

Case 8

Defensive when plans or comments are challenged

Ben is an intern doing his second ward rotation on the inpatient service. You heard from one of your colleagues that on his first ward rotation he tended to be defensive when his plans or comments are challenged. You, too, have noted that he continues to exhibit this behavior. For instance, when you suggested Ampicillin for a patient with uncomplicated community-acquired pneumonia, he let out a sigh, crossed his arms, and said the last patient he had with pneumonia they used ceftriaxone. He quite often states he, "just wants to understand" when it comes to patient care, however, the perception of his attempt to learn is that he is being argumentative just to be argumentative, and it is felt that he often does not have the appropriate knowledge base to back up his assertions.

Author: NPB

Created by HB Fromme, N Black, S Paik, M Ryan and K Gray. Workshop titled "A Script for What Ails Your Learners: Developing Feedback 'Scripts' to Promote Effective Learning". Permission to use with attribution to authors.

Feedback Script

Case 8 – Defensive when plans or comments are challenged

<p>Step 1: Action Identify the Trigger Behavior</p> <ul style="list-style-type: none"> • <i>Describe specific examples</i> 	<p>Intern defensive when plans or comments are challenged. For example, when you suggested Ampicillin for a patient with uncomplicated community-acquired pneumonia, he let out a sigh, crossed his arms, and said the last patient he had with pneumonia they used ceftriaxone.</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>PC5 Develop and carryout management plans: Level 1.5-develops and carries out plans based on directives from others and is unable to adjust plans based on individual patient differences.</p> <p>MK1 Critically evaluate and apply current medical information and scientific evidence for patient care: Level 1.5-doesn't recognize importance of using current literature.</p> <p>PBL14 Incorporate formative evaluation feedback into daily practice: Level 1-has difficulty considering others' points of view when differ from own, leading to defensiveness and inability to receive and/or avoidance of feedback</p> <p>ICS2 Demonstrate the insight and understanding into emotion and human response to emotion that allows one to appropriately develop and manage human interactions: Level 1-is unaware of one's own emotional and behavioral cues and many transmit emotions in communication (e.g., anxiety, exuberance, anger); does not effectively manage strong emotions in oneself or others</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"> • We are all lifelong learners and need to understand, receive, and process others' perspective in order to learn • The experience of others, especially those with more years of clinical service, can help expand your knowledge base • Healthy discussions regarding management and decision-making are welcome, however there is a way to do it appropriately

Author: NPB

Created by HB Fromme, N Black, S Paik, M Ryan and K Gray. Workshop titled "A Script for What Ails Your Learners: Developing Feedback 'Scripts' to Promote Effective Learning". Permission to use with attribution to authors.

<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>I noted that when decisions and plans you make are challenged your response suggests you don't agree and are not interested in the alternative point of view. For example, when I recommended Ampicillin for a patient with uncomplicated community-acquired pneumonia, your body language appeared to me that you didn't agree and you shared that your management plan was influenced by a prior patient with pneumonia. As lifelong learners we encourage and welcome healthy discussions regarding medical decision-making. We ask, however, that you think critically about how you respond to these discussions. It is important to go to the literature and support what you are endorsing and to consider how (i.e., tone, body language, evidence) you go about responding to differing opinions.</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> 	<ul style="list-style-type: none"> • Spend more time reviewing the literature to understand the evidence when making decisions. Goal is one primary article or guideline review per day on a topic related to one of your patients. • Understand that perception is reality and reflect on how you respond to challenges. <ul style="list-style-type: none"> ○ Pay attention to your internal response when being challenged. If you feel as though you are getting agitated or annoyed, take a few deep breaths before responding. Also note if your behavior changes based on the type of day you are having (e.g., busy with a high patient load). ○ Ask a fellow resident (intern or senior) to pay attention to your responses to have an objective external review of the situations and to monitor your improvement.

Author: NPB

Created by HB Fromme, N Black, S Paik, M Ryan and K Gray. Workshop titled "A Script for What Ails Your Learners: Developing Feedback 'Scripts' to Promote Effective Learning". Permission to use with attribution to authors.