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Business



David Christopher Case Study David Christopher Case Study The weekly load for the surgeons in a week can be described as hectic given the kind of timetable they abide by. The timetable for the surgeons in this case be divided into two; the active hours in the surgery is computed to be from Monday to Thursday in which they work for 11 hours a day and since one hour is for lunch between 12 noon to 1 pm. It can be considered that the surgeons take 40 effective hours as the effective engagement time. The 4 hours for lunch can be considered non-effective hours. Though from Friday and the weekends, the surgeons are not involved in direct surgery, they are engaged in other activities like conferences and giving public lectures in the nearby medical schools. If this time is also computed as work hours for the week, then they will have extra 30 effective hours and 3 non-effective hours. Thus in total, the week load hours for the surgeons is 77 hours in which 7 hours is considered non-effective-lunch hour.

As explained in the initial part of this paper, one surgeon should work for 77 hours in a week combining everything. However, in the scheduled timetable for the two doctors, A and B, the time taken by the doctors computed comes to 343 hours. If this is compared to the time taken by one doctor in a week as the standard time stipulates then you will find that it is five times the figure. Given then that we have only two doctors in the clinic, there is a deficiency of three more doctors in the hospital and surely, if the hospital need doctors reinforcement of three more.

This is the case of the complimentary needs, if the hospital has taken the step to reduce the workload of the doctors, it will only be successful if the put into place the facilities that would engage the doctors concurrently. If this is not done, the doctors will only be interchanging and utilizing the same

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time to attend to the patients. This would mean that if there are more patients, they cannot be attended to due to inadequacy of the facilities. This will ensure that the quality of work is not compromised given the sensitivity of the work they do. These changes will also limit the movement from one patient to the other and the stress involved. This move will tremendously improve the efficiency given that the hospital is experiencing influx of more patients.

I consider the effective 10 hours working time for the doctors rather tedious. In this regard, would recommend that they even employ more doctors such that they work on rotational basis. In this case, if a doctor is to undertake operation on Monday, that specific day he/she will not be visiting the patients and vice versa. The doctors should also be made to specialize on certain orthopedic treatment as this will bring about specialization and division of labor to enhance efficiency and professionalism in the work place.