

# **Physicians On Call**

**Shane A. Marshall, John Ruedy**

**Educating Physicians** Molly Cooke, David M. Irby, Bridget C. O'Brien, 2010-05-05 PRAISE FOR EDUCATING PHYSICIANS Educating Physicians provides a masterful analysis of undergraduate and graduate medical education in the United States today. It represents a major educational document, based firmly on educational psychology, learning theory, empirical studies, and careful personal observations of many individual programs. It also recognizes the importance of financing, regulation, and institutional culture on the learning environment, which suffuses its recommendations for reform with cogency and power. Most important, like Abraham Flexner's classic study a century ago, the report recognizes that medical education and practice, at their core, are profoundly moral enterprises. This is a landmark volume that merits attention from anyone even peripherally involved with medical education. —Kenneth M. Ludmerer, author, *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care* This is a very important book that comes at a critical time in our nation's history. We will not have enduring health care reform in this country unless we rethink our medical education paradigms. This book is a call to arms for doing just that. —George E. Thibault, president, Josiah Macy, Jr. Foundation The authors provide us with the evidence-based model for physician education with associated changes in infrastructure, policy, and our roles as educators. Whether you agree or not with their conclusions, if you are a teacher this book is a must-read as it will frame both what and how we discuss medical education throughout the current century. —Deborah Simpson, associate dean for educational support and evaluation, Medical College of Wisconsin A provocative book that provides us with a creative vision for medical education. Using in-depth case studies of innovative educational practices illustrating what is actually possible, the authors provide sage advice for transforming medical education on the basis of

learning theories and educational research. —Judith L. Bowen, professor of medicine, Oregon Health & Science University

**On Call** Emily R. Transue, M.D., 2005-07-14 On Call begins with a newly-minted doctor checking in for her first day of residency--wearing the long white coat of an MD and being called Doctor for the first time. Having studied at Yale and Dartmouth, Dr. Emily Transue arrives in Seattle to start her internship in Internal Medicine just after graduating from medical school. This series of loosely interconnected scenes from the author's medical training concludes her residency three years later. During her first week as a student on the medical wards, Dr. Transue watched someone come into the emergency room in cardiac arrest and die. Nothing like this had ever happened to her before—it was a long way from books and labs. So she began to record her experiences as she gained confidence putting her book knowledge to work. The stories focus on the patients Dr. Transue encountered in the hospital, ER and clinic; some are funny and others tragic. They range in scope from brief interactions in the clinic to prolonged relationships during hospitalization. There is a man newly diagnosed with lung cancer who is lyrical about his life on a sunny island far away, and a woman, just released from a breathing machine after nearly dying, who sits up and demands a cup of coffee. Though the book has a great deal of medical content, the focus is more on the stories of the patients' lives and illnesses and the relationships that developed between the patients and the author, and the way both parties grew in the course of these experiences. Along the way, the book describes the life of a resident physician and reflects on the way the medical system treats both its patients and doctors. On Call provides a window into the experience of patients at critical junctures in life and into the author's own experience as a new member of the medical profession.

*Emergency Department On-Call Strategies, Second Edition* Jonathan H. Burroughs, Martin B.

Buser, Roger A. Heroux, 2009-08-21 Emergency Department On-Call Strategies Solutions for Physician-Hospital Alignment, Second Edition Jonathan H. Burroughs, MD, MBA, FACPE; Martin B. Buser; Roger Heroux, MHA, PhD, FACHE; Richard A. Sheff, MD Move from reactive deals to shared costs and sustainable physician-hospital alignment. Emergency Department On-Call Strategies: Solutions for Physician-Hospital Alignment, Second Edition, provides fully updated strategies, tools, and step-by-step approaches from multiple ED call panel experts. This resource will help you:

- Reduce on-call burden
- Improve physician coverage
- Avoid EMTALA violations
- Reduce the cost of ED call
- Establish fair market value compensation
- Negotiate with staff to secure acceptance of call obligations
- Implement mandatory call programs
- Use hospitalists and other specialties to meet call needs

The table of contents covers:

Section 1: ED Call: Defining the Problem A Healthcare System in Crisis: The context of today's ED call challenges Legal and Regulatory Obligations ED Call and the Organized Medical Staff

Section 2: Thinking Strategically: ED Call and Physician-Hospital Alignment Framing the Problem ED Call as a Negotiation: What rules will we follow? How to Make ED Call Part of Your Strategic Medical Staff Development Plan Creating a Work Plan for ED on Call

Section 3: ED Call Solutions That Work

- Step 1: Engage Physicians Where They Are
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The Ist Movement ED Call: Driver of new medical staff models Who will benefit? Directors and medical directors of emergency departments, emergency medicine chiefs, medical staff coordinators, medical directors, CEOs, COOs, CMOs, VPMAs, quality directors and managers, directors of physician relations and physician recruitment

**Equal Partners** Jody Heymann, 2000-05-22 One week after graduating with honors from Harvard Medical School, Jody Heymann woke up in an emergency room with no memory of how she got there, and, within hours, was turned from physician into patient. The hospitalization and brain surgery that followed taught her more about the practice of medicine in America than all her years of schooling. Her deeply disturbing conclusion: patients all too often occupy the bottom rung of the ladder, with their legs tied to prevent them from climbing. Heymann's experiences as a patient convinced her to work toward a new, more compassionate spirit of medicine—one in which physicians and patients are equal partners.

**Resident On Call** Scott Rivkees, 2014-04-01 In turn heartbreaking, irreverent, moving—and at times raucously humorous—one of the nation's leading pediatric researchers recounts his first years as a newly minted, struggling, and insecure doctor at Massachusetts General Hospital in Boston. A graduate of a state university medical school, Scott Rivkees was competing with elite students from some of the most prestigious schools in the country. Nervous and uncertain, he worked unholy hours with patients ranging from indigent street people to celebrity guests drawn to the reputation and care offered by Mass General. Along the way he learned what medical school textbooks don't teach: how to deal with immense pressure, exhaustion, unruly patients, mysterious conditions, the joy of saving a life, and the wrenching suddenness of losing a patient, more often than not a young child. His resident education did not prevent him from losing his sense of irony and humor as he recounts bleary nights on the town, the allure of young nurses, substandard housing, and the value of pricking an inflated ego.

Before I Sleep William C. Waters (III.), 2005 DESCRIPTION OF CONTENT: This is the story of everything that happens to -- and a lot that runs through the mind of -- John Galen, M. D., as he darts

from patient to patient in the office, ER, operating room, home, and kidney dialysis suite during his day and night on duty. Patients come and go, but two special cases dominate the narrative drive. Written in the first person and present tense, it is derived from the 40-year experience of the author, William Waters, M. D., who is also the son of - and father of - doctors.

**Doctor on Call** Jim Purser, 1998-01-01

**Telephone Medicine** Anna B. Reisman, David L. Stevens, 2002 The telephone is now a significant component of medical care: 25% of encounters between primary care physicians and patients involve its use. Successful telephone medicine improves the rapport between doctor and patient, increases access to care, enhances patient satisfaction, and lowers patient and physician costs. Telephone medicine is no longer just renewing prescriptions. A telephone call can clarify issues raised during the office visit, help patients with decisions about their health care at home, prevent unnecessary emergency department visits, and communicate test results quickly and personally.

**On Call Principles and Protocols E-Book** Shane A. Marshall, John Ruedy, 2010-12-21 Portable and extremely practical, *On Call Principles and Protocols*, 5th Edition, by Drs. Marshall and Ruedy, is the bestselling handbook you can trust to guide you quickly and confidently through virtually any on-call situation. This new edition takes you step by step through the most common on-call problems and approaches, giving you up-to-date information and clear protocols on what to do and how to do it quickly, from phone calls to elevator thoughts to patients' bedsides. You'll gain speed, skill, and knowledge with every call - from diagnosing a difficult or life-threatening situation to prescribing the right medication. Effectively manage calls in the hospital with coverage of topics such as Approach to Diagnosis and Management of On-Call Problems; Documentation; Assessment and Management of

Volume Status; and AIDS, HBV, HCV, Influenza, and the House Officer. Access key information on the most common on-call problems and approaches with consistent, templated coverage of what to do from the initial phone call, Elevator Thoughts, how to immediately identify major threats to life, and what to do at the bedside. Learn the questions you should ask to assess the urgency of each situation, and master the ideal approach to diagnose and manage patients, communicate with colleagues and families, and avoid common mistakes for every call. Understand the major threats to life you must consider before arriving at bedside. Find information quickly with an easy-to-read format, color highlighting of medications and other critical information, and a unique layout designed for fast reference. Keep this portable guide right where you need it - in your pocket when you're on call. Confidently assess and manage common on-call problems with comprehensive updates throughout this edition. Learn how best to handle life-threatening issues regarding stroke in a brand-new chapter. Quickly access a detailed, updated and expanded formulary of commonly used medications.

**Internal Medicine On Call** Steven Haist, John Robbins, 2005-07-07 4 STAR DOODY'S REVIEW!  
This is a very well organized, valuable tool for busy house officers to access necessary and useful information for the care of their patients.--Doody's Review Service  
The ON CALL Series  
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\*Features the most frequently encountered problems in a specialty  
\*Includes laboratory and diagnostic tests, procedures, and commonly used medications  
\*Perfect for residents and students on the wards  
Over 60 of the most common internal medicine problems. Thoroughly revised to include new laboratory tests and a therapeutics section with over 100 new drugs.

**Doctor on Call: Chernobyl Responder, Jewish Refugee, Radiation Expert** Alla

Shapiro,2021-04-10 Dr. Alla Shapiro was a first responder to the worst nuclear disaster in history -- the explosion at the Chernobyl Nuclear Power Station in Ukraine on April 26, 1986. First responders were NOT given detailed instructions or protective clothing. Amid an eerie and pervasive silence, Dr. Shapiro treated traumatized children and witnessed frightened families and civilians running barefoot across radioactive grounds and carrying stretchers to save others. First responders triaged and administered first aid, extinguished fires and cleaned up radioactive debris. No protocols were in place since no one considered the possibility of a nuclear accident. From the outset of the disaster the Soviet government worsen matters by spreading misinformation. First-responders were ordered to be part of the deception of the public. This bureaucratic cover-up during angered and disheartened Dr. Shapiro. This painful experience along with the decades of persistent professional and personal discrimination and hostility that she and her family, as Jewish citizens of the USSR, endured, led her and her family like thousands of others to leave and flee the oppressive Soviet Union in the late 1980s. As Émigrés they were restricted to taking possessions weighing no more than 40 pounds and \$90 in cash. Their escape route took them first to Vienna and then on to Italy for six months. By then four generations of Dr. Shapiro's family were among these stateless people. Chernobyl changed Dr. Shapiro's life and career forever. Arriving in the U.S., like all immigrants she had to learn a new language, encountered red tape validating her diplomas, and find housing for her family When U.S. authorities failed to fully validate her medical diplomas, she re-enrolled in medical school at Georgetown University and restarted her career and new life in America. Spurred on by her Chernobyl experiences, she rose to become one of the world's leading expert's in medical countermeasures against radiation exposure. For thirty years she worked for the FDA on disaster readiness and preparation-and has a much to say about America's readiness or lack of readiness for



the current pandemic affecting the United States and the world.

**A Physician's Complete Guide to a Successful Medical House Call Practice , Healthcare Changes and the Affordable Care Act** James S. Powers, 2014-10-20 Healthcare Changes Reach Main Street: A Call to Action for Physicians provides guidance, examples, and information on processes and time lines for physicians based on the implementation of The Affordable Care Act (ACA) that was established in 2010. This volume focuses on how geriatricians and other healthcare professionals can be engaged in responding to the roll-out of the ACA in their communities, and through this engagement assume leadership roles in local hospitals, healthcare organizations, and medical societies to advance quality improvement and new models of care for older adults. In-depth chapters provide an update on quality improvement efforts at the state level, as well as changes in Medicaid financing and the significant impact this will have for older adults, particularly dual-eligibles. Many elements of the ACA are yet to be rolled out and many healthcare decisions are yet to be made. Healthcare Changes Reach Main Street: A Call to Action for Physicians will guide healthcare decision makers and help them to play a leadership role in advancing quality care for older adults in our changing healthcare environment.

**On Call Principles and Protocols** Shane A. Marshall, John Ruedy, 2016-12-01 Ideal for any on-call professional, resident, or medical student, this best-selling reference covers the common problems you'll encounter while on call in the hospital. On Call Principles and Protocols, 6th Edition, by Drs. Shane A. Marshall and John Ruedy, fits perfectly in your pocket, ready to provide key information in time-sensitive, challenging situations. You'll gain speed, skill, and knowledge with every call - from diagnosing a difficult or life-threatening situation to prescribing the right medication. Highlights medications, doses, and critical information in a second color for fast

reference. Features a logical, highly templated format so you can locate critical information quickly. Covers essential topics such as Approach to Diagnosis and Management of On-Call Problems; Documentation; Assessment and Management of Volume Status; and HIV, HBV, HCV, Influenza, and the House Officer. Delivers consistent, easy-to-follow coverage of the most common on-call problems and approaches, including what to do from the initial phone call, Elevator Thoughts, how to immediately identify major threats to life, what to do at the bedside, and how to avoid common mistakes for every call. Provides updated content and references, as well as a revised drug formulary, keeping you on the cutting edge of current, evidence-based information. NEW! Expert Consult eBook version included with purchase. This enhanced eBook experience allows you to search all of the text, figures, videos, and references from the book on a variety of devices.

**One Doctor** Brendan Reilly, 2013-09-03 A first-person narrative that takes readers inside the medical profession as one doctor solves real-life medical mysteries--Provided by publisher.

**On Call** Jane F. Carpineto, 1994 The dramatic lives of three very different doctors, and their courageous patients, are presented in vivid detail by a practicing therapist. By the author of R.N.

**Patient-Centered Healthcare** Eldo Frezza, 2019-08-22 Patient-centered care is a way of thinking and doing things that considers patients partners in the development of a healthcare plan designed to meet their specific needs. It involves knowledge of the individual as a person and integrates that knowledge into their plan of care. Patient-centered care is central to the discussion of healthcare at the insurance and hospital-level. The quality of the service is evaluated more deeply from all the healthcare components, including insurance payments. It is the start of a new client- and patient-centered healthcare, which is based on a profound respect for patients and the obligation to care for them in partnership with them. Healthcare has been lacking a strategy to

teach patients how to take care of themselves as much as they possibly can. In countries with socialized healthcare, patients don't go to the emergency room unless it is necessary; they have a physician on call instead. This affords more personalized care and avoids patients getting lost in the hospital system. This book advocates the critical role of patients in the health system and the need to encourage healthy living. We need to educate patients on how to be more self-aware, giving them the tools to better understand what they need to do to achieve healthy lifestyles, and the protocols and policies to sustain a better life. Prevention has always been the pinnacle of medical care. It's time to highlight and share this approach with patients and involve them as active participants in their own healthcare. This is the method on which to build the new healthcare for the next century.

**Call the Doctor** Ernest Sackville Turner, 1959

*Don't Call a Doctor!* John Fairbanks Kerr, 1987-01-01

Take Two Aspirin and Call Me By My Pronouns Stanley Goldfarb MD, 2022-03-29 American healthcare is at risk as radical politics increasingly supplant proven methods for the admission and training of medical students. These changes in medical education and practice threaten to dramatically alter the relationship between doctors and patients. In the aftermath of the death of George Floyd in 2020, medical schools across the country raced to adopt increased diversity mandates and anti-racism training. Based on the false charge that the healthcare system is biased against minority groups, medical deans and trustees rushed to institute sweeping reforms that will dramatically reduce the quality of medical training and upend the traditional doctor-patient relationship. According to Dr. Stanley Goldfarb, a longtime medical researcher and educator with extensive clinical experience, these changes coincide with already lowered standards, such as grade inflation and demands for "socially relevant" curricula that have nothing to do with the care of

actual patients. In this coruscating lament for the decline of American medicine, Goldfarb debunks the myth of a “racist” healthcare system and shows how elevating diversity above merit will produce substandard healthcare for all Americans—regardless of race.

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