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Disclosures

- Drs. Mount, Robbins, and Edison are on Active Duty in the United States Army

- The opinions expressed in this workshop are those of the presenters and do not represent the official position of the Army, The Department of Defense, or the United States Government
Agenda

- Welcome
- Introductions (10 min)
- Cases (60 min)
- Group observed mistakes (20 min)
- Summary/Questions (10 min)
Case Summary

- Back-up schedule for resident clinics is the policy of the residency program.

- Back-up resident on consult or outpatient rotation.
  - Good friend of CMR

- CMR conflict:
  - Felt bad for calling on back-up resident
  - Felt bad for inconveniencing faculty
  - Had time to “do it myself”

- Actions set precedent
Take Home Points

- Precedent setting is inevitable
- Residents closely watch the decisions you make and the precedents you set
- Watch decisions you make regarding your friends
- Policies are in place for a reason
  - Stick to them or change them!
The Perils of Email
The Perils of E-mail

Dear Intern: You are scheduled as the ICU resident during that month and it is difficult to know what your schedule will be at this point in time. It is very unlikely that you’ll be able to have the whole weekend off. What’s happening that day? Your Chief Resident

Dear Chief Resident: I would like the weekend of July 20th off. I hope 2 months is enough notice to make the necessary arrangements. Thanks, Your Hard-Working Intern
Dear Intern (w/ Cc to PD): For the past 12 months, I have worked hard to accommodate 72 interns and residents. I am surprised by your previous email and I think you should alter your approach. Maybe you think I am too ‘dimwitted’ to be able to accommodate your request. I, too, never took a personal day during residency. It’s a shame that such a positive year has to end on a sour note. Good day.

Dear Chief Resident (w/ cc to PD): I have worked almost the whole year and have NEVER asked for a day off, have NEVER asked to switch a call shift, and have NEVER been late. I know many interns who have taken a personal day for a variety of reasons without a moment’s notice. It shouldn’t be this hard to get a day off. Or maybe I should just call in sick on July 21st? Is that what you prefer? Your Intern.
The Perils of E-mail

Dear Intern and Chief Resident: Stop this squabbling on email. Intern, you have been a great worker and your request is reasonable. I am certain this can be accommodated as the PGY2 schedule for the year has not been finalized. Chief Resident, I think 11 months has done what it does to all chief residents... burn them out a bit. Your Program Director.
Email Do’s

- Read and re-read (and read again)
- Respond within 24 hrs
- Use the “Out of Office” replies
- Think before hitting “reply to all”
- Beware of large attachments
Email Do Not’s

- Send email when angry
- USE ALL CAPS
- Fill more than one screen
- Think your email is ever “confidential”
Welcome Back to School!

We don't all follow you on Twitter, Kayla. So please just tell the class what you did during the summer...
The Players

facebook

twitter

You are not authorized to view this page

You might not have permission to view this directory or p the credentials you supplied.

If you believe you should be able to view this directory a please try contacting the web site by using any e-mail ad phone number that may be listed on the
google.com home page.

You can click to search to look for information on the site.

Thursday, September 08, 2005
victoria bc property related information

When compiling this victoria bc page, we had to find dedicated information on victoria bc property. Read through the material to find out more.

About Me
Nanabibby
View my complete profile

Links
Google News

Previous Posts
victoria bc property related information
Learning about victoria bc
Online victoria bc information
About victoria bc condos
Focused map of victoria bc
Guide to red lion victoria bc
Guide to victoria bc condos
Updated victoria bc canada material
Online victoria bc real estate

YOUTUBE

Yod or it didn't happen.
Case

- One day after work you log onto Facebook and note that a resident has “friended” you.

- As you look through her pictures you come across an album “hiking” which is full of beautiful scenes and engaging outdoor activities.

- You then view the album “Italy” which shows your resident drinking wine, smoking cigarettes and kissing different individuals. You notice that she appears extremely intoxicated in a few of the pictures.
Case

- You access “photos of me” that include pictures of this person on others Facebook pages. In one picture she has passed out with a bottle of wine next to her.

- You consider this individual a friend and note her work to be excellent. She always spends extra time with her patients, actively reads, and participates in didactics.

- The next day you notice that someone posted a disparaging remark about an un-named colleague on her “wall posts”. She replies “I can’t stand that guy. He almost killed someone. He should totally be fired.”
Case

• Use privacy settings to safeguard personal information and content to the extent possible
  • Realize that privacy settings are not absolute

• Monitor your own Internet presence

• Notify residents if you identify unprofessional content online
Social Media Cautions

- Professional behavior – it is easy to blur those barriers online
- Everything that is online should be consider public
- Digital footprint
  - Don’t fail to control your digital footprint
- How will what I just written or photographed affect my patients, colleagues, or those who read it
Case

“I was excited to start my chief resident year in a large internal medicine program. I was to share the role of chief resident with 2 additional colleagues.”

“We made some preliminary plans with respect to our respective responsibilities, but mostly we decided to handle issues as they were brought to us.”

“At the beginning of the year, I was approached by an intern with a vacation request. After I looked at the schedule, I realized that it would violate the rules on taking vacation during an inpatient rotation. I spoke with the intern and explained why I was denying her request.”
Case

- “I did not think much of the situation again until I attempted to reach the intern by email later in the year to discuss a scheduling issue.”

- “After I did not receive a reply, I investigated further and found out the intern was out of town on vacation – the vacation I had denied earlier when requested.”

- “When I asked my fellow chief resident about the intern, he said, ‘Oh yeah, she came to me and asked to take vacation during her ICU rotation. I knew it was against our policy, but she really wanted to go and she had been working hard, so I approved the request’.”
I explained that I had previously denied the request, but my fellow chief simply said, ‘No big deal, I took care of it’.

I soon came to realize that the interns and residents has been avoiding me with their requests and concerns, in favor of my colleague who had a habit of routinely saying yes to even the most outrageous scheduling request.

I then realized that word had spread that I was the ‘bad cop’ and my colleague the ‘good cop’.
Multiple Chief Residents

- Presents a challenge with respect to division of labor and maintaining a unified voice regarding standards

- Important to establish clear roles and lines of communication
  - Assign very specific roles, such as have one chief deal with schedule requests, another with remediation or struggling residents, etc.
  - Delay all decisions until they can be made as a group

- Avoid contradicting your fellow chief residents’ decisions
Case

“I was so excited to take over as ward attending of a team. I thought I would be the best attending of all time because I understood the work that residents face day to day and I am not afraid of rolling up my sleeves and getting to work. The senior resident on the team is a friend of mine. We started the week off great, I noticed a few ordering errors here and there that I quickly fixed. I helped out with discharge summaries and helped the team out by contacting the consultants early in the day to get the work done quickly and efficiently. I thought I had nailed it, definitely the best attending ever.”
“As the week went on I noticed my resident seemed less and less engaged. This was not the resident I knew so I asked what was up. He said, “I know you must be disappointed with my performance this week” I asked why he would think that and his response was “I have noticed that you are writing a lot of orders and doing a lot of my work, I thought that meant you didn’t think I could do it.”
WE'RE NOT MICROMANAGING YOU

JUST TELL US EVERYTHING YOU DO IN A DAY, HOW MANY TIMES YOU DO THEM, AND HOW LONG IT TAKES
Transition to Staff

- Establish expectations early
- Allow resident autonomy and leadership
- Ninja supervision
- Feedback is a two way street
Case

“Taking over as chief resident, I knew that every year there is some form of drama. I thought I was armed for it.”

“One of our female residents was quite flirtatious and had some interactions that seemed overly friendly. We initially brushed it off, but later started getting complaints from male residents that she was making overt advances towards them on overnight shifts. None of the residents wanted us to formally address it.”

“Several weeks later, a male resident came in to the office quite distraught because his wife found out he was having an affair with this resident and he was on the verge of divorce.”
Be Prepared
Be Prepared

- Residents will come to you with personal, professional and medical issues
  - Know your limitations and when to ask/refer for help
  - Remember, you aren’t your residents’ doctor

- If ethical or professionalism concerns arise, investigate promptly

- Keep your finger on the pulse of the program, if something seems wrong, it probably is

- Involve program leadership early if a situation looks messy

- Documentation--there is no such thing as too much!
Go do great things!