

OBJECTIVES – SMALL GROUPS

Role Playing Exercises: Focusing on Objectives

Large Group Demonstration

SCENARIO: Inpatient wards

RESIDENT: You are a senior resident on the inpatient service and it is 7:00am. You are getting your team organized for rounds, and have asked the new 3rd year medical student to “get the vitals” on your patients so that you can present these patients to the attending. You hand the student a list of 20 patients and ask them to meet back up by 7:30am. At 7:30am, the student hands you a list that is only half complete.

STUDENT: You are a new 3rd year medical student on an inpatient service, and this is your first rotation of 3rd year. You have been taught how to take a blood pressure, temperature, pulse, respiratory rate, but have only done this a handful of times. You go to each patient’s room to take these measurements but it is taking a long time to get this done. You do not get all the vitals in time.

1. Preceptor should do a needs assessment with the student.
2. Break from the role-play. Discuss with the entire group the learner's needs.
3. Write some objectives based on those needs.
4. Prioritize: Which objectives will you address in the next 5-15 minutes?
5. Ask the group how they would get collaboration with the learner.

Summary of Cases for Small Group Interactions

Case 1:	A student needs to get a sexual history from a 17-year-old patient whose parents are in the room.
Case 2:	A student seeing post-partum mother not making eye contact with the baby.
Case 3:	A 2 nd year student wants to talk about a patient with a history of substance abuse who now has thrush, night sweats, and weight loss.
Case 4:	Rambunctious 3 year old disrupts visit with student and mother.
Case 5:	Learner has trouble narrowing down diagnostic possibilities.

Cases for Small Group Role Play Focusing on Objectives

Case 1: Sexual Hx 17 yo – need to get parents out of room

Preceptor: You have a student working with you. S/he has been interviewing a 17- year-old young woman who came in with abdominal pain, fever and a vaginal discharge. The patient was brought in by her parents, both of whom are in the room with the student.

Learner: You are interviewing a 17-year-old patient with abdominal pain and fever. Her parents are both in the room. You want to ask her about her sexual history, but you don't know how to ask the parents to leave the room. You find your preceptor for advice.

Case 2: Student seeing post-partum mother demonstrating poor eye contact with baby

Preceptor: You are working with a Nurse Midwife student or a clerkship student or NP student, or nursing student who just saw a 30-year-old woman who is 36 hours post-partum who does not seem to be bonding with the baby. The student approaches you with a question.

Learner: You are a student working with a 30-year-old woman, 36 hours post-partum, who does not seem to be bonding with the baby. You noticed that mostly the baby has been in the nursery rather than with the mother, and when you did see the baby with the mother, she was not making eye contact and was not talking very much.

Case 3: 2nd yr student with patient who may have HIV

Preceptor: You were observing a 2nd year student take a history from a patient that suggested possible HIV infection. The student skipped over the risk factor history, and after a brief exam, indicated that s/he would like to step out into the hall with you. S/he looks rather anxious.

Learner: You are early in your training. You are with your preceptor, seeing a 20-year-old male with weight loss, thrush, anxiety, and needle tracks on both arms. You're not certain where to start. You've never talked to a patient about risk factors for HIV, and you don't want to do or say anything that might unnecessarily upset him. Maybe this could all be explained by something much simpler than HIV. You ask your preceptor to step outside into the hall.

Questions for Discussion:

What were the learner's needs?

Develop some learning objectives.

Prioritize: Which objectives will be addressed in the next 5-15 minutes? Over the next week?

Collaborate: Try to get buy in with the student.

Case 4: Student vs rambunctious 3 year old

Preceptor: You are observing a new resident or a student interacting with the mother of a very rambunctious 3 year old. It is utter chaos in the room. You meet with the resident/student after the visit to discuss your observations.

Learner: You are a first year resident in July or a student without a lot of experience. You worked a lot with adolescents and adults and don't have much experience with young children. Your preceptor is observing you trying to get a history from the mother. You are very frustrated and unable to get anything done because the child won't sit still. He's running around the room, climbing on the mother and on the exam table and grabbing things like the blood pressure cuff. At one point he pumped up the cuff so much you thought you were going to have mercury everywhere. You feel that this child probably doesn't get much discipline at home; otherwise he would behave better. The mother is just sitting there and not telling the child to sit still.

Case 5: Learner has trouble narrowing down diagnostic possibilities

Preceptor: You have been working with a 1st yr resident for the past month who is nice, hard working, but generates inappropriate differentials. They're not logically ordered, contain rare diseases, and diseases not commonly presenting in a way consistent with the patient's symptoms. The resident just gave you a well organized presentation with all the pertinent facts of the case. It is strongly suggesting the patient has acute cholecystitis. You are astounded at his/her differential diagnosis.

Learner: You are a hard working, first year resident who is a bit anxious because no matter how hard you try, and no matter how long a differential you generate, your preceptors never seem to evaluate you very favorably. You have examined a 40 year old mother of four, with right upper quadrant abdominal pain that has been present for the last 2 hours. She has a fever and is nauseous, but has not vomited. She was previously in good health except that over the last few months, she would get occasional RUQ pain that would radiate to her right scapula. The episodes were often triggered by eating fried calamari. Your differential includes: appendicitis, volvulus, SMA syndrome, gall bladder disease, hepatitis, right lower lobe pneumonia, heart attack, and acute intermittent porphyria.

When asked to order the differential you really are unable to. Everything is possible. In fact you saw a patient once who turned out to have a heart attack when the only symptom she had was abdominal discomfort. You would like to test for all of these conditions.

Questions for Discussion:

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Prioritize: Which objectives will be addressed in the next 5-15 minutes? Over the next week?

Collaborate: Try to get buy in with the student.