## "Knowing the Patient"

- Gathering/knowing the history, physical and mental status findings
- Gathering collateral, past treatment records, input from current outpatient providers
- Having updated knowledge of lab and test results, vital signs, nursing report, events of past day/night

Stage	What is the resident's skill level?	What skills am I utilizing to raise the resident's level of competency?
A: "The Constant Observer"	<ul> <li>The resident is:</li> <li>Aware of most patient history, physical and mental status findings</li> <li>Needs prompting to collect collateral</li> <li>Not up to date on lab results, reports, and events of the past day/night</li> </ul>	Teaching/Coaching focuses on:  Demonstration of skills  Deconstruction of what is being demonstrated (breaking down skills into independent parts that are easier to understand)
<b>B:</b> "The Data Gatherer"	<ul> <li>The resident is:</li> <li>Aware of all patient history, physical and mental status findings</li> <li>Needs some prompting to collect collateral</li> <li>Usually up to date on lab results, reports, and events of the past day/night, but there are some lapses</li> </ul>	Teaching/Coaching focuses on:      More demonstration of skills     Less need for deconstruction of what is being demonstrated
C: "Finding My Way"	<ul> <li>The resident is:</li> <li>Aware of all patient history, physical and mental status findings</li> <li>Needs no prompting to collect collateral</li> <li>Up to date on lab results, reports, and events of the past day/night</li> </ul>	<ul> <li>Teaching/Coaching focuses on:</li> <li>More observation of resident skills rather than demonstration of attending skills</li> <li>Ample opportunity for coaching and formative feedback</li> </ul>
<b>D:</b> "I'm not an intern anymore!"	<ul> <li>The resident is:</li> <li>Aware of all patient history, physical and mental status findings</li> <li>Actively seeking collateral data without prompting</li> <li>Starting to consult outside literature and other medical service lines to answer patient data questions when needed</li> <li>Up to date on past night events and lab results as well as future events and patient needs</li> </ul>	Teaching/Coaching focuses on:     Observation of resident skills with less intervention     Continued opportunity for coaching and formative feedback
E: "What every attending hopes for in a resident"	<ul> <li>The resident is:</li> <li>Aware of all patient history, collateral info, lab reports, hospital events, and exam findings</li> <li>Generally consulting outside literature and other medical service lines to answer patient data questions when needed</li> <li>The most knowledgeable team member in terms of patient data and coming events</li> </ul>	Teaching/Coaching focuses on:      Attending becoming a silent observer of resident skills      Continued opportunity for coaching and formative feedback, after the fact
F: "Flying Solo"	<ul> <li>The resident is:</li> <li>Aware of all patient history, collateral info, lab reports, hospital events, and exam findings</li> <li>The most knowledgeable team member in terms of patient data and coming events</li> <li>Always consulting outside literature and other medical service lines to answer patient data questions when needed</li> </ul>	<ul> <li>Teaching/Coaching focuses on:</li> <li>Attending continuing as a silent observer of resident skills</li> <li>Continued opportunity for coaching and formative feedback, after the fact</li> </ul>

Resident:	Attending:

#### "Managing the Day"

- Understanding the treatment plan, and thus knowing what needs to be done that day to carry out this plan
- Ensuring that needed tasks/activities are accomplished
- Conducting patient interviews and educating patients and family members to advance the treatment plan
- Understanding the roles, responsibilities, and specialized knowledge/expertise of different team members, and who to work with to accomplish various aspects of the treatment plan
- Providing appropriate sign-out to covering providers (e.g. at night, when gone for clinic or didactics, etc.)

Stage	What is the resident's skill level?	What skills am I utilizing to raise the resident's level of competency?
A: "The Constant Observer"	<ul> <li>The resident is:</li> <li>Able to complete given instructions, but needs prompting</li> <li>Able to observe and participate in patient interviews and family discussions, but does not initiate</li> <li>Needs to be instructed to complete follow up of care plans, lab results, sign-out and other medical care needs</li> </ul>	Teaching/Coaching focuses on:  Being directive and instructive on expectations and logistics of day management  Demonstration of skills with deconstruction of the demonstration
<b>B:</b> "The Data Gatherer"	<ul> <li>The resident is:</li> <li>Able to complete sign-out without guidance</li> <li>Able to complete basic patient interviews and family discussions without significant instruction</li> <li>No longer needs to be instructed to work on follow up of care plans and lab results</li> <li>Begins to understand follow-up care plans, but does not know what is needed to execute them</li> </ul>	Teaching/Coaching focuses on:  Allowing resident to take on more of the logistics of day management and continuity of care  More demonstration of skills  Less deconstruction of what is being demonstrated
C: "Finding My Way"	<ul> <li>The resident is:</li> <li>Able to complete simple, but not complicated patient interviews and general family discussions alone</li> <li>No longer needs to be instructed to work on follow-up of care plans and lab results</li> <li>Begins to understand follow-up care plans and executes portions without instruction</li> </ul>	Teaching/Coaching focuses on:  Supporting the resident in taking on all day management and continuity of care needs  Supporting resident initiative Allowing resident to conduct interviews/meetings alone at times
<b>D:</b> "I'm not an intern anymore!"	<ul> <li>The resident is:</li> <li>Able to complete full patient interviews and general family meetings alone</li> <li>Starting to engage patient family members and outside providers in follow-up care planning</li> <li>Able to navigate and engage other medical providers in management of patient care problems</li> </ul>	Teaching/Coaching focuses on:  Requiring the resident to take on all the logistics of day management and continuity of care  Formative feedback teaches the finer points of skills
E: "What every attending hopes for in a resident"	<ul> <li>The resident is:</li> <li>Able to complete full, complex patient interviews and complex family meetings alone</li> <li>Now engaging patient family members and outside providers regularly in follow-up care planning</li> <li>Able to navigate and engage other medical providers in management of patient care problems</li> </ul>	Teaching/Coaching focuses on:  Attending takes another step back in terms of involvement in all aspects of patient management  Support of skills being demonstrated  Coaching and formative feedback, after execution, to refine skills
F: "Flying Solo"	<ul> <li>The resident is:</li> <li>Easily completing full, complex patient interviews and complex family meetings alone</li> <li>Easily engaging patient family members and outside providers regularly in follow-up care planning</li> <li>Easily navigating and engaging other medical providers in management of patient care problems</li> <li>Independently anticipating all care management needs</li> </ul>	<ul> <li>Teaching/Coaching focuses on:         <ul> <li>Supporting, but not leading the resident in the planning of day/task management</li> <li>Refraining from giving input at times to force residents to make their own decisions</li> <li>Letting the resident run the show</li> </ul> </li> </ul>

Resident:	Attending:
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### "The Big Picture"

- Developing and providing an independent formulation and suggested treatment plan for a patient
- Understanding the patient's hospitalization in the context of his/her overall life history and course of illness
- Participating actively with the team in developing the overall treatment plan for the patient's hospitalization
- Advocating for the best possible care for the patient, during this hospitalization and beyond

Stage	What is the resident's skill level?	What skills am I utilizing to raise the resident's level of competency?
A: "The Constant Observer"	<ul> <li>The resident is:</li> <li>Able to execute patient plans, but does not create treatment plans</li> <li>Not able to understand the aspects of patient advocacy in terms of treatment planning</li> </ul>	Teaching/Coaching focuses on:     Demonstration and deconstruction of taking autonomy     Illuminating opportunities for resident autonomy
<b>B:</b> "The Data Gatherer"	The resident is:     Still largely dependent on instruction for execution     Beginning to make suggestions for aspects of treatment plans     Still not understanding the majority of patient advocacy in terms of treatment planning	Teaching/Coaching focuses on:  More demonstration of skills with less deconstruction  Support resident initiative, giving regular feedback and encouraging more autonomy
C: "Finding My Way"	<ul> <li>The resident is:</li> <li>Demonstrating autonomy through most patient care tasks, but still lacks a more complete understanding of all task needs</li> <li>Continuing to make care plan suggestions and begins to be able to construct simple, independent care plans</li> <li>Beginning to understand patient advocacy in terms of treatment planning</li> </ul>	Teaching/Coaching focuses on:  Moving from demonstration of to observation of resident skills  Ample opportunity for coaching and formative feedback  Continued support of resident initiative, while illuminating opportunities of additional initiative
<b>D:</b> "I'm not an intern anymore!"	<ul> <li>The resident is:</li> <li>Demonstrating autonomy through most all patient care tasks</li> <li>Able to construct more complex care plans independently</li> <li>Able to demonstrate an initial understanding of the outcomes of care plans and patient needs beyond what a patient can articulate</li> <li>Demonstrating a concern for the wellbeing of their patients during non-business hours and after discharge</li> </ul>	<ul> <li>Teaching/Coaching focuses on:</li> <li>Continued observation of resident skills</li> <li>Ample opportunity for coaching and formative feedback</li> <li>Requiring resident initiative</li> <li>Pointing out opportunities for additional initiative</li> </ul>
E: "What every attending hopes for in a resident"	<ul> <li>The resident is:</li> <li>Demonstrating autonomy through all patient care tasks; still occasionally lacks a refined understanding of all task needs</li> <li>Able to construct complex care plans independently</li> <li>Able to demonstrate a greater understanding of the outcomes of treatment plans and patient needs beyond what a patient can articulate</li> <li>Demonstrating more of a concern for the wellbeing of patients during non-business hours and after discharge</li> </ul>	<ul> <li>Teaching/Coaching focuses on:</li> <li>Becoming a silent observer of resident skills</li> <li>Ample opportunity for coaching and formative feedback</li> <li>Requiring resident initiative</li> <li>Refining the use of autonomy in various situations</li> </ul>
F: "Flying Solo"	The resident is:  Demonstrating autonomy through all patient care tasks. Easily constructing complex and complete care plans Aware of the outcomes of treatment plans and the needs of patients beyond what the patients can articulate Demonstrating concern for the wellbeing of their patients during non-business hours and after discharge	Teaching/Coaching focuses on:     Continuing as a silent observer     Ample opportunity for coaching and formative feedback     Exclusively coaching and supporting resident initiative rather than instructing it

Resident:	Attending:

#### "Leading the Team"

- Leading team meetings
- Directing the overall decision-making process regarding the patient's treatment plan and hospital course
- Making day-to-day decisions to advance the treatment plan
- Supervising medical students
- Delegating tasks to other team members, appropriate to their roles, responsibilities, and expertise
- Educating team members about the rationale for daily and overall plans

Stage	What is the resident's skill level?	What skills am I utilizing to raise the resident's level of competency?
A: "The Constant Observer"	<ul> <li>The resident is:</li> <li>Able to participate in team activities as an active team member, but not as a leader</li> <li>Able to relay basic instructions to medical students, but does not initiate teaching or medical student management</li> </ul>	<ul> <li>Teaching/Coaching focuses on:</li> <li>Encouraging participation.</li> <li>Demonstration of skills</li> <li>Deconstruction of the contributions of others during meetings</li> </ul>
B: "The Data Gatherer"	The resident is:  Still largely a team participant rather than a leader, but is able to own small team tasks and conversations  Starting to direct students more, but does little independent teaching	Teaching/Coaching focuses on:  Delegation of small team leadership activities  Active involvement of the resident during team meetings and tasks
C: "Finding My Way"	<ul> <li>The resident is:</li> <li>Beginning to more actively participate in all team and family meetings</li> <li>Beginning to demonstrate skills in leading patients through their hospitalization and to their treatment goals</li> <li>Able to more fully direct medical students in their tasks and starts to do initial, independent teaching of students</li> </ul>	<ul> <li>Teaching/Coaching focuses on:</li> <li>Giving more leadership tasks to the resident</li> <li>Skill building and an understanding of leadership skills and roles</li> <li>Ample opportunity for coaching and formative feedback</li> </ul>
<b>D:</b> "I'm not an intern anymore!"	The resident is:  Beginning to lead team, patient, and family meetings Beginning to become the first call for all patient issues Able to fully direct medical students in their tasks and engage in independent teaching of students	<ul> <li>Teaching/Coaching focuses on:</li> <li>Active support of leadership being taken</li> <li>Continuing to give more leadership tasks to the resident</li> <li>Ample opportunity for coaching and formative feedback</li> </ul>
E: "What every attending hopes for in a resident"	<ul> <li>The resident is:</li> <li>Demonstrating competency in ability to effectively lead the team, patients, and family meetings</li> <li>Comfortable, confident, and direct as the first call for all patient issues</li> <li>Beginning to take primary responsibility for medical student management and teaching</li> </ul>	<ul> <li>Teaching/Coaching focuses on:         <ul> <li>Allowing the resident to run the show</li> </ul> </li> <li>Little attending participation in team and family meetings</li> <li>Feedback and coaching happens after meetings</li> </ul>
F: "Flying Solo"	<ul> <li>The resident is:</li> <li>Leading the team, patients and family meetings effectively without the need of aid from an attending</li> <li>Comfortable, confident, and direct as the first call for all patient issues</li> <li>Taking primary responsibility for teaching and directing medical students</li> </ul>	<ul> <li>Teaching/Coaching focuses on:</li> <li>The attending being a silent observer or absent</li> <li>Discussion of leadership skills and coaching taking place after meetings and tasks are over</li> </ul>

What were the resident's strengths during this rotation in terms of ownership skills?	
What skills did the resident focus on during	this rotation?
How can the resident improve in the future?	
What future ownership skill goals has the res	sident set for his/her next rotation?
What teaching/coaching skills/techniques ha most helpful?	s the attending been using that have been
What teaching/coaching skills/techniques co help the resident attain his/her goals?	ould the attending utilize that would further
Resident:	Attending: