

# Friday ‘Dump Job’ Ends Back on Hospitalist

**PORTLAND, MA** - Hospitalist Dr. Doug Moore was trying to plan ahead for his upcoming weekend. He knew he had to take Ms. Williams off his list to have a completely free weekend. Dr. Moore tried to plan out his day so that at 12:00 PM, without seeming like he was dumping the patient off, he called surgery. Here’s how the rest of the day’s events transpired:



*12:03 PM* - Dr. Moore calls Dr. Wilson, a general surgeon. “Hey Bob, I have a patient here that [I think you need to take primary on](#). She’s a 43-year-old female with abdominal pain and you took out her gallbladder last March. She mentioned that she would like to see you.”

*12:47 PM* - After Dr. Wilson unknowingly took primary, he saw Ms. Moore, realized his weekend would be extra busy, and then called [gastroenterology](#) to transfer care. “Yeah Rebecca, Bob Wilson here. I have a patient here that I really don’t have a surgical option for at this time. You may want to scope her.” Before she could tell him “No” he hung up the phone, a typical surgeon trick.

*1:55 PM* - The gastroenterologist, Dr. Shriver, realized she would not be able to perform a scope until Monday, and couldn’t justify an emergent scope on a Friday for vague abdominal symptoms, so she called [nephrology](#). “Hey Chris, I have a patient here that is a [stage 3 CKD](#), and is having what seems to be kidney pain. I’d like for you to see her. There really isn’t much more we can offer from a GI standpoint.” When reminded that nephrology didn’t take primary, Rebecca informed Chris that she inherited this patient from surgery. Chris agreed only because she brought in [fresh-baked delicious cookies](#) today.

*2:21 PM* - Dr. Chris Carpenter, the nephrologist, realized that this pain wasn’t from her kidneys, but couldn’t be certain, because the radiologist read of the CT stated that she had a calcified kidney. Seizing the moment of [clinical correlation](#) he called the [urologist](#) to hand her over. Knowing that it was almost impossible for a [urologist](#) to take primary he had to be tricky. “John I need you to

write this down..." after giving the medical number and the history of "possible stones" he quickly said, "I have nothing to offer and I need you to take primary."

The quick hand-off trick didn't work for Chris this time; so he had to rely on an [old rivalry](#) and reverse psychology. Dr. Carpenter called [cardiology](#). "Hi Dr. Clemens, I need you to take a patient for me. I gave them too much fluid and now they are in [heart failure](#)." Hook, line, sinker, Dr. Clemens was so excited that nephrology was conceding on fluid management that he took the patient. Once he finally realized it was a trick, he remembered John, the urologist, owed him. In the hallway he convinced him to take the patient from him, thus freeing up his weekend.

*3:56 PM* - Urologist calls the [hospitalist](#), Dr. Doug Moore, "Hey I have a patient that supposedly has kidney stones, I looked at the scans myself and I didn't see anything urgent. I'll need this patient to have medical care this weekend until I can schedule her for the OR on Monday." When asked how he felt, Dr. Moore told reporters, "Well it was a good effort, but unfortunately I won't be able to go to the lakehouse this weekend."