

“The Tunnel at the End of the Light”

Preparing to Attend on the Inpatient Medical Wards

Vineet Chopra, MD, MSc

The Division of Hospital Medicine, University of Michigan Medical School, Ann Arbor; and VA Ann Arbor Health System, Ann Arbor, Michigan.

Sanjay Saint, MD, MPH

The Division of Hospital Medicine, University of Michigan Medical School, Ann Arbor; and VA Ann Arbor Health System, Ann Arbor, Michigan.

Transitions are a way of life in academic medicine. While much has been written about these changes,^{1,2} less attention has been devoted to a more common shift: the move between academic work and clinical ward time.³ This gap has important consequences. For example, some faculty dread upcoming ward blocks. When on clinical rotations, they struggle to juggle patient and academic activities—often doing neither well. The resulting perceived lack of efficiency and effectiveness leads to weariness, fatigue, frustration, and symptoms of burnout.⁴ Regardless of clinical effort, most faculty will face this problem. Unfortunately, limited guidance on how best to overcome this common challenge exists.

As academic hospitalists, we have made this transition countless times and believe it can be better managed. In this essay, we draw from more than 30 years of combined experience, informal discussions with colleagues, and observations of gifted ward attending physicians⁵ to provide strategies and tips for assuming clinical duties in the hospital. Our aim is simple: to highlight common-sense management strategies for this neglected yet critical transition (Table).

Tip 1: Plan Ahead

Clinical service blocks are almost always known ahead of time. Use this information to plan for (and around) clinical activities. For example, one month before wards, project out your workload, administrative, research, or other activities knowing that you will not be available to pay

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day-to-day attention to these when you are on service. Ask, “What needs to be done now?” and “What can wait for later?” This assessment of priority is especially important for physician scientists who face deadlines related to grants, presentations, or manuscript resubmissions. Submit papers before you go on wards, ensure that major portions of analyses or reports for projects and grants are done ahead of time, and delegate work to others when possible. Don’t forget family and those you love: specifically, maximize quality time with them before service. In the words of a former chief of medicine: “When your career is over, you will have many people who will remember you fondly. Make sure they include your family.”⁶

Tip 2: Prune Meetings

Attending on the wards is a full-time job. As obvious as this sounds, avoid meetings related to nonclinical activities when on service. If meetings are absolutely nec-

essary, schedule them after 3 PM. Let conveners know you are on a clinical rotation, so you have limited time and may need to leave unexpectedly. This maxim also holds true for work on committees, conference calls, or other assignments outside of clinical duties. Your primary responsibility when on service is patient care. Do that well. Failure to do so may permanently damage your reputation or cause something far worse for those whose care is entrusted to you. Think of clinical wards as a break from all your other activities—treat it as such.

Tip 3: Manage Expectations

Set and communicate realistic expectations about your ability to honor commitments when on service. This will help preserve not only the quality of your work but also your sanity. Ask for extensions on deadlines for manuscript revisions if you cannot submit before wards. Tell your collaborators you will be on clinical duties. Ask them to reach out either before or after you finish service for project or grant-related matters. Similarly, let your mentor know you will be on wards—a simple act that highlights your foresight and absolves you from delays in work. Reciprocate this kindness by affording others the same allowances when they are on service. After all, turn-about is fair play.

Tip 4: Develop Email Hygiene

It is tempting to try to answer every email when on service to keep the trains running on time. While this is sometimes necessary, responding to messages may trigger an avalanche of responses that become difficult to manage. Rather, we suggest practicing what we call “email hygiene.” Set an out-of-office reply that lets people know you are on clinical duties and will not answer straightaway. Let go of checking your email frequently and the urge to answer messages. Rather, consider instituting an email triage system—put things that do not need immediate attention into a “Post Service” folder. This sorting ensures that messages don’t get buried in your in-box and are easily retrievable when the time is right.

Tip 5: Keep Things Moving

If these recommendations make you think you can stop doing all activities while on wards, think again. These tips ensure you concentrate on what you are doing—to be present in the moment. However, you should plan for who will manage activities and keep projects moving forward when you are on service. Tasks like getting manuscripts circulated, completing analyses, or formatting sections of grants should be delegated to appropriate individuals so that the work continues. Submit

Corresponding

Author: Vineet Chopra, MD, MSc, 2800 Plymouth Rd, Bldg 16, #432W, Ann Arbor, MI 48109 (vineetc@umich.edu).

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Table. Recommendations for Transitions to Ward Rotations

Do These	Avoid These
Before Wards	
<p>Maximize time with family and friends—feast before the famine</p> <p>Do what is important to you and your well-being (eg, watch a movie, take a long walk, play your favorite sport)</p> <p>Prioritize and strategize on what outstanding items need to be addressed before wards (eg, meetings, manuscripts, reports)</p> <p>Submit manuscripts ready for peer review before going on service</p> <p>Circulate papers or grants to collaborators for review</p> <p>Inform collaborators you will be on clinical duties and will not be as responsive as usual</p> <p>Set up an out-of-office email message letting people know you will not respond quickly</p> <p>Ask your project manager or research assistant to move things forward that do not need your direct attention (eg, data collection activities, analyses, review of slides)</p>	<p>Not thinking ahead or planning for your rotation until the last minute</p> <p>Starting to write or beginning revisions on manuscripts or key sections of grants</p> <p>Agreeing to peer review for a scientific journal before going on service (or while on service)</p> <p>Cramming or rushing through work that is not up to your usual standards just because you are going on wards (some deadlines are, in fact, moveable if you ask [eg, manuscript revisions or peer reviews])</p> <p>Not budgeting time to do the things you enjoy and may not be able to do while on wards</p>
During Wards	
<p>Take care of yourself—eat, sleep, or exercise when you can</p> <p>Focus on providing excellent clinical care to patients (always)</p> <p>Ensure you are addressing the needs of your team and learners through didactic sessions and periodic feedback</p> <p>Practice email hygiene—check less, triage more, and only respond to things that are necessary</p> <p>Limit committee and administrative work and conference calls</p>	<p>Juggle between academic and clinical work—be present in the moment of clinical care</p> <p>Plan submissions of papers or begin analyses that can wait till after clinical duties</p> <p>Schedule meetings related to academic activities such as grants or manuscripts</p> <p>Ignore family or friends—you need their support</p>
After Wards	
<p>Catch up with life, family, and friends</p> <p>Block time off on your calendar each week to catch up with projects, papers, analyses, and grants</p> <p>Review and respond to messages from when you were on service</p> <p>Reflect on things that you may do differently next time you are on the wards and consider these before you attend in the future</p>	<p>Not thinking ahead about the next time you are on wards</p> <p>Reliving clinical decisions or second-guessing your approach</p> <p>Chart stalking—it's helpful to know what happened to patients, but better to ask the current clinical team about it!</p> <p>Dreading the next time you are on service</p>

manuscripts before going on service, or circulate drafts of slides or grants so that feedback (which often takes a week or two) is ready on your return. In other words, use clinical time to your advantage.

Tip 6: Recovery

A key component of “resurfacing” after clinical duties is building in time to catch up. We recommend blocking at least half to one day a week for a few weeks after you finish service for this purpose. This day becomes an oasis where edits to manuscripts, grants, or analyses can be resumed. It also serves as a day to sift through emails in your “Post Service” folder or address tasks you had prioritized for later. Also, structure decompression time for yourself after a hectic

two or four weeks of wards. Take an outdoor walk, catch up with sleep, or grab coffee at your favorite coffee shop with collaborators and friends. Take care of yourself, not just the work.

Conclusions

Many faculty view their upcoming ward assignment with trepidation: the tunnel at the end of the light, if you will. They struggle because they either take on too much, plan poorly, or both. While these tips may sound overly simplistic, we have found them to be effective and enduring. By consistently using these modest fixes, we hope you will come to appreciate that the tunnel is actually well lit. And you have more control than you think.

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