Case Scenario **"PD – APD relationship"**	You are an APD who recently graduated from the APPD LEAD program and you are inspired to utilize your newly acquired skills and continue to grow your residency program. You sense your PD is overextended, but you are happy she only assigns you responsibilities that align with your interests. The ACGME has once again changed the duty hour regulations and all programs must implement the changes by the upcoming academic year. Although scheduling and duty hour requirements are not your expertise, your PD challenges you with determining innovative solutions to these changes. You see this as an opportunity to impress your PD with your ideas as well as lighten the PD's busy load. In the past you feel like many of your ideas have been shot down by the PD, and although you may not have known why, you chalked it up to inexperience and went along with the PD's suggestions. Once again, your ideas related to the duty hour restrictions are not accepted; your PD only offers you the feedback that your solutions are not feasible at this time. The PD implements a new schedule she created. The residents and faculty complain to you that the new schedule is not working. You respond that it was not your idea and you agree it was not the best solution. You wonder how best to proceed to maintain a working relationship with your PD.
Prompts	1. Have any you been in similar situations as APDs? 2. How do you handle situations in which you disagree with an individual who is in a position of authority? 3. Discuss strategies as an APD that could have been utilized to diminish frustration you may sometimes feel when your voice is not heard or you are not on the same page with the PD. 4. As an APD, how comfortable are you in discussing with your PD your interests? Have you been in situations where your PD does not help develop your interests? 5. How comfortable as an APD do you feel to take on or refuse certain tasks based on your interests? 6. Discuss strategies to foster a good working relationship with your PD. 7. How does role clarity (or lack thereof) of an APD contribute to one's ability to navigate tough situations as in this case?

Case Scenario **“I need more conference time to teach research and QI”**	As an APD, your primary responsibility to run the research curriculum for your program. Residents in the program are generally dissatisfied with their opportunities for scholarship during residency. Currently, you give 4 lectures per year (about one per quarter) and residents are required to participate in some sort of scholarly activity. You would like to re-vamp the program and require residents to complete a scholarly project at least one time during their residency. You feel that each project should result in a presentation at least locally at your department research day. To achieve this goal, you would like to make your research curriculum more robust. You currently have 4 lectures per year and it is not nearly enough time to teach them everything they need to know about scholarship. You would like more conference time dedicated to the scholarly activity curriculum. You are going to talk to your PD about all of the changes you would like to make but are concerned he will agree. You had the same discussion last year and he insisted that due to the many competing demands for didactic time and the limited amount of time available, he could not allow you to have any additional time during noon conference. You are also not certain he is ready to make a scholarly activity presentation a requirement for residents.
Prompts	1. Have any of you been in a position to negotiate for programmatic resources as APDs? 2. Do you feel you can make decisions about residency requirements or do you defer to your PD? 3. What are some strategies you could use to advocate for what you want? 4. As an APD, is there a right approach to this situation? 5. Is there a conflict of interest in this scenario? How do you balance your specific educational interests as an APD with the requirements of the program?

Case Scenario **Chief Resident Educator and Leadership Development**	Your program has two chief residents, each with his/her different strengths and opportunities for improvement. Chief Resident 1: An excellent educator, this chief facilitates morning reports and other interactive conferences with ease. Her clinical skills and medical knowledge are excellent and she readily and expertly shares that knowledge with others. However, she is a “big picture” person and tends to accomplish tasks at the last minute. Chief Resident 2: An extremely detail-oriented individual, this chief accomplishes his tasks several days or more ahead of schedule. He struggles to facilitate morning reports, has difficulty leading discussions regarding clinical cases and keeping the audience engaged. Each chief resident comes to you expressing frustration regarding the other chief. Chief 1 feels that she needs to lead all the case conferences due to the other chief’s educational struggles. Chief 2 feels the need to do his co-chief’s scheduling work as he perceives that she will not accomplish it in a reasonable timeframe. Neither wants to involve the PD at this time. The residents are feeling the tension between the two chief residents and a few of the senior residents have mentioned to you that they prefer to go to one chief over the other for scheduling concerns.
Prompts	1. Have any of you had similar situations with chief residents? 2. How could an APD coach each chief individually? 3. How could an APD coach the chiefs as a group? 4. As an APD, when and/or how would you involve your PD? 5. As an APD coach, how would you facilitate a growth mindset in your chief residents?

Case Scenario **"The Invisible Resident"**	You have a meeting with resident, "Sarah," at the end of her PGY2 year to catch up on the year. In your meeting, you realize that Sarah is generally doing well. She has had no big issues and no clinical or other concerns have been raised about her. Her evaluations have always been fine. In them, she is described as a good but quiet resident, you note they rarely contain any constructive comments. When you ask her about mentorship, she says that she has not developed a meaningful mentor relationship. She has met with her assigned advisor (or other system used at your institution) but they have not met outside of their assigned meetings. She said that she is interested in getting involved in a project but has had a hard time figuring out how to get a project started. She is interested in getting involved in resident initiatives but never feels confident enough to sign up or get involved. She is thinking about pursuing a fellowship in hospital medicine or gastroenterology but is having a hard time deciding between the two. She is also unclear of who would write her letters or recommendation. She admits to you in your conversations that she feels "invisible" at times. She feels overshadowed by her peers who have had success in developing mentoring relationships, started on projects and are generally more confident and likely to raise their hand for different tasks than her. She thinks she is doing okay clinically, but doesn't have any clear defined learning goals. She is looking to you for help!
Prompts	1. Have you had experience with other similar "invisible" residents? 2. What strategies have you tried (or seen tried) to help make this resident more "visible"? 3. How can you help residents like Sarah gain the confidence needed to jump in? 4. Are there any other strategies not mentioned already that the group could brainstorm to help Sarah? 5. In this scenario, Sarah seems to lack confidence, are there other reasons residents are "invisible"? How do you seek out the resident who is "invisible" and does not seek out help? 6. How would you facilitate a growth mindset in Sarah? 7. Are there programmatic strategies to ensure the residency did not have a culture of making trainees feel invisible?

Case Scenario **Learner in difficulty – difference in approach from the PD**	John is an end of the first-year resident in your program who has struggled with efficiency and completing her daily work in timely fashion. He consistently stays late and violates duty hours. He has also been the heaviest user of the backup/jeopardy system this year – calling in colleagues for illnesses and general fatigue/inability to work. His senior residents regularly come to the program director with concerns about him managing his current patient care load and her ability to be a senior in the upcoming year. Multiple faculty members have approached both you and the PD with questions regarding John's ability to be a senior resident in the program. He has met with the university's resident assistance program to investigate for a psychosocial stressors as well as a learning disability and the program director and chief resident have been meeting with him regularly for 'coaching sessions.' At times, there seem to be slight improvements in his performance, but there are still multiple formal evaluations each month regarding his ability to manage the clinical load. Your program director believes that there has been some improvements and is trying to ensure John can advance to the second year. There are long discussions every week at your weekly program evaluation committee meetings regarding her missed time and his ability to advance in the program. You as the Associate Program Director are uncomfortable with the approaches thus far and feel strongly that this resident is unlikely to be able to advance to the second year.
Prompts	1. As an APD, how do you approach the conversation about remediation with a trainee? 2. Have any you had a similar challenge with the handling of a situation by the PD which differs from your approach? 3. In your respective institution, how does your role as an APD contribute to the overall decision making process as it relates to advancement/graduation of a resident 4. In your role as an APD, how empowered are you to make your opinions or strategies for remediation heard by the overall leadership/program director? 5. As an APD, how comfortable are you in inviting other stakeholders (GME leadership, Department Chair) to provide input to the situation. 6. What are some strategies in working through a philosophical/academic difference with your PD?

Case Scenario **"You're In Charge…the PD is on Vacation"**	Your PD is traveling to out of the country for vacation. She has given you her contact information and reviewed with you upcoming residency related meetings/ events that would warrant your attention. You are feeling good about ensuring things go well in her absence. On the second day of her vacation, the division chief of emergency medicine (who is also your boss) emails you about wanting to increase resident staffing in the ED this winter as the census has been incredibly high over the past 2 years. Optimal flow in the ED is an institutional priority and you also recognize that last year, residents consistently stayed 2-3 hours beyond their scheduled shift times. He would like this change implemented immediately and you know that the chiefs are actively working on the resident rotation schedules for November. Your PD gave clear instructions to you about not agreeing to anything related to resident staffing without her approval. Over the next 24 hours, you call and email her but have not gotten a response. The chiefs want to publish the schedule ASAP and are anxious for a definitive answer from you.
Prompts	1. Have any you been in similar situations as APDs? 2. How does role clarity (or lack thereof) of an APD contribute to one's ability to navigate tough situations as in this case? 3. In your respective institutions, do you feel empowered as an APD to make tough decisions in your PD's absence? 4. As an APD, what steps do you take to ensure you are prepared to handle problems in the absence of your PD? 5. As an APD, is there a right approach to this situation? What stakeholder perspective should be given priority? 6. As an APD, have you ever been caught in the middle between the best interests of the program and the interests of your specific division? How do you handle this?

Case Scenario **Representing your program and advocating for residents with your colleagues (who are disgruntled!)**	Your program is working hard to improve scheduling for outpatient rotations and continuity clinics for residents. Your program director has consistently discussed this during meetings with chiefs, and you know this is an area of active improvement. You have overheard your colleagues grumbling about outpatient clinic schedules and lack of resident presence during certain months. In clinic this week, you are confronted about the schedule, and asked directly why it is taking so long to publish, why clinics are short-changed. They want to know "why the inpatient rotations always get priority at the expense of the clinics." It is also noted that fewer residents are going into practice in outpatient clinical settings, and the faculty are frustrated about this outcome.
Prompts	1. Have any you been in similar situations as APDs? 2. What situational factors as an APD contribute to one's ability to navigate situations of "us against them" mentality, as in this case? 3. In your respective institutions, as an APD, how do you handle tough situations that upset your colleagues about resident program schedules/policies? 4. As an APD, what steps can you take to prepare yourself to handle problems in relationships / perceptions of GME team and your clinical division? 5. As an APD, is there a right approach to this situation? What stakeholder perspective should be given priority? 6. As an APD, have you ever been caught in the middle between the best interests of the program and the interests of your specific division? How do you handle this?