Challenging Scenarios for Junior Faculty: Case Presentations

Panelists:

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Overview
Discuss difficult scenarios that are often faced by physicians starting in practice and strategies for dealing with these challenges

Case Scenarios:
1. Managing relationships with more senior colleagues
2. Finessing relationships with more senior referring providers and patients who feel you may “lack experience”
3. Educating colleagues on updated guidelines/therapy approaches
4. Protecting academic/personal time
5. Treating a family member of a senior colleague
Case #1

You have recently graduated residency and taken a position at a major academic institution. When you were hired you were brought on to focus on CNS malignancies and pediatrics, both high volume areas for the hospital. At the institution there is currently a professor level colleague who also treats CNS malignancies. Since coming on the senior level colleague has been very territorial and continues to see all the CNS patients.
Case #1

Discussion Questions:
- As a new graduate how does one best assimilate themselves into an already established setting, be it academic or private?
- What is the best way to approach the senior faculty member regarding this issue?
- Who else could be of assistance in this scenario?
- How do you establish relationships with referring providers when they too are very comfortable with status quo?
- Is there any way to identify issues like this prior to accepting or starting a position?
Case #1

In addition to the difficulties in the clinic with your senior colleague you have found it difficult to initiate any CNS based research as well. When you discuss possible projects with the individual you are met with claims that either the project is currently being done by the senior individual or that it has been done and “just need to finish up the manuscript”.
Case #1

Discussion Questions:

- What is the best way to see what projects/research is going on in a new department?

- What if 6 months (or even a year) passes and there has been no progress on projects/research claimed to have been started?
Case #2

You recently started in a new practice straight out of residency. You are referred a patient with early stage prostate cancer that initially opted for RP, but was unable to undergo surgery due to pubic arch interference. The patient’s urologist has counseled him that he should undergo brachytherapy.

Due to the pubic arch interference, you feel that he would not be a good candidate for brachytherapy and counsel the patient on EBRT. The patient’s urologist finds out and is quite upset. He tells the patient that you “lack experience” and refuses to refer any more patients to you.
Case #2

Discussion Questions:
- How do you best approach referring providers when your management plan differs from their own?
- How do you handle the situation where the referring provider is used to dictating the radiation course?
- How do you “fix” relationships with referring providers after a disagreement on management?
- What is the best way to forge relationships with referring providers when you are a young physician?
Case #3

Young radiation oncologist recently took new position with small group near where he/she trained. Group of three previously with two middle career physicians and third physician near retirement age. After starting position you become aware of very outdated, potentially dangerous treatment approaches being utilized by third physician.
Case #3

- How does one approach this subject, do you discuss directly with individual or with group your concerns?

- Are you obligated to stop these practices (morally and legally)?

- How can all members of groups best educate their colleagues on treatment changes/updates?
Case #4

Young radiation oncologist is just starting a new academic position. Today is scheduled academic day and will be in lab most of day working on transitioning from previous lab to current space. With current schedule will be in clinic MWF and in lab TH.

Receive page from colleague they met in tumor board regarding new patient. Wants to know if you can see a patient who is in his office right now to discuss radiation.
Case #4

Managing schedule –

- How would you balance clinic research or work-life balance?

- Being a junior attending are you expected to just say yes?

- Are there preferences for certain patients?

- What about preferences for certain colleagues?
Case #4

- How to say no when you just have to (i.e. grant is due tomorrow)?

- Are there ways to minimize issues prior to starting (i.e. your schedule, meeting with individuals before starting)?

- If you are having ongoing issues what can you do?
Case #5

41 y/o patient is seeing you today to discuss adjuvant radiation. Prior to the consultation, you receive a page from the Chair of Urology -- the patient is the Chair’s daughter. Dr. Urology wants to discuss case with you and review treatment plan.

Issues for all patients –

- Setting boundaries for family members regarding patient without patient present.

- How to navigate situation where treating family member of very distinguished member of your own institution?
Case #5

Patient is seen in consultation, reminds you who her father is and states “I want the VIP treatment”.

- How would you manage the patient who states “I want the VIP treatment”? 
Case #5

Special situations –

- Conflicting information from father regarding treatment and expected side effects.

- How to deal with a possible side effect or even a recurrence?
Case #5

Patient returns one year after completing definitive RT. Has achieved complete response, remains NED. Discusses wanting to have children, appears in denial regarding fertility.

- How best to review fertility expectations?