

LETTER TO THE EDITOR

In Response to “(Re)turning the Pages of Residency: The Impact of Localizing Resident Physicians to Hospital Units on Paging Frequency”

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Fanucchi et al. provide compelling evidence that geographic localization decreases pager frequency in a “dose-dependent” fashion.¹ However, the study’s inability to capture the burden of face-to-face interruptions for localized teams undermines their conclusion that reduced paging will decrease resident workload and increase physician efficiency.

Although in-person communications are less prone to error, psychological research suggests it is the actual interruption (and not just the modality) that disrupts cognitive processes and thus impedes problem solving, decision making, patient care efficiency, and safety.²

One study based in a teaching hospital emergency room (an effectively completely geographically localized care setting) found that attending physicians were interrupted once every 13.8 minutes on average. Only 1.86% of intrusions were from pages; 85.7% were face-to-face interruptions by nurses or medical staff.³ Anecdotal evidence after restructuring our

hospital’s housestaff medicine teams to a geographic model was analogous. Such frequent disruptions would contradict Fanucchi et al.’s claim that “direct communication[s]...lead to fewer overall interruptions,”¹ and would nullify the benefit of decreased paging.

Geographic localization offers potential advantages. However, rigorous scrutiny measuring amalgamate pager and in-person interruptions is needed to know whether these translate into tangible workflow benefits.

References

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