

Resident Case Study

Mount Muntford General Hospital
344 East Front Street
Bruno, Iowa 44996

Dr. Helen Wheels
Healing Heart Hospital
1313 Hurts Plaza
Trembling, Iowa

November 5, 1990

Dear Dr. Helen Wheels:

Dr. Terry Long just completed a month-long gastroenterology rotation in October with me. I was rather surprised at his lack of motivation and attentiveness. He seldom completed reading assignments and was not prepared for morning report even when he knew his patient would be discussed. Also, on several occasions he was verbally abusive with patients and staff. When I called this to his attention he denied it and stated that they "deserved" his criticism since they didn't respond to his requests and orders. With some help, Dr. Long could become a competent physician, but at this time I cannot pass him from my service.

If you have any questions please feel free to call me.



Dr. Marvin Gowler



Healing Heart Hospital

A nonprofit corporation

1313 Hurts Plaza
Trembling, Iowa 13130

Dr. Wheels:

I would like to report an incident involving your resident, Terry Long. Two nights ago he appeared on our unit about 11 p.m. during change of shift and demanded that an RN get repeat vital signs on a patient who was in no distress and had been stable since admission. He was told the BP and pulse taken three hours earlier. He insisted that those were too old and wanted them taken again, "right now." The nurses asked him to wait until after shift report at which point he began to yell at the nurses, calling them incompetent and useless.

I will not tolerate such treatment of my nurses and ask that you please speak with Dr. Long.

Sincerely,

P. Hoops
Paula Hoops, RN

*Tacked up Paula
Will follow up w/ Terry.*

INTER-DEPARTMENTAL MEMO

Company Name: Healing Heart Hospital
Address: 1313 Hurts Plaza
City, State: Trembling, Iowa

DATE: December 2, 1990

TO: Helen Wheels

FROM: Tim Shout, RN *TS*

SUBJECT: Terry Long

Dr. Wheels:

I would like to make you aware that a patient on our floor has filed a complaint against one of your residents, Dr. Terry Long. While performing a history and physical on a patient he became upset because he felt the visitors and patient in the next bed were making too much noise and interfering with his ability to check chest and heart sounds. The patient filing the complaint, Gilda Munch, said that she and her visitors were conversing normally when Dr. Long suddenly pulled back the curtains and yelled, "Please shut-up so I can finish examining this patient." He then yanked the curtains back into place.

Mrs. Munch believes that Dr. Long's behavior was completely inappropriate and would like an apology from both Dr. Long and the hospital.

Sincerely,

Tim Shout, RN

*Asked Terry to
write an apology
Need to check out
memors of language
and tone with other
patients*

Postgraduate Trainee Rating Form

Name: Terry Long

Rotation: Cardiology

Rate the individual on each of the following personal attributes. If the adjective is inappropriate, leave it blank.

	Low					High	Low					High
	1	2	3	4	5		1	2	3	4	5	
Alert	1	2	3	4	5	Initiative	1	2	3	4	5	
Amiable	1	2	3	4	5	Inquisitive	1	2	3	4	5	
Articulate	1	2	3	4	5	Interested	1	2	3	4	5	
Attentive	1	2	3	4	5	Mature	1	2	3	4	5	
Cheerful	1	2	3	4	5	Motivated	1	2	3	4	5	
Clear Thinking	1	2	3	4	5	Optimistic	1	2	3	4	5	
Confident	1	2	3	4	5	Organized	1	2	3	4	5	
Conscientious	1	2	3	4	5	Punctual	1	2	3	4	5	
Cooperative	1	2	3	4	5	Responsible	1	2	3	4	5	
Courteous	1	2	3	4	5	Scholarly	1	2	3	4	5	
Dependable	1	2	3	4	5	Sociable	1	2	3	4	5	
Enthusiastic	1	2	3	4	5	Well Groomed	1	2	3	4	5	
Extroverted	1	2	3	4	5	Well Read	1	2	3	4	5	

Comments: Needs work overall. Below most others, but tries hard.

Rater's Name Trish Care

Position _____

Date 8-26-90

Postgraduate Trainee Rating Form

Name: Terry Long

Rotation: Internal Med.

Rate the individual on each of the following personal attributes. If the adjective is inappropriate, leave it blank.

	Low					High		Low					High
	1	2	3	4	5			1	2	3	4	5	
Alert	1	2	3	4	5	Initiative		1	2	3	4	5	
Amiable	1	2	3	4	5	Inquisitive		1	2	3	4	5	
Articulate	1	2	3	4	5	Interested		1	2	3	4	5	
Attentive	1	2	3	4	5	Mature		1	2	3	4	5	
Cheerful	1	2	3	4	5	Motivated		1	2	3	4	5	
Clear Thinking	1	2	3	4	5	Optimistic		1	2	3	4	5	
Confident	1	2	3	4	5	Organized		1	2	3	4	5	
Conscientious	1	2	3	4	5	Punctual		1	2	3	4	5	
Cooperative	1	2	3	4	5	Responsible		1	2	3	4	5	
Courteous	1	2	3	4	5	Scholarly		1	2	3	4	5	
Dependable	1	2	3	4	5	Sociable		1	2	3	4	5	
Enthusiastic	1	2	3	4	5	Well Groomed		1	2	3	4	5	
Extroverted	1	2	3	4	5	Well Read		1	2	3	4	5	

Comments: Could use some guidance in patient/staff relationships.

Rater's Name Red Tate

Position _____

Date 9/29/91

RESIDENT RATING FORM

RESIDENT NAME: Gregory Long
 ROTATION: Surgery
 FROM: 1/1/51 TO: 1/31/51

RATER: Nancy Paulson
 HOSPITAL: _____
 SIGNATURE: Nancy Paulson

HISTORY TAKING

Obtains history which is often incomplete and/or inaccurate; has difficulty with organization.

Able to obtain thorough history but does not always pursue other sources when indicated and occasionally will have important omissions. Generally well organized.

Uniformly able to elicit a comprehensive history from patients; consistently uses sources other than the patient to supplement history when indicated and organizes data well.

Not Observed

CASE PRESENTATION

Frequently uses incorrect terminology, uncertain of precise meanings, is difficult to follow.

Usually clear, but occasionally disorganized and unable to communicate with others.

Easy to follow; routinely gives clear, succinct, and accurate presentations of all problems and the patient's progress.

Not Observed

PHYSICAL EXAM

Physical examinations usually have minor and may also have major deficiencies in technique.

Usually performs precise and complete examination, but may have minor deficiencies on occasion.

Always performs a technically accurate and complete physical.

Not Observed

RECORD KEEPING

Frequently has incomplete records, patient's problems and progress are not easily identifiable.

Routinely writes legible, clear, and accurate reports but tends to overlook problems and indicators of progress which appear less urgent.

Routinely has legible, clear, up-to-date, and accurate records. Patient's problems and progress are easily identifiable.

Not Observed

CLINICAL JUDGEMENT AND DIAGNOSTIC ABILITY

Clinical rationale is commonly haphazard even with simple problems. Routinely uses diagnostic procedures inefficiently and ineffectively.

Demonstrates occasional deficiencies with simple as well as complex problems. Occasionally misinterprets, misjudges clinical information.

Consistently makes carefully reasoned deductions from history and physical examinations; rationale for selecting laboratory procedures is always mature and well-informed.

Not Observed

PATIENT MANAGEMENT

Common problems are sometimes managed poorly; rarely if ever contributes new perceptions to difficult problems.

Consistently has a creative, constructive and self-reliant approach to management of difficult as well as common problems. Frequently contributes new insights to problems.

Not Observed

PHYSICIAN-PATIENT RELATIONSHIPS

Often antagonizes or generates a negative reaction from patients.

Patient relationships are superficial; rarely if ever establishes effective rapport.

Relates well to those patients considered "interesting"; tends to ignore others.

Able to relate effectively to most patients, but has yet to learn how to handle difficult situations.

Able to establish effective rapport with all types of patients. Wins confidence and cooperation of all.

Not Observed

COOPERATION WITH PERSONNEL

Actions are often thoughtless and cause unnecessary work and emotional stress for other personnel.

Generally does not own work but neither helps nor hinders the work of others.

Carries full share of responsibility and is always thoughtful and concerned about helping others to do their jobs effectively.

Not Observed

TEACHING ABILITY

Makes not observable nor planned contribution to the learning process of others.

On occasion helps others to learn, but provides little stimulus for learning by others.

Makes overt efforts to help others learn on regular basis and is usually an effective teacher.

Consistently is an effective and stimulating teacher both in the way tasks are assigned and organized and through verbal communications.

Not Observed

KNOWLEDGE BASE

<input type="checkbox"/>	Not Observed
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Unsatisfactory	Doubtful	Satisfactory	Good	Outstanding
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL CLINICAL COMPETENCE

<input type="checkbox"/>	Not Observed
--------------------------	--------------

Unsatisfactory	Doubtful	Satisfactory	Good	Outstanding
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Passed rotation, told he would not be accepted for
further residency in general surgery.*

RESIDENT RATING FORM

RESIDENT NAME: Terry Long
 ROTATION: Otolary
 FROM: 12/1/90 TO: 12/31/91

RATER: Paul Scott
 HOSPITAL: Healing Heart
 SIGNATURE: Paul Scott

HISTORY TAKING

Obtains history which is often incomplete and/or inaccurate; has difficulty with organization.	Able to obtain thorough history but does not always pursue other sources when indicated and occasionally will have important omissions. Generally well organized.	Uniformly able to elicit a comprehensive history from patients; consistently uses sources other than the patient to supplement history when indicated and organizes data well.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Not Observed	Observed	Not Observed

CASE PRESENTATION

Frequently uses incorrect terminology, uncertain of precise meanings, is difficult to follow.	Uses correct terminology but most of the time is disorganized and unable to communicate thoughts to others.	Easy to follow; gives accurate presentation of the most pressing problems; tends to overlook less urgent but nevertheless important problems.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Not Observed	Observed	Not Observed

PHYSICAL EXAM

Physical examinations usually have minor and may also have major deficiencies in technique.	Usually performs precise and complete examination, but may have minor deficiencies on occasion.	Always performs a technically accurate and complete physical.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Not Observed	Observed	Not Observed

RECORD KEEPING

Frequently has incomplete records, patient's problems and progress are not easily identifiable.	Routinely writes legible, clear, and accurate reports but tends to overlook problems and indicators of progress which appear less urgent.	Routinely has legible, clear, up-to-date, and accurate records. Patient's problems and progress are easily identifiable.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Not Observed	Observed	Not Observed

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Demonstrates occasional deficiencies with simple as well as complex problems. Occasionally misinterprets, misjudges clinical information.

Consistently makes carefully reasoned deductions from history and physical examinations; rationale for selecting laboratory procedures is always mature and well-informed.

Not Observed

PATIENT MANAGEMENT

Common problems are sometimes managed poorly; rarely if ever contributes new perceptions to difficult problems.

Handles most common clinical problems satisfactorily; occasionally pursues a well-reasoned, independent approach to difficult problems.

Consistently has a creative, constructive and self-reliant approach to management of difficult as well as common problems. Frequently contributes new insights to problems.

Not Observed

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Not Observed

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Carries full share of responsibility and is always thoughtful and concerned about helping others to do their jobs effectively.

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Consistently is an effective and stimulating teacher both in the way tasks are assigned and organized and through verbal communications.

Not Observed

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Unsatisfactory	Doubtful	Satisfactory	Good.	Outstanding.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Not Observed

OVERALL CLINICAL COMPETENCE

Unsatisfactory	Doubtful	Satisfactory	Good.	Outstanding.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not Observed

RESIDENT RATING FORM

RESIDENT NAME: Jerry Long
ROTATION: Ob / Eye
FROM: 11/19 TO: 11/30/90

RATER: _____
HOSPITAL: _____
SIGNATURE: _____

HISTORY TAKING

Obtains history which is often incomplete and/or inaccurate; has difficulty with organization.

Able to obtain thorough history but does not always pursue other sources when indicated and occasionally will have important omissions. Generally well organized.

Uniformly able to elicit a comprehensive history from patients; consistently uses sources other than the patient to supplement history when indicated and organizes data well.

Not Observed

CASE PRESENTATION

Frequently uses incorrect terminology, uncertain of precise meanings, is difficult to follow.

Uses correct terminology but most of the time is disorganized and unable to communicate thoughts to others.

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Not Observed

KNOWLEDGE BASE

Unsatisfactory	Doubtful	Satisfactory	Good.	Outstanding.

Not Observed

OVERALL CLINICAL COMPETENCE

Unsatisfactory	Doubtful	Satisfactory	Good.	Outstanding.

Not Observed

Good student. Not interested in OB/GYN, but would be him. be a good resident when most likely find an area that interests you.

RESIDENT RATING FORM

RESIDENT NAME: Serry Long
ROTATION: Pediatrics

RATER: Chris Childs
HOSPITAL: _____

FROM: 7/1/90 TO: 7/31/90

SIGNATURE: _____

HISTORY TAKING

Obtains history which is often incomplete and/or inaccurate; has difficulty with organization.

Able to obtain thorough history but does not always pursue other sources when indicated and occasionally will have important omissions. Generally well organized.

Uniformly able to elicit a comprehensive history from patients; consistently uses sources other than the patient to supplement history when indicated and organizes data well.

Not Observed

CASE PRESENTATION

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Not Observed

KNOWLEDGE BASE

Unsatisfactory	Doubtful	Satisfactory	Good.	Outstanding.
		X		

Not Observed

OVERALL CLINICAL COMPETENCE

Unsatisfactory	Doubtful	Satisfactory	Good.	Outstanding.
		X		

Not Observed

Received 10/4