

Shorter rotation for attending physicians does not appear to have adverse effects on patients

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Brian P. Lucas, M.D., M.S., of the Cook County Health and Hospitals System and Rush Medical College, Chicago, and colleagues conducted a study to compare the effects of 2- vs. 4-week inpatient attending physician rotations on unplanned patient revisits (a measure to assess the effect on patients), attending evaluations by trainees, and attending propensity for burnout.

"Trainees learn inpatient medicine on the job, providing clinical care to patients as members of ward teams led by attending physicians. Although the structures of these ward teams vary by local educational heritage and hospital policy, a prevailing trait is that attending physicians are assigned to them for only 2 continuous weeks—a duration that is half of the previous standard," according to background information in the article. Data are sparse on the effect of varying the duration of rotations.

The study included 62 attending physicians who staffed at least 6 weeks of inpatient service (8,892 patients whom they discharged), and the 147 house staff and 229 [medical students](#) who evaluated their performance. Participants were assigned to random sequences of 2- and 4-week rotations at a university-affiliated [teaching hospital](#) in [academic year 2009](#).

Among the 8,892 patients, there were 2,437 unplanned revisits. The percentage of 30-day unplanned revisits for patients of attending

physicians on 2-week rotations was 21.2 percent compared with 21.5 percent for 4-week rotations. Average length of hospital stay was not significantly different for the rotations. "Attending physicians were more likely to score lower in their ability to evaluate trainees after 2- vs. 4-week rotations by both house staff and medical students. They were less likely to report higher scores of both [burnout](#) severity (16 percent vs. 35 percent) and [emotional exhaustion](#) (19 percent vs. 37 percent) after 2- vs. 4-week rotations," the authors write.

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