

Case #1 Discussion

Case 1

14 year old male with ADHD and anxiety is being seen in the resident clinic for evaluation. Shortly after the beginning of the appointment, the resident comes to you as the father is refusing to have the resident evaluate his child (resident, gender non-conforming) and is asking to meet with the attending. The resident appears nervous and uncomfortable. When you go into the room, the father states that he does not want the resident in the room. He states that “he does not want people like her treating my kid.” The father demands a change in provider.

What are the immediate next steps that need to be taken?

What are some of the long term steps (procedures/policies/support) that need to be taken related to this event and similar future events?

Case #2 Discussion

Case 4

21 year-old male with history of new onset psychosis a patient for several years in the outpatient clinic. In the past month, the patient has begun to express increased paranoid delusions around people of color and women, including homicidal ideation. In the last visit, he expressed homicidal ideation towards his physician (who is a woman of color) in the context of paranoid delusions. He is admitted to the inpatient unit where a formal Tarasoff was completed to about ongoing homicidal thoughts directed towards his physician. Over the course of the hospital stay, he noted to have decrease in paranoid delusions. However, he continues to express homicidal ideation towards people of color and women. Administration has decided to allow the patient to continue care with the outpatient clinic upon discharge and are asking that a resident pick up the case.

What are the immediate next steps that need to be taken?

What are some of the long term steps (procedures/policies/support) that need to be taken related to this event and similar future events?

Case #3 Discussion

Case 5

A resident comes to discuss a case with you regarding a patient concern. The patient, who is a 30 year old female with a history of PTSD, anxiety, substance abuse and depression, has been making increasingly threatening comments to the staff over phone. The resident describes that the patient often has slurred speech and seems intoxicated during these phone encounters, but this has never occurred during an office visit with the resident. In the most recent incident, the clinic nurse (who is a female of color) had called to inform the patient that a prior authorization was needed for a medication. The patient became upset, directed several racial slurs toward the nurse, and called her a “f***** b*****” before hanging up the phone. Given the behavior demonstrated by the patient during the last phone conversation, the resident expresses concern that the patient may become aggressive during her next appointment.

What are the immediate next steps that need to be taken?

What are some of the long term steps (procedures/policies/support) that need to be taken related to this event and similar future events?

Case #4 Discussion

Case 6

45 year old female with borderline personality disorder who has been in the outpatient resident clinic for several years. The patient has been increasingly verbally aggressive over the phone with staff, often yelling and swearing at them when her needs are not immediately met. The resident discusses the case with you and given these concerns, asks you to see the patient with her. In the course of the visit, the patient becomes increasingly verbally aggressive towards the resident, making racial comments towards the resident. As you attempt to verbally de-escalate, the patient then proceeds to punch the resident several times in the face and upper body.

What are the immediate next steps that need to be taken?

What are some of the long term steps (procedures/policies/support) that need to be taken related to this event and similar future events?