

EDUCATORS' CORNER

Eight Tips for Presenting Patients in an Academic Primary Care Clinic

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Trainees at the West Haven VA Center of Excellence in Primary Care Education Clinic include physician interns and residents and nurse practitioner residents. The nurse practitioner residency is a full-time 12-month intensive primary care training program for new nurse practitioner graduates. In these clinics, where there is a fair amount of cross coverage of patients within teams, both trainees and preceptors often struggle to maximize efficiency while ensuring that sufficient information is provided to preceptors who may not know the patients.

Here are eight tips that we developed for our interprofessional trainees on the art of presenting in a busy team-based ambulatory clinic setting:

1. *Provide a preamble.* Before starting your presentation, give a brief overview to your preceptor. Indicate if this is an urgent visit or a regularly scheduled follow-up; state how well you know the patient, and include any pressing questions or challenges. Your preceptor wants to know what you'd like to get from this precepting session.

- "This elderly man, a retired policeman, just moved here from Las Vegas, and he has a new liver mass that hasn't been worked up yet."
- "This is a middle-aged woman who is a manager at Stop and Shop, and it's the first time I'm seeing her. She has a lot of chronic conditions plus new abdominal pain and a lot of financial problems."

- "This is a regular patient of mine, a high-school principal, and you've met her several times; I just want to go over her diabetes management."
- "This patient is here with vomiting and diarrhea and a fever, and I'm worried about him. I think *he may need to be admitted.*"

Preambles help your preceptor get an immediate sense of the big picture and allow you to focus your presentation.

2. *Appreciate the difference between the case presentation and the written note.* The note is a medicolegal document and should be in the SOAP (subjective, objective, assessment, plan) format. The case presentation may be more conversational, depending on your preamble and the context.

3. *Appreciate that preceptors have different styles.* Some will interrupt and ask for clarification during your presentation; others will listen to the whole case and then pose questions. The more streamlined and organized your presentation, the easier it will be to read your attending and adapt as you go.

4. *Ask for bedside precepting.* Many patients appreciate the transparency that comes with precepting in the clinic room. Presenting in front of the patient is much more patient centered than disappearing for five or ten minutes and coming back with a plan. Your patients will feel

listened to and taken seriously. Your preceptor will have the chance to see you interact with the patient and can give you better feedback. Plus, bedside precepting often takes less time. When you're describing the history, present to the patient as much as to the preceptor, and make sure you get the story right. When you need to veer into medical jargon, explain to the patient that you're going to use medical language for a few minutes.

5. *Don't look at your notes while presenting.* You remember more than you think you do, and you come across as more patient centered, intelligent, and competent to both your patient and your preceptor. Refer to your notes for lab results and medication doses if you must, but memorize the HPI (history of present illness) and other pertinent information. If you don't remember some small details, it's unlikely that they're important for your presentation.

6. *Ask for feedback.* Most preceptors are happy to give you feedback on your presentation but may not offer it if you don't ask. Let your attending know—before you present—if there's a particular area (e.g. some aspect of history-taking, physical exam skills, patient education, communication skills, note writing) you'd like feedback on.

7. *Ask for explanation.* If your attending comes up with a recommendation you hadn't considered, ask about the

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decision-making process. If you're discussing a topic you don't know much about, request suggestions regarding guidelines or articles that might help you better understand the issue.

8. *Communicate with other team members regarding significant issues, preferably face to face.* Request that team members cosign or alert you to notes on shared patients to highlight

important events. This conveys to them both your interest in their ongoing participation and your clinical concerns. It will also clarify what you need from them in terms of follow-up. **SGIM**