Who killed lab rounds?

rounds are often a low priority for busy residents and fellows who need to finish time-sensitive patient care tasks.

How can we live in a golden age of microbiology yet find lab rounds dispensable? One hour per week can scratch the surface of the marvelous discoveries that animate contemporary microbiology, it can review and clarify “pearls” of knowledge that can improve the practical utility of the lab, and it can give real time awareness about our patients. But time, the principal currency of modern medicine, is spent to complete the myriad tasks required of doctors, and there is precious little left over. We have come to wait patiently for the laboratory to tell us what is important. When radiographic images are viewed anywhere in the hospital within minutes of the procedure and lab results are copied from the LCD screen to the progress note, discussion of advanced molecular techniques that result in the reclassification of a bacterium or how new diagnostic tests can be faster and more precise than standard techniques seems inefficient and possibly indulgent. Time spent discussing the nuances of microbial resistance is pleasurable but does not necessarily lead to direct changes in patient care. Learning why cocci are round and rods are usually but not always sausage-shaped and why we are covered with thousands of species of microbes very few of which have even been grown in a laboratory—well, when do we find the time for that? Perhaps the new discoveries in the human microbiome that are getting traction in real-world medical problems will spark a renewed interest in our microbial friends and nemeses. I know how and why lab rounds died, but I am not too worried about microbiology—it has plenty of life left in it.

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