Session Activity

Where to next?

Summary: The one minute preceptor (Five microskills)

1. Learner sees patient

2. Learner presents patient to you

You:

3. Get a commitment: Early on, get the learner to commit to a diagnosis, work up, or therapeutic plan. This allows the learner to disclose the beginning of his or her problem solving process, so you can begin to assess his or her needs as a learner. What is going on with this patient? What else might it be? What do you want to do next should do next? How shall we treat this patient? What lab tests do you think are indicated? What would you like to accomplish in this visit? Why do you think this patient has been noncompliant? Pointers: Resist temptation to ask a series of data gathering questions, because this leads the learner through your problem solving approach, rather than allowing you to assess his or hers.

4. Probe for supporting evidence: This allows the learner to think out-loud, thus providing you with valuable insight into his or her thought process. Why do you think so? What parts of the history or physical support your diagnosis? Why would you select this medication over other available medications? What factors did you take into account when you decided on that course of action?

5. Teach a general principle: When gaps or mistakes in knowledge, data, or missed connections become apparent, you have an opportunity to provide targeted teaching. If you can offer the teaching as a general principle, it is more likely the learner will remember it in other situations. If a question arises that neither the learner nor the preceptor knows how to answer, this teaching might be focused on what resources could be used to address the question.

6. Reinforce what was done well: If the learner’s presentation was done well, describe how it was done well (i.e. your presentation was logical and well organized. You provided the subjective, objective, assessment and plan as I expected to hear them, which helps ensure that we don’t miss any steps.) If the learner’s working diagnosis is appropriate, describe why you think so.

7. Correct errors and omissions: Take the opportunity to provide correction. As with reinforcement, be as specific as possible: While it’s possible this patient has that diagnosis, it’s also important to consider (x potentially fatal condition).
Scenario One:

Pat is an Intern who has just seen a patient with diabetes. She presents the patient to you:

"Ms. K is a 45 year old woman with type 2 diabetes. She is here for her 3-month checkup and says she’s doing well. Her hemoglobin A 1C was 6.5 last week. Her blood sugars at home ranged from 4 to 8. She takes her metformin twice a day every day. Her last cholesterol showed an LDL of 3. On exam, her blood pressure is 140/90. Her HEENT exam is normal, heart and lungs are normal. I think her diabetes is under good control and I’d like to continue her current treatment."

Pat stops her presentation here. You notice that Pat has neglected important aspects of this patient’s overall health, including her cholesterol and her diabetic foot exam.

- What do you say to Pat to get a more complete commitment?
- What do you say to Pat to probe for evidence?
Scenario Two:

Mohammed, a final year medical student, comes to you after seeing Mr. R, a 50 year old man.

"Mr. R came in today because his wife made him. He has no complaints. On review of systems he has no complaint of shortness of breath, chest pain, abdominal pain, bowel or bladder problems or joint pain. He reports he is healthy. His heart, lung, and abdominal exams are normal. He seems healthy to me."

Mohammed stops his presentation here. You notice that he has not asked the patient about any personal health habits, and he hasn't addressed health maintenance issues with this patient.

How would you take this opportunity to teach Mohammed some general principles about preventive care?
Scenario Three:

Aisha, a PGY3, has just seen a patient with upper respiratory complaints.

"Ms. G is a 32 year old woman with a three day history of sore throat, headache, nasal congestion, and cough. She has tried over the counter decongestants with minimal relief. She denies fever, vomiting or diarrhea. No one else at home is sick. She has not traveled recently. Her last menstrual period was two weeks ago and was normal. She has otherwise been healthy, and takes no medications regularly. On exam, she is in no distress. Lungs were clear, heart was normal, throat was mildly red, nose was mildly congested. There was no sinus tenderness. The patient requested an antibiotic, but I think this is a viral illness. I explained to the patient the nature of viral URIs, and recommended continued symptomatic care."

Aisha stops her presentation here. You feel she has done a good presentation.

➢ How will you reinforce what Aisha has done well?
Scenario Four:

Alfredo, a PGY2, presents the following patient.

"Mr. Z is a 25 year old man who presents with pain in his lower back for the past two weeks. He is a construction worker and has been lifting cinder blocks at his work site. The pain doesn’t radiate. It is worse when he moves. It is not keeping him awake at night. He has been taking over-the-counter ibuprofen with moderate relief. He denies problems with his bowels or bladder. He denies weakness or sensory loss. On exam, he has tenderness in the paraspinal muscles in the low back. His straight leg raise test is negative. His gait is normal. Reflexes in the lower extremities are normal. I think this patient has a herniated disc, and I think he should be sent for an MRI."

Alfredo stops his presentation here. You are concerned that Alfredo's plan is too aggressive for the patient’s complaints and physical findings.

- How do you correct Alfredo’s errors or omissions?