**ELICIT - COACH**

*In this scenario, you are asked to assume the role of “Coach.” With your “Apprentice,” either role play or discuss the coaching interaction that might take place in the following situation. When you are finished, please discuss the questions on the reverse side of the page with your partner.*

**Coach:** Last night the on-call intern had a busy night – a large load of new patients, including a transfer who spent 30 days in OSH with fever and rash, received a $10M work-up (including a bronch, tagged WBC scan, splenic biopsy, and whole body PET). On rounds, the intern presents an Excel spreadsheet of all the OSH tests, a detailed timeline of the hospital stay, but has no assessment and plan for moving the work-up forward. For the other patients, s/he is in disarray, has no notes completed, and is unable to articulate a plan or prioritize the patients’ problems (even the most urgent). You are concerned about his/her time management skills.

**TASK:** Allow intern to start a conversation about last night’s events.

**DISCUSSION QUESTIONS**

1. How easy/difficult was it for the apprentice to start this conversation?
2. How easy/difficult was it for the coach to let the apprentice initiate the conversation?
3. Who asked more questions?
4. Who did most of the talking?
5. Did you come to a mutual understanding about the specific challenges at hand?

**ELICIT - APPRENTICE**

*In this scenario, you are asked to assume the role of “Apprentice.” With your “Coach,” either role play or discuss the coaching interaction that might take place in the following situation. When you are finished, please discuss the questions on the reverse side of the page with your partner.*

**Apprentice:** Last night you had a large load of new patients, including a transfer who spent 30 days in OSH with fever and rash. By rounds, you have a beautiful and concise summary of the 30-day hospital stay, but you have no other notes written, and don’t feel good about your plans on the other patients. Although you are very proud of the summary you’ve written on the transfer, you have the sneaking suspicion that you spent your time doing the wrong thing. By afternoon sign-out, your resident has seen all of your patients, uncovered missing details from their histories, and has a detailed plan for each one. You are certain you will never be capable of this, but want to try.

**TASK:** Start the conversation.

**DISCUSSION QUESTIONS**

1. How easy/difficult was it for the apprentice to start this conversation?
2. How easy/difficult was it for the coach to let the apprentice initiate the conversation?
3. Who asked more questions?
4. Who did most of the talking?
5. Did you come to a mutual understanding about the specific challenges at hand?

**PREPARE - COACH**

*In this scenario, you are asked to assume the role of “Coach.” With your “Apprentice,” either role play or discuss the coaching interaction that might take place in the following situation. When you are finished, please discuss the questions on the reverse side of the page with your partner.*

**Coach:** Your intern is managing a patient who had a femur repair in the OR yesterday. The patient came out of the OR with a PCA, and on work rounds you ask the intern to start transitioning to PO pain meds. You ask if s/he needs help, but the intern assures you s/he has done this many times before and will take care of it. That afternoon, you walk in the patient’s room and find him arousable only with sternal rub. Thankfully, you carry narcan in your pocket for just such situations, and after one dose of narcan and some hefty sternal rubbing, respiratory disaster is averted. The intern joins you at the bedside and is horrified, and you agree to discuss this in more detail.

**TASK:** Make a list of things that you need to know or think about in order to have a meaningful conversation.

**DISCUSSION QUESTIONS**

1. Compare the lists of questions that you each made.

Sample questions:

Why did the intern misdose the narcotics?

What are the details of the interns’ previous PCA experiences?

Does the intern understand the difference between chronic pain and acute pain treatment?

1. How did these questions help you frame the conversation between coach and apprentice?

**PREPARE - APPRENTICE**

*In this scenario, you are asked to assume the role of “Apprentice.” With your “Coach,” either role play or discuss the coaching interaction that might take place in the following situation. When you are finished, please discuss the questions on the reverse side of the page with your partner.*

**Apprentice:** Your patient went to the OR for femur repair and comes back with a PCA. You have managed MANY PCAs in your internship, but mostly on patients with chronic pain, and never an opioid-naïve, post-op patient. Your resident asks you to transition to PO, and you assure him/her that you’re up for the task. You order long-acting oral morphine BID, but forget to turn off the continuous morphine. In the middle of doing an admission that afternoon, you get called urgently to the patient’s bedside, only to find your resident drawing an ABG while pushing narcan. Embarrassed, you run the ABG to critical care lab, and agree to meet your resident in the office to further discuss.

**TASK:** Make a list of things that you need to know or think about in order to have a meaningful conversation.

**DISCUSSION QUESTIONS**

1. Compare the lists of questions that you each made.

Sample questions:

Why did the intern misdose the narcotics?

What are the details of the interns’ previous PCA experiences?

Does the intern understand the difference between chronic pain and acute pain treatment?

1. How did these questions help you frame the conversation between coach and apprentice?

**TRANSLATE INTO ACTION - COACH**

*In this scenario, you are asked to assume the role of “Coach.” With your “Apprentice,” either role play or discuss the coaching interaction that might take place in the following situation. When you are finished, please discuss the questions on the reverse side of the page with your partner.*

**Coach:** Your intern seems to think all patients with shortness of breath need to be intubated. On several occasions, the intern has called you to intubate a patient without any assessment of the cause of shortness of breath, and without attempting interventions. Once you had to pull the ETT out of his/her hand and instead prescribe Lasix, which promptly relieved the patient’s pulmonary edema. On another patient, your intern was so focused on intubating that s/he failed to notice the hypotension, tachycardia, and hypoxia which were all pointing towards a sub-massive PE. You have told this intern several times that s/he needs to think more broadly than just “intubate,” but you have seen no progress.

**TASK:** Make a plan for how to improve the intern’s ability to evaluate causes of shortness of breath and implement interventions other than intubation.

**DISCUSSION QUESTIONS**

1. Did you come to a mutual understanding of the cause for the intern’s inability to distinguish between causes of shortness of breath?
2. Did you set an action plan - what details were decided (timeline, methods, follow-up)?
3. Who came up with the plan?

**TRANSLATE INTO ACTION - APPRENTICE**

*In this scenario, you are asked to assume the role of “Apprentice.” With your “Coach,” either role play or discuss the coaching interaction that might take place in the following situation. When you are finished, please discuss the questions on the reverse side of the page with your partner.*

**Apprentice:** Every time you see a patient with shortness of breath, you are unsure of the cause and are petrified the patient will go into respiratory arrest. Thanks to your anesthesia rotation during med school, you feel very comfortable intubating patients and believe if you can just control the airway, you can control everything. You really can’t tell the difference between asthma and pulmonary edema, and you don’t remember what you are supposed to do for either of those situations. A few times you have missed the diagnosis of PE because you simply weren’t thinking of that possibility.

**TASK:** Make a plan for how to improve your ability to evaluate causes of shortness of breath and implement interventions other than intubation.

**DISCUSSION QUESTIONS**

1. Did you come to a mutual understanding of the cause for the intern’s inability to distinguish between causes of shortness of breath?
2. Did you set an action plan - what details were decided (timeline, methods, follow-up)?
3. Who came up with the plan?