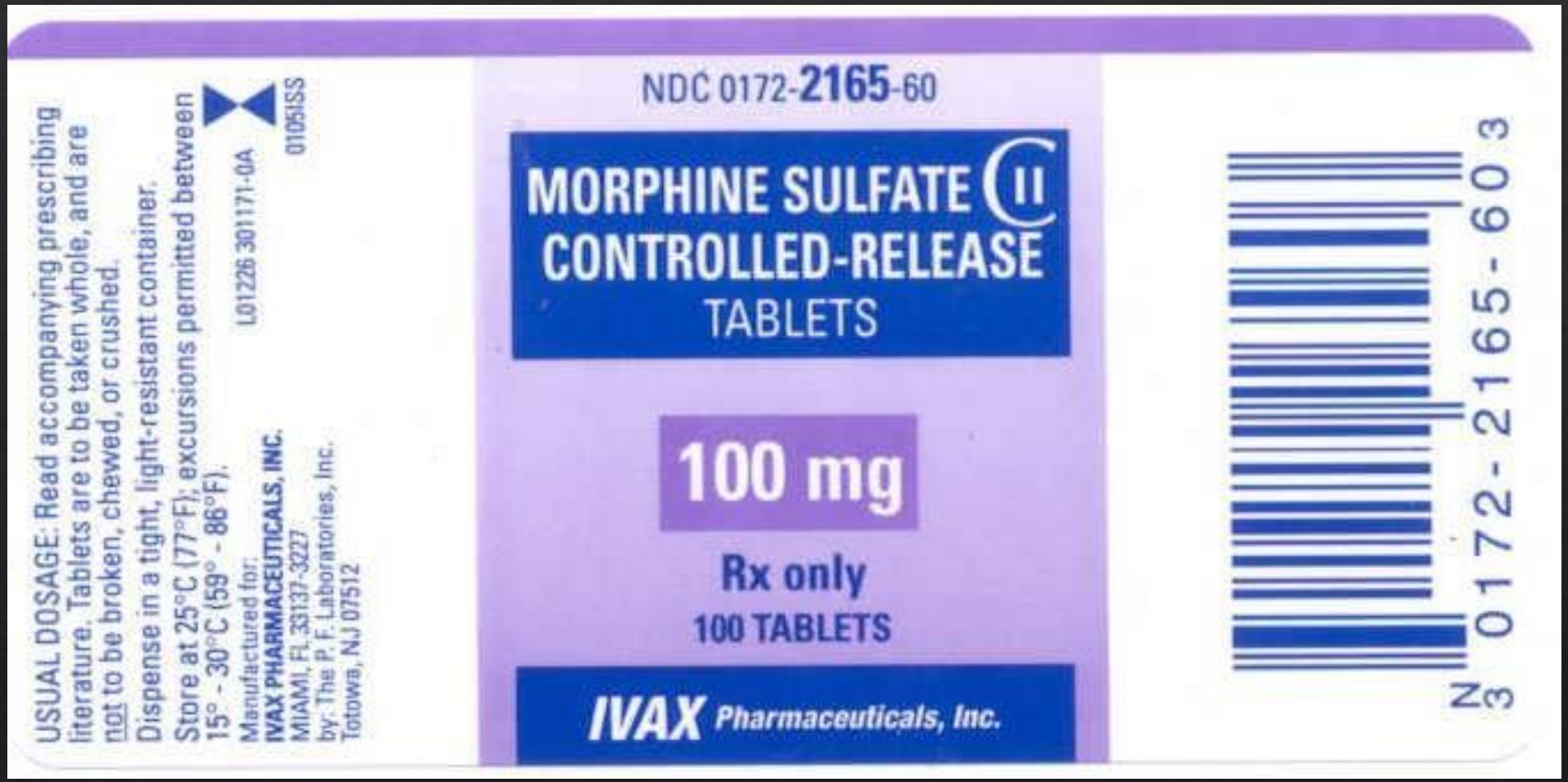
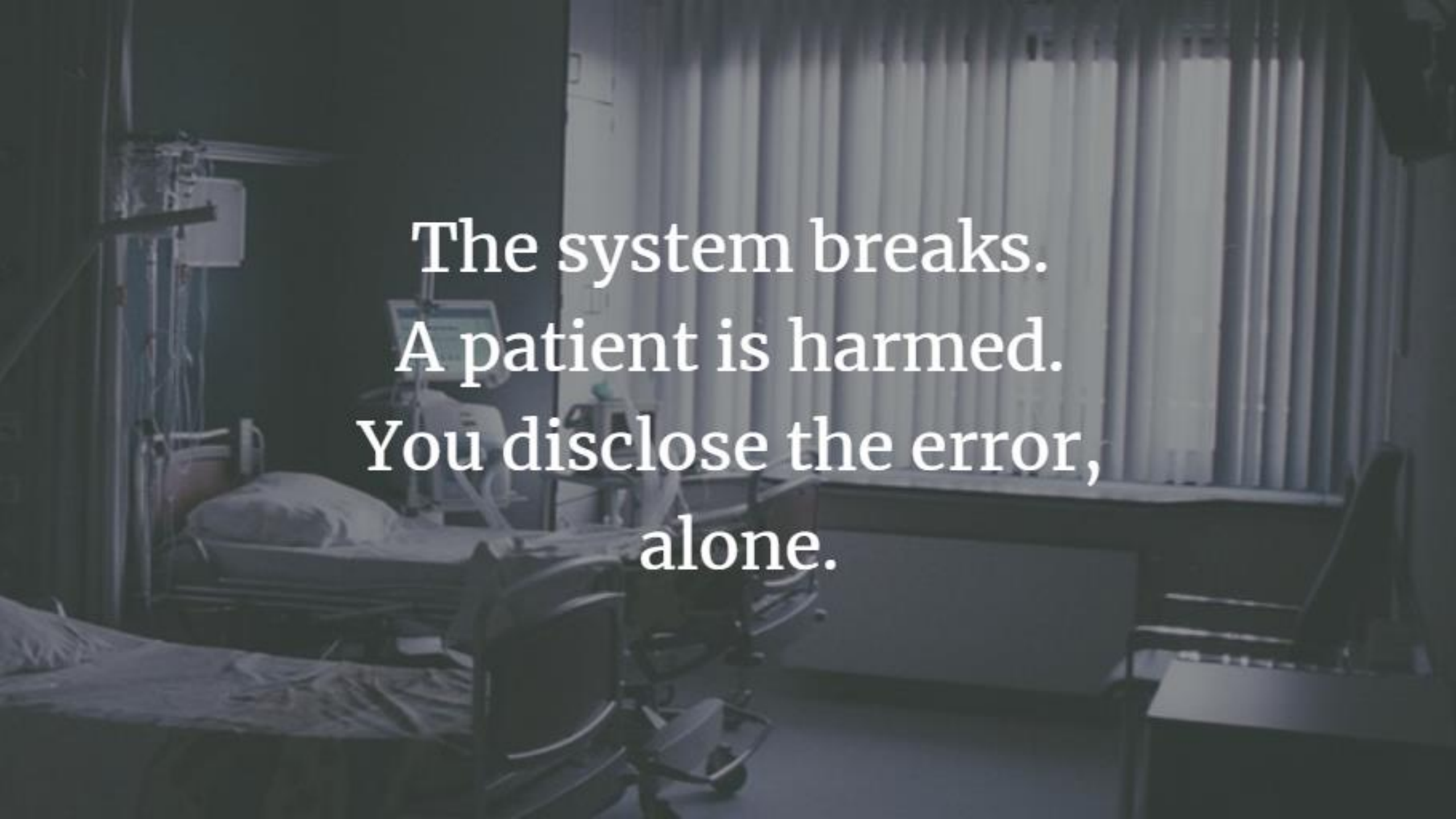

BOSTON
UNIVERSITY
BOSTON
MEDICAL
RESIDENT
LAKSHMANA SWAMY MD
INTERNAL MEDICINE
SWAMY,
LAKSHMANA L.
Expires:
2016JUN12
MD



http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=26063

5)	DEXTROSE 50% INJ,SOLN SEE SCALE BELOW IV (PUSH) PRN Instructions too long. See order details for full text.	ACTIVE
6)	DOCUSATE CAP,ORAL 100MG PO BID PRN constipation	ACTIVE
7)	GLUCAGON INJ 1MG/1VIAL IM PRN GIVE AS AN ALTERNATIVE TO D50 PER PROTOCOL IF PATIENT HAS NO IV ACCESS AVAILABLE.	ACTIVE
8)	GLUCOSE 40% LIQUID,ORAL CONTENTS OF ONE TUBE (15GM GLUCOSE) 15GM PO PRN IF PATIENT IS ABLE TO EAT AND SWALLOW SAFELY.	ACTIVE
9)	INSULIN *HUMAN REG (NOVOLIN R) INJ SLIDING SCALE SC QID SLIDING [if bs 151-200 give 2units] [IF BS 201-250 GIVE 4UNITS] [if bs 251-300 give 6units] [IF BS 301-350 GIVE 8UNITS] [if bs 351-400 give 10units] [IF BS >400 GIVE 12UNITS & CALL MD]	ACTIVE
10)	ISOSORBIDE MONONITRATE TAB,SA 120MG PO QDAILY hold for SBP < 100	ACTIVE
11)	[illegible]	[illegible]
12)	MORPHINE SULFATE CR TAB,SA 15MG PO BID	ACTIVE
13)	NEPHROCAPS CAP,ORAL 1 CAPSULE PO DAILY (PM)	ACTIVE
14)	NICOTINE 21MG/24HR PATCH 21MG/24HRS TOP QDAILY	ACTIVE
15)	NITROGLYCERIN SL TAB,SUBLINGUAL 0.4MG SL Q5MIN PRN For Chest Pain: 1. Notify HO 2. Obtain VS and 12 lead EKG 3. Give NTG 0.4MG sl prn q5min x3 4. Repete VS and 12 lead EKG	ACTIVE
16)	RANITIDINE TAB 150MG PO QDAILY	ACTIVE
17)	SEVELAMER CARBONATE TAB 1600MG PO TID-WITH MEALS	ACTIVE
18)	TIOTROPIUM**2ND LINE AGENT** CAP,INHL 18MCG INHL QDAILY	ACTIVE


The system breaks.
A patient is harmed.
You disclose the error,
alone.


SILENCE
PLEASE
(HUMANS SUFFERING)
@concernecus

Burnout

- Work-related constellation of symptoms and signs often with no history of psychiatric disorders
- Discrepancy between the expectations/ideals and actual work
- Formally diagnosed with Maslach Burnout Inventory

Burnout & Quality

- Lower patient satisfaction
- Higher rates of nosocomial infections
- Increased medical errors – *strong dose-response relationship with burnout scores*
- Higher 30 day mortality rates

Emotional exhaustion

Existential crisis

Depersonalization

Emotional exhaustion

Existential crisis

Depersonalization

Emotional exhaustion

Existential crisis

Depersonalization

A Textbook Presentation

- Constipation and poor feeding
- Progressive hypotonia, weakness
- Loss of DTRs
- Decreased gag and suck
- Decreased tearing, salivation
- More frequent suctioning leads to ICU care

The Weekend Effect in Hospitalized Patients: A Meta-Analysis

Goals of Study:

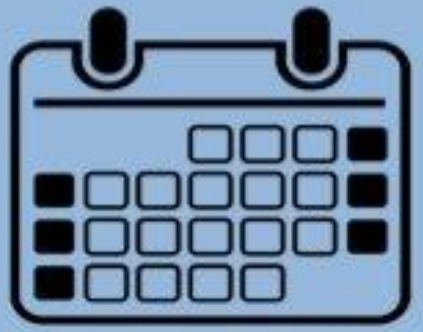
- Perform a systematic review to examine the presence of a weekend effect on hospital inpatient mortality

Findings:

- Risk of **mortality was 19% greater for weekend admissions** vs. weekday admissions (RR=1.19; 95% CI 1.14 – 1.23, I^2=99%)
- Varied definitions of weekend and mortality

Possible Reasons:

- Decreased use and/or delays in interventions and/or procedures on weekends?
- Selection bias on weekend admissions?



Pauls LA et al. Sept 2017

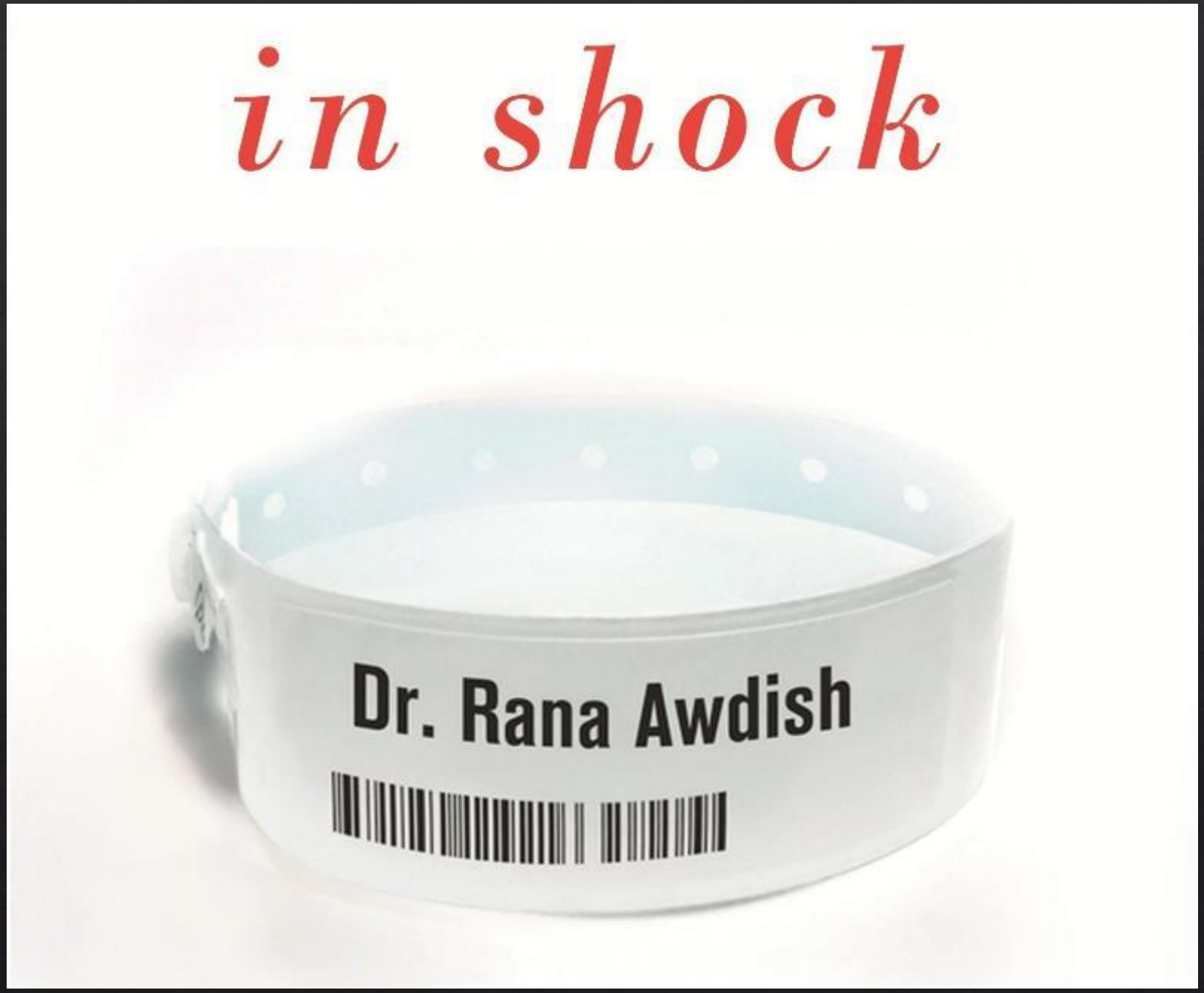
Journal of HOSPITAL MEDICINE

Emotional exhaustion

Existential crisis

Depersonalization

in shock



https://thejaggedword.com

Alex Psirides
@psirides
Following

A better definition of burnout I have yet to read


BURNOUT
(WHY NOW?*)
*AND NOT 20 YEARS AGO
@concernecus

Mark Reid, MD @medicalaxioms · 23h

Being asked to fix addiction, homelessness, and poverty with ceftriaxone.

5 6 72

Andrej Spec, MD, MSCI @FungalDoc · 12h

Agreed. Just recently had a sick case of malaria. The fellow and I were in the hospital at 3 am on Saturday. And both of us were happy and proud. Two weeks earlier we were both in Epic training until 7:30 and we both wouldn't stop complaining.

4

TXAggieBurnDoc @AmaliaCochranMD · 22h

Replying to @laxswamy @MDaware and 9 others

What is different now is the ever increasing volume of external demands placed upon us. While I absolutely believe in high value care delivered compassionately, we are measured and metriced to death. And I'll leave Epic out of this discussion 😉

Audrey Provenzano @audreymdmph · 23h

Replying to @laxswamy @MDaware and 9 others

agree w many other excellent points - EMR, avalanche of useless data...also I think we have reached the tipping point where our system is simply too toxic for the pathologic altruism that has prevented us from raising our voices previously & now we are speaking up & saying NO

Medicine: then and now

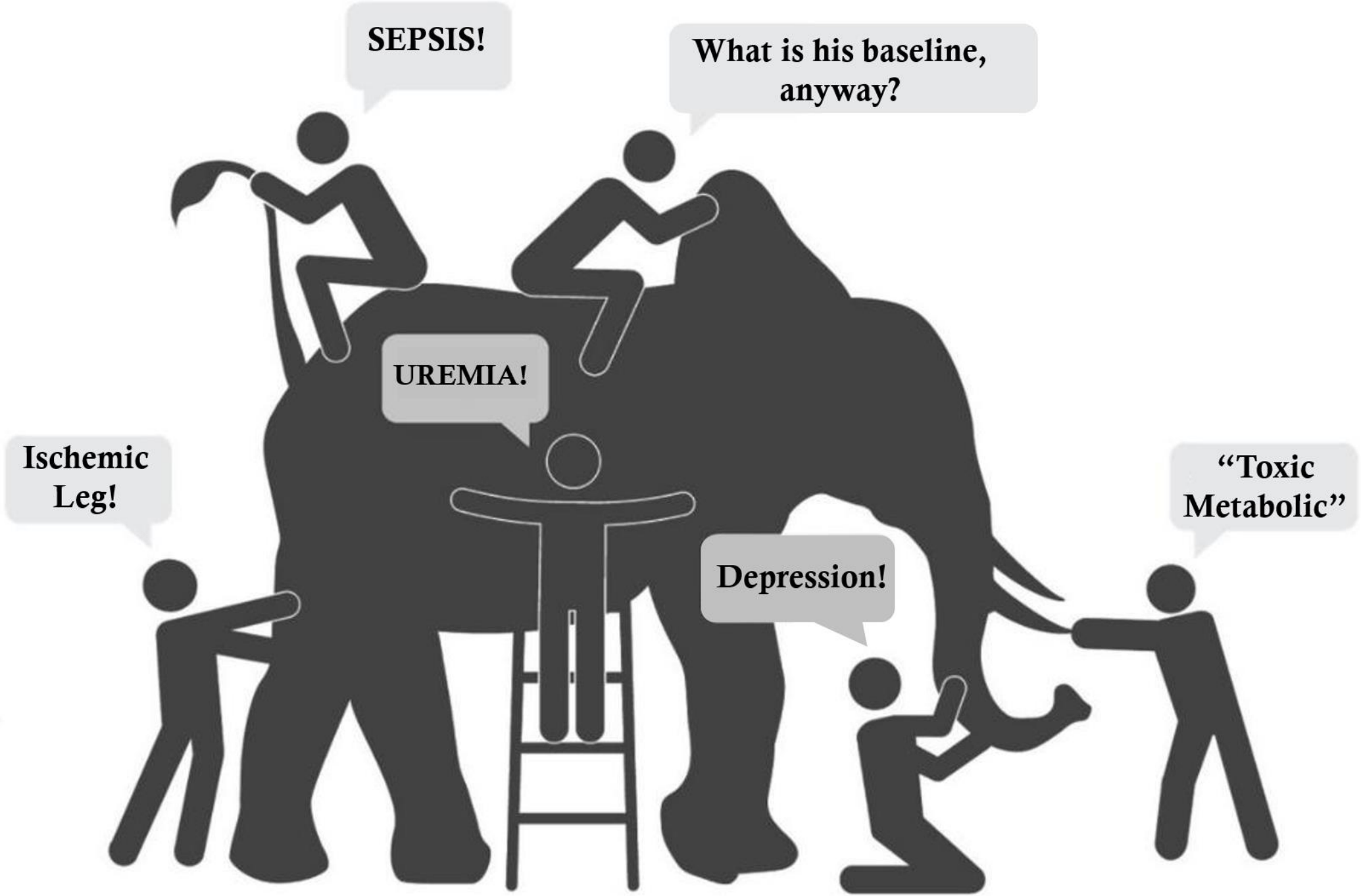
Then:

- Long hours
- Broad expertise
- Total responsibility & ownership
- Respect & autonomy
- Practice of medicine
- Drive the medical system

Now:

- Regulated hours
- Super-sub specialization
- Fragmented ownership, hand-offs
- Corporatization
- Practice of… paperwork.
- Succumb to medical system

COMMUNICATION FAILURES


SEPSIS!
What is his baseline, anyway?
UREMIA!
Ischemic Leg!
Depression!
“Toxic Metabolic”

Culture is an output of our systems.

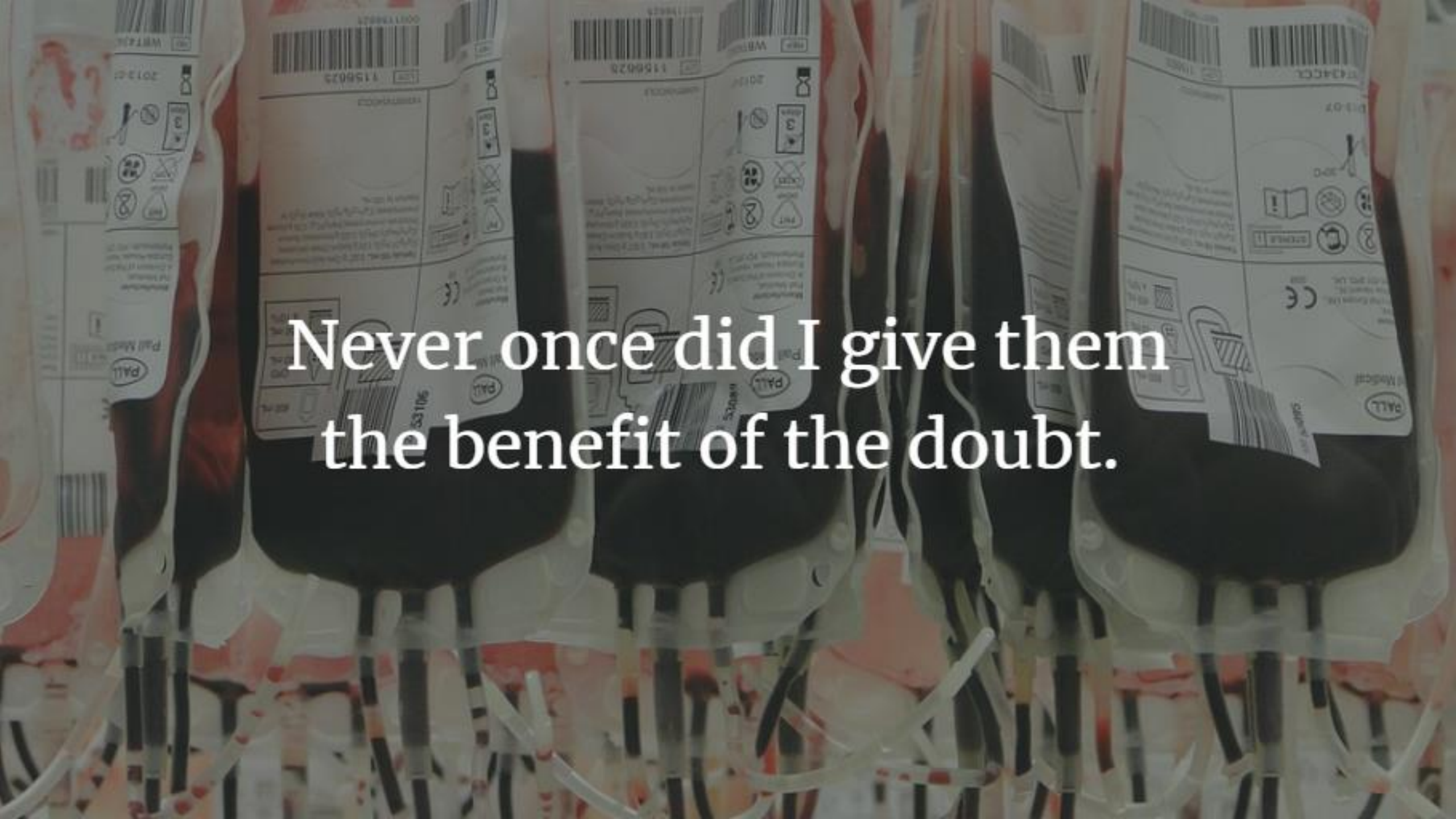
Broken cultures reflect broken systems.

The intern's job is to get things done for the patient.

The intern is a work-around for broken systems.

Intern Year, 2013


MD


Never once did I give them
the benefit of the doubt.


Clinicians are more than
interchangeable
widgets.

The institution will never love you back.

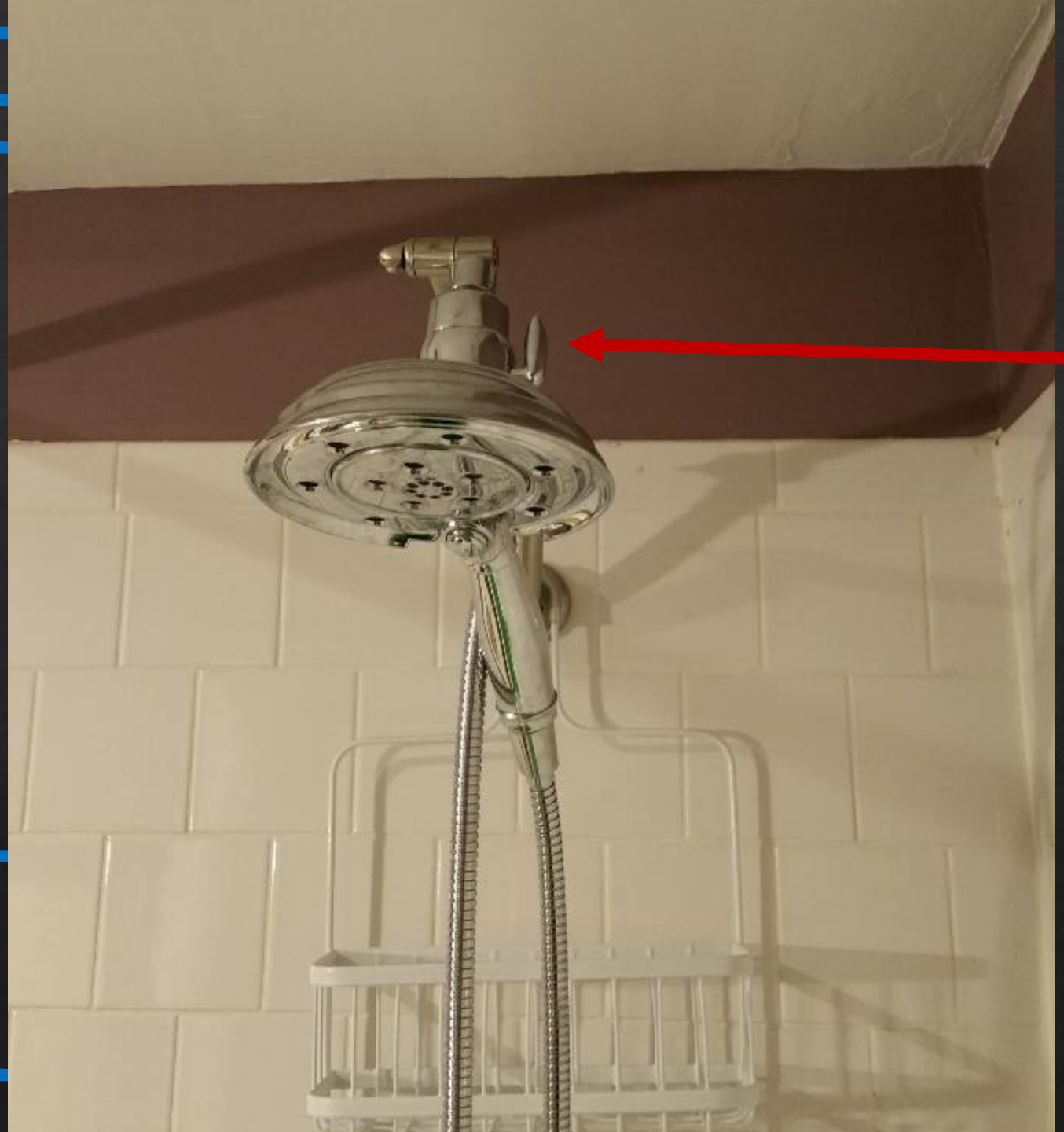
Be at a place that shares your values.

@AmaliaCochranMD
Burn and critical care surgeon, educator, and researcher

“Every system is perfectly designed to get the results it gets”

Paul Batalden & Arthur Jones

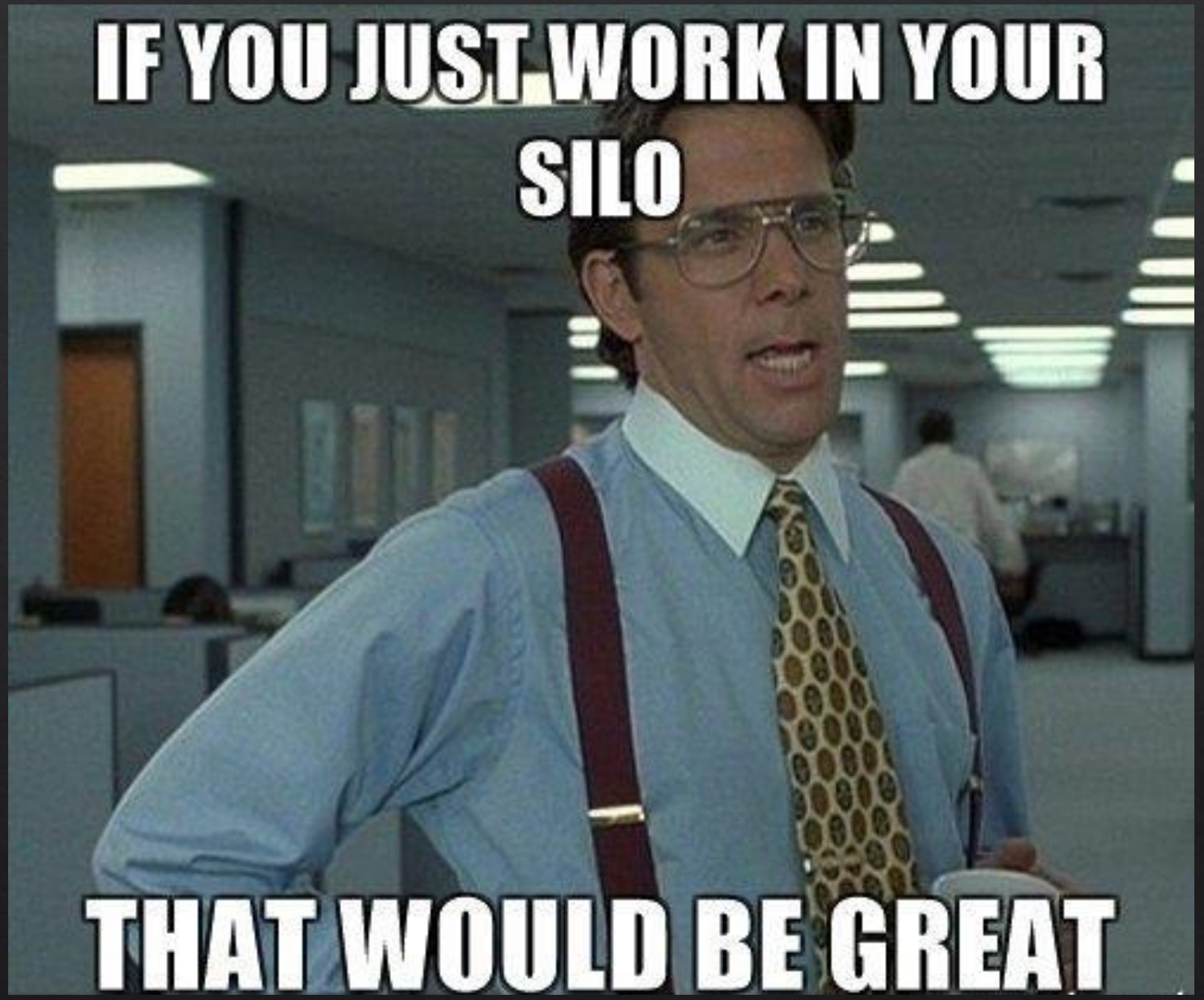
www.nbcstore.com



For the few that are involved, they feel great.

For all the others, the ivory tower just made another burdensome edict.

James Moses, MD


IF YOU JUST WORK IN YOUR SILO
THAT WOULD BE GREAT
memegenerator.net

We are all skilled, caring clinicians trying to do the best we can with what we’re given.

Jack Iwashyna
@iwashyna

Following

Sometimes we need to act at the patient level
Sometimes we need to act at the ward level
Sometimes we need to act at the hospital level
Sometimes we need to act at the societal / state / federal level

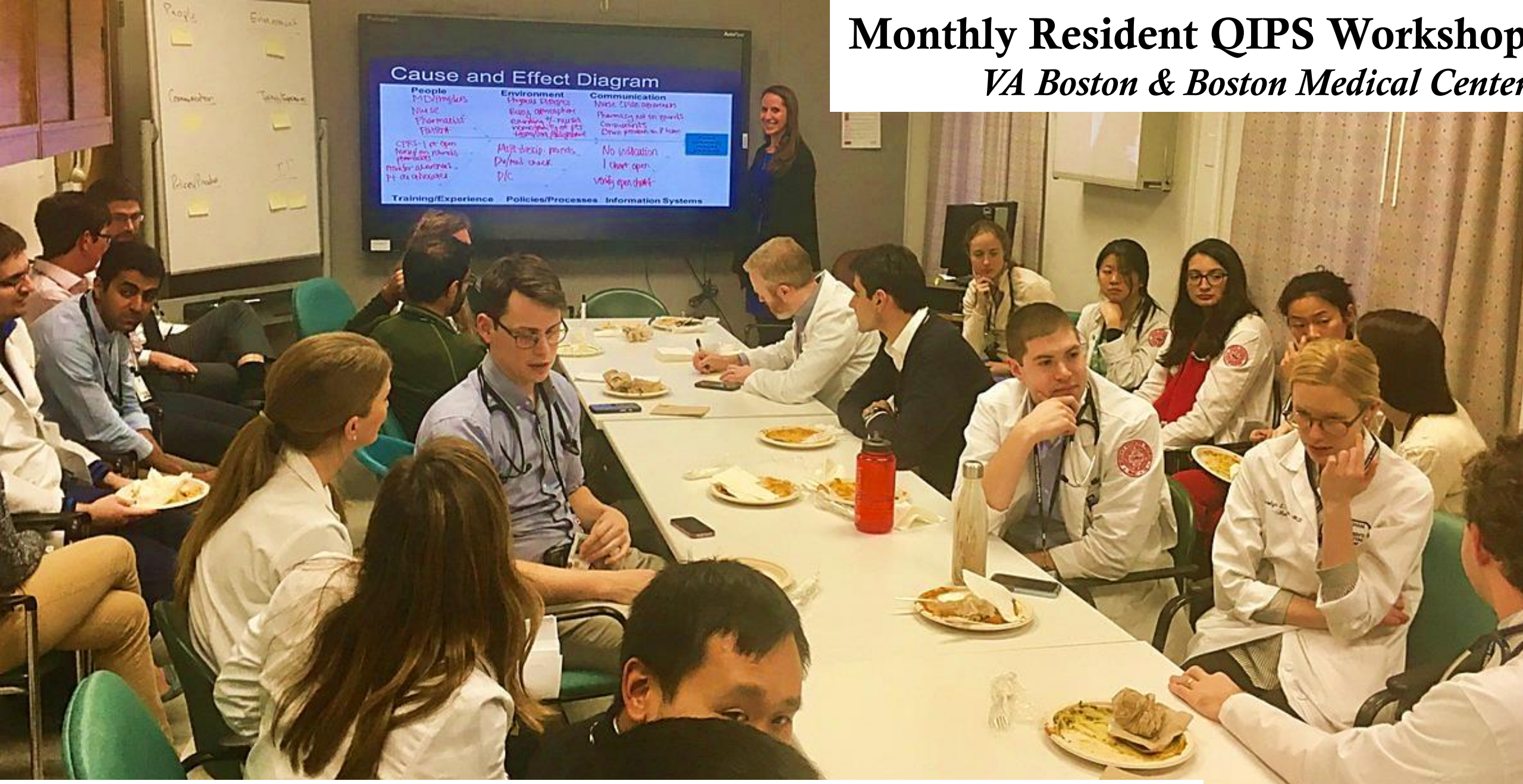
but we must act

Tecumseh senior has special graduation ceremony in ICU after suffering apparent stroke

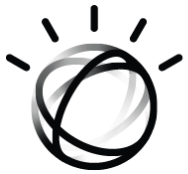
by Kelly May | Monday, June 4th 2018

Monthly Resident QIPS Workshop

VA Boston & Boston Medical Center



Swamy L, Worsham C, Bialas MJ, et al. The 60-minute root cause analysis: a workshop to engage interdisciplinary clinicians in quality improvement. MedEdPORTAL. 2018;14:10685.



IBM Watson Health™

Kettering Medical Center, “which has been on the 100 Top Hospitals list 13 times, shares unblinded clinical outcomes data with physicians… so they can compare each other's performance and look for areas to improve.”

http://www.modernhealthcare.com/article/20180609/NEWS/180609940

"Professional silence in the face of social injustice is wrong."

Don Berwick, MD

we are the system.