Your chiefly role as an inpatient attending….

Moving beyond "seen and agree"

Donald R. Bordley, MD

Deb Bynum, MD, MMEL

William Novak, MD

Maureen Dale, MD

Introduction

- Our goals and objectives, what you will gain:
  - Understanding the complicated role of an inpatient attending
  - Tools to guide your teaching, organization, leadership
  - Preparation for challenges that you might face
  - Increased comfort and excitement for this next step!

Outline

- Setting expectations
- Rounding strategies and supervised autonomy
- Clinical teaching on the fly
- Feedback
- Resources

Making Expectations Clear

Donald R. Bordley, MD

Associate Chair for Education

University of Rochester

Establishing Expectations

- Decide in advance what your expectations are
  - Of yourself!!
  - Of the Upper Level Resident
  - Of the Interns
  - Of the Medical Students
- Write them down and give them to everyone in advance; be specific and detailed
- Most important: promise to stick to a daily schedule, keep your promise!!!
- Meet on the first day for 30 minutes for introductions, to review expectations, and answer questions

Day 1 Meeting Agenda

- You don't have time not to do this
- Introductions
  - Why?
  - What to include?
- Reviewing expectations
  - Not negotiable
- Answering questions

Staying on Course

- **Enforce expectations consistently**

- **If things are not going as you would like *(and they almost certainly won't the first time you do this)* meet with individuals or the whole team as needed to go over expectations again**

Have Fun !!!

Case for Discussion

- A week before you start on service, you send your expectations document out to all team members
- Later that day you get an email from the team upper level resident, whom you know from past experience to be a bit on the arrogant/entitled side
- S/he says that s/he cannot support your expectation that patients will be presented at the beside and asks (?demands) that you send the team a follow-up withdrawing that expectation
- ***How will you handle this?***

Rounding Strategies

Bill Novak, MD

Associate Program Director

University of Rochester

Rounds Efficiency

- Round on your feet
- Finish in two hours or interns will disengage
- Present only summary and problem-based plans
- Present at the bedside!

Why Present at the Bedside?

- Discuss only once
- Observe degree of illness prior to plans
- Affirm patient participation in plans
- Instill patient's trust in the team

Resident Leadership

- Ensure intern and resident always enter the room first
- Stand next to the resident, across from the intern
- When you are questioned by the intern or patient, pause and look directly at your resident
- Tolerate uncomfortable silence till your resident speaks

Resident Autonomy

- Encourage pre-rounds consults and interventions
- Redirect management questions back to the residents
- Require interns to run updates first past the resident
-
- Cope with letting go by using the EHR to spy…

Resident Redirection

- Revisit the often forgotten chief complaint
- Highlight data
- Ask how the proposed intervention will alter management

Role Modeling

- Emphasize good communication
- Demonstrate clinical reasoning & decision-making
  - Think out loud
- Most importantly, have fun!

Case: It's September with a PGY 2 resident team leader

- Team is reluctant to present at the bedside, more comfortable presenting/ firming up plans first in the hall
- Rounds -long presentations/discussions repeated at bedside
- Only able to see 1/3 of the patients before noon conference -- Forget about any time for teaching
- On entering rooms the resident speaks little, you lead discussions
- Interns are speaking to you - you guide decisions, not the resident
- Interns get distracted after an hour and break off to write orders

- ***How could you make things better?***

Clinical teaching on the fly….

Debra L. Bynum, MD, MMEL

Director, Internal Medicine Residency Program

University of North Carolina

Goals of the clinical teacher…

- Diagnose the patient
  - Ask questions
- Diagnose the learner
  - Get a commitment
  - Probe for supporting evidence (thought process)
- Teach
  - Teach general rules
  - Give feedback
  - Reinforce what was done right..
  - Correct mistakes

One Minute Preceptor

- 1. Get a commitment
- 2. Probe for supporting evidence
- 3. Teach general rules
- 4. Reinforce what was right
- 5. Correct mistakes

30 second preceptor….

- What?
- Why?
- When….

Tips for clinical teaching….

Be mindful of expectations you have set (time/efficient rounding)

Remember what you have learned to maintain resident autonomy

Be kind and humble, create a "no risk" environment

ask questions, set the culture

balance need to correct mistakes in front of group (when students/learners need to know what is wrong) vs feedback that should be given in private

Case…and practice….

- The night float resident is presenting to the team their new patient….
- "65 year old man, admitted with shortness of breath and lower extremity edema…..
- Massive LE edema, clear lungs…. And JVD to earlobes… And a blood pressure of 95/70….
- Assessment and plan – admit, treat for heart failure, and diurese
- You are concerned about potential tamponade….

- *1. What is usual practice for this type of interaction?*

- *2. Use What/Why/When… Practice what you might say..*

- *3. How can you incorporate feedback for the resident and the team?*

Giving Feedback as a Chief:

Leave the Sandwiches to Lunch Conference…

Maureen Dale, MD

Assistant Professor of Medicine, University of North Carolina

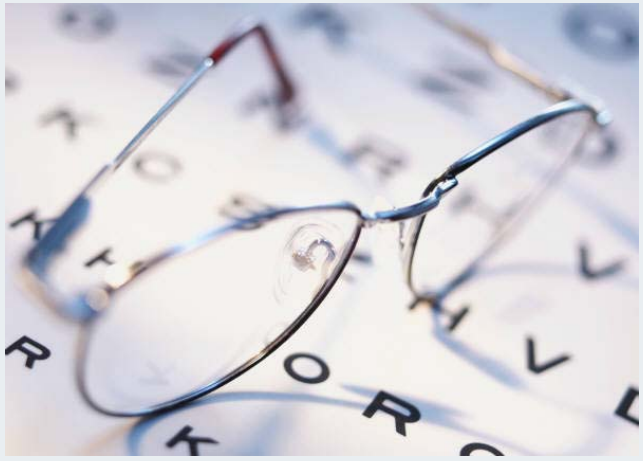
Important Things to Remember about Feedback as a Chief

- You can't give quality feedback unless you have first set expectations
- Feedback is for everyone- encourage residents and students to have feedback sessions too
- Your feedback matters to residents- this should be reassuring (but make sure you understand this responsibility)

Base your feedback on direct observations

- This helps make it less personal, and more about the work

- It also makes the feedback more useful and credible



Feedback should be timely and should happen regularly

- Feedback should happen throughout a rotation- not just at the end! Give people an opportunity to demonstrate change

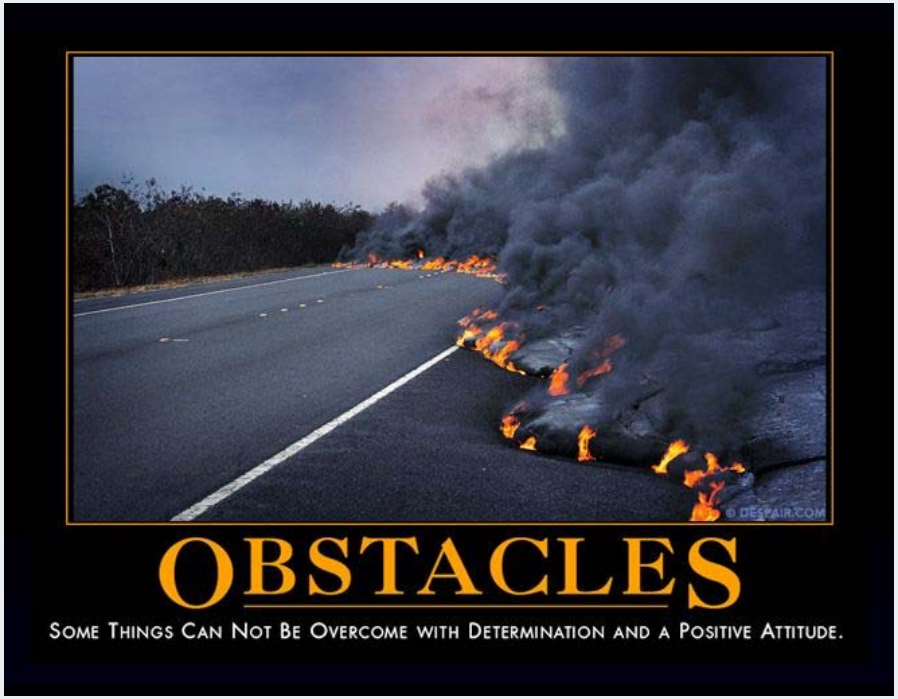
- It's better to give feedback as close/soon as you can after an event, but make sure you think about what you want to say

Start with a self-assessment

- Can help you find a way to frame the conversation
- Helps prioritize feedback- are you both on the same page?
- Can give you a sense of how you are doing as an attending
- *"How did X go for you?"*
- *"How has it been managing the team as an upper level?"*

Nobody likes a feedback sandwich

- …Or at least they see it for what it is….
- Good feedback shouldn't just feel like it's serving as bookends!
- A different approach is starting with the strengths, and then moving to the areas for improvement



Make sure the feedback includes a plan…

Don't forget to follow up, reassess, and reinforce this feedback

Don’t forget to ask for feedback

- Don’t let this part scare you- ask for feedback from everyone: students, interns, residents
- It helps set up a healthier environment for feedback, and can also be enlightening as a new attending- sometimes there are things you don’t notice!

Feedback Case

You are on service with a new second year resident who is trying to do it all:

Resident puts in orders on rounds while students/interns present

He breaks away from time to time to call consults

He leads discussions with patients calmly and clearly, has a good grasp on each patient's condition, and does an excellent job diffusing a difficult situation with a family

Case manager and a few nurses express frustration with poor communication with the team (interns unsure of patient plans)

You notice that a lot of medication and lab orders are being placed by the resident, not the interns, often late at night….

Summary

- Set expectations
- Round efficiently, use bedside rounding
- Deliberately encourage resident autonomy (not abandonment….)
- Role model
- Don’t just jump in… Ask ”What, Why”… Then When…
- Don’t be afraid of feedback… give it, ask for it… and be specific

Questions and Discussion