## **Case 3: Subspecialty**

## Scenario

You are a subspecialty attending in outpatient clinic working with a second year resident. Prior to starting the rotation the resident was given a list of learning objectives and readings about your specialty. The resident has just seen a typical patient for your field (ie joint pain/arthritis) and has come out of the room to present their findings and exam.

## Action points for discussion:

1. The resident presented the case, but had trouble determining what information and history was most important.

	Autonomy	Competence	Relatedness
Potential barriers intrinsic to learner preventing teacher from facilitating initiative	Hard to make decisions without the proper knowledgeMay assume that can't have role in making decisions in subspecialty carePrior subspecialty clinics didn't allow/expect to voice opinions	resident didn't read the material Too much material Material too narrow/nuanced	Resident thought wouldn't matter to read because doesn't know clinicianMay have sensed family expected attending/was surprised to see residentMay be intimidated by familyMay have no interest in topicMay be burned out from other rotation, wanting to recover
Potential barriers from the environment or teacher to facilitating learner initiative	Attending doesn't expect learner to contribute decisionslimited time for resident to present decisions to attending	Difficult disease processLengthy past historynew history and exam elementsLimited clinic time to get information	Attending doesn't know resident, thus no prior trust established Different attending each day in subspecialty clinic
Ways to navigate barriers/encourage learner initiative			

2. After discussing the clinical presentation the resident stops and stares at your blankly.

	Autonomy	Competence	Relatedness
Potential barriers intrinsic to learner preventing teacher from facilitating initiative			
Potential barriers			
from the environment or teacher to facilitating learner initiative			
Ways to navigate barriers/encourage learner initiative			

3. Halfway through the resident is doing much better understanding "typical" cases and presentations along with developing an appropriate work-up/treatment. The resident requests feedback for current performance along with ways they can continue to improve.

	Autonomy	Competence	Relatedness
Ways to navigate barriers/encourage learner initiative			