Setting: Suburban Private Pediatric Office

Initial History:
Jeff is a third year medical student doing his ambulatory pediatrics clerkship in your fairly busy, quick-paced office. He shadowed you in the morning, but in the afternoon you had him see the patients first, then present to you. It is the end of the first day and you have noticed that his fund of pediatric knowledge seems poor. His differential diagnoses are very basic and incomplete. He is also unable to discuss treatment options for basic and common pediatric problems. He is unable to synthesize his histories coherently and his written notes appear to be very unorganized. However, he is very personable and seems enthusiastic to be working in your office.

Part 1

What makes this a Problem Learner?

Classify this Problem Learner – Cognitive, Interpersonal, Structural, Affective

How would this likely be affecting others?
- Learner:
- Preceptor:
- Team:
- Organization:
- Patients:

What would be the most helpful tools for further diagnosis of the problem?
Part 2

You observe several entire patient encounters during the rest of the week. You find that he continues to lack organizational skills with the patients. He is easily distracted from history taking by the parents. He is unable to assimilate or respond to important parts of the history – especially while examining the patient. His written notes continue to appear disorganized and he often inserts details from the previous encounter. However, he seems very much at ease interacting with the children in the office. His differential diagnoses are short, incomplete, and often missing the most important diagnoses. When you “pimp” him about pediatric diagnoses, he is often unable to answer your questions, stating “I don’t know”.

What are the specific problems?

What are the first steps in managing these problems?
Part 3

What would be your ideal state?

You plan a feedback session with your learner. He is aware of the increased scrutiny and feels that it is affecting his performance. You also discuss his inaccurate diagnoses and incomplete information. He agrees that he gets lost with a 'complicated' patient at times, or during the times of high volume. He reports that during his inpatient rotation, he would only be responsible for one or two patients at a time.

What else could be contributing to the problem?

You ask the student about his previous experiences. He relates that there is very little pediatrics in the first two years of his medical school. You also learn that the student failed Boards Step 1 last summer. He was pulled from his first clinical rotation (radiology) and just retook Step 1. This is his first clinical rotation.

You agree on the following problem areas and devise specific plans for each.

Ideally an educator would work with the learner to identify methods for improvement. However, spend a few minutes now writing down specific ways to manage these problems.

Problem #1

Problem #2:

Over the next two weeks, the learner's organization, efficiency and medical knowledge slightly improve, but remain sub-par. In between patients, the student asks if you are knowledgeable about ADHD medications. He informs you that he has ADHD and is currently being prescribed Concerta. The medication was recently increased due to poor efficacy, and he has stopped taking the new dose to an increase in headaches and tics.

What else can you do?