

Doctor Call Schedules

Brendan Reilly

Transforming Health Care Scheduling and Access Institute of Medicine, Committee on Optimizing Scheduling in Health Care, 2015-08-24 According to *Transforming Health Care Scheduling and Access*, long waits for treatment are a function of the disjointed manner in which most health systems have evolved to accommodate the needs and the desires of doctors and administrators, rather than those of patients. The result is a health care system that deploys its most valuable resource--highly trained personnel--inefficiently, leading to an unnecessary imbalance between the demand for appointments and the supply of open appointments. This study makes the case that by using the techniques of systems engineering, new approaches to management, and increased patient and family involvement, the current health care system can move forward to one with greater focus on the preferences of patients to provide convenient, efficient, and excellent health care without the need for costly investment. *Transforming Health Care Scheduling and Access* identifies best practices for making significant improvements in access and system-level change. This report makes recommendations for principles and practices to improve access by promoting efficient scheduling. This study will be a valuable resource for practitioners to progress toward a more patient-focused How can we help you today? culture.

GOOD TIMES IN THE HOSPITAL JAMES G. McCULLY, MD, 2012-10 *Good Times in the Hospital* is a collection of unlikely stories, poignant vignettes, and humorous anecdotes gathered from a lifetime of experience with real doctors and patients. As the setting moves from Duke University Medical School, to The Mayo Clinic, to an inner-city charity hospital, to a military hospital, to private hospitals in metropolitan centers and rural towns, this inside look at hospital life allows the reader to gradually gain a new perspective on medical men and women: They are not much different from the rest of us. After forty years of medical education and hospital practice, the author concludes that, Doctors are no worse than other people. As for the patients in these stories although hospitals are engaged in the most serious business imaginable you cannot find more laugh-out-loud behavior anywhere. This is because when people are seeking medical care, they are vulnerable and reveal their true, inner selves. And, it turns out that the true, inner selves of most people are often some combination of fascinating, inexplicable, and ridiculous. To paraphrase a quote by Mel Brooks: So long as this old world keeps spinning around and around, every person riding on it will occasionally get dizzy and do something stupid. *Good Times in the Hospital* reminds us that it is unhealthy to take life too seriously and a lighthearted temperament is just as important as a sound diet. This point of view makes it possible for one book to combine a rare glimpse inside the hospital, an informative look at health care, and an entertaining collection of anecdotes. There are chapters about juvenile practical jokes among medical students, mistakes by doctors in training, serious life lessons learned at the bedside, hospital affairs that end badly, doctors threatening other doctors with handguns, a girl who tries to stop her grandma's pacemaker with an MR scanner, an identical twin who has the surgery intended for her sister, an old man patiently waiting his turn in a charity hospital emergency room while holding his intestines in his hand, boyhood memories of a doctor who accompanied his father making house calls, a doctor who missed his chance to win a Nobel Prize by not listening to his patient, an intriguing case of domestic abuse, fascinating hypochondriacs, insights into why intelligent people spend their last dollar on irrational treatments, amazing examples of cures by mind over matter, the importance of our attitude on our wellness, and even reflections on the question of medical miracles. Is it appropriate to laugh at the behavior of doctors attending their patients and entertain ourselves with yarns of patients in their sickbed? *Good Times in the Hospital* promotes the viewpoint that the best way to deal with our inevitable foibles is to laugh about them. The author says, If you believe that some things are sacrosanct and immune from humor, you are reading the wrong book. In an epilogue following this rich tapestry of medical tales, the author offers some final thoughts on how to sort through medical advice, a discussion of alternative medicine, the real effect of malpractice lawsuits on doctors, and the responsibility of patients for their own health. This epilogue is a rare opportunity to hear from an experienced, retired physician on such matters. Such frank opinions are virtually never discussed by doctors in practice, who must be circumspect in what they say for fear of

alienating their patients, losing their insurance coverage, or becoming the target of a law firm. Mostly though, *Good Times in the Hospital* is an insightful panoply of true-life stories that illustrate the best and worst of human nature, a chance for the reader to have some fun and learn a little along the way.

On Call Emily R. Transue, This moving collection of [Transue's] stories conveys vividly, sometimes painfully, the atmosphere of overwork, exhaustion and insecurity in which a resident works; the long shifts and sleepless nights, the moments when she cannot contain her tears . . . (-- Publishers Weekly)

The Doctor's Call Bobby Simonds, 2019-05-04 How would you react to hearing such a statement? Would you brush it off, or take it seriously? Would you rob a bank, have a shoot-out with the cops? Perhaps, you would empty out your bank account, and flee to a deserted island as fast as time would allow in such a short time-span? Or all think it's a crank call, and end up at The Last Saloon. Are you one of those who would pretend that statement never entered your mind in the first place? Only to continue on with your routine? From all across California, the camouflaged Grim Reaper is on the hunt, to meet his quota; disguised as The Doctor; a messenger of God, not Satan.

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.

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.

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.

Surviving Residency Kristen M. Math, 2008-04 It's no secret that the medical training years can be challenging for couples. With 'call' schedules often dictating family life, and moves for medical school, residency, fellowship and attending jobs looming in the distance, it is no surprise that many families struggle to cope. *Surviving Residency* is written for every medical spouse who has ever lain awake at night and wondered how they can find happiness and stability while their partner is in the throes of medical school or residency. Find ways to take control of your life, manage the chaos and embrace these years. Kristen Math shares her own journey of surviving seven years of her husband's residency and fellowship training. She presents detailed information about: Surviving the medical marriage Moving Managing your finances Taking control of your own career Parenting during training and Surviving 'call' Investigate jobs in the work-from-home directory, find a medial spouse alliance in your area or explore the many web links provided. This book is a must read for medical spouses and physicians alike.

They Still Call Me Doctor Barbara Henick Bachow, M. D., 2024-03-25 Dr. Bachow spent her childhood in the inner city, growing up in the Brooklyn projects. Blessed with the necessary academic skills and personality, she fought her way out of her humble beginnings to achieve a level of success that she had never thought possible. Not surprisingly, over the years she became accustomed to the accolades of achievement while standing on life's pedestal in both social and professional circles.

Then suddenly, it was all taken away. A monster called multiple sclerosis unceremoniously pushed her off her perch, and she found herself facing the world once again as an average person--a patient. This book describes the rise and fall of Dr. Bachow's world as well as its ultimate salvation as she gets used to the seat on the other side of the doctor's desk.

Doctor's Call Hour Beale H. Ong,1977

On-call James D. E. Knox,1989 This new volume deals with the many volatile issues raised by after hours and weekend work, one of the most demanding and controversial areas of family medicine. It will help practitioners meet the needs of their clients and preserve their own right to privacy and relaxation. *On Call* discusses the special clinical elements that are unique to these services, as well as how patients view them. The role of telecommunication technology and the increasing consumerism in medicine are covered in depth, as are concerns about quality assurance. This much needed guidebook includes a number of practical exercises based on real out-of-hours calls. in-depth, as are concerns regarding quality assurance. This much-needed guidebook includes a number of practical exercises based on real out-of-hours calls, giving the reader access to information available in no other reference and will fill a void in the literature in this area.

One Doctor Brendan Reilly,2013-09-03 Told by a unique voice in American medicine, this epic story recounts life-changing experiences in the career of a distinguished physician, and is described by The New York Times as “a true service [to history]. Dr. Reilly deserves a resounding bravo for telling it like it is.” Malcolm Gladwell agrees: “Brendan Reilly has written a beautiful book about a forgotten subject—what it means for a physician to truly care for a patient.” Every review of *One Doctor* noted its beautiful writing and compelling story, the riveting tension and suspense. “Remarkable with heart-pounding pace and drama” (Publishers Weekly); “a gripping, moving memoir” (Abraham Verghese); “a terrific read” (The Boston Globe); “an astonishingly moving and incredibly personal account of a modern doctor” (The Lancet). In compelling first-person prose, Dr. Brendan Reilly takes readers to the front lines of medicine today. Whipsawed by daily crises and frustrations, Reilly must deal with several daunting challenges simultaneously. As Reilly’s patients and their families survive close calls, struggle with heartrending decisions, and confront the limits of medicine’s power to cure, *One Doctor* lays bare a fragmented, depersonalized, business-driven health care system where real caring is hard to find. Every day, Reilly sees patients who fall through the cracks and suffer harm because they lack one doctor who knows them well and relentlessly advocates for their best interests. Filled with fascinating characters in New York City and rural New England—people with dark secrets, mysterious illnesses, impossible dreams, and limitless courage—*One Doctor* tells their stories with sensitivity and empathy, reminding us of professional values once held dear by all physicians.

The Official Student Doctor Network Christian Becker,2007 The Official Student Doctor Network Medical School Admission Guide will take you step by step through the entire process of getting into medical school. It includes a detailed discussion and comparison of MD, DO, Caribbean and international medical schools as well as podiatry schools. It will teach you how to stand out from the rest of the applicants. Going beyond just medical school admissions, the book provides a detailed look at the entire medical training process - from pre-med, through medical school, residency, and fellowship training - even different practice settings and medicine as a whole. You will discover .What all your medical school options are (MD, DO, Caribbean & international) .How to become a stronger applicant .How to gain admission to medical school .How to succeed in medical school .Details about pre-med, medical school, residency, and beyond .Tips and suggestions from successful medical school applicants .Personal statement and interview advice .Detailed scholarship and financial discussion, including military and National Health Service Corps options

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 worsened 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 experts 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 ,

House Calls Marvin Brown, 1988 In this age of triple-bypass surgery, organ transplantation, in vitro fertilization, and other high-tech medical miracles, the friendly country doctor who acts as pharmacist, surgeon, ambulance driver, counselor, and priest is a vanishing - if not extinct - breed. For more than forty years, Dr. Marvin Brown served the medical needs of the inhabitants in and around a small town in central New York State - a rural area encompassing some 400 square miles - armed only with his trusty black bag and a generous measure of hope and compassion. Neither rain nor snow nor dead of night could keep Dr. Brown from his appointed rounds - whether the call was a life-threatening childbirth or a twisted finger. To reach his patients, many of whom lived far from paved roads or telephones, he was often forced to resort to such creative modes of transportation as sleighs or snowshoes. In the frequent absence of heat, light, and electricity, his intuition was often the only thing standing between life and death. Marvin Brown's career as a family practitioner began in 1938 and spanned the decades that saw some of the greatest medical advances in history. In this warm, intimate memoir, he describes how the advent of wonder drugs and vaccines, as well as the development of new, sophisticated equipment and techniques, revolutionized the practice of medicine over the course of his lifetime. Throughout the challenges, frustrations, rewards, and triumphs of his chosen path, Dr. Brown was blessed with the unfailing love and support of his beloved wife and children. *House Calls* is a love story: a deeply moving story of the love felt by a man for his family, his community, his country, and his profession - an inspiring story told with humor, honesty, and compassion.

Flexible Shift Planning in the Service Industry Jens O. Brunner, 2010-01-07 The introductory chapter consists of four sections. In Sect. 1. 1 we reveal the current situation in hospitals that is faced by the management. We address the general issue of personnel scheduling in the service industry in Sect. 1. 2. Then we motivate our research by considering physicians as the scheduling object. In particular, we show the complex nature of physician scheduling in a hospital environment. The focus of the research is presented in Sect. 1. 3. Finally, we conclude the chapter by illustrating the outline of the thesis. 1. 1 General Economic Situation in Hospitals The mounting pressure in the health care industry to reduce costs is forcing hospitals and related facilities to take a closer look at their staffing policies (see [111]). A primary difficulty in reducing personnel costs, the major component of the budget, is the variability in demand and the need to assign staff to fixed shifts. Furthermore, government run facilities, especially those in the European Union, are seeing their budgets cut in terms of real dollars despite an aging and more acutely ill patient population (e. g. , see [96]). It has

been reported that up to a third of the hospitals in Germany plan a reduction in staff (see [91]). The scheduling process is further complicated by the generally recognized importance of taking individual preferences into account. More attractive schedules promote job satisfaction, increase productivity, and reduce turnover (cf. [2]). However, without improved scheduling procedures that better match supply to demand, the level of care that they now provide will soon become unsustainable. 1.

Doctor Always On Call Robert H. Morris, 2019-04-02 Robert Morris II recorded eight hours of interviews with his father, Robert Morris, MD (1904-1990), from which he drafted an autobiography and presented it to his dad on his 85th birthday. Until Dr. Morris' death 15 months later, they collaborated to correct and add to the original memories. Dr. Morris' career was unique in several ways: He dropped out of medical school twice, returning to farming, then vowed that he'd become a doctor or die. The third time in medical school, he led his class most quarters. Marrying a nurse and settling in the village of Medina (pop. 400) in 1935, his practice and reputation—especially as a diagnostician—grew until his death. He made home visits extending to five counties, the last doctor to do so in this area, delivering some 2000 babies in the home, while also serving in four hospitals. He was a devout Christian and lay leader in his church. Two of his daughters married doctors, two others became career teachers who also married teachers, and his son had a varied career, ending as a writer. Dr. Morris tells both painful and humorous stories about his life.

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 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.

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