

Nightmares of the New PD

Fall APPD Meeting 2018

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Objectives

- Discuss some common challenges encountered in the PD role
- Develop action plans for handling these situations



Disclosures

- Sharon Calaman has done consulting work for the I-PASS Patient Safety Institute related to handoffs
- Rebecca Blankenburg has no disclosures

Professionalism - Case 1

You have a resident that is constantly behind on duty hours. During your semi-annual meeting you have discussed that she needs to be compliant as not completing these tasks is a professionalism concern. Your coordinator comes to you a month later as she has still not handed in her ILP or gotten her flu shot. He notes that she is always behind on administrative tasks and doesn't answer his emails.

- Is this a professionalism concern?
- How would you handle this case?
- What are your obligations to the ABP?

Case 2

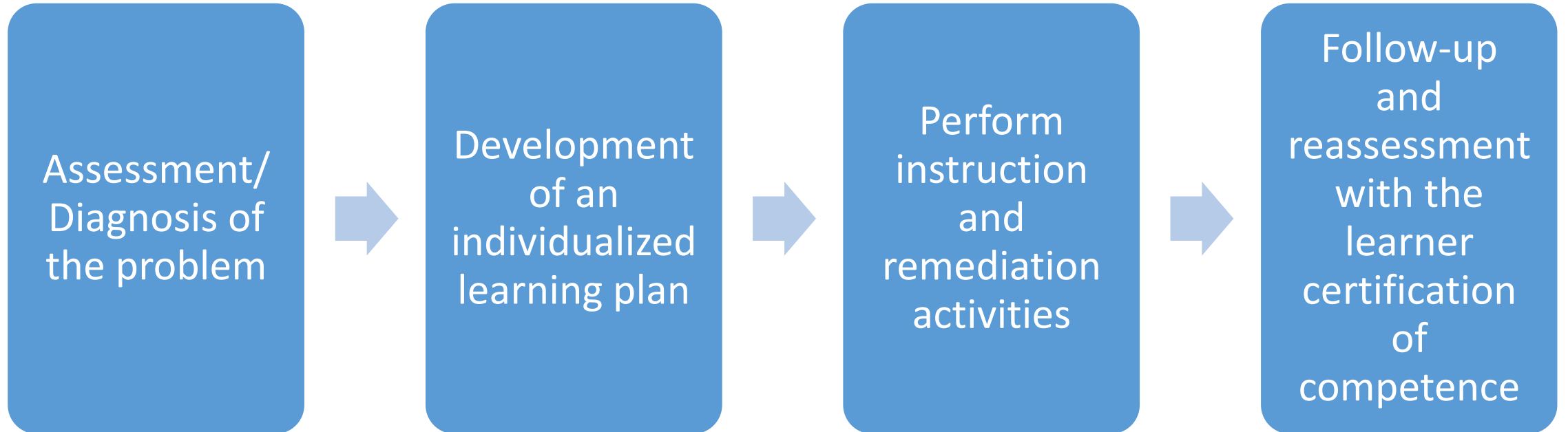
Your chief residents call you because they have tried to call in the sick coverage resident and she informed them that she is already on her way out of town for the holiday – she assumed since she had not been called at 7PM that she was in the clear from a jeopardy standpoint.

- How do you handle the case? What are your obligations to the ABP?

Professionalism and the Program Director

- Developmental Continuum linked to trustworthiness
- Assessment part of program director responsibilities
- Lapse preferred term – thinking of behavior not individual
- Lapse vs breach

Remediation Strategies



Professionalism and the ABP

Annual evaluation of professionalism

Satisfactory

Unsatisfactory

- Repeat year of training OR undergo monitoring program in future practice or fellowship for one year
- ABP decides with input from PD

Impaired Trainees – Case 1

The chiefs have come to you concerned about an intern who seems to be struggling more than you would expect for this time of year. It is December and they still cannot handle a sufficient number of patients. They often get flustered when 2 things come up at once. They have trouble prioritizing tasks and their presentation skills are lacking. The intern had rotated through the inpatient service in July and August when it was slower and the faculty noted he was slow but thought it was just early in the year.

On meeting with the intern, you discover that he has been having trouble sleeping, no longer exercises, feels out of touch with family and friends. He says he just needs some more sleep, that he will be fine

- How do you proceed?

Case 2

One of your nurses raises concerns about a resident who had been working overnight but seemed very scattered – she was moving quickly assessing patients but not following through and placing orders. She seemed to be very distracted and erratic. You have met with her twice in the last month with concerns about her being late for shifts and not completing duty hour tasks.

- How do you proceed? What are concerns in this case?

Depression in Trainees

- Rates around 30% in trainees
- Transition periods are high risk
- Focus area for ACGME in promoting physician wellness
- Physicians at increased risk of suicide



Depression in Trainees

- Integration of screening into semi-annual meetings
- Involvement of residents in wellness initiatives
- Awareness of institutional resources
- Facilitation of referral

Substance Use

- Consideration of potential risk to patients
- HR involvement may be necessary
- Knowledge of medical staff policies
- Utilization of Physician Health Program

Leave (Maternity/Paternity/Sickness)

Case 1:

It's Day 1 as the new PD and your PGY1 categorical peds resident lets you know that she is pregnant. She wonders how much time she can take off.

- What information do you need to answer the question
- What are possible approaches to the issue?
- What if it is the non-pregnant partner?



Maternity/Paternity Leave

Institution?

- Varies by institution

State?

- Varies by state. For example, California – 6 weeks off for vaginal delivery, 8 weeks off for C-section, additional 6 weeks off for infant bonding time.

ABP?

- Allows credit for up to 2 months of leave as long as it comes from elective and the resident is progressing well.

Inheriting a Non-Ideal Member of Your Residency Team

Case:

- You are a new PD and inherited a robust team of APDs, Coordinators, Chief Residents. Amongst the strong team, you realize that one of the members is not ideal for a role in your residency leadership team. What do you do?



Inheriting a Non-Ideal Member of Your Residency Team

- Understand why this individual was chosen for the residency team
- Consider if other positions might fit this individual
- If needed, remove the individual from the position

