

Case 17

Relies heavily on a strong knowledge base but resists accepting alternative management choices from seasoned faculty

It is August, and you are working with Robert, a 2nd year resident who is in his first inpatient leadership role. You worked with him as an intern, and you were always impressed with his knowledge base. Even now he has strong foundational knowledge, and he maximizes that with frequently utilizing the literature to support his plans. Unfortunately, you have noticed that he is resistant to any clinical treatment recommendations that you make that are discordant with his. On several occasions, both in front of and away from the team, he has repeatedly challenged your assertions, either by referencing literature or by repeating a guideline he read. Despite your explanations about how this patient might differ from those in the papers he has read, or by emphasizing your experiences with similar patients in the past, he at best will mumble “fine” and then gets silent for the rest of rounds. He has similarly presented consultant recommendations to you in a negative way when he has not agreed with them.

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Feedback Script

Case 17 – Relies on knowledge base but doesn't accept alternate management choices

<p>Step 1: Action Identify the Trigger Behavior</p> <ul style="list-style-type: none"> • <i>Describe specific examples</i> 	<ul style="list-style-type: none"> • Robert resists accepting alternative treatment plans • He does not seem to appreciate the ambiguity that can exist in clinical cases • He takes the literature at face value and misses some of the subtleties • He can be unprofessional when his choices are overridden by the attending or when he disagrees
<p>Step 2: Subcompetency Identify Milestone-based correlation</p> <ul style="list-style-type: none"> • <i>Correlate behavior to milestone/EPA anchor</i> 	<p>ACGME Milestones</p> <ul style="list-style-type: none"> • MK1: Level 3: identifies gaps and tries to fill them, but needs “guidance in understanding the subtleties of the evidence” • PBLI4: Level 1: has difficulty considering points of view of others, leading to defensiveness <p>CanMEDS</p> <ul style="list-style-type: none"> • COL 1.3 Level: Transition to Practice “Engages in respectful shared decision-making with physicians and other colleagues in the health care professions. • ME 1.6 Level: Transition to Discipline “Recognize and respond to complexity, uncertainty and ambiguity inherent in clinical decision making
<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"> • Challenged by opinions that differ from his own, and can be unprofessional in his reaction to such disagreements • This can undermine the respect of the interns for him and for the attending • It can also prevent his own growth in clinical acumen, as he is unwilling to incorporate the experiences of others • Some of his conflict comes from a lack of detailed reading of the literature and the methodology of the studies, which can result in him inaccurately applying evidence to cases in the future

<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>Robert, you clearly read about your patients and build on a strong foundation of knowledge through access of the literature, which is laudable. Your appraisal of that literature is circumspect, and I feel you are advocating for your patients without understanding the differences between study populations and individuals. This may result in you asserting an inaccurate plan, and when I propose a counter plan, I find you are defensive about my disagreement. It's important to value the experience and knowledge of others as much as the literature. If you do this I think you will hone your clinical acumen (or be a better clinician) By role modeling adaptive, inquisitive behavior, your learners will be able to see how to do so as well. It's important to always respect the opinions of all members of the team with an open mind and positive attitude, especially in the context of discussions at bedside.</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"> • The next time you disagree with a management decision, after rounds what if you find your source material and present the next day for the team with an analysis of how it does/does not apply to our patient. That way we all learn • Similarly, when you receive a recommendation with which you disagree, ask the consultant/attending for further explanation rather than continuing to argue your side. Create a dialogue rather than a disagreement • In turn, I will work to explain my thinking better and allow you to present your case before making my point