Case 10
Very engaged in rounds, but does not proactively take on work/tasks after rounds.

Eric is a 3ʳᵈ year medical student who has been on this rotation for 1 of 2 weeks and is about half way through his 3ʳᵈ year clerkships. He carries a patient load of 1 to 2 patients each day. He comes to work on time and prepares for rounds gathering all the necessary data. He is engaged on rounds giving complete presentations, teaching the team what he learned about the diagnosis/medication, answering and asking questions when warranted. He appears motivated to learn more about the specialty. After rounds, however, he fails to follow through on tasks, call consults independently, check that his patients' orders are correct, or assist his team members who are carrying more patients. He often reports that he will be reading and for his senior to call him if needed.

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Feedback Script
Case 10 – Engaged but not proactive with work

Step 1: Action Identify the Trigger Behavior • *Describe specific examples*	Very engaged in rounds, but does not proactively take on work/tasks after rounds -often unavailable when team is busy in afternoon -does not follow through on details of plan created during rounds -dependent on others to complete tasks, i.e. consults, orders
Step 2: Subcompetency Identify Milestone-based correlation • *Correlate behavior to milestone/EPA anchor*	EPA4: Enter and discuss orders and prescriptions EPA 9: Collaborate as a member of an interprofessional team.
Step 3: Evidence Target High Yield Feedback Points • *Real issue behind behavior* • *Identify impact of behaviors*	Team members often have to add more to their own "to do" list, feeling the burden of your absence. Consultants can teach you things when you call them with questions. Learning opportunities are missed.
Step 4: Script Create Brief Script • *No more than 3-4 sentences* • *Neutral language* • *Focus on behaviors and actions*	Taking full ownership of your patients means being fully involved from admission, work up, and creating a management plan to calling consultants, reviewing images, reading more about the differential diagnosis and management plan. I see you very invested in rounds and then I don't see the same level of investment in other activities and tasks important to patient care and your education. For instance, you didn't call the cardiology consult on your patient the other day and told your senior that instead you would be studying and he could call you if you were needed for anything. By over relying on others to complete your work and know your patients I worry that you aren't getting what you need for your education and your peers are taking on extra work. The team cohesiveness also may suffer when not everyone is available to help. Let's discuss what your roles are as a medical student and reflect on what might be contributing to this issue.

Step 5: Strategy Describe Possible Plan for Improvement • *Create 1-2 specific methods for improvement*	• Be present. 1) to learn from your team members and their patients and 2) to discuss interesting points/topics throughout the day • Call consultants yourself. Practice what you will say with your senior if necessary. • Make a task list after rounds and ask your seniors to help you prioritize. • Revisit your patients in the afternoon. • Know about status updates before the rest of your team, i.e. take ownership.

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