

## Case 20 Scenario

Seeks help rarely, due to inability to identify a problem or an area that is unclear

In your system, attending physicians take call from home after 7pm while a night rotation resident team (one intern and one PGY-2 resident) provides in house coverage for general pediatrics patients. This week, you are working with “Dave” a second-year resident who is serving as the night senior. On your first night, you receive no phone calls or pages from Dave. Thinking the team had an easy night, you come to work the next morning surprised to hear that the team admitted 7 patients to your service, a number of whom have rather complicated disease processes. For example, one patient is a 4- year old ex-NICU grad who is ventilator/trach/G-tube dependent, with cerebral palsy and developmental delay who came in for concern of aspiration pneumonia. The outside referring ED gave the child a dose of ceftriaxone before sending the child to your hospital overnight. Dave continued that management plan. When speaking with colleagues, they mention similar concerns about Dave failing to contact them for issues regarding patients.

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## Feedback Script

### Case 20 – Seeks help rarely, unable to identify problems

<p><b>Step 1: Action</b> Identify the Trigger Behavior</p> <ul style="list-style-type: none"> <li>• <i>Describe specific examples</i></li> </ul>	<p>Makes decisions without conferring with supervising attending even when necessary (e.g. does not call attending to share thoughts about patient management plans overnight). Fails to identify gaps in knowledge.</p>
<p><b>Step 2: Subcompetency</b> Identify Milestone-based correlation</p> <ul style="list-style-type: none"> <li>• <i>Correlate behavior to milestone/EPA anchor</i></li> </ul>	<p>PROF 4: Self-awareness of one’s own knowledge, skill, and emotional limitations that leads to appropriate help-seeking behaviors (Level 1)  PC5: Develop and carry out management plans. (Level 1)</p>
<p><b>Step 3: Evidence</b> Target High Yield Feedback Points</p> <ul style="list-style-type: none"> <li>• <i>Real issue behind behavior</i></li> <li>• <i>Identify impact of behaviors</i></li> </ul>	<p>May see role as “executor” of plans and may not critically appraise the plan. The inability to recognize gaps in knowledge and appraise plans results in efficient patient management but may not result in optimal care for the patient and does not permit the opportunity to develop own management “style.”</p>
<p><b>Step 4: Script</b> Create Brief Script</p> <ul style="list-style-type: none"> <li>• <i>No more than 3-4 sentences</i></li> <li>• <i>Neutral language</i></li> <li>• <i>Focus on behaviors and actions</i></li> </ul>	<p>It’s excellent that you are able to efficiently care for patients without seeking our help for every case. However, it’s important that we always critically review the management plan and identify when we are unsure of how to proceed. Those are the situations in which it’s imperative to run our intended plans by someone more senior than us to get their opinion so we can learn and develop our own style for the future management of similar patients.</p>
<p><b>Step 5: Strategy</b> Describe Possible Plan for Improvement</p> <ul style="list-style-type: none"> <li>• <i>Create 1-2 specific methods for improvement</i></li> </ul>	<ul style="list-style-type: none"> <li>• For the next three patients you see, I want you to develop a management plan and come up with a rationale to justify that decision</li> <li>• In addition, come up with at least one diagnostic or management consideration which you are unsure of</li> <li>• Let’s talk at 10pm each night to discuss your thoughts on the above so we can review.</li> </ul>