Physician Polychronisticism - Does it Compute?

PRESIDENT'S MESSAGE

By Richard Jones, MD

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MY WIFE MAY BE BEGINNING to wonder if I have adult onset attention deficit disorder - perhaps because I sit in my home office surrounded by three computers, a spinning record turntable, an iPod and a Blackberry.

Despite lots of key pokes and mouse clicks, seemingly little is being accomplished, judging by the pyramid of paperwork and journals tottering on the desk.

To the uninitiated that may seem to be the case, but this reincarnation of channel surfing techniques, perfected during the days of pre Tivo-live TV, is a skill mirroring our multitasking lives. We want to maximize our information input and maximize our output. Cars are turbocharged with DVDs and satellite radio, Starbucks plasma levels are at all time highs nationally and ubiquitous cell phones oscillate with Epocrates, email, images, video and MP3 ring tones. We try to be more productive to meet life's challenges and stimulate all those apathetic axons and napping neurons. A computer's quality is classified for its least amount of downtime; can we be judged similarly?

Supporting my rationalization of the merits of a digital and computer-centric lifestyle, a recent article in *Archives of Surgery*[1] indicated some surgeons actually perform better if they have experience in playing video games. My vices were never fully perfected by the physicians' long apprenticeship of discipline and asceticism, so I am grateful that a certain video game I now play has given me a pretext for foolery and a sympathetic understanding of addictive behavior. But a dopamine drench from outmaneuvering your computer foe in a video battle is followed by the classic signs of autonomic overstimulation with diuresis, anorexia, and vasoconstriction, and finally a fatigued regret of so much time wasted.

Multitasking is a skill that our profession has perfected. Who of us doesn't function daily without juggling two telephone calls, maneuvering through a maze of demandingly malafflicted patients, three charts in hand, faxes fluttering with critical lab values, requests from medical assistants for signatures - all the while scurrying to full exam rooms wolfing down a stale bagel from last week's drug rep droppings?

Thus, the presumed attention deficit disorder at home is just a spillover from work and a manifestation of the multitasking necessary in modern medicine. My new DSM IV classification: Physician Polychronisticism.

So tonight I bask in the glowing aurora borealis aura of three computer terminals on my desk, and try to multitask some more. The projects:

1. Fixing my distressed desktop Windows XP computer, which is invested with critical files and is mysteriously indisposed. It is constipated and not passing any files or my needed PowerPoint lecture.

2. Planning an agenda of an upcoming Physicians Information Technology Computer Help meeting (PITCH).

3. Reading online reports from the CMA on issues with the various proposed state health care strategies.

4. Opening email attachments considering community health care clinic options.

5. On my other, healthy laptop, digitizing my wife's old vinyl records of *Oklahoma!* to MP3 so she can play them on her iPod.

6. Trying to think of something edifying to write for my President's Message worthy of all my distinguished colleagues' ocular saccades. Your to-do list is probably longer and likely more important.

Amid the blinking cursors flickering like the lightening bolts of the movie version of Frankenstein's laboratory, what emerges is a strange amalgam of curiously linked influences.

The diseased desktop bleeps furiously upon the infamous blue background "C :> System resources failure! Insert data file for programming Abort Retry or Fail?"

As I absentmindedly hum the tune of "Surrey with a Fringe on Top," I ponder if those video declarations pertain to my ailing computer or the state of California's health system. Similarly, the California health care system is suffering from *system resources failure*, or soon will be.

"C:> Bad command/Access Denied." Gee, this computer seems mysteriously omniscient. Through lack of *leadership* there is a growing class of uninsured whose inability or personal irresponsibility lead to poor *access*. The delayed care leads to eventual catastrophic care that drives up the cost to all.

"C:>Buffer overflow > Fatal Error." Once again, I am amazed at the computer's astute health care analysis. Uncontrolled immigration and growing numbers of un/under insured patients are the *buffer overflow* overwhelming the central processor unit of hospitals and emergency departments. *System resource failure* from a dwindling supply of overworked, under compensated and overregulated physicians is heating up and threatens to melt down the core *(Fatal error)*. We physicians need to be active in inserting the proper *data*, to do the *programming* for a better statewide healthcare system. We cannot afford to *C:> abort, retry or fail*.

I hang my recovery hard drive USB cable into my ailing computer like a digoxin drip, hoping to resuscitate it. The screen fibrillates with: "C:> Resources incipient failure drive insufficient!"

I wearily gaze at a functioning laptop with its email attachments. They deal with Sacramento county indigent health care problems. As the computer predicted, they, too, are threatened with an *incipient* budget malady coupled with a less than efficient delivery model. *Drive insufficient?* But, SSVMS is active in leading a community clinic consortium hoping to infuse efficiency and vitality to a better model for the care of our indigent county patients.

"Error code UR: PU Corrupted overflow in excess of hyper floppy GUI merculated port control efflux."

Uh oh. Didn't I once get that problem in Mexico? With a pithy statement like that pinging my retinas, I am even more determined that we doctors need a computer users group to do battle with these sometimes evil machines. Physicians Information Technology and Computer Help (PITCH - an SSVMS exclusive) is the inoculum we require to cope with

petulant PCs and assaultive Apples. We need an active forum and resource group to help physicians manage and leverage their time more effectively. We are being asked to do more with less, so we had better be able to use all the technological tools at our disposal to keep ahead. We hoary healers must adapt to newer technological tools or…

Beside me, the LP of Rogers and Hammerstein's *Oklahoma!* is the only analog device at my workspace. It spins in a solemn death spiral as the stylus needle caresses the vinyl indentations sending electrical impulses to my third (and working) laptop. There, the analog waveforms are digested, digitized and infused to my iTunes iPod. The LP pirouettes one last revolution, disgorging the final stanza before it is put away, obsolete and destined for the dustbin. Symbolism of non adaptation? The digital version of Oklahoma! will carry on. The analog won't. Let us as a profession not follow that pattern.

My desktop computer is finally wheezing to life after its electronic enema and some mild verbal and percussive encouragement. It is time for it to really work, so I ask it a final question.

"How will we perform as *multitasking* physicians of a multi-cultural background and multi-forum modes of practice and be up to the task of leading a busy life, and the challenges of dealing with health care system on system overload?"

The computer terminal winks, "C :> Resources available! Multitasker drive is sufficient. Press any key to start."

Translated into analog-speak, that abbreviates the musical I just recorded:

"OK!"

rajones@sbcglobal.net

1. "The Impact of Video Games on Training Surgeons in the 21st Century." Arch Surg. 2007 Feb;142(2):181-6; discussion 186. PMID: 17309970 [PubMed - indexed for MEDLINE]

Sierra Sacramento Valley Medical Society
5380 Elvas Avenue #100 • Sacramento, CA 95819
916.452.2671 PH • 916.452.2690 FX • Email: info@ssvms.org

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