

PDQ Preceptor Development Quarterly

An E-Newsletter from the OSU College of Medicine

What's New at OSU?



Dr. Joe Ginty from Lancaster, and his son Aeden joined us in the Medical Center Suite for the OSU vs. Butler Men's basketball game in December.

Our summer Preceptor Appreciation program will take place at the NEW Huntington Park in Columbus, the home of the Cleveland Indians AAA baseball team. Stay tuned for details on this family event!



Dr. Holly Cronau and her family joined us on the Party Deck at the Indians vs. Reds game last summer.

So Glad You Asked...

Questions submitted by preceptors about teaching in the office setting are answered by the Ambulatory Clerkship program directors, Drs. Cronau and Curren.

Q: With the changes in Medicare documentation, I would appreciate knowing what medical students can document in an electronic or paper medical record.

A: Despite Medicare and insurance regulations, medical student documentation will suffice for certain portions of the office note. For the actual policy statement go to <http://www.cms.hhs.gov/Transmittals/Downloads/R1780B3.pdf>

Students CAN DOCUMENT:

- Past medical history
- Family history
- Social history
- Review of systems

They can also:

- Update the medication list
- Update the problem list
- Gather data from consultants and other outside sources
- Educate patients
- Assist in scheduling consults

Students may also write other portions of the note, but you must **verify and re-document:**

- History of present illness
- Physical examination
- Medical decision-making

Students need to learn how to write notes, so it is beneficial to have them do so as an educational exercise. These notes may be included in your chart, once signed and verified by you if they accurately reflect the patient's visit. For billing purposes and for good quality of care, you must personally document the three portions listed above and sign all student documentation.

How can you help students learn to document? Let students write notes, either as an educational exercise separate from the chart or in the chart or EMR. Students have been instructed on the basic anatomy of a note using the mnemonic **SOAP** (Subjective, Objective, Assessment, Plan). Many sites use this framework for notes; others use template notes or EMR. Have the student use whatever format you prefer.

Emphasize accuracy and clarity.

Remember, students are just beginning to acquire skills in accurate documentation. Emphasize the need to ensure that all information documented is accurate and clear. Avoid ambiguous abbreviations. Templates and auto completion on electronic records can insert documentation that is not necessarily accurate for the patient and visit. Assist the student in acquiring the skill of proofreading his notes to guarantee accuracy.

PDQ Staff:

Managing Editor: Catherine Lucey, MD

Editor: Terry Bahn, EdD

Contributors: Diana Bahner, Barbara Sweeney, Holly Cronau, MD, Cami Curren, MD; Cynthia Ledford, MD

Preceptor to Preceptor – Cynthia Ledford, MD

Exam Room Presentations

Want to save time and reassure your patients that you hear their concerns? Try having your student present the case in the exam room, in front of the patient.

WHY?

Patient needs

Patients sometimes feel the need to tell you their concerns directly, despite already communicating with the student. They want to see that you hear everything and understand.

Details

You may be worried that important details were missed. Having the student summarize the patient's concerns, symptoms, and interval history in front of the patient:

- Allows the patient to hear what you hear
- Allows you to expand and clarify important details

- Allows the patient to correct or clarify points

Students can learn to focus and use consistently respectful and understandable language.

WHEN?

Assess the student's ability

To save you, the patient, and the student embarrassment, allow the student to first summarize a case outside the exam room. Once the student can coherently summarize, provide a little coaching on how to best present in front of a patient.

HOW?

Coach about important differences between case presentations outside the exam room and those in front of the patient.

Patient identifiers

Students do not need to use obvious patient identifiers such as race, gender, or obesity. "Mother of three" is reasonable; "obese black woman" is not.

Language

Students need to be prepared to use language that is concise and understandable to the patient.

Patient verification

Let your student know you will ask the patient to verify the information presented and add details they thought were missed or important.

Additional questions

Let your student know you may ask additional questions and that he should take note.

Demonstrate caring

All of the things that you do to demonstrate caring for your patient are valued in this setting too: listen, look at the patient, and voice concern.

If you have a student who seems to present well out of the room, try the above technique. It is a useful, but not necessary, teaching strategy. You may find that you and your patients prefer it. In general, patients enjoy being involved in teaching.

Three preceptors added to the All Stars roster

David Cummin of Logan and Mario Brunicardi and Shalva Kakabadze of Columbus are the latest additions to the Preceptor All Stars list.

Evaluations of these three preceptors demonstrate their enthusiasm for teaching, willingness to allow students to work independently with patients, and their ability to provide timely feedback.

He forced me to see beyond his imposing resume of disease, beyond his exhaustively documented medical pathologies, to his simple, hurting human self. The patient is not simply the sum of his illnesses, Wilbur Reston taught me. It is far more—blessedly far more—intricate than that.

-Danielle Ofri, MD, PhD

Student Voices

Despite his busy schedule, he always took time to teach and explain physical exam findings. He brought at least one and often multiple teaching points up in every visit.

She not only worked to improve my medical knowledge regarding primary care complaints but also made sure that I was learning practical, hands on skills such as blood draws, injections/vaccinations as well as more advanced physical exam skills.

His teaching philosophy was one of giving me the freedom to do as much as I could independently and then coming in to help clarify or correct. I enjoyed not just being told the

answer, but given the opportunity to try and find it out for myself.

She was very reasonable about the schedule but still had high expectations. She provided good feedback and was kind enough to sit down and go over my evaluation with me in person at the end of the month.

He asked very practical questions that helped bridge the gap between knowledge and clinical application. He encouraged me to use resources such as my palm pilot and antibiotic reference manuals instead of relying on memory or simply guessing.