**Friends, Friendly and Favoritism - Relationships, Hierarchy and Boundaries in Family Medicine.**

What favoritism (or “anti”-favoritism) have you witnessed or experienced?

Affects of favoritism on:

Favored / disfavored peers others institution

What biases do you feel you may have? This is not meant to be easy. Consider testing yourself at <https://implicit.harvard.edu/implicit/takeatest.html>

Two thoughts or ideas you learned today that you will consider in the future?

We are developing surveys and research into this area. If you or your program may be interested in participating please contact us through the STFM app or at

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These scenarios are real based on events reported to us from several residencies (don’t try to guess where – we got an unbelievable number of responses). The names and locations, # of residents, have changed. The sex and rank of each is accurate. “Dr.” denotes faculty / rank.

Consider:

Who is affected (Faculty, Faculty with the relationship, Favored/dis-favored, others, and more)? How? What is the favoritism? Boundary?

Short term and long term effects on each? What about the “favorite?”

What lead to this? Risks? How could it be prevented? What about after the fact?

Can residents and faculty be friends? (Can you be friends with people you supervise)? Why and or why not?

Do scenarios change if:

* sex, sexual orientation changes? Add color to the mix?
* Rank changes (among PGY 1 to PGY 2 or student to res.?)
* Faculty to faculty? Dr. to medical assistant?
* Rural residency vs urban?

1. Dr. Mark is Assistant Program Director at the family medicine residency in Medium Town, USA. He just finished attending for the past week on hospital service with a strong team that included Levi, an excellent PGY 2 resident. They share a love a mountain biking. Dr. Mark invites Levi on a tough ride in the local national park. Monday, Levi reports to his intern and fellow PGY 2 about his awesome crazy ride down the mountain and why he has such road rash. He never realized Dr. Mark was such a hard-core biker.

2. Graduation Day. # senior residents are graduating today. Dr. Jeremy, the program director details each of their accomplishments, memories and new positions with pride to the visiting family, faculty and supporters. Tears of joy come to his eyes as he recounts each of their successes, with each resident coming to the stage to accept their farewell gift and graduation certificate. Dr. Jeremy pauses when he announces Jackson, the last of the group. “Jackson has been a great resident. He stepped into the chief role and handled this challenge with humility, a clear head and supportive leadership. I learned from his calm perspectives. Jackson has really impressed me throughout his three years here, and I am proud to say that he has not only been my friend and colleague, but is also my confidant. He knows things about our residency that the faculty don’t know. I am so proud and happy that he is joining us as faculty here at Medium-Town Residency.” Jackson accepts his farewell gift.

3. Dr. Jennifer mentors Lisa, a PGY 2. Lisa has had ups and downs and is currently struggling in the winter months. She has a hard batch of rotations with family medicine hospital service, followed by inpatient pediatrics, and inpatient freak week. Dr. Jennifer also serves as her physician and recently Lisa changed her ADD and anti-depressant medication. Dr. Tina, CCC chair, notes that Lisa’s documentation, both inpatient and outpatient, is routinely late and notes this as a “needs improvement” and marks her professionalism Milestone as 1.5. She also notes that another PGY 2 has started to be late on his notes and earlier marked his professionalism Milestone to 1.5. Dr. Tina hopes this pattern will not continue. The faculty discuss the timing of chart note closure expectations. Dr. Jennifer advises the team to give Lisa a break and that she is coming along, and would like her marked higher as she is aware of her struggles and effort.

Other scenarios to consider:

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Mary is chief for the 2nd year class and completed the next year’s call schedule. Joey, also a PGY 2, expresses concern when it is finally finished. He is on call during a few of the vacations he has requested and will have to make adjustments. He points out that Mary and her husband Jason, who is also a PGY 2, do not have to work around their vacation requests.

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Mary got a presentation accepted at STFM. Her residency funds will not be enough to cover the flight and hotel and fees. Dr. Tina offers to share a room with her so she can attend the conference.

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Dr. James is medical director of the outpatient residency clinic. Several of the medical assistants see him as their doctor. At times, they ask about their labs while he is seeing patients or ask for a quick refill on a chronic medication. They schedule their appointments at times when other patients cancel to avoid taking PTO. Melissa, his medical assistant is often 5 to 10 minutes late to huddle in the morning. Dr. James is treating her for depression.

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Dr. Mark is program director. He invites Jason and his family over to enjoy a home cooked meal with his wife and kids. They discuss soccer and the upcoming group medical care conference where Dr. Mark is presenting.

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The hospital’s transition to a new electronic medical record went very well. The senior leadership, CEO Mark, COO Jeff, CMO Paul, CNO Amanda and CMIO Lauren are proud of how well the staff handled the change. The next week, Mark, Jeff and Paul meet at Mark’s large estate for a steak cook out in celebration. Amanda and Lauren hear them talking about it later.

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Jeremy is appointment chief resident. As he is announced, two other classmates are surprised and note that they did not know the position was open. They congratulate Jeremy.

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Dwayne is voted chief resident by the rising class. The faculty are less thrilled as they find his performance in the lower tier of the class. The director emphasized that the residents choose their represented leader / representation for their class.