

Supplemental Digital Box 1

Sixteen Narrative Profiles That Describe 19 Clinical Faculty Members’ Views of Resident Performance, Two Canadian Medical Schools, 2009

Profile of A

From the start, A demonstrates keen interest by taking every opportunity to read relevant literature, learn from complicated cases, and ask many questions at seminars and teaching sessions. Although at the beginning A’s knowledge base relevant to this rotation had some gaps, A undergoes significant growth in this domain. When a question comes up that A does not know the answer to, A takes the initiative to read up in the area and seems to want to understand more deeply what’s going on. A appears excited, curious, and enthusiastic. A welcomes challenges and regards difficult clinical problems as learning opportunities, rather than threats. As A’s knowledge base grows, A also effectively applies theoretical knowledge and recent literature to individual cases.

Throughout the rotation, A is always on time, and does not leave until everything is under control. Even when things are very busy on the service, A seems to know what’s going on down to the last detail and always appears in control of the patient data. A has good organizational skills and assigns work load effectively, taking into account limitations of more junior residents. When working with a weaker team member, A provides appropriate supervision and follows up to make sure that nothing is missed.

During rounds you observe A interact with patients and seldom feel that you need to interject. A explains things carefully to patients, relates information in a clear and comprehensive manner and establishes a warm and empathic connection with patients and families. In communicating with patients, A comes across as patient, caring, and knowledgeable.

A communicates effectively with other house staff. A treats nurses and other team members with respect and is generally well liked by the allied health staff.

A exudes warmth and caring for everyone around, including patients, patient families, staff, and other residents. A also demonstrates effective non verbal communication such as making eye contact with the patient when it is appropriate and using therapeutic touch. In your opinion, this resident will need to continue to improve in terms of the knowledge base, but you have no doubt that this will happen.

Profile of B

B's knowledge base is broad-ranging and B spends a lot of time in the library reading the literature. However, as you observe B's clinical skills, you worry about B's performance and the translation of B's 'book knowledge' to the bedside. For example, reviewing B's approach to collecting patient information, you become concerned. In taking history and carrying out a physical assessment B misses a significant amount of relevant information; it appears that B either does not know what questions to ask or does not make an effort to find the answers (e.g., B does not go back in medical records, or call the family doctor to obtain missing information). When you point out these concrete deficiencies to B, B always has a reason for why things did not get done (usually the reason involves other people, or the nature of the situation). B does not acknowledge these deficiencies and does not seem to have insight into his/her problematic performance, or to take responsibility for it. B becomes defensive when you offer feedback on his/her performance and does not appear to integrate your suggestions for improvement. After several weeks of going through similar cases B has made little progress. Overall, you do not have confidence in B's assessment skills.

B does not recognize other people's expertise and does not seem to acknowledge the opinions of allied health. Juniors come to you as the attending for help with problems that you would expect B should be able to handle.

B is very punctual and often stays late to ensure that the patients are stable and things are under control. B puts in the time and seems to be trying but just doesn't seem to be able to put it all together and does not appear to understand his/her deficiencies.

Profile of C

Throughout the rotation C works hard and demonstrates responsibility for the patients. Although sometimes C misses a few things on history or physical, on the whole you are not concerned, and you consider this resident's performance to be at a safe level. Importantly, C recognizes gaps in his/her knowledge base and reads the necessary literature. However, C seldom goes beyond what is required for that particular case. Your impression is that C seeks to fill these knowledge gaps because it is expected, and not because C feels passionate about acquiring knowledge in an area, or enthusiastic about a challenging patient. C sometimes seems to treat work like a job that needs to get done but overall does do a good job.

Although C always treats patients with respect, C does not radiate warmth for patients and as a result is sometimes not perceived as being very involved or interested. While C may not place great value on the role of the patient's family and relationship-building, C certainly does not dismiss these elements. C maintains a high level of professionalism in interactions (i.e. C's grooming, language, and overall presentation are always appropriate and C is punctual) but does not establish a deep connection with his/her patients.

C's written communication skills are very good and C's clinical notes are concise yet contain all the essential information. While at the start C tends to spend a lot of time writing notes, C eventually improves his/her time management.

C gets along with other members of the team and has a general sense of camaraderie particularly with other medical colleagues. Overall you believe that C can improve in some areas but at the same time you do not have serious concerns about C's performance. You realize, however, that you will likely not remember much about this resident once he/she finishes the rotation.

Profile of D

D's knowledge in traditional domains is solid and this resident works hard in the clinic and gets most tasks done in an efficient manner. However, you notice that D occasionally misses things on history or physical exam. Although you do not consider this to be a serious problem, D's work is sometimes not quite at the level that you'd expect of a resident at this stage. D does not seem to have any academic interest that is over and above what is required for exams. As a result, D is sometimes too simplistic in his/her decision making, and often fails to consider all the possibilities. When you tell this resident, "Go and read about this" D does it but in a brief way, not attending to detail and without demonstrating curiosity or enthusiasm. It appears that D's other responsibilities make it difficult for this resident to read extra and put in more time into his/her learning than what is minimally required.

On a personal level, D is a very pleasant individual, and has natural charm which makes it easy for D to connect with others. You often hear positive feedback about this resident from patients and the team and people seem to really enjoy interacting with D. D has a very strong bedside manner and appears to genuinely enjoy talking to patients.

When presented with opportunities to teach more junior residents, D does not take up these chances to demonstrate leadership skills and does not seem interested in doing or learning extra. This resident is reluctant to take on extra responsibilities and is often eager to leave work by 5pm.

Although you have some concerns about D's clinical skills, this resident has a warm and agreeable personality, and you find that you sometimes do not notice or dismiss the minor errors that this resident makes.

Profile of E

E comes across as a very bright person from an intelligence point of view. From the start of the rotation, E demonstrates extensive knowledge of relevant literature and in group discussions quotes the most recent publications. But you are somewhat concerned that E tends to spend a lot of time reading in the library instead of trying to learn by spending more time in the clinic and seeing complex cases.

E's communication with patients is clear and he/she says all the right words. But E does not seem to connect with patients on a personal level and does not demonstrate a lot of empathy or compassion. E treats interactions with patients and clinical work overall as a job and does not appear to go above what is required to provide minimally adequate level of care. E presents as professional in his/her conduct and appearance.

As you observe E's interactions with the rest of the team, you become very concerned about E's interpersonal skills. E does not seem to be able to relate to the nurses, or to the other residents. You also receive feedback that E has at times been rude with the staff. You are told that this resident does not listen to other team members and only does what he/she believes is right instead of following directions of and taking into account the opinions of others. When the more senior residents suggest that something needs to be done, E fails to follow their directions, and simply carries on in the way that he/she wants to. E also appears to be overconfident at times and has a poor sense of his/her own limitations. E never calls for help because this resident appears to think that he/she knows more than everybody else.

E's interpersonal skills and E's interactions with others do not improve. This creates an overall tense atmosphere on the rotation. Indeed, there is a sense of relief among the team members when this resident's rotation is over.

Profile of F

F is a resident who is highly organized, efficient, and energetic. F manages time well and is able to prioritize tasks effectively. This ability to prioritize and F's efficiency improve even further during the rotation. F handles demanding situations well and does not appear stressed or fatigued on busy days. Even though F is efficient, this resident does not appear rushed. Clinically, F has a very strong knowledge base and a sound understanding of how different drugs and devices work, what their indications and contraindications are, the way in which different patients might respond to these, the side effect profile, and the expected benefits. Technically F is very competent. F is comprehensive in the approach to obtaining a medical history and summarizing what is wrong with the patient. F is also inclusive in generating a management plan. When reporting on patients, this resident expresses ideas clearly and succinctly both verbally and in writing, and is not over inclusive but communicates the core and essential data. As the rotation progresses, F gains more confidence, makes quicker decisions, and achieves greater finesse in his/her judgment.

F comes across as scholarly because this resident routinely looks up relevant information and is very good at critically appraising the literature and generating discussion about it. F often has a good sense of the applicability of the literature.

F has good relationships with other team members, but can sometimes be demanding when he/she perceives that someone is not responding quickly enough to requests. Similarly, during the rotation you have a chance to observe F's teaching skills and notice that F describes things well, but can become frustrated with juniors who don't catch on as quickly. However, F has a very strong interpersonal approach with patients, is compassionate, and practices patient-centered care as well as family-centered care.

Profile of G

G presents as reserved and quiet, to the point of seeming disengaged in rounds. G demonstrates a weak knowledge base, which manifests in part in G's superficial answers and lack of participation during teaching sessions. G struggles with prioritizing and cannot adequately formulate what is wrong with the patient, and which problems need attention first. When it comes to problem management, G is often unsure about which test to order, or which meds to give. G doesn't know how to perform some procedures that you would expect a resident at this level to be very familiar with.

You are especially worried about this resident because G does not ask questions or seek out guidance when G does not know or understand something. For example, G does not communicate with the team when patients are really sick. This makes you concerned about G's judgment and ability to assess a complex situation. As a result of G's lack of insight into his/her own performance and G's tendency to not call for help, this resident occasionally creates dangerous situations that put patients at risk.

The feedback from nurses and other allied health staff is that they do not have confidence in G's knowledge and abilities. In communicating with other staff G is often brief and does not maintain appropriate eye contact.

With patients and families G is polite and respectful but also vague and often unhelpful in terms of answering their questions and communicating information. G communicates the minimal necessary information to families and they appear dissatisfied after talking with G. You often feel that this resident is a bad reflection on you as the attending.

Overall, G does not seem to enjoy the work and your impression is that G does not really want to be there or learn. While G is not dismissive of criticism, there appears to be little improvement in this resident's performance as a result of feedback.

Profile of H

H seems to get along with everyone. This resident listens to the opinions of juniors in a respectful way and provides them with helpful and objective feedback. H has a great sense of humour which makes people feel relaxed around this resident. H often takes initiative with juniors, embracing any opportunity to teach or provide guidance to more junior members of the team. H is always available and approachable so juniors feel comfortable coming to this resident for help.

When it comes to patient care, H is proactive in anticipating problems and is prepared to deal with complicated situations in a calm and efficient manner. H effectively assesses difficult cases and prioritizes well what needs to get done and in what order. While H's knowledge is not as extensive as some other residents, this knowledge is pragmatic and well applied.

H's sense of humour and warm personality make it easy for this resident to establish strong rapport with patients. H is able to connect with patients on a non-medical level because he/she is well-rounded and has interests outside professional ones. H appears to be interested in patients as people which facilitates alliance building. Patients seem comfortable around H.

H demonstrates a profound sense of responsibility and your initial impression about this resident is that H can be trusted. As the rotation progresses, you are convinced even further that H can be relied upon, and that if something needs to be done, it will be done. You trust H's evaluations because when this resident does not know something, he/she says so. H can assess his/her own abilities well and is not afraid to ask for help when the situation demands a more senior and experienced individual.

While H comes to the rotation reasonably confident, with experience, H develops in being more sure of him/herself and becomes more confident in his/her own judgment. You believe that H is the sort of doctor that you would want your family to go to.

Profile of J

Overall, J is a resident who can be trusted and relied on as a safe pair of hands. You are not concerned about this resident's knowledge base or clinical skills, which are right at the level you'd expect for this stage of training. You trust J's assessments and do not feel the need to check up on his/her work.

Throughout the rotation J works hard and is reasonably efficient. J never expresses frustration about staying late if there is work that needs to be done, and always follows up on assigned tasks. J doesn't always spontaneously read up on cases, but will do so if asked or reminded.

J is a fine teacher and has sound leadership skills. J is patient and spends a lot of time teaching more junior residents. They seem to feel comfortable in coming to J with questions since J is approachable and willing to help. J establishes friendly and professional relationships with other team members and you never get negative feedback about this resident. J is polite and respectful but tends to be quiet in group discussions. Sometimes J has to be encouraged to share opinions with the group.

J really makes the effort to connect with patients on a personal level, and comes across as very empathic, caring and respectful. This resident's calm and supportive manner is much appreciated by the patients on the team.

Profile of K

K seems to be able to take care of any patient that he/she is presented with. You notice that this resident really shines when things become chaotic on the service because K remains calm, composed, and efficient. K demonstrates an extensive knowledge base, and is great at synthesizing the history and developing concise differential diagnoses. K appears to have an easy time with prioritizing patients' care. K is very adept at using the hospital system and is able to get things done for the patients. This resident has a good understanding of the hospital system and utilizes resources in an efficient manner.

As you observe K's performance, you notice that K seems to do a lot of direct hands on patient care. Although this is great for the patients, the junior members seem to become frustrated with K's tendency to micromanage. At times K's enthusiasm and way of handling patient care can lead to tensions among the team members. The juniors sometimes feel that they are not given enough chances to make decisions on their own. When you provide feedback to K about this issue, K acknowledges the concern and adjusts his/her approach accordingly, but at times K will still get carried away and fall back into his/her routine of micromanaging. In his/her interactions with allied health, K seems to be more directive and less collaborative. At times K treats allied health as employees, as opposed to colleagues. However, K presents as respectful, caring, and compassionate in his/her communication with patients and families. K provides information to patients in a clear manner and takes time to explain things thoroughly. When interacting with patients, K consistently integrates the impact of the patient's social and ethnic background and adjusts his/her communication style accordingly. Patients tend to love K and often volunteer positive feedback about K.

Profile of L

L is a bright enough individual and generally you are not particularly concerned about L's clinical skills. However, you worry about L's interactions with others. Nursing staff and other allied health members complain because L treats them with arrogance and does not seem open to their suggestions. While other team members often know much more than L about particular areas, you sense that they feel devalued by L because of his/her attitude. At times you feel like L is dismissing you when you offer suggestions for treatment plans or during procedures and chooses to carry on in his/her own way. Sometimes L takes short cuts and it feels like L presumes too much so you are not always sure you can trust this resident's assessments. You find you check up on L's patients more than you expected to for his/her level of training. Although most of the time you believe that L's clinical skills are fine, sometimes you do wonder whether L is 'safe.'

L's behaviour in the clinic is disconcerting to you as you really worry about L's lack of insight into his/her own behavior. When you provide feedback, L seems to listen but nothing really changes in this resident's performance. You worry that because this resident does not appear to be receptive to feedback, L will not actually fix his/her problem areas.

L is punctual but appears to treat work as a '9-5 job' and is often eager to leave at the end of the day. L appears impatient when forced to stay behind because things are not under control. L does not take time to teach junior residents and does not seek out opportunities to demonstrate leadership skills. When L does conduct teaching sessions, L appears to lack patience and you see that the junior members avoid going to L for help.

Profile of M

M has good assessment and diagnostic skills but has a hard time coming up with realistic management plans and struggles with prioritizing what is most important in a particular situation. In addition, M has a poor understanding of how the hospital system works and often seems unaware of the resources available and how to take advantage of them.

When it comes to describing a clinical situation to other team members, M has difficulties with communication. Especially at the start of the rotation, M's statements do not follow a logical sequence and allied health members sometimes express frustration about their interactions with this resident. Although M comes across as a well-meaning and caring individual in his/her interactions with patients, patients sometimes have a confused look after communicating with M. When you observe M explain something to patients, you often feel the need to interject as you are concerned that M does not deliver information in a coherent way.

Throughout the rotation M demonstrates a strong commitment to improving and seems to genuinely want to do a better job. M appears to be aware of his/her deficiencies and is open to feedback and actually actively seeks out feedback. When M is provided with constructive criticism, there is some improvement in this resident's performance. At the end of the rotation your impression is that this resident still has a way to go but M's oral presentations and discussions of patients become more coherent and there is a better flow to them. M's ability to prioritize improves as a result of extensive feedback that this resident receives during the rotation.

Profile of N

N has a very strong sense of responsibility for patients. For example, when N hands a patient over to a different service, N stays as long as required to ensure that the patient is stable and that everything is really under control. N appears to genuinely care about the well-being of patients and often stays late and comes in on week-ends to follow up on patients. Although this is great for patient care, you are sometimes concerned about this resident spending too much time in the hospital and not recognizing the need for downtime. You also worry that N can at times become too involved in care for a particular patient and you believe that this resident occasionally struggles with maintaining professional boundaries. Patients tend to really connect with N and form a close bond with this resident.

N is not always up to date on every latest study, but does demonstrate a solid knowledge base, and when a challenging case comes up, N always ensures that he/she acquires the appropriate knowledge to do the job well and will consult with more senior team members, or read up on his/her own.

At the start of the rotation N seems to lack confidence in his/her abilities and can be too self-deprecating. N is often quiet in group discussions and appears reserved in interactions with house staff and other residents. While N gets along with everyone, N does not appear to really connect with other team members at a deeper level. N does not share things about his/her personal life with other team members and as a result they seem to feel that this resident keeps a distance. When N believes that he/she has made a mistake, N readily comes forward with the error and volunteers to take corrective action. N is very receptive to criticism and seems to take feedback seriously and try to integrate it. N's self-confidence improves during the rotation as N comes to trust his/her own judgment and clinical skills more readily.

Profile of P

While P has solid clinical skills and is generally very safe and capable, P does not demonstrate a strong commitment to the team and does not act as a leader. For example, P looks after his/her own patients but seems to think that patients not specifically assigned to him/her are somebody else's problem. Although P is quite knowledgeable, other team members avoid going to P for help unless they do not have any other choice. Juniors do not seem comfortable interacting with P as P can be brief and impatient with them. P gets along fine with allied health and you do not hear negative feedback about this resident from nurses and other house staff.

When it comes to patient care, P is conscientious and does the tasks assigned. But you have a sense that there is an upper limit to what P could be asked to do without stretching the system and that there is a clear limit to this resident's ability. When you push P beyond this limit, you realize that things are not getting done and that this resident kind of 'maxes out.' P seems to need longer to work out an issue and think things through. P does not seem to be able to quickly assess the situation, make decisions, and move on to the next issue. If there is a problem P lets you know and you feel that you can generally rely on P's assessment of his/her own ability. You trust that P will call for help when faced with a case that proves beyond his/her skill level.

When you ask this resident what he/she thinks is going on with a patient, P sticks with the just one or two tried and true things and is not comfortable thinking outside the box, coming up with good alternatives, or thinking broader.

When provided with feedback, P appears open to suggestions and constructive criticism but is slow to respond. Sometimes you need to continue providing additional feedback for P to change his/her approach. With time, P does integrate this feedback and slowly improves by the end of the rotation.

Profile of Q

You get the sense that Q is happier as an observer than a participant. Q seldom takes initiative and often hesitates and waits for others to take the lead. Q's level of independence and confidence appears to be lower than what you would expect of a resident at this stage of training. When Q is asked a question, Q will answer it and when a team member asks Q for help, this resident will be thorough in offering suggestions and ideas. However, Q does not spontaneously offer to help, or engage anybody on the team in a conversation. Allied health and other staff seem to think that Q is 'nice' but do not offer much feedback about this resident. Your sense is that this resident will not be remembered after the rotation is over.

Q prefers if you run family meetings, so that he/she can observe and get the experience. When there is a chance to talk with family members who are very upset and anxious, Q falls short. Q is polite in his/her interactions with patients but seems unable to communicate deep compassion and really empathize with the patient and the family. At the start of the rotation Q tends to dress too casually and at times sloppy, but when you offer feedback Q does change his/her appearance accordingly.

In terms of patient care Q is safe, with good clinical skills and solid knowledge. Q is efficient, able to prioritize, and manage his/her time well on busy days. However, by 5 o'clock Q has disappeared and generally does not seem to take much ownership of the patients.

Your impression of Q is that with more training this resident will be a good enough doctor, but will never be an outstanding physician who goes the extra mile for the patients.

Profile of R

R is a very good resident clinically, with an excellent knowledge base and clinical skills for this level of training. R is very diligent and reliable with regards to patient care and is always on top of the details of his/her patients. In fact, R often knows a lot of details about other team members' patients as well, and will offer up opinions about their management while on rounds. Some team members have appeared a bit annoyed at these efforts, as R doesn't always wait before jumping in during group discussions. On occasion you have had to rein R in so that others have a chance to participate.

R is extremely keen and enthusiastic, and always offers to help others by taking on more work. The nurses and other allied health care professionals really enjoy working with R as their suggestions are usually followed without delay.

Even when things are busy, R always takes the opportunity to teach, and this is appreciated by the students on the team.

This resident communicates very well with patients, who spontaneously provide excellent feedback about the attention they get from R.