

## Case 26

### Takes recommendations of ED, consultants without processing or interpreting

It is Feedback Friday, and you are sitting down to talk with a 4<sup>th</sup> year medical student, Mohammed, who is doing his pediatric acting internship. It is now his third week on service, and he seems to know the medical systems quite well, successfully performing his daily tasks as an intern. He has contributed to the team. He knows his patients very well; he has a wide fund of knowledge for his level; and he isn't afraid to present his own thoughts on rounds. In one area, however, he seems to wear blinders. When a consultant sees one of his patients, or he gets sign out from a physician on another service, he does what they say without any apparent consideration. His patient with failure to thrive was seen by the gastroenterologist, and he immediately ordered every test suggested. The ED sent him a patient with an acetaminophen ingestion, and he recommended repeat EKGs as per the ED. The senior resident came to you laughing about that one, commenting, "you should have seen his blank expression when I suggested contacting poison control to see if repeat EKGs on an acetaminophen ingestion were really necessary. I think he mis-heard the ED." You also know there was a time Mohammed immediately started Nutrition's new PO feeding plan, even though the family felt it was too aggressive. You have tried to gently probe Mohammed's thinking about consultants' suggestions in the past, and he has given great deference to the consultants. At that time you were too busy to give further feedback, but you would like to address it today.

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## Feedback Scripts

### Case 26 – Takes recommendations of consultants without interpreting

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| <p><b>Step 1: Action</b><br/>Identify the Trigger Behavior</p> <ul style="list-style-type: none"> <li>• <i>Describe specific examples</i></li> </ul>  | <p>Mohammed is overly deferential to ED physicians and consultants, and implements their recommendations without analytical consideration.<br/>He has started consultant plans without taking the family's input into account.</p>  |
| <p><b>Step 2: Subcompetency</b><br/>Identify Milestone-based correlation</p> <ul style="list-style-type: none"> <li>• <i>Correlate behavior to milestone/EPA anchor</i></li> </ul>                        | <p>EPA3: Recommend and interpret common diagnostic and screening tests.<br/>EPA4: Enter and discuss orders and prescriptions (specifically, not discussing orders with primary team or families).</p> <p>PC5: “Develops and carries out management plans based on directives from others, either from the health care organization or the supervising physician; is unable to adjust plans based on individual patient difference or preferences...”</p> <p>CanMEDS: ME 1.6 Level: Foundations of Discipline<br/>“Recognize and respond to the complexity, uncertainty and ambiguity in all clinical decision making”</p> <p>CanMEDS COM Level: Foundations of Discipline<br/>“Seek and synthesize relevant information from other sources, including the patients’ family, with the patient’s consent”</p> |
| <p><b>Step 3: Evidence</b><br/>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>Lack of critical thinking</p> <ul style="list-style-type: none"> <li>-Carrying out all ED/subspecialist recommendations without question means a lost opportunity to engage the subspecialist and learn about their thought process, which tests they would prioritize, or if there was something they were thinking/worried about that they didn't fully articulate.</li> <li>-Ordering/performing all tests recommended may result in poor prioritization and resource management</li> <li>-Immediately carrying out all recommendations from subspecialists deprives the patient/family of a chance to give input and deprives the patient of the perspective of the team who knows them best.</li> </ul>   |

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| <p><b>Step 4: Script</b><br/>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>Mohammed, I believe you want to provide the best care for your patients, but when you carry out all recommendations from consultants without thoughtful consideration, you are missing out on learning opportunities, and may not be wise in resource stewardship. For instance, when you drew all the recommended labs on the failure to thrive child, we took a lot of blood from a 2 month old. From your understanding of the case, or by asking the consultant for help prioritizing, we could have drawn a first round of labs and only done more if initial results or further clinical course indicated the need. Don't underestimate your own value in navigating how clinical and family needs intersect with consultant recommendations.</p> |
| <p><b>Step 5: Strategy</b><br/>Describe Possible Plan for Improvement</p> <ul style="list-style-type: none"> <li>• <i>Create 1-2 specific methods for improvement</i></li> </ul>   | <ol style="list-style-type: none"> <li>1. Each time a specialist suggests a test or procedure, mentally ask yourself "why? What will that add? How likely is that diagnosis?" At appropriate times and in conjunction with your reading, ask similar questions of your consultants.</li> <li>2. Always stop and consider how this fits into the family's goals of care.</li> </ol>   |