

Case 5

Inadequate plans/management (RI, but not ME)

You are attending on the Pediatric hospital medicine team toward the end of the academic year. This week, you have been working with a third year medical student named Rosie. Rosie has completed every required clerkship except for Pediatrics and is now at the halfway point of the Pediatrics clerkship. She is enthusiastic about Pediatrics and has demonstrated excellent communication skills with families during family-centered rounds. Rosie's presentations are sufficiently detailed, accurate, and reflect a thorough chart review; however, her assessments and plans need some work. She correctly recites the impression of the team and plan for the day but is unable to defend the rationale behind the diagnosis and/or management plan. For example, yesterday she admitted a 6 week old with a fever. During rounds this morning she was able to correctly state the diagnosis "fever without source" and the management plan, "ceftriaxone." However, when asked why she chose ceftriaxone, she stated, "because that's what I have learned we use for fevers in kids under 3 months." When asked why the child was admitted, she stated, "we admit all infants < 3 months who present with fevers, right?"

Feedback Script

Case 5 – Inadequate Plans/Management

<p>Step 1: Action Identify the Trigger Behavior</p> <ul style="list-style-type: none"> • <i>Describe specific examples</i> 	<p>Learner reports data accurately, but is not yet synthesizing information into an impression and/or plan (“Reporting” but not yet “interpreting” or “managing”)</p> <p>Example: selects correct antibiotics for an infant with fever, but unable to defend choice</p>
<p>Step 2: Subcompetency Identify Milestone-based correlation</p> <ul style="list-style-type: none"> • <i>Correlate behavior to milestone/EPA anchor</i> 	<p>EPAs</p> <ul style="list-style-type: none"> • EPA 2: “Explain and document the clinical reasoning that led to the working diagnosis...” • EPA 5: “Accurately document the reasoning supporting the decision making in the clinical encounter...” <p>Milestones</p> <ul style="list-style-type: none"> • PC5: Develop and carry out management plans (Level 1). Develops and carries out management plans based on directives from others...
<p>Step 3: Evidence Target High Yield Feedback Points</p> <ul style="list-style-type: none"> • <i>Real issue behind behavior</i> • <i>Identify impact of behaviors</i> 	<ul style="list-style-type: none"> • Clinical reasoning skills need to be developed to promote progress from simple reporting to interpreting so that when a similar but not identical case presents, the principles are understood, rather than the answer • Independent functioning will require ability to suggest plans on her own

<p>Step 4: Script Create Brief Script</p> <ul style="list-style-type: none"> • <i>No more than 3-4 sentences</i> • <i>Neutral language</i> • <i>Focus on behaviors and actions</i> 	<p>Rosie, you are doing an excellent job accurately reporting the information relevant to your patient’s care and describing the plan provided by your supervising residents. However, as you transition to your role as an acting intern, it is imperative that you begin to develop your own assessments and plans. By offering WHY you want to do something or why a diagnosis is more likely than another, you can gain practice in showing the logic behind your decision making and we can help you progress toward independent practice.</p>
<p>Step 5: Strategy Describe Possible Plan for Improvement</p> <ul style="list-style-type: none"> • <i>Create 1-2 specific methods for improvement</i> 	<ul style="list-style-type: none"> • To begin, ask the question “why” (to yourself) for the diagnosis and management plan offered by your supervising attending and/or resident. If you don’t know why a medication is being used or a diagnosis is being considered, read about the condition and/or presentation. If you still don’t know why, ask your supervising resident. Practice explaining the rationale during rounds. • Ask yourself one “why” question on each patient you admit; keep a list and we can go over the list and the answers together at the end of the week • As this becomes more comfortable for you, blind yourself to the resident and/or attending notes. Independently research your patients’ conditions and develop a differential diagnosis and management plan on your own. Offer your opinion during rounds and cross-reference that with the diagnoses and management plan being offered by your team. It’s okay if you’re wrong or your opinion doesn’t perfectly align with what the team suggests. With practice you will gain an appreciation for why one option may be slightly better than another or how physician style can drive some decision making.