

Changing Clinic Presentations to Improve the Educational Experience

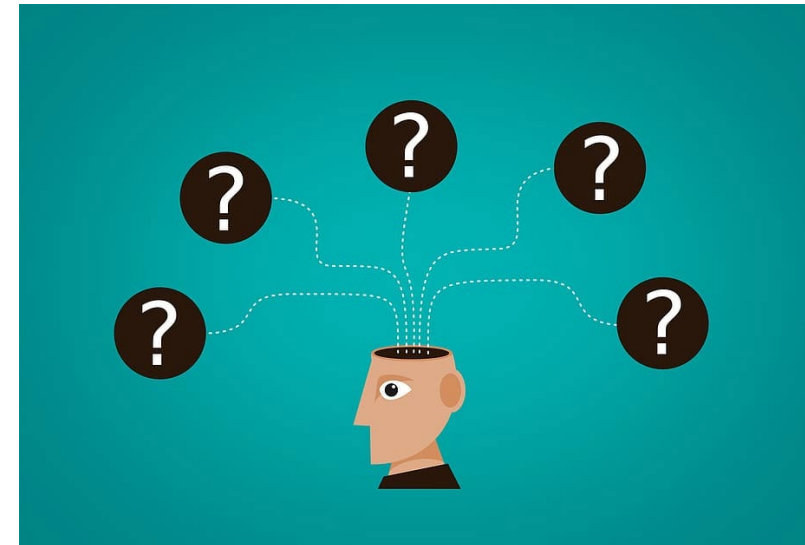
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Presentations in the hospital

Presentations in the clinic



- New patient vs return??
- SOAP for multiple problems??
- Chronic diseases??
- Health Maintenance??



Teaching and Learning in Clinic

Think about your last GOOD clinic experience:

- What did the resident do to help you follow the patient presentation, identify teaching points?
- Did you offer feedback on the presentation?
- Where did you incorporate teaching?



Focus groups: “How do you present in clinic?”

“So when I was in medical school and probably early in my training, I stuck to the subjective objective-assessment-plan, so going through their whole story, their whole physical exam, and that’s great for when you’re early in your training, but it’s obvious that you lose the attention of who you’re presenting to very early.”

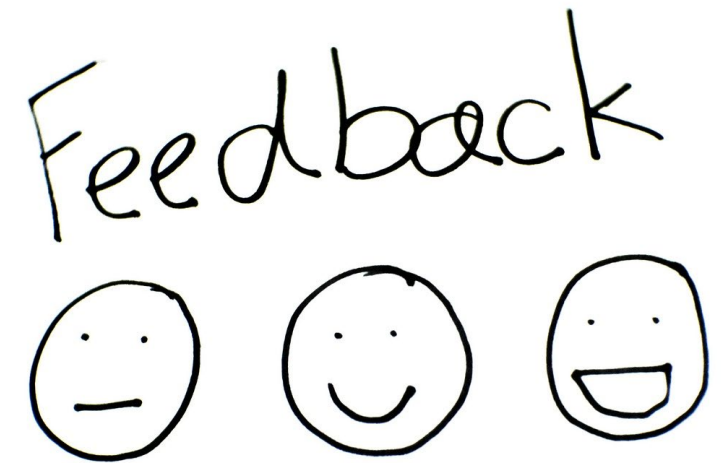
“That full formal presentation that we’re all taught early in training is not efficient and does not...serve us or the patient well given our time constraints”

“I get stuck on those things (that I’m not sure how to treat) because I actually need help with that. And so we get kind of sidetracked and then it’s just a cluster of...”

Interacting with Attendings

“I’ve been in clinic enough now that I know that different attendings like it different ways, but they never give me feedback...”

“I don’t really understand— I don’t know if I’m doing it right or not. Nobody’s told me one way or the other, so I’m just, well, I’ll just keep doing it until somebody tells me that.”



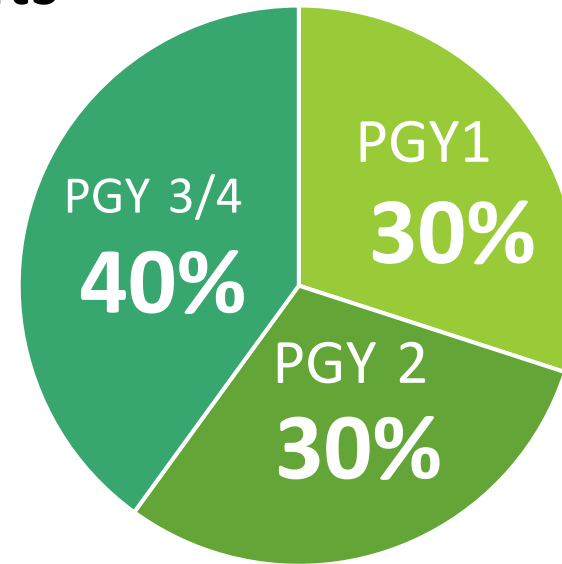


Fall 2019 Survey

95
Residents



PGY Year



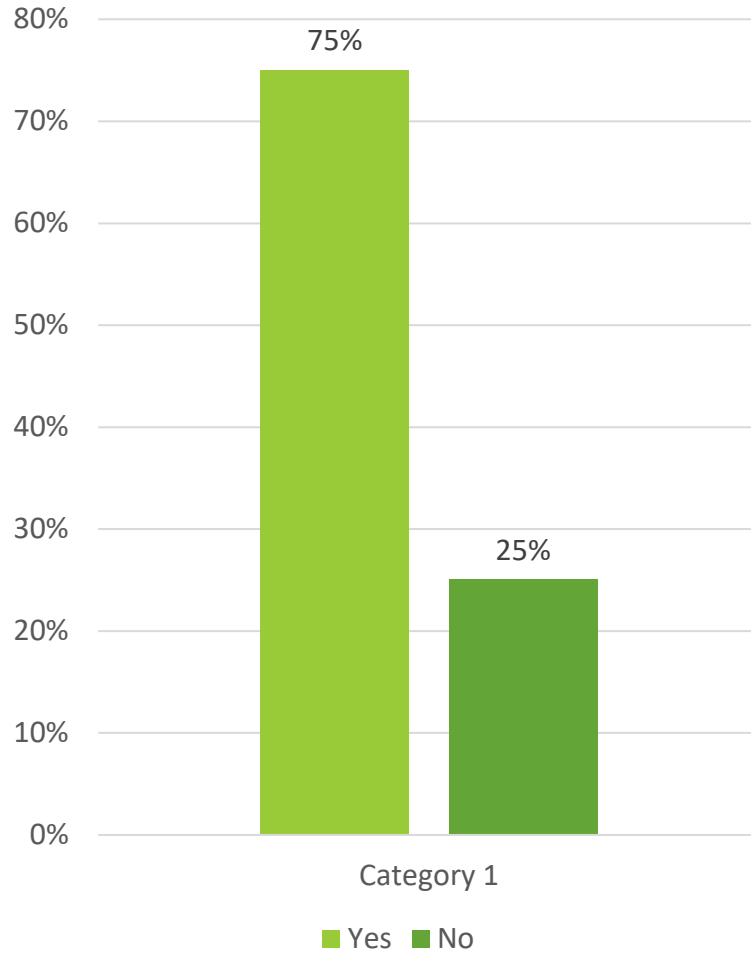
Average attend resident
clinic 2-3 sessions per
week (range 1-4)

20 GIM Faculty
responded

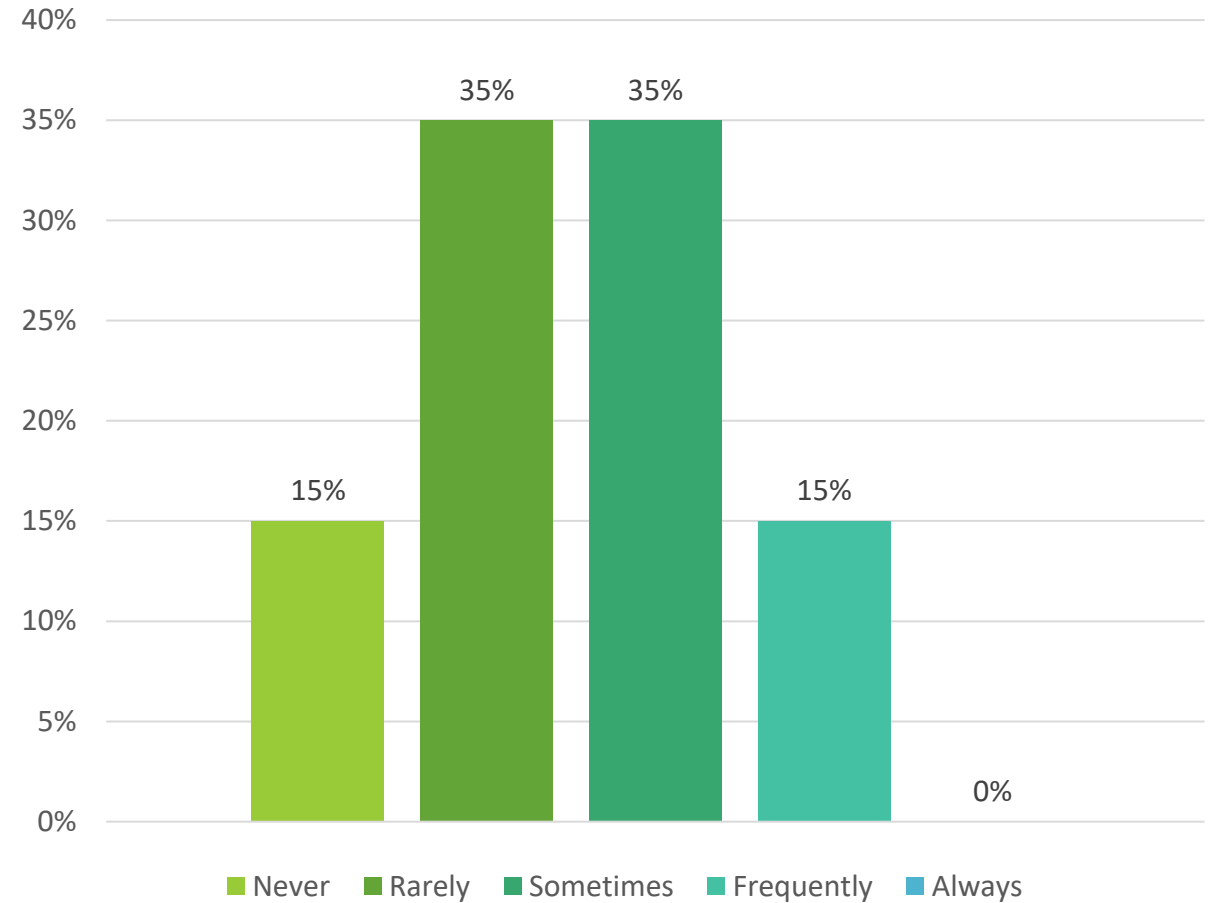
- 7 < 5 years on faculty
- 2 6-10 years
- 4 10-20 years
- 7 > 20 years

Faculty

Do you have a preference for resident checkout in clinic?

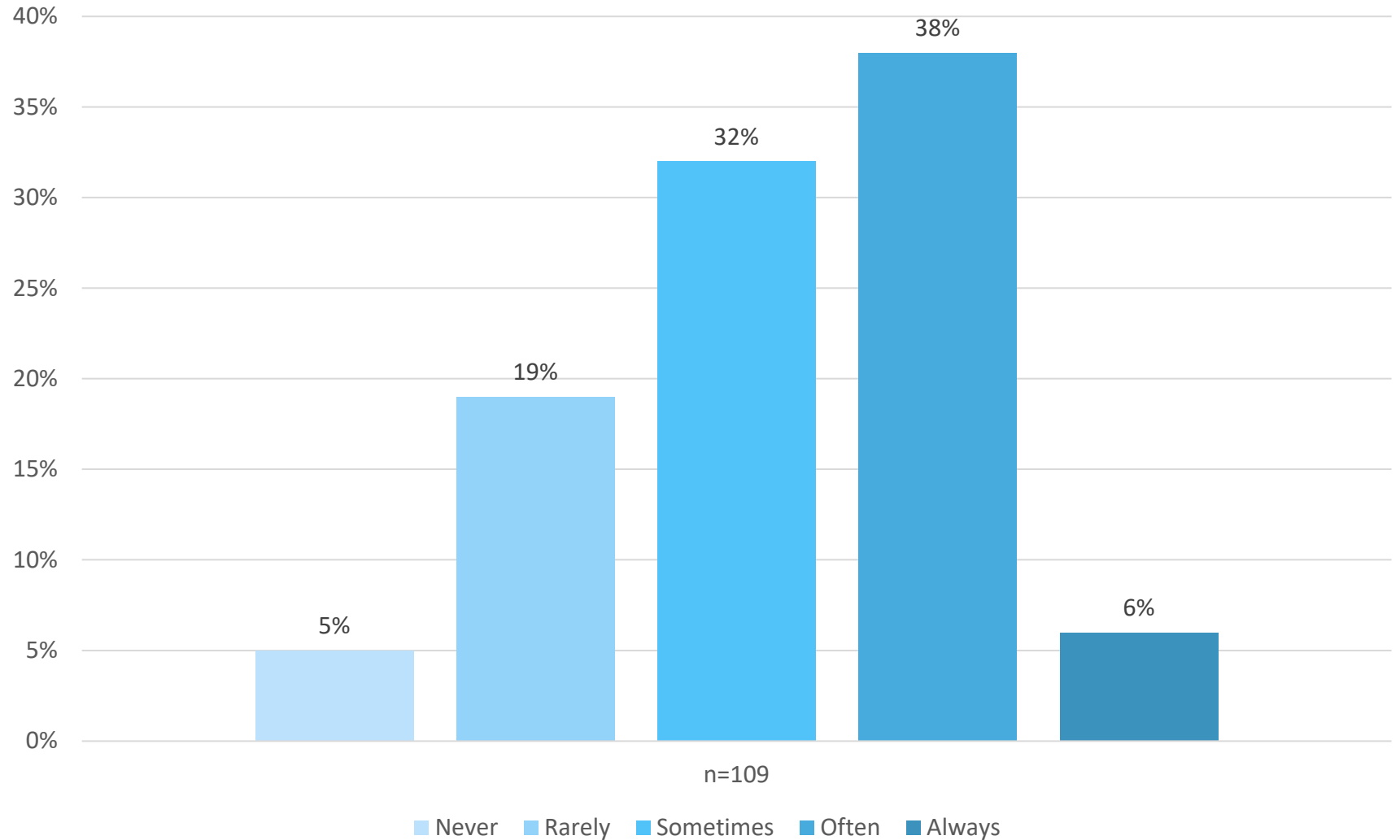


How often do you orient learners to your preferred style?



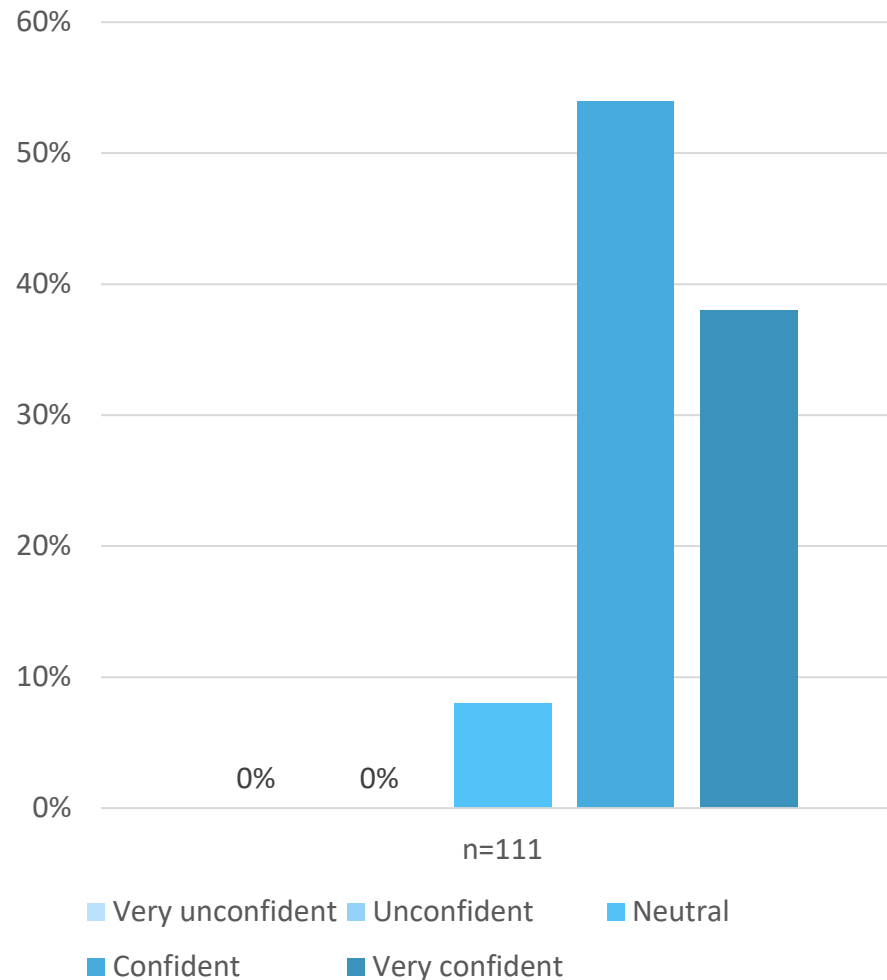
Residents

How often do you change the format of your patient presentations based on different attendings in clinic?

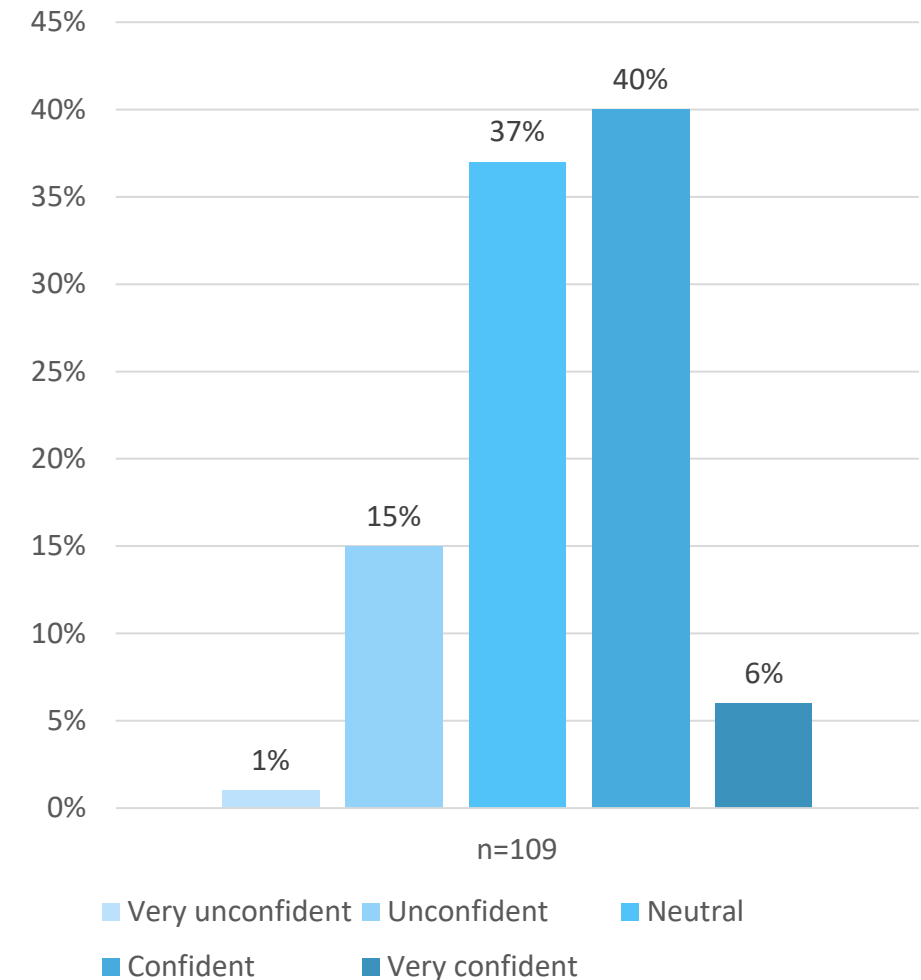


Residents

How confident are you that you know what the attending wants to hear in an inpatient presentation?

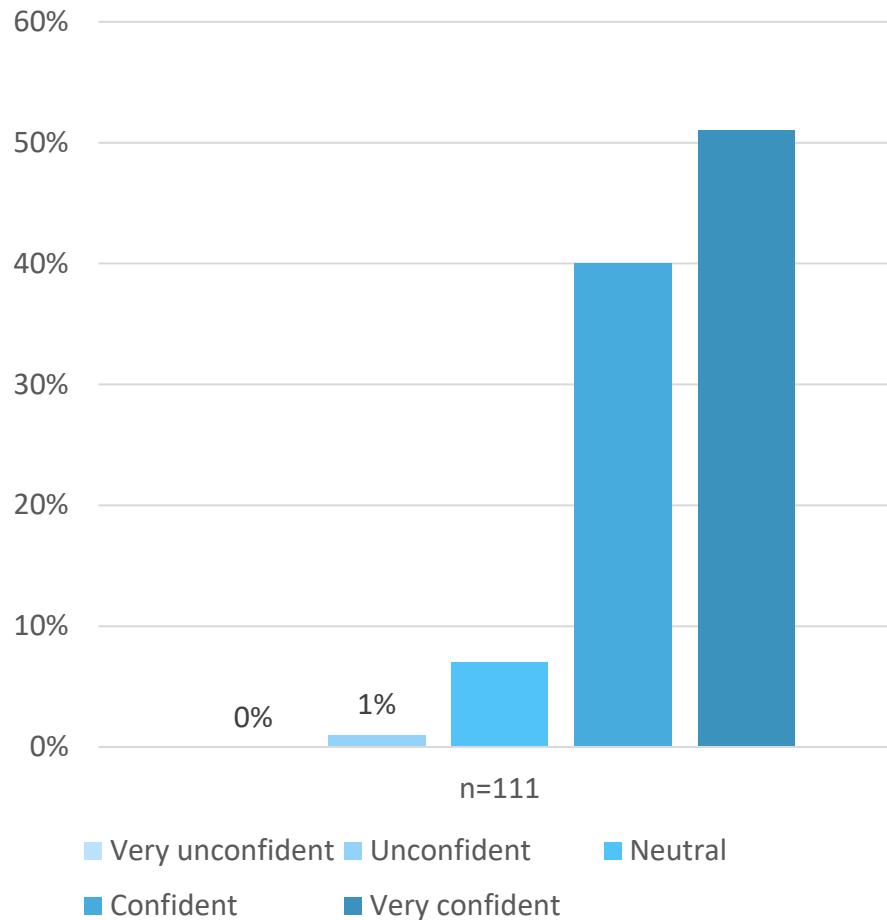


How confident are you that you know what the attending wants to hear in an outpatient presentation?

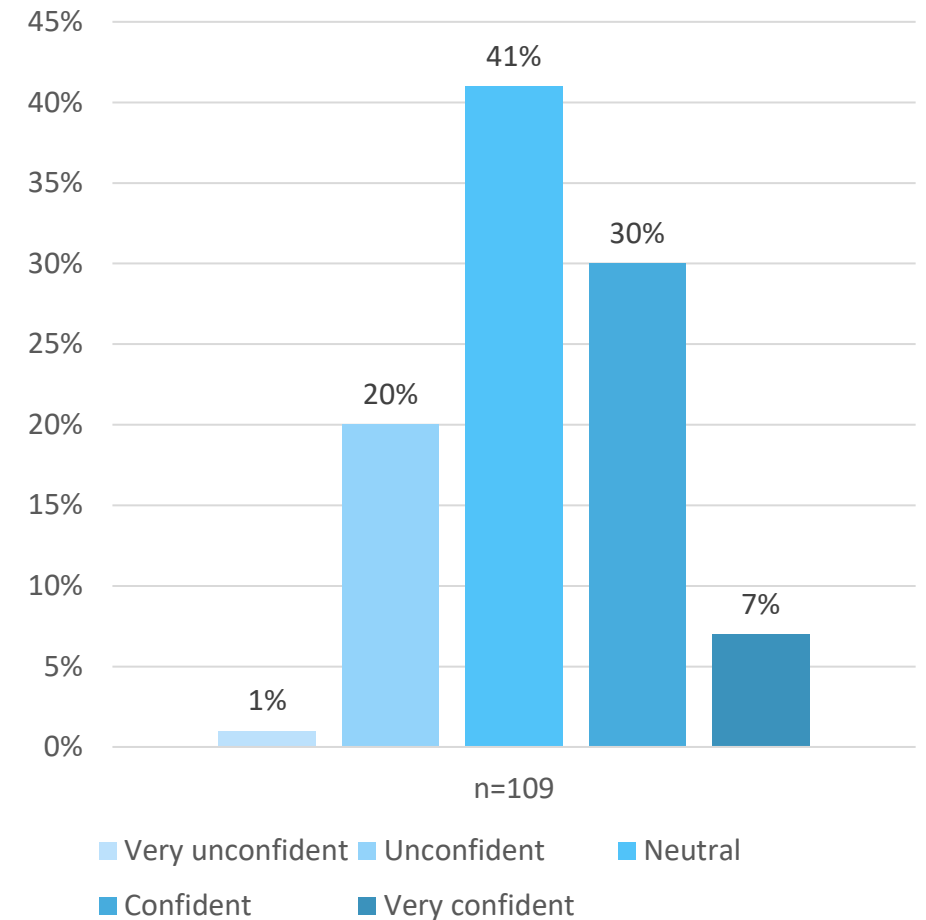


Residents

How confident are you that you know in what order the attending wants to hear in an inpatient presentation?

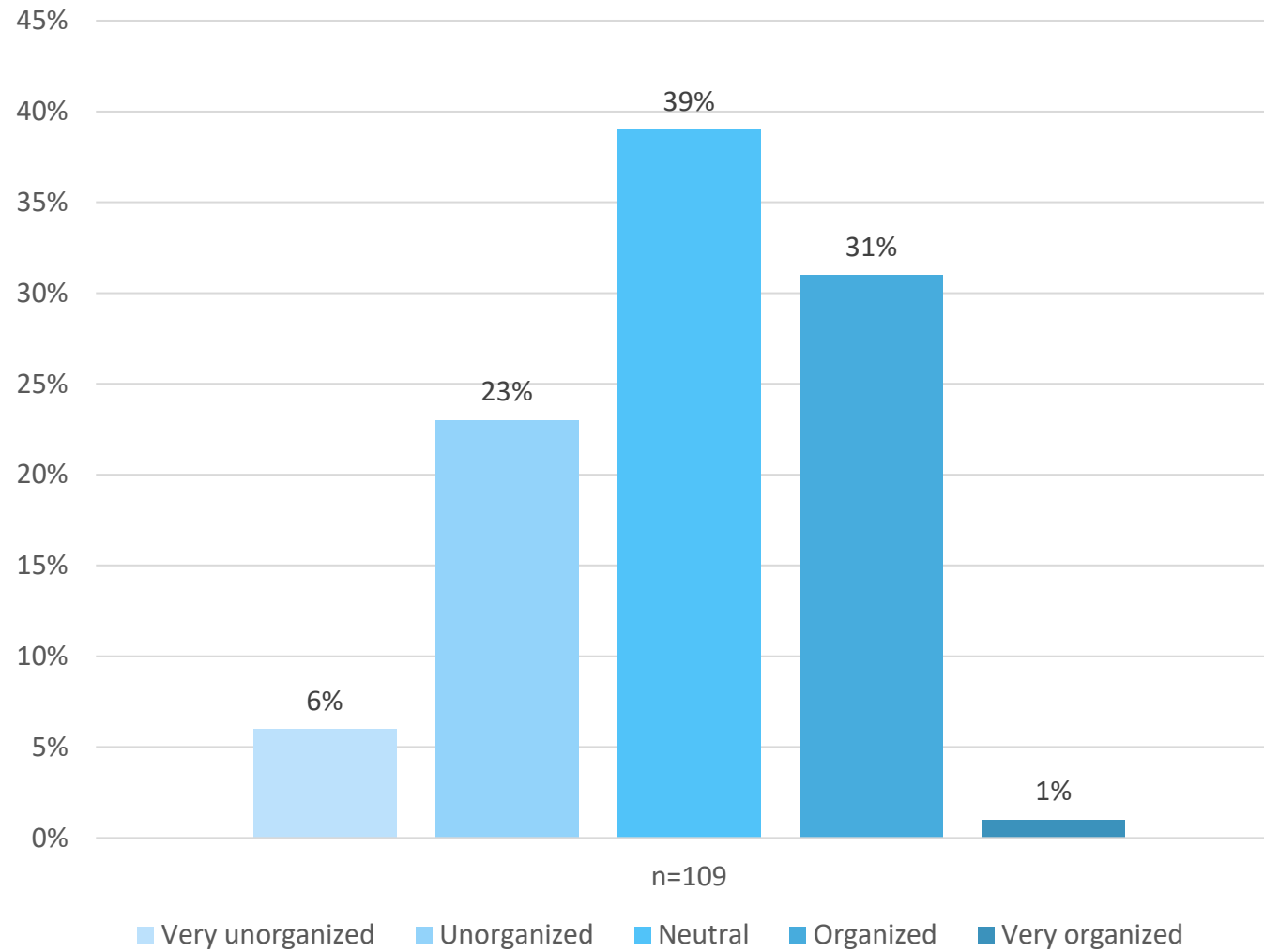


How confident are you that you know in what order the attending wants to hear in an outpatient presentation?



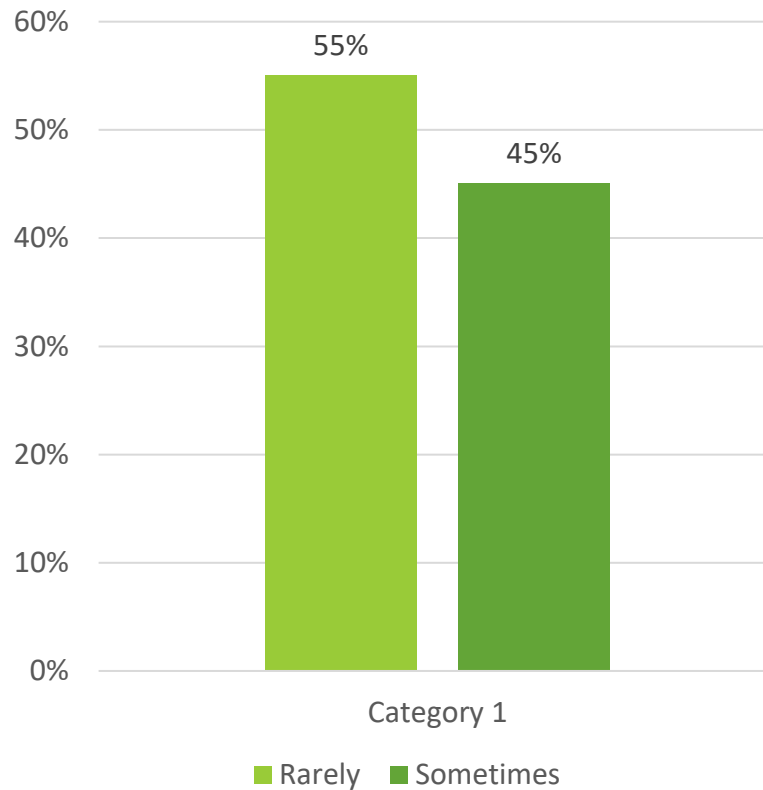
Residents

How organized do you feel when presenting problems to an attending in clinic?

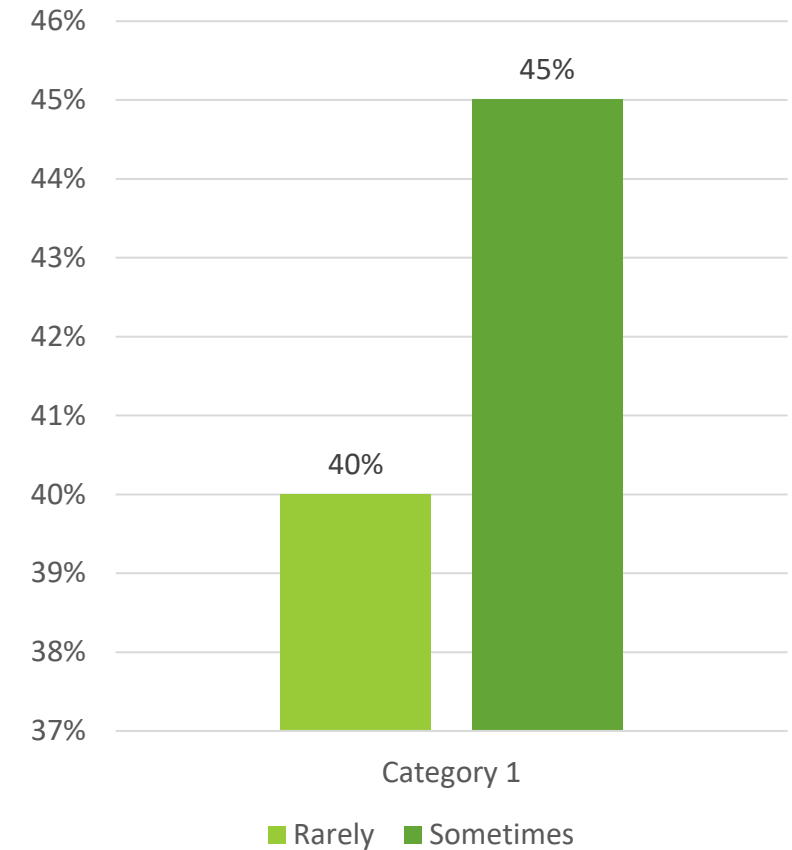


Faculty

How often does the organization of clinic presentation checkout negatively impact your ability to provide good patient care advice?

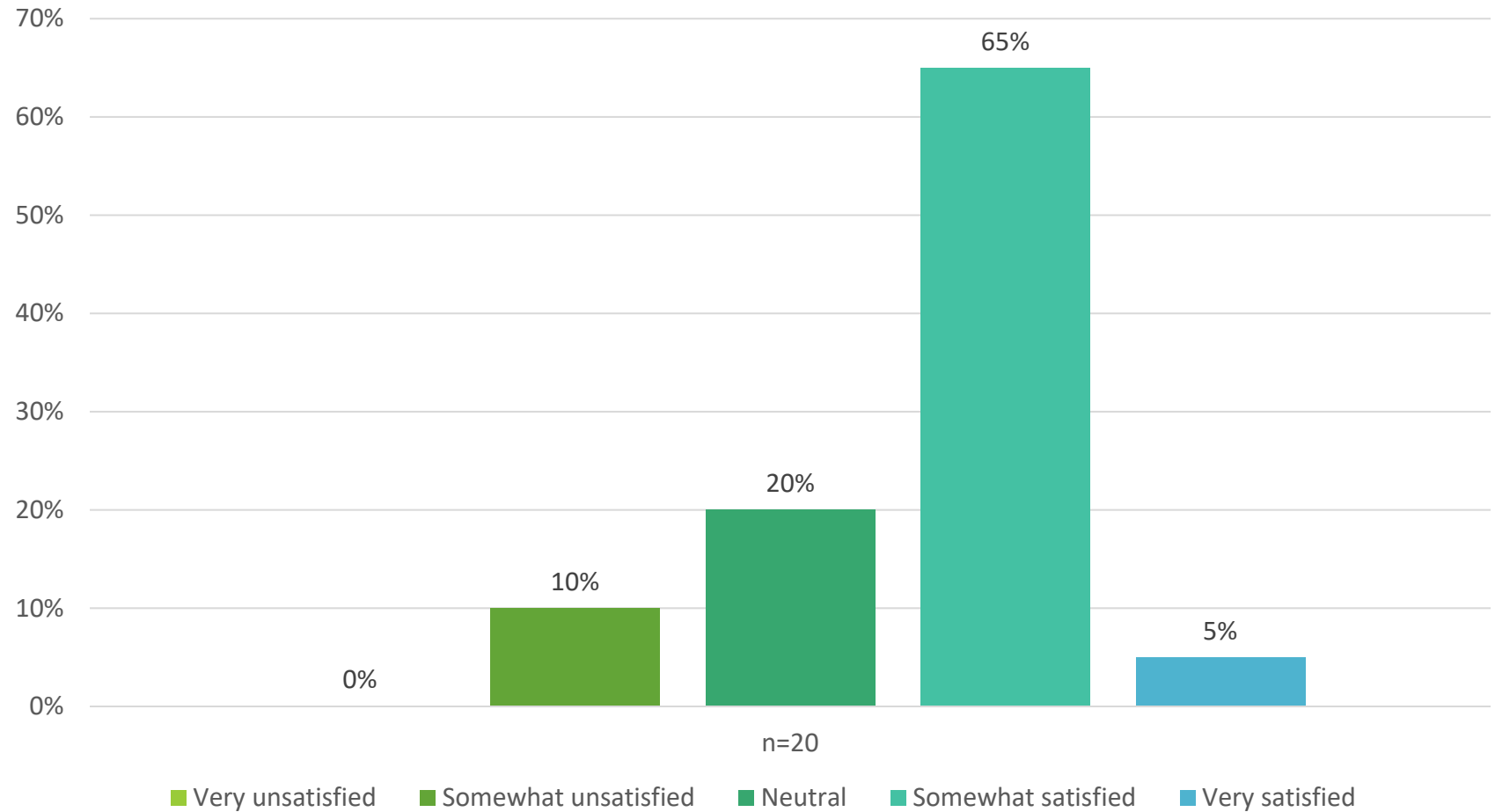


How often does the organization of clinic presentation checkout negatively impact your ability to teach?



Faculty

How satisfied are you with the way residents currently present patients to attendings in resident clinics?



Goals:

- ✓ Help residents feel and be more organized before presenting
- ✓ Help residents know what to present and in what order to present it
- ✓ Help the presentation process be more efficient for both resident and attending
- ✓ Decrease cognitive load so faculty can focus on important patient care advice and teaching pearls

So how can we do that?



Problem Based Presentation (PBP) Format



Opening statement

1. Who is the patient?

2. How well do you/we know them?

3. What issues need to be discussed?

Opening statement



Opening statement

- Name, age, *major* medical issues
- New or return visit, last visit?
- New to you or continuity?
- Issues that were addressed in clinic today
 - In the order of importance that you will discuss
- ★ Also, mention if you are very behind in clinic

Opening statement

Mr. Smith is a 76yo with CAD, CHF (EF 20%), diabetes, and low back pain who comes in for a return appointment today. He was last seen in red clinic 2 month ago, but this is my first time seeing him. We discussed his shoulder pain, back pain, and diabetes today. I could really use help on the shoulder pain.

Opening statement

Mrs. Smith is a 36yo with hypertension who comes in for a return appointment today. I've seen her before once 6 months ago. Today we discussed some insomnia she is having as well as her hypertension and health maintenance.



Problem Based Presentation

Subjective
Objective
Assessment
Plan

Inpatient Style

Subjective #1

Subjective #2

Subjective #3

Objective #1

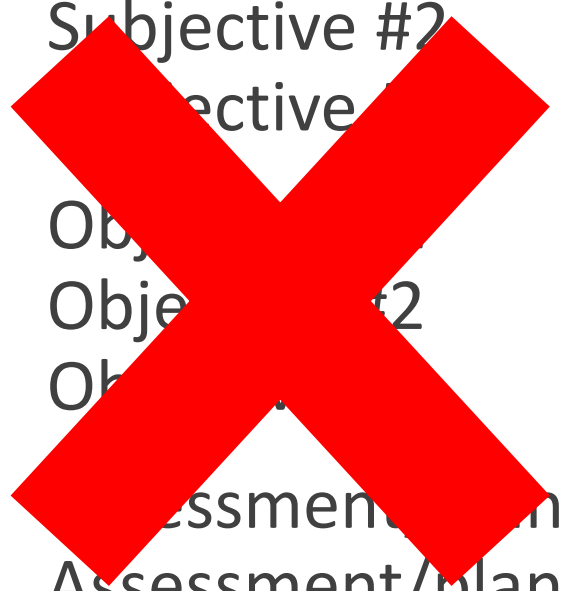
Objective #2

Objective #3

Assessment/plan #1

Assessment/plan #2

Assessment/plan #3



Inpatient Style Problem Based Presentation

Subjective #1

Subjective #2

Objective #1

Objective #2

Objective #2

Objective #3

Assessment/plan #1

Assessment/plan #2

Assessment/plan #3

Subjective #1

Objective #1

Assessment/plan #1

Subjective #2

Objective #2

Assessment/plan #2

Subjective #3

Objective #3

Assessment/plan #3

Problem Based Presentation Example

Opening statement

Mrs. Smith is a 36yo with hypertension who comes in for a return appointment today. I've seen her before once 6 months ago. Today we discussed some **insomnia** she is having as well as her **hypertension** and **health maintenance**.

PBP Example

Insomnia:

- For the last few months she has had difficulty falling asleep at night...
- We talked about not sleeping with the TV on and not napping late... I told her I didn't think she needed a medicine but wasn't sure if I should do anything else for this

Hypertension:

- Blood pressure today was 145/91 and 144/90 on repeat. She is on Amlodipine 5mg. I was thinking I would increase her to 10mg and order her a BP cuff and have her bring a log to her next appointment.

Health Maintenance:

- Last pap was 6/2018: It was negative but no HPV. I was going to bring her back in June to do a Pap and HPV
- She had her TDAP in 2016 so she is uptodate



Finish: RTC and billing

PBP Example #2

CHF:

- He reports he has not had SOB and hasn't had any swelling.
- His blood pressure was 118/72 and HR 62
- On exam, his heart was regular without murmurs and he didn't have any crackles or lower extremity edema
- I was going to continue his Lasix 40mg daily, lisinopril, and metoprolol check a BMP since it has been 1 year since his last one.

Diabetes ...



PBP Example #2

Diabetes:

- He states his blood sugars have been in the 100s. No lows but occasionally 200s. He didn't bring in a log. He takes lantus 20 units and aspart 6units with meals.
- F: I did a monofilament today and it was normal
- L: on atorvastatin
- E: I referred him for an eye exam
- C: last hga1c was 7.1. Will repeat an A1C and ask him...
- K: checking creatinine today and microalbumin negative...
- S: he is due for Prevnar today



PBP Resident FAQ's

Do I have to present every problem we discussed? **No**

Present the major issues discussed at this visit

Problems to present in detail (SOAP)

The patient is worried about it

You are worried about it or have a question about it

You are making a change to the plan (workup/meds/etc)

PBP Resident FAQ's

Do I have to present every problem we discussed? **No**

Present the major issues discussed at this visit

Problems to not present in detail

Stable medical issues without any changes (ie, on 50mcg levothyroxine x 20 years)

Stable issue and the patient is followed by a subspecialty clinic

PBP Resident FAQ's

What if I found something on PE that didn't have history?

Mr. Jones is a 58yo with diabetes, HTN and low back pain who comes in for a return appointment today. I've seen him a few times, last 3 months ago. We discussed his diabetes, low back pain, HTN and I heard a murmur on exam.

PBP Resident FAQ's

Do I have to do health maintenance every visit?

Even if busy, try to address 1 HM thing each visit to keep whittling down the list.

- Vaccines
- Age-appropriate screening
- Habits (smoke, drink, obese)

Problem Based Presentation



Problem Based Presentation

Opening Statement

SOAP 1

SOAP 2

SOAP 3

RTC and billing



PBP Example Handout

Problem Based Presentation

Opening Sentence

- Name
- Age
- Major medical problems
- New or Return
- Last seen in clinic/last seen by you
- Issues addressed today

Problem 1

- Subjective #1
- Objective #1
- Assessment/plan #1

Problem 2

- Subjective #2
- Objective #2
- Assessment/plan #2

Problem 3

- Subjective #3
- Objective #3
- Assessment/plan #3

Health Maintenance (if addressed)

(Even if busy, try to address 1 HM thing each visit to keep whittling down the list.)

- Vaccines
- Age appropriate screening
- Habits (smoke, drink, obese)

Return to Clinic & Billing level

Example:

Mr. M is a 70 yo M with a history of hypertension and COPD who presents today for follow-up. He was last seen by me 3 months ago for a regular visit. Today we discussed new wrist pain, hypertension, and health maintenance.

Regarding his right wrist pain, he states onset was gradual and is worse with activity. Associated with numbness/tingling. OTC meds not helping. Physical exam is notable for positive Tinel and Phalen sign. Likely carpal tunnel syndrome, plan to use splint and physical therapy, follow up in 2 months. [pause for attending feedback]

For his hypertension, he is taking his amlodipine 10 and lisinopril 20 as prescribed. BP today is 145/88, but he reports SBP is 120s at home. I provided him with a BP log and we will review it at his next appointment. [pause for attending feedback]

For health maintenance, he is due for a screening colonoscopy. He also received his flu shot today. Other immunizations up to date.

I want to see him back in 3 months & bill him a level 3.

Bottom Line Summary

*Start with an overview of the patient
and then go 1 problem at a time*

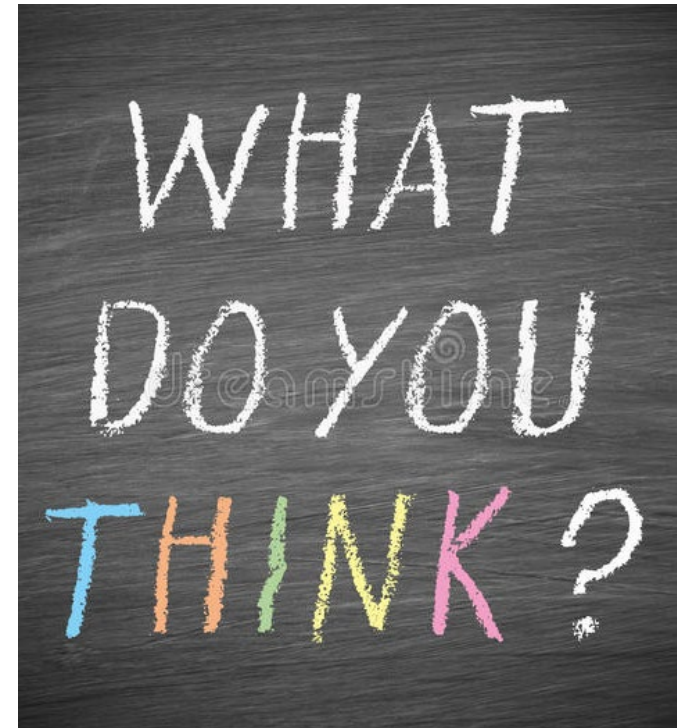
Small Group Discussion

How does this compare with your current practice?

- If you already use this format, how is it going?

What are the benefits of Problem Based Presentation?

- What are the drawbacks?



Problem Based Presentation

Allows for streamlined presentation of multiple chronic conditions and acute problems

- Focus on "must address", patient concerns, resident learning needs

Learner-guided: Opening statement frames the presentation

- Can incorporate other teaching models: One Minute Preceptor, SNAPPS

Reduced cognitive load for resident and preceptor

- Standardized expectations
- Easy to teach to multiple learners and preceptors





Thoughts & Questions?

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