

Teaching Cases:

IN learner:

You are working in a busy Friday afternoon clinic with a resident who is on elective in your field. While your clinic is usually busy, this day is way over booked and you are really feeling pushed to keep things rolling. The resident is assigned a complicated new patient and is taking forever to start. First she reads the nursing note, and then she goes on the web to look up some ideas in UpToDate. You notice that the patient has been in the room for 30 minutes and you suggest to the resident that she just go on in and get started.

The resident spends 40 minutes with the patient doing her H and P, comes out and goes right back to her desk where she pulls down a text and starts reading about her likely diagnosis and planning the work up. You ask if she's ready to present and she tells you that she just needs a few more minutes to pull her thoughts together. Your nurse comes back to say that the resident's second patient of the afternoon is in a room and has been waiting 30 minutes to be seen.

How might you proceed? What do you think might be the biggest source of tension with the intern? What would be strategies to address this learner's needs?

ES learner:

You are on service as inpatient attending. Your resident has a reputation as a real "go-getter" and is looking towards sub-specializing in a procedure-based field. His notes are short but accurate. His presentations are also concise, but contain all the necessary data. Some friction has developed when you try to teach during rounds. You find yourself wanting to talk about disease processes and diagnostic approaches of your more complicated patients; it seems that the resident is always focused on treatment decisions and discharge planning.

You are discussing just such a patient...a child with a fever of unknown origin where the usual array of tests are all normal except an elevated ESR (inflammatory marker) that is five times the normal limit. You are fascinated! You ask your resident to do a literature search on FUO with elevated ESR and to go back and do a more thorough history (you intend on doing the same, hoping to come up with an expanded differential diagnosis).

He seems frustrated by this idea, needs to get to noon conference and suggests that he just consult the infectious disease specialist and let them make the recommendations.

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IS learner:

You are the inpatient attending (or fellow). Over the past few days, you've noticed your intern is very thorough in her presentations, but doesn't seem to always have the "big" picture. She also stays late most days (even post-call!) despite a relatively light census. She is presenting a relatively complex but stable patient who has been in the hospital for one week and is nearly ready for discharge. She presents all the events overnight, all the vital signs, a thorough exam (which hasn't changed in the past week), all labs including those still pending. Finally, she presents her plan by problem list, which re-iterates most of what has happened during this hospitalization. However, she does not include plans for transitioning to discharge, (i.e. ensuring the medication regimen is feasible and necessary follow-up with multiple subspecialists).

You would like to see the patient on a simplified home regimen and begin to comment on how important simplifying discharge medications will be for quality of life issues and compliance. You and the senior resident begin brainstorming on which meds might be changeable to longer acting cousins. Your intern becomes completely quiet and after rounds your senior resident informs you that the intern is crying the team room.

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EN learner:

You are on the ward and the intern is presenting a complicated patient with multiple medical problems and new onset loss of consciousness. You are excited to teach about the approach to the problem. The presentation of the problem is long with many details but accurate and well thought out. You listen as the intern gives you a plan and she pauses and outlines 4 detailed options (that all sound reasonable) but doesn't commit to one. She then discusses the benefits and drawbacks of each option and seems to be working through all the options real time with the team. The intern's pager goes off and the nurse is asking for orders so the patient can go to X-ray. You pause...and think about what you would like to teach about ...

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