Case 1: A strong PGY3 resident comes to your office because of concerns about an intern. She reports that both she and her co-senior (a PGY2 resident) have noted that the intern has acted aggressively towards nurses. They are also concerned that a family fired the intern from continuing to care for their child, and they report that although he will listen to the PGY3 resident, he is often dismissive towards the PGY2 resident. The PGY3 resident is not sure how to talk to the intern about his attitude. When you speak with the intern, he reports he thinks things are going very well. When asked about being aggressive with the nurses, he reports he was making sure an antibiotic was dosed on time, since he had been previously reprimanded by an attending due to a delay in antibiotics on another patient. At his medical school, it was common that to get things done, residents would either have to push the nurses or do things themselves. Concerning the family that fired him as a physician, he reports other colleagues also had issues with the family. In terms of his interactions with the PGY2, he reports that she is quiet and his personality simply gels better with the PGY3.

1) Gather Data:
   a. What information do you have? How valid/valuable is the information?
   b. What other information would you like to have?

2) Identify Problems:
   a. How would you outline/define your concerns about this situation and about the intern?

3) Develop Solutions:
   a. What are your resources?
   b. How might you help this intern and/or seniors?
Case 2: You are one of three chiefs in a medium-sized residency program. You and your co-chiefs have arranged a new wellness initiative that gives residents a half-day free on q4 call months instead of residents leaving for clinic during that time. Some of the attendings mock this and say that “residents have become soft.” Additionally, they worry that patient care will be compromised despite you explaining that residents were previously already leaving at that time for their continuity clinics. One particular attending comes to your office at least once a week to express her disagreement with this scheduling decision. You have repeatedly reported the behavior of the clinician to your program director but have continued to have issues with the clinician.

Gather Data

What information do you have supporting the initiative for resident wellness?

How valid/valuable is the information?

What resources can you site to support this (ACGME)?

What other info would you like to have?

Identify Problems

What are the problems? What may be motivating the attending’s behavior?

Develop Solutions:

What are your resources?

To whom would you reach out if this continues to be a problem?
Case 3: It is your first week of service on the inpatient wards during your Chief year and your first time acting as an attending. One of your friends, a PGY3 resident, is running rounds and a medical student is presenting a patient who has been admitted with pneumonia. After the medical student finishes their presentation and plan for the day, you suggest an alternative treatment regimen based on new guidelines. Immediately, the UL scoffs, rolls her eyes, and says “I disagree. I know this is your first time acting as an attending, but we always treat PNA the same way. The other attendings would agree with me.” The medical student then asks which plan he should present to the family at the bedside.

~ You are put on the spot so rearrange your process.

In the moment (after a deep breath):

What do you say in the moment?
How do you create a professional discussion around this?
Who should be there?

Follow up: After rounds are finished, how would you follow up on this interaction?
Case 4  You have a PGY3 resident who failed her last rotation and she is being required to go on remediation. During the rotation, there was concern that she was teaching incorrect information to the interns and students and that she was unable to pick up subtle clues that a patient may be decompensating because her medical knowledge was poor. It was also noted in her evaluation that her interpersonal skills/attitude was subpar. Of note, this resident had also had to remediate an inpatient month during intern year (so this will be her second remediation month during residency) and has had evaluations in the past commenting on her negative attitude. When discussing the upcoming inpatient remediation rotation with the resident, she does not feel she has a problem with medical knowledge. She feels the upcoming rotation is a waste of time, that the “attendings do not like her,” and that the rotation is unlikely to go well because she does not get along with them. You recognize that some of the attendings in this rotation are known to be quick to judge residents and that once they have a negative opinion of someone it can be difficult to change it. How can you help this resident succeed during her upcoming month?

Gather Data

Listen: What information do you have?
How valid/valuable is the information?
What other information would you like to have?
What is your gut feeling?

Identify Problems

Is this a one time thing or a pattern for the resident? For the faculty on this service?

Develop Solutions:

What are your resources?
What is the specific plan? How can you support this resident to help her be successful?
You have arranged a new wellness initiative that gives residents a half-day free on q4 call months instead of residents leaving for clinic during that time. Many of the older attendings mock this and say that “residents have become soft.” Additionally, they worry that patient care will be compromised despite you explaining that residents were previously already leaving at that time for their continuity clinics. One particular attending comes to your office at least once a week to express her disagreement with this scheduling decision. You have repeatedly reported the behavior of the clinician to your program director but have continued to have issues with the clinician. Who are your allies?

Gather Data

What information do you have supporting the initiative for resident wellness?
How valid/valuable is the information?
What resources can you cite to support this (ACGME)
What other info would you like to have?

Identify Problems

What are the problems? What may be motivating the attending’s behavior?

Develop Solutions:

What are your resources?
To whom would you reach out if this continues to be a problem?
Third year chief: You have a PGY3 (peer) resident who failed her last rotation and she is being required to go on remediation. During the rotation, there was concern that she was teaching incorrect information to the interns and students and that she was unable to pick up subtle clues that a patient may be decompensating because her medical knowledge was poor. It was also noted in her evaluation that her interpersonal skills/attitude was subpar. Of note, this resident had also had to remediate an inpatient month during intern year (so this will be her second remediation month during residency) and has had evaluations in the past commenting on her negative attitude. When discussing the upcoming inpatient remediation rotation with the resident, she does not feel she has a problem with medical knowledge. She feels the upcoming rotation is a waste of time, that the “attendings do not like her,” and that the rotation is unlikely to go well because she does not get along with them. You recognize that some of the attendings in this rotation are known to be quick to judge residents and that once they have a negative opinion of someone it can be difficult to change it. How can you help this resident succeed during her upcoming month?

Gather Data

- Listen: What information do you have?
- How valid/valuable is the information?
  - What other information would you like to have?
  - What is your gut feeling?

Identify Problems

- Is this a one time thing or a pattern for the resident? For the faculty on this service?

Develop Solutions:

- What are your resources?
- What is the specific plan? How can you support this resident to help her be successful?