

Learning from Common Chief Resident Mistakes

In this chapter, you will learn:

- Common chief resident challenges as presented in vignettes from former chief residents.
- Useful suggestions for addressing these challenges.

Chief residents will make mistakes in both the clinical and administrative settings. In the time honored tradition of the morbidity and mortality conference, future chief residents can learn valuable lessons from the mistakes of former chief residents. The idea that “to err is human” is something no one can escape and begins to take on new meaning when a person’s actions impact the lives of others. All physicians are painfully aware of how human errors can impact patients. Chief residents learn how administrative mistakes can impact people as much as clinical mistakes. Just as the possibility of making a mistake should not stop physicians from doing the right thing for their patients, the possibility of making a mistake should not keep chief residents from doing the best job possible. The following vignettes are real life errors as reported by former chief residents. Chief residents are likely to encounter one or all of these problems during their chief resident year. By reviewing these vignettes, common mistakes can be avoided. The identities of the former chief residents who contributed these vignettes have been withheld, but learning from their silent contributions to this chapter will improve the chief residency year.

Fairness and Possible Conflict with a Superior

“The vacation policy for our residents stated that while on an inpatient month, they were not allowed time off except for illness or emergency. This policy was explained to the residents the previous spring and the schedule was built around any submitted vacation requests. Several times during the year, residents asked to adjust their inpatient schedule, usually to allow conference attendance. If given enough notice, I was usually able to accommodate the requests. On the few occasions I could not fulfill the request and it was denied, it was usually because the request was submitted too late to accommodate the change.

A resident approached me in March requesting time off to present an abstract at a national conference in April. He was, however, scheduled to be on an inpatient month in April. Despite several attempts, I could not switch him out of the month and informed him that he could not go to the conference. I felt this decision was fair because the conference is the same time every year, requiring abstracts to be submitted in October. The resident should have had the foresight to approach me earlier. He did not think my decision was acceptable, even though he was well aware of the program’s policy, and approached my program director to complain. Naturally, my program director wanted him to present at the national conference because it was good for the program. Therefore, my program director instructed me to accommodate his request. Hesitantly, I rearranged his schedule knowing that all of the other residents who had to change their plans or whose requests had been denied would be upset. At our next housestaff meeting, most of the residents accused me of being unfair and playing favorites. I agreed it was unfair. Since I felt his request should have been denied, I had no defense. My superior, who was present at the meeting, did not defend my decision; therefore, I also felt like a scapegoat because I had wanted to deny the request.

My mistake was that I agreed to do something that was against my better judgment. I was well aware of the consequences and knew the decision was unfair. I should have stood my ground and denied the request. My advice to future chief residents: be sure you apply program policies fairly. Although I did approach my program director with my concerns, I should have pushed harder for what I believed was fair.”

Learning Point

The chief resident is in a difficult situation when a superior chooses to ignore stated policies or to apply them unevenly. Good leadership requires you to remain as fair as possible. Being a good subordinate not only requires you to follow directives, but to question them when you suspect they may be unpopular or unwise. Did the program director know how many other residents had been denied similar requests for other meetings? Did the program director understand the potential negative effect on resident morale? Part of the chief resident’s job is to advise program directors in their decision making process. If the program director persists in making an unpopular decision, then he or she should publicly explain the situation.

Choosing Battles Carefully

“As part of our vacation policy, residents cannot take vacations on rotations, such as inpatient general medicine, cardiology, intensive care unit, and pulmonology. If there is an unexpected reason to take a day off, such as a last-minute job or fellowship interview, the resident is responsible for finding coverage and the coverage must be approved by the chief resident.

One of our senior residents was having difficulty finding coverage for an absence due to a job interview and I offered to help him find someone to provide the coverage. The junior resident who agreed to cover seemed unhappy when he turned in the required form agreeing to the cross-coverage. He felt he was being taken advantage of because instead of the two days to which he had initially agreed, he was now being asked to cover three days. He reluctantly agreed, partly because I had asked him personally to provide the cross-coverage and partly because he did not want to make an issue out of the situation. I felt the junior resident had been taken advantage of and decided to talk to the senior resident about the situation.

That same morning, in the cafeteria, I spotted the senior resident and brought up the subject. I was completely taken aback by his response, which was insolent and loud enough to attract the attention of everyone passing by in the cafeteria. Not only did he think there was nothing wrong with how he had asked the junior resident for coverage, but that if the junior resident had any qualms about the coverage he should have refused himself rather

than complaining to the chief resident. The junior resident was also present at the same table and, to my surprise, denied any reservations about the cross-coverage. I felt betrayed and foolish. Needless to say, the atmosphere was very tense at the breakfast table that morning.

I learned two things from this mistake. First, never confront a resident on behalf of another, even if you have the best of intentions. Encourage residents to resolve the problem or conflict themselves or ask if a resident wants you to raise an issue on their behalf. Second, never bring up any confrontational issue, no matter how trivial it may seem, in a public place. Discuss the matter in private; people may react differently in public, particularly if they are put on the spot.”

Learning Point

Knowing when to stick up for your residents can be an art. You should remember that they are adults and need to learn how to work together. Frequently, residents just want to unload on their chief residents and they are not looking for you to do something about it. Make sure that when you do something on behalf of a resident, the resident really wants you to do it.

Dealing with Injustice

“As a new chief resident, I was stopped in the residency office by an administrator to discuss an issue regarding an intern. As we were discussing the situation about the intern, who is Latino, the administrator began drawing comparisons about the intern to a female Latina resident. In particular, the administrator was drawing conclusions about their similar behavior because the two physicians-in-training had attended the same medical school. I was quick to point out that the intern and the resident had attended different medical schools.

After reviewing both files, the administrator realized that he was wrong; the two individuals had attended different medical schools. However, in reviewing the file, the administrator realized that all of the female resident’s recommendation letters were sent with the incorrect medical school listed. The administrator had made the mistake of assuming that the intern and resident had gone to a medical school that focuses on educating underrepresented minorities. In fact, neither of the two residents had attended that particular medical school. I became angry and felt that an injustice had been committed, but was afraid to say so.

My mistake was to allow this error to pass without confronting the administrator and acting to right this wrong immediately. I regret not having the courage and confrontational-skills

to openly address the administrator's mistake at the moment. By not saying anything about the error, I was tacitly approving the prejudice. If I had been able to discuss the error with the administrator, it may have resulted in a deeper understanding for both of us as to how institutions can inadvertently configure themselves to exclude, prejudge, and in the worst case scenario, discriminate against underrepresented minorities."

Learning Point

In your job as chief resident, and in your entire career, you will be faced with injustice. Although it is important to stand up to the injustice and not turn a blind eye, it is also important to control your anger at the injustice and not let it affect how you respond. This chief resident may have actually done the right thing to not confront the administrator immediately when he was angry. I doubt the resulting angry exchange with the administrator would have led to anything productive and it may have poisoned their future working relationship. Sitting down with the administrator later and discussing why the administrator had come to this erroneous conclusion would have been completely appropriate and may have led to a significant change.

Choosing Words Wisely

"Near the beginning of my chief resident year I was asked during a housestaff meeting to explain why a busy hospital like ours did not attempt to expand the residency program to keep up with the patient volume. There were several answers for this question, but one in particular was on my mind at that moment. I explained that "years ago, the housestaff our program was attracting were from the bottom of the barrel." I went on to comment that "recruitment in the last several years, including the present classes, had yielded excellent housestaff and the institution [did] not want to risk [resident] quality just to have more bodies to handle the workload." My comments were absorbed by the residents and the meeting went on.

Three days later, our program director received an email from several members of the housestaff. They were insulted by my comments and "did not consider themselves the bottom of the barrel," which was contrary to what I had actually said. However, I knew the damage had been done and quickly sent out an apologetic email to the residents, explaining that I had misspoken and was extremely proud of the current residents and the excellent work they were doing. Although I received several replies stating that my words had simply been misunderstood and that my comments should have been taken as praise, I felt terrible that some of the housestaff were insulted by my comments. The mistake made me recall advice that a former program director gave me—"your words are your prisoner, but once spoken, you are a prisoner of your words." I wish I had never said what I said in the way I had said it, and from that day on I was very aware of my words."

Learning Point

We have all said things we wish we could take back. As a leader, your words are shared by many people and can easily be misunderstood. A new and even more readily available way to put your foot in your mouth is with email. Remember that people can reread your words on email and your body language and facial expressions are not there to soften or explain them. Obviously, you should be careful when you “reply to all,” but remember that anyone can forward your email. If you do not want to read your email projected on a screen in front of all the residents or staff, then you may not want to send it. As much as we aim to prevent a wrong statement or email from being distributed, it likely will. When it does, the appropriate response is what this chief resident did. Apologize for it and move on.

Scheduling Mistakes

“The single, biggest task for chief residents is making schedules. At our hospital, the medicine chief resident not only schedules the medicine interns, but also all the rotating services (such as psychiatry, transitional interns, and physical medicine and rehabilitation) for internal medicine and emergency room (ER) rotations. This process involves communicating with several different program directors who, in turn, coordinate with their interns.

As I started to put together the schedule for the rotating interns, I met on several occasions with our transitional program director to get input on her interns’ schedules and their requests. We were both working on the individual schedules at the same time and would meet periodically to make sure the schedules were consistent with individual requests. Towards the end of this process, we realized that we were actually missing one of the interns from the master list. The intern had been added after we started making the schedules. We added the intern to our list and talked about what could be changed to get her on the schedule. During this process, however, we started working on slightly different versions of the schedule. We realized this problem as we sat down to go over the final schedule. Working on different versions and not having all of the correct information up front created additional work in adjusting the different schedules to make them match.

There are several learning points from this experience. Before you start the schedule, make absolutely sure that you have the final list of everyone who should be included: verify your list of individuals with anyone you are creating schedules with and with the master list available in the graduate medical education office. While preparing the schedule, it is helpful to get continual input from others who may also be working on it because they may have different plans for the interns during the blocks you have scheduled for them. The best way to avoid conflicting schedules is either to a) let your co-schedulers complete their part of the schedule first, or b) complete your part first and let them fill in around what you

have scheduled. If multiple people are working on the schedule at the same time, then there are bound to be many conflicts. Finally, every draft of the schedule should be saved with a new date. It is also important to save all versions of the schedule and email correspondence. If there is a conflict, you will be able to show what you did; if it was not your mistake, the “paper trail” will potentially prevent you from having to fix it.

The key to successful schedule making is starting early and having good communication among all parties involved. In addition, being flexible is important because many unexpected changes occur during the process and during the year. By applying these simple steps outlined above, you should be able to avoid scheduling mistakes that other chief residents have made in the past.”

Learning Point

The schedule is one of the most difficult and time-consuming jobs assigned to the chief resident. Some programs may provide administrative help as well as commercial or home-grown computer programs to assist in making the schedule. Perhaps the most important lesson to remember is that the work on the schedule will last until the end of your chief resident year.

When Not to Take No for an Answer

“During the beginning of my chief resident year, I was doing rounds with a team of residents and a new intern did not look well. She was pale, seemed a bit dizzy, and had been quiet during rounds, but said she was fine. The residents and I suggested that she go to the ER but she refused. We continued with rounds only to watch her faint while walking into a patient’s room. She was brought to the ER and found to be having serious health complications.

My mistake was to let her make all the decisions. Her health issues eventually became so great that she withdrew from the program. I should have considered her impaired and forced her to seek help before collapsing on rounds.”

Learning Point

Physicians make the worst patients. Every experienced physician has a story of another physician who ignored his or her personal health and allowed something worse to happen when he or she “should have known better.” We should all try to be more honest with ourselves and respect the Oslerian adage that “a physician who treats himself has a fool for a patient!” As chief resident, you will likely have to apply the trump card and direct

residents to the ER, or at least out of the hospital, when they should be caring for themselves rather than for other patients. One related issue to try and avoid is being asked to provide medical care to a resident. As their supervisor, you should not be their doctor. Although it is tempting to use your skills as a clinician to treat an ailing resident, you should arrange for them to see a primary care physician and try to break their bad habits of self care at the very beginning of their careers. You may want to read two articles in this manual: "Identifying the Resident at Risk" and "Beyond Stress: Four-Step Approach to Mental Health Crises." The resident in trouble has the most potential for causing a chief resident to make a drastic error, usually by not recognizing that the resident should be removed from duty.

Conclusion

None of the mistakes reported by the chief residents had to do with taking care of patients, with the exception of the physician who should have been a patient. The reality is that some of the most important skills that chief residents need have very little to do with being a physician; rather they have everything to do with being a leader. The previous chapter in this book, "The Administrative and Leadership Roles of the Chief Resident," introduces the concept of situational leadership (1, 2) and the multiple roles of the chief resident.

Again, these chief resident mistakes should highlight some of the potential errors that can be avoided during the chief residency year. These chief residents were able to do a fine job, despite making mistakes. Probably the one most important principle to remember is to think before acting. If a situation becomes uncertain, talk to someone trustworthy before doing something that may be regrettable later.

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