

Communication and Difficult Conversations Sample Scenarios

APD or FD Perspective:

Your program just instituted a new resident/fellow half-day curriculum, which will affect staffing in the clinics on those afternoons. You have a meeting scheduled with the Director of the Urgent Care clinic to discuss this. You are concerned that the Director will be concerned about decreased staffing and feels that her clinic is viewed as less important as the inpatient rotations.

One of your trainees just announced that she is pregnant and would like to take two months off. She has already done her elective months this year, so her remaining clinical experiences would need to be covered. This will require some schedule changes, which may affect other trainees' elective time.

A trainee on the Oncology service informs you that one of the attending physicians is being demeaning to the staff and trainees on the service. Apparently she has much different expectations than the other attendings, and the trainees are made to feel inadequate when working with her. The resident who comes to you does not want to be named and does not want to complete an evaluation because she is applying in Oncology.

One of the trainees in your program is doing poorly across all rotations. The nurses and faculty share concerns that she's "just not making it". Her evaluations are all notably worse than her peers. The overwhelming sense is that although she's nice, professional and working hard to improve, she lacks the ability to safely manage patient care as expected of a trainee at her level. You've offered additional self-paced learning resources, have facilitated a close clinical mentoring program with a senior trainee but it's clear that things aren't improving. Your faculty feel she can't be trusted to make good clinical decisions. You need to meet with her about being placed on probation or possibly leaving the program.

Coordinator Perspective:

One of your roles is to help support the Chief Residents by organizing conference space, food, etc. This year's Chief Residents have started a new half-day program, which has significantly increased your workload. The Program Director is very supportive of the new curriculum and thinks that the Residency staff should help take care of the administrative needs. Your plate is already quite full, but you don't want to be perceived as complaining because you have a performance review this year.

You are responsible for uploading the schedules to the online system, but this depends on the Chief Residents making the schedule, and your PD reviewing it. The Chiefs have been slow to get the schedule done, and you know that the PD will take over a week to review it. In the meantime, residents keep asking you when it will be posted, and the clinic directors need the schedule to open clinic slots. Even though everyone knows it's not your fault, they keep emailing and calling for updates.

You are one of two fellowship coordinators for eight separate subspecialty fellowships. Although you are each assigned specific programs there's enough overlap that you often help each other out. One of your directors is developing an innovative curriculum on professionalism and wants you to help prepare it and ultimately submit for presentation at a national meeting. You're excited at the prospect of participating in the project and appreciate the advocacy for your career development but it's also interview season and ADS updates are due. The other fellowship coordinator tells you that she feels you're not being as much of a team player lately and feels you are putting your personal aspirations as a higher priority than getting the work done. She has spoken of this to the Core Program Director who has asked for a meeting with the two of you.