

Trust case v. 1

G.H. is a beginning second-year resident on the internal medicine inpatient service. She has received evaluations documenting that she is above expected competence at the Clinical Competency Committee meetings and is well-liked among the housestaff and teaching faculty. Her goals for the upcoming year are to gain confidence with management decisions for patients with acute multi-system disease and to improve her teaching skills with the students and interns.

Her attending is in his second year on faculty after completing medicine training at another institution. He is eager to build his teaching skills and clinical management experience. He has felt quite busy preparing talks for the team and managing the service, double checking on patient care issues after seeing that some tasks were done by housestaff later than optimal for patient care. The chief resident recently heard G.H. quietly venting to another resident after morning report that “my attending micromanages our service.”

- **What factors may be influencing this attending’s trust?**
- **What can this resident do to improve her experience with this attending?**
- **What can this attending do to improve his approach to supervision?**

Trust case v. 2

G.H. is a beginning second-year resident on the internal medicine inpatient service. She has received evaluations documenting that she is above expected competence at the Clinical Competency Committee meetings and is well-liked among the housestaff and teaching faculty. Her goals for the upcoming year are to gain confidence with management decisions for patients with acute multi-system disease and to improve her teaching skills with the students and interns. Overall, she is enjoying this month, but the chief resident recently heard G.H. quietly venting to another resident after morning report that “sometimes I’m pretty stressed about managing all of our patients and our team.”

Her attending is a full professor who has been attending in hospital medicine for 15 years. He believes that in general the resident is capable of making the clinical decisions necessary to provide safe, high quality care for patients. His focus is on whether the resident makes the right clinical decisions. During a busy time on service when the census is high, he notes that the resident does a good job of remaining efficient, keeping morale high and making sure that the patients had solid plans and the interns had enough supervision. He tries not to get too involved in the details of what’s going on, but rather to stay in a supportive supervisory role. If he sees a situation that may put patient safety at risk or if the resident doesn’t have a good handle on the clinical decision-making, then he’ll step in and try and direct the care a little bit more.

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