

How Do ACPE Training Programs at Level I Trauma Centers Schedule On Call Coverage?

A Survey Conducted September 2008-January 2009

The Problem

Over the past several years, it has become apparent that increased patient volume and higher acuity levels at the University of Tennessee Medical Center (UTMC) in Knoxville are resulting in ever-busier on-call shifts. We are a Level I Trauma Center, a Level III Neonatal Center, and have nine intensive care units in addition to other patient care units. The UTMC on-call chaplain is paged for all Code 99s (cardiac arrests); all traumas (full and modified); most deaths; meal tickets, clothing, bus passes, taxi or gas vouchers; service alerts from patients paging directly from their rooms; ethics consultations; and routine pastoral care referrals.

As of September 30, 2008, our on-call duty was a 24-hour shift from 0800-0800 that actually ended with morning report at approximately 0830. It was obvious after just one month into the new residency year that our students, all but one in their fifties, were burning out quickly. Pastoral care staff, also getting a little long in tooth and still doing monthly overnight on calls, discussed various options and decided to find out how other such training sites handle on call coverage.

The Process

We subsequently contacted the ACPE office in Decatur for a list of training sites at Level I Trauma centers and were advised that there is no such list, because this information is not collected nationally. It was recommended that Regional Directors be asked for the data. Because of increasingly prohibitive costs associated with paper duplication and postage, we chose at this point to rely primarily on email contact for our research, even though electronic communication has its own limitations.

Eight Regional Directors responded to our email inquiry about what training centers in their regions were located at Level I Trauma centers. All noted that such data is not collected regionally, either. However, all offered to help us retrieve the information: two forwarded our initial email inquiry to all training sites in their regions, one requested a brief survey to send to training sites in that region, two indicated a willingness to assist in whatever form that would take, and three sent lists with a total of 42 training sites likely to be Level I trauma centers.

A one-page survey was developed for the regional director who requested it and subsequently also was sent to the Regional Directors who hadn't already circulated our initial inquiry. Most forwarded the one-page survey to training sites in their region; one also offered suggestions on how to make the survey form more useful.

Reviews of websites for the 42 ACPE training programs identified by Regional Directors as training sites likely to be Level I trauma center revealed that 23 of those training sites self-identified as Level I trauma centers on their websites. The one-page survey then was sent to a supervisor at each of those 23 sites; 10 completed and returned the survey.

The Results

Responses have served as a reminder that we are a delightfully creative, earnest and thoughtful group of people, dedicated both to educating students and caring for the patients, families and staff in our institutions. Although identification of all ACPE training programs at Level I Trauma settings would have increased the possibility of more comprehensive findings, and even though the one-page survey could have been vastly improved, we accepted the data received as representative. The information thus garnered was very helpful to our reflective process and led to spirited discussions that resulted in significant changes to on call coverage at the University of Tennessee Medical Center.

In all, supervisors from 25 sites responded (current information from the University of Tennessee Medical Center is included as #24), by telephone, by answering the initial query, and by completing the survey. A list of participants and a copy of the one-page survey follow in this document.

A draft of the information they provided was submitted to each respondent for a member check. Received corrections were made, and the attached final results of the survey now are being distributed to participants, to the Regional Directors, and to Deryck Durston at ACPE. The names, email addresses and telephone numbers of all respondents are included, in hopes that this will facilitate further conversation.

A Recommendation

Such consultation with and conversation among pastoral educators at Level I Trauma Center training sites proved to be so valuable for us that we recommended ACPE create a category for training sites at Level I Trauma Centers to be included in the list of “Centers by Setting” currently available on the ACPE website. That way, we could simply contact each other directly to discuss our concerns, and additional research with this group would greatly facilitated.

To our great appreciation, Deryck Durston has indicated the national office is working to implement this recommendation.

A Note of Appreciation

This process has been extraordinarily helpful and interesting to us here at UTMC, and we are grateful to everyone who took the time to respond both initially and through subsequent member checks. Your sharing has led us to improve our process, and we have higher hopes now than before of our staff and students alike being healthier as a consequence. That, of course, translates into better pastoral care for those we serve. Perhaps the information, formatted for printing on legal-sized paper, will be helpful to you, as well.

Again, we thank you all!

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Survey Participants

1. Spartanburg Regional Medical Center, Spartanburg, SC
2. Palmetto, Richland Campus, Columbia, SC
3. St. Vincent Mercy Medical Center, Toledo, OH
4. Erlanger Health System, Chattanooga, TN
5. St. Joseph's Hospital, Atlanta, GA
6. Massachusetts General Hospital, Boston, MA
7. Advocate Good Samaritan, Downers Grove, IL
8. Atlanta Medical Center, Atlanta, GA
9. Banner Good Samaritan, Phoenix, AZ
10. Johnson City Medical Center, Johnson City, TN
11. Barnes Jewish Hospital, St. Louis, MO
12. Princeton Baptist, Birmingham, AL
13. Northwestern Memorial Hospital, Chicago, IL
14. UCLA Medical Center, Los Angeles, CA
15. Carolinas Health Care System, Charlotte, NC
16. West Virginia University Hospitals, Morgantown, WV
17. Pitt County Memorial Hospital, Greenville, NC
18. Stanford Hospitals and Clinics, Stanford, CA
19. Legacy Health System, Portland, OR
20. UNC Hospitals, Chapel Hill, NC
21. Advocate Christ Medical Center, Oak Lawn, IL
22. Loyola University Medical Center, Maywood, IL
23. Baystate Medical Center, Springfield, MA
24. University of Tennessee Medical Center, Knoxville, TN
25. Sentara Hospitals, Norfolk, VA

One-Page Survey of Training Program On Calls at Level I Trauma Centers

Training Center:

Contact Person:

Number of Supervisors:

Number of Staff:

Number of Students:

Number of Volunteers:

Who covers on call?

On call shift time on & off:

How often do people have on call?

Do you give time back for on call?

If so, please describe:

Do people work a full day before taking evening on call, or do they come in later in the day?
If later in the day, who takes on call during the day?

Tasks completed by on call chaplain:

_____ Routine rounds & pastoral visits _____ Paged for Codes _____ Paged for Traumas

_____ Clothing _____ Meals _____ Prescriptions

_____ Transportation _____ Computer-generated Referrals

_____ Other (describe)

Would you like to see the completed results of this survey?

Thank you for taking the time to help us understand on call at your center.

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