

Case 15

Maintains a “student” role despite being a mid-year intern

You are finishing your second block of time working with Carly, a pleasant, quiet, studious intern. Whenever you have spoken with Carly, she is always engaged and seems grateful for any teaching (and frankly any direction) that you can give to her. She is clearly reading about her patients, as evidenced by the times you saw her on the NIH website or with a journal article in hand. Yet her presentations are very much those of a third-year medical student: mainly reporting details, without thoughtful synthesis, and without proposal for or modification of plans. You know that she is capable of more, but she continues to hang back and looks to her senior frequently during rounds to confirm everything that she is saying. There are glimmers of insight in how she phrases things, but when probed for understanding, her reasoning is unfiltered and lacks synthesis. You have seen her senior working with her, and you are not sure if she is timid/anxious or has true knowledge gaps.

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Feedback Script

Case 15 – Maintains student rule despite being intern

<p>Step 1: Action Identify the Trigger Behavior</p> <ul style="list-style-type: none"> • <i>Describe specific examples</i> 	<p>-Unable to synthesize information -Reports plan developed by senior resident/supervising physician, rather than proposing own plan or modifying current plan based on patient status -Not able to demonstrate/articulate clinical reasoning behind assessment/plan</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>PC4: Level 1: “Recalls and presents clinical facts ... in the order they were elicited without filtering, reorganization, or synthesis...making it difficult to develop a therapeutic plan.” PC5: Level 1/2: “Develops and carries out management plans based on directives from 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> 	<p>Carly is functioning at the level of a “reporter” instead of the level expected of an intern, including “interpreter” and some “manager.” This is evidenced by her inability to explain or substantiate her thought process and the fact that she was repeatedly unable to suggest or modify management plans. It is unclear if this comes from insufficient knowledge or from inability to articulate when presenting/interacting with the attending.</p> <p>-Impact: Carly needs to be able to synthesize her patients' information to respond appropriately. She will also need to be able to make management plans, particularly when she transitions to being a senior. By not making her own plans now, she is losing out on the chance to trial and learn from possible management options.</p>

<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>Carly, you are a dedicated member of the pediatrics team, and I appreciate your contributions. At the same time, I have significant concerns that you are not progressing in your medical reasoning and patient ownership from the beginning of the intern year. When I hear your presentations, they are more a recitation than a synthesis of information. I have not observed you suggesting or modifying patient management plans, and I wonder if that is coming from your difficulty synthesizing patient information or from anxiety expressing your opinions. Soon enough, you will be the person “in charge” and others will look to you for guidance in understanding patients’ clinical concerns and making plans. I am not sure what is behind this difficulty, but I have a few suggestions for how to improve.</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>Anxiety: If you are having difficulty with coherence on rounds because of anxiety, I suggest that you practice presentations out loud. It should only take a few minutes. We all know finding the words to use is more difficult than thinking it through, so working through it on your own will give you confidence. Then practice explaining your thoughts to a friend or colleague.</p> <p>Knowledge: Sometimes people arrive in internship and feel overwhelmed by their lack of knowledge. Everyone (even attendings) have knowledge gaps, and the only way to address this is to get started with what is in front of you. Pick one diagnosis you saw today, and compare/contrast it with two other diagnoses that could have similar presentations. Actively using your new knowledge and linking it to a patient will help it stick more. Then try to think, using the patients’ individual problems, about what you might do to address each problem.</p> <p>“Fait accompli.” If you feel like everything has already been decided by the night team, and have difficulty changing the course, consider not reading the overnight notes for the plan, and coming up with your own A/P. What would you identify as problems? What would you like to do? Challenge yourself!</p>