

### **Case 24:**

Compromises patient care/efficiency because unable to anticipate on an individual patient level

Amanda is an intern who has spent some time on the pediatric ward already this year. She is a good team member and reliable to follow through on treatment plans for her patients. At evening sign out, however, she fails to help the night team recognize higher acuity patients, anticipate possible adverse events, and does not prepare contingency plans. When she arrives in the morning and a patient has changed course (e.g. a bronchiolitis who continued to worsen and required escalating respiratory support or fever/neutropenia whose condition deteriorated), she finds herself “catching up” reading and working out a new management plan. Amanda is focused on her immediate tasks at hand and has difficulty planning ahead. For example, for a patient who needed long term TPN, she did not take the initiative to plan for sedation and central line placement until someone explicitly pointed this out to her.

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## Feedback Scripts

### Case 24 – Compromises efficiency as unable to anticipate an patient level

<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>Unable to provide anticipatory guidance to the covering team. Amanda does not anticipate adverse events of certain illnesses, e.g. bronchiolitis, F&amp;N Amanda does not plan past “today,” for example, for a patient who needed central access.</p>
<p><b>Step 2: Sub competency</b> Identify Milestone-based correlation</p> <ul style="list-style-type: none"> <li>• <i>Correlate behavior to milestone/EPA anchor</i></li> </ul>	<p>PC3. Level 2. Uses a standard template for the information provided during the handoff; is unable to deviate from that template to adapt to more complex situations; may have errors of omission or commission, particularly when clinical information is not synthesized; neither anticipates nor attends to the needs of the receiver of information PC5. Level 1. Develops and carries out management plans based on directives from other</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>	<ul style="list-style-type: none"> <li>• Lack of knowledge. Getting through the day, but not able to plan ahead.</li> <li>• Not anticipating possible disease-related complications leads to lack of reading/preparation, and feeling unprepared or needing to “catch up” on learning during pre-rounds.</li> <li>• Lack of forethought about possible overnight events leads to an unprepared covering team, possibly delayed interventions, or potentially inadequate/inappropriate interventions if the covering team is missing key information.</li> <li>• Being unable to plan for a patient’s discharge in advance can delay discharge or other care.</li> </ul>

<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>When I see that you are having difficulty preparing the night team with your sign out, I worry that you may not be seeing the big picture. This leads to the covering team being under prepared, and it may take them longer to respond to events while they gather information. As you are able to think about what/then scenarios, you will be able to prepare not just the team but yourself better. Additionally, being focused only on the tasks for the day can lead to future care being delayed or uncoordinated.</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>	<p>Try signing out using the mnemonic I-PASS: Illness severity, Patient summary, Action List, Situation Awareness/Contingency Plans, Synthesis by receiver. If you prepare this way and are unable to sign out any part, please search for answers via literature and don't be afraid to ask for help.</p> <p>On a daily basis, spend time thinking about possible complications of your patients' illnesses/medications and future planning needs they may encounter. You can even make this part of your "running the list" with your senior. You can also make it into a "worst case scenarios" game to play if there is downtime when you are on the night team.</p>