Second Purple Team Rotation:

The purple team is designed to assist the R2 in development of leadership skills and also teaching abilities – both providing teaching to learners and diagnosing learners and offering suggestions for improvement. The expectation is that the R2 is the leader of the team and uses the attending as a consultant. Think of the Purple Team as a "playground" – with the help of the attending, you can try different formats for daily work with learners, rounds, etc. With regards to interns and students on the service, the expectation is that you will be the primary "teacher" of the service with the attending role to be increasingly in the background. Just as you come prepared with an assessment and plan for patient care, please prepare an assessment and plan for your learners, share this with the attending and get feedback about the plan.

First week for resident A who starts the first week of the rotation, Resident B starts the second week of rotation

Senior resident responsibility

1. Setting goals/expectations-- attending watches/coaches senior discussing expectations with intern at start of rotation

2. Pick a journal article, complete the EBM appraisal worksheet→ (EBM Apprasial sheets)this article will ultimately be used for journal club).
JAMA/NEJM/JGIM/Annals of Internal Medicine/Lancet are good places to start.

3. Observe at least 1 H & P (or portion) by intern with attending also present. Provide feedback to intern.

4. Review video of the appropriate Stanford 25, teach intern/student (attending watching) the next day, help learners to practice this skill throughout the week. Resident A Examination of the cerebellum (http://stanfordmedicine25.stanford.edu/the25/cerebellar.html) Resident B Gait abnormalities (http://stanfordmedicine25.stanford.edu/the25/gait.html))

5. Meet with Dr. Noble to work on the use of motivation interviewing in the inpatient setting. Bring cases where MI would be useful, role play the discussion with the patient.

6. Prepares daily teaching topic (except for Sat/Sun).

Attending responsibility

1. Remind R2 about journal article.
2. Observe at least 1 H & P (or portion) by intern with senior also observing. Critique senior giving feedback to intern.
3. Facilitate goals/expectations by senior (see above))
4. Review Stanford 25 video that resident will be teaching (see above)

5. Discuss the Yale monograph on professionalism. (see below)
6. Watch for opportunities to watch communication events – goals of care conference, breaking bad news, transitions of care, etc
7. Arrange time for Dr. Noble to work with team on Motivational Interviewing
8. Watch performance feedback session that senior gives to intern, med student and offer critique

Second week of rotation

Senior resident responsibility

1 Meet with one of the EBM attendings (Drs. Hollon, Martin, May and Zhang) to discuss journal article chosen in week #1 and review EBM worksheet (this is in preparation for participating in journal club.

2 Find a scenario that demonstrates/lacks professionalism. If no professionalism issues on your own team, ask the ANMs on floors 7, 8, 9 to give you examples where professionalism was lacking. Develop a discussion around this case for the team (resources are posted on the Blog)

3 Watch intern perform motivational interviewing with faculty present. Offer critique.

4 Review Stanford 25 video, etc --Resident A Knee Exam (http://www.youtube.com Watch Teaching the Knee Exam, Stanford 25 Skills Symposium) Resident B Ankle Brachial Index http://stanfordmedicine25.stanford.edu/the25/ankle.html

5 Daily teaching topic

Attending responsibility

1. Ensure time for R2 to meet about EBM/journal article.
2. Review Stanford 25 video that resident will be teaching (see above)
3. Continue to look for communication opportunities to critique
4. Watch motivational interview with intern/sr. Watch R2 give critique
5. Ensure time for Professionalism discussion
6. Continue to offer critique about feedback session.

PROFESSIONALISM

Anne Hyson, MD, MSc, and Susan Langerman, BA, MSN, C-FNP Week 1

Educational Objectives:

1. Discuss ethical guidelines for physicians, nurse practitioners, and physician assistants
2. Discuss the reporting requirements of substance abuse for licensed clinicians
3. Define physician impairment

CASE ONE:

You are relatively new to your outpatient practice, and are now comfortable with bread and butter medical patients, but are still adjusting to the challenges that are sometimes caused by forms that your patients ask you to complete.

Ms. Smith is a 48 year-old woman, who is generally healthy and presents annually for care. She does not take any medications and her PMH/PSH is significant only for a total right knee replacement approximately two years ago. (The indication for the TKA was OA from a remote trauma/MVA in her twenties.)

She dropped off a Family Medical Leave Act (FMLA)* form for you to complete. In reviewing her chart, you note that your predecessor completed the form over one year ago, in order for her to have some respite when needed from her factory job where she stands for the majority of her shift. Last year's form documented that she will need time off intermittently, both for physical therapy sessions, and in case of knee pain flares. She has not been seen in the practice since that time and gets her orthopedic care elsewhere.

*FMLA is a federal program that permits employees up to 12 weeks of unpaid leave for medical reasons, either for themselves or family members, without fear of losing their job.

Questions:

1. You are very busy with face-to-face medical care for your patients. Do you complete the form?

CASE ONE CONTINUED:

Your office staff arranges an appointment at your request. On exam, Ms. Smith is a healthy, slightly overweight woman with a linear, well-healed scar over her right knee. Currently, her pain score is 0/10. There is no warmth, erythema, or effusion of her knee. Gait is normal and independent. Ms. Smith states that she completed six months of physical therapy, just after last year's form was completed. She also reports that she has had several flares of knee pain over the past year, leaving her temporarily unable to perform her job. Despite occasional flares, she is able to exercise at least eight hours weekly and takes no NSAIDs or other pain medication. She was last seen by her orthopedic surgeon 15 months ago.

Ms. Smith has no medical concerns to discuss, but wants to know if her FMLA form is ready. Specifically, she requests that it be backdated two months, as that is when the last FMLA time period lapsed.

2. What additional information, if any, do you need to complete the patient's request? Is this an appropriate request?

3. What ethical principles underlie this patient's request?

CASE ONE CONTINUED:

You advise the patient that, happily, her knee has healed to the point where she might not need the same level of time off in the coming year as she did in the year following her surgery, and suggest that she see her orthopedist for specific recommendations about overuse and what to expect.

Your patient becomes increasingly loud in the exam room, asking, "Why did you make me come here if you weren't going to sign my form? I never had such a problem with Dr. Predecessor! How long have you been practicing medicine?" Furthermore, she suggests that she does not plan to return to the orthopedist's office because the co-pay is financially burdensome.

4. What do you do next? How do you maintain your professional relationship with this patient?

CASE ONE CONTINUED:

You calmly state, “We’ve done a lot of work in this appointment, and I feel I have a better idea for how your knee has been more recently. I also have a better sense of how it is difficult for you to work when your knee pain flares up. I cannot ethically put a different date on the form than today’s appointment date. Further, we still do not have all of the information for the form and will need additional input from your orthopedist.”

The patient becomes enraged, standing up, crowding your personal space and yelling, “You don’t want to help me! You’re just a fraud!”

5. What now? Would you sign the form and move on to your next patient?

CASE TWO:

You work in an energetic start-up primary care practice. Your group shares a panel of patients taken care of by yourself, an MD, two APRNs, and two PAs. Everyone is hard-working and committed to excellent patient care.

Your professional peers sometimes go out to dinner after work. On one occasion, the group as a whole consumes several alcoholic drinks per person. A female MD, who got a ride from a male PA, is dropped off at her home at the end of the night. The next day, your PA colleague confides in you that the MD made sexual advances toward him- which he deflected- but he is very uncomfortable about this, and isn’t sure how this incident will affect their working relationship.

6. What are the rules governing inter-professional personal relationships?

CASE TWO CONTINUED:

Your PA colleague further discloses that this is not the first time that your MD colleague has done this. The very first time, he did accompany her into her home, where she surprised him by offering him cocaine. He declined and left for his own home; subsequently, he has felt responsible for her well-being during these outings, and has become the designated driver.

7. Does the PA have an obligation to report his colleague's after-hours substance use? To whom might a report be directed?

8. Do the physician's sexual advances toward the PA constitute sexual harassment?

Primary References:

1. Yancey JR and McKinnon HD. Reaching out to an impaired physician. Fam Pract Manag. 2010;17(1):27-31. http://www.aafp.org/fpm/2010/0100/p27.html
2. Project of the ABIM Foundation, ACP–ASIM Foundation, and European Federation of Internal Medicine. Medical professionalism in the new millennium: a physician charter. Ann Intern Med. 2002;136(3):243-6. http://dx.doi.org/10.7326/0003-4819-136-3-200202050-00012

Additional References:

1. AMA Code of Medical Ethics (revised June 2001) Available at http://www.ama-assn.org/ama/pub/physician-resources/medicalethics/code-medical-ethics.page? (accessed 6/9/13)

2. Guidelines for Ethical Conduct for the Physician Assistant Profession (Am Academy of Physician Assistants, 2008) Document available through http://www.aapa.org/your_pa_career/becoming_a_pa/resources/item.aspx?id=151 8 (accessed 6/9/13)
3. Code of Ethics for Nurses (The American Nurses Association, 2001) Available at http://nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforN urses/Code-of-Ethics.pdf (accessed 6/9/13)

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CME Questions:

1. Physician impairment is defined as:
   a. Alcohol and drug use by a physician
   b. Psychiatric illnesses including depression
   c. Any health condition that interferes with provider judgment or faculties
   d. Addiction to drugs or alcohol

2. Substance abuse by a licensed clinician should be reported to:
   a. No one, as this is a personal issue
   b. The medical licensing board in the state of licensure
   c. A clinical supervisor of the impaired practitioner
   d. Both b and c above

3. The ethical guidelines for professional practice:
   a. Are completely different for MDs, APRNs, and PAs

b. Are the same for MDs and PAs, but different for APRNs
c. Are the same for PAs and APRNs, but different for MDs
d. Are, in essence, identical