

Case 12

Becomes overwhelmed when patients are sick or there is a large patient volume

Ethan is one of your PGY2 residents. Colleagues have described him as conscientious and thorough junior resident and easily able to manage 5-6 patients, though it is noted he often stays late to complete documentation. The objectives in transitioning to senior level duties include management of 8-9 patients. He is assigned some of the more complex patients on the team, as well as asked to supervise and help manage the medical students' assigned patients. You are the attending of the team which is currently particularly busy with high patient census, as well as some unwell, undifferentiated patients.

You note that after the first three days on service, while preparing for evening sign over, Ethan appears flustered. Some of the action items for his patients, that were agreed upon earlier, have not yet been done. Discharge counselling and orders are pending. His notes for the day are still not charted. You know that he has been staying late to complete his work before leaving the hospital. You ask if you could meet with him privately.. When you bring up concern for getting work done in a timely fashion, and what might you be able to do to help him, he seems to be fighting back tears. He tells you that he is spending a lot of time helping the medical students, and then finding he's not as able to care for his patients as he was accustomed when he was a junior resident.

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Feedback Script

Case 12 – Overwhelmed by acuity and volume

<p>Step 1: Action Identify the Trigger Behavior</p> <ul style="list-style-type: none"> • <i>Describe specific examples</i> 	<p>Ethan is struggling with the competing patient demands of a busy inpatient service, including supervising medical students. Assigned tasks have not been completed by the end of the day. He is staying late to write his daily progress notes.</p>
<p>Step 2: Subcompetency Identify Milestone-based correlation</p> <ul style="list-style-type: none"> • <i>Correlate behavior to milestone/EPA anchor</i> 	<p>PROF 4: Level 3 “Recognizes limitations, but has the perception that autonomy is a key element of one’s identity as a physician, and the need to emulate this behavior to belong to the profession may interfere with the internal drive to engage in appropriate help-seeking behavior.</p> <p>CanMEDS ME 1.5 Level: Foundations of Discipline & Core of Discipline “Carry out professional duties in face of multiple competing demands”</p>
<p>Step 3: Evidence Target High Yield Feedback Points</p> <ul style="list-style-type: none"> • <i>Real issue behind behavior</i> • <i>Identify impact of behaviors</i> 	<ul style="list-style-type: none"> • Being overwhelmed with high patient volume • Difficulty balancing multiple responsibilities • Difficulty in asking for help • Potential for compromising patient safety • Potential to postpone action items to the next day (e.g. if discussion with allied health personal did not occur prior to them leaving the hospital) • Concern for flow – patients staying in emergency while waiting for discharges from the ward
<p>Step 4: Script Create Brief Script</p> <ul style="list-style-type: none"> • <i>No more than 3-4 sentences</i> • <i>Neutral language</i> • <i>Focus on behaviors and actions</i> 	<p>Ethan, it is apparent to me that you really care about the work that you do. I have heard feedback from other physicians that you are thorough and conscientious, and I see evidence of that because you are staying late, and completing all designated tasks of the day, to the best of your ability. It can be a fairly significant transition to take on a supervisory position as well as manage multiple sick patients. Sometimes it is important to recognize your limitations and ask for help, in the interest of ensuring patient safety and flow. I’m also concerned that if you keep up this current practice pattern, you are at risk of burn-out.</p>

<p>Step 5: Strategy Describe Possible Plan for Improvement</p> <ul style="list-style-type: none">• <i>Create 1-2 specific methods for improvement</i>	<p>At the end of morning rounds I suggest we sit down and look at all the competing priorities for your time. You tell me what you think is most important and how you're going to organize the rest of the day. If there are several things that must be done within the same time frame, ask me or the senior resident for help in completing the tasks.</p> <p>With regards to note-writing, you can start writing your note at the beginning of the day and then add addendums, if there have been any significant clinical changes, laboratory investigations or change in the management plans. You don't have to wait to have it "all-together" to write your daily progress note. If you need to defer completing discharge summaries, you can ask the ward-clerk to put aside a chart for you til the end of the day.</p>
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