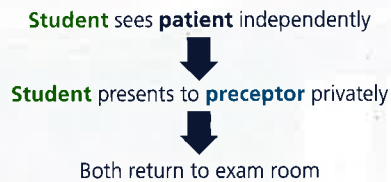


Triangle Method: Teaching the Student in Front of the Patient

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Traditional Outpatient Precepting



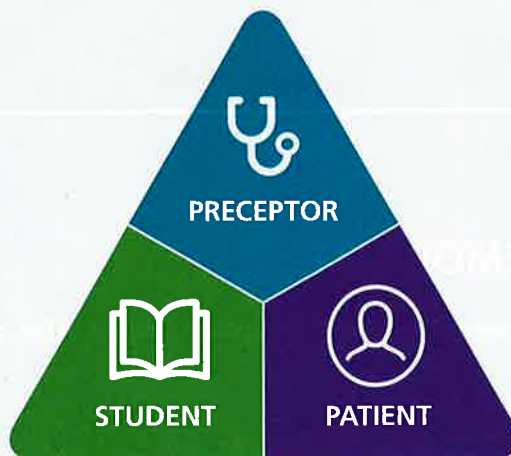
BUT...Is this the best model? Hospitalized adults prefer being included in discussions of their management plan during bedside rounds,¹ and some inpatient pediatrics services involve patients and families in family-centered rounds.² Literature indicates that outpatients similarly appreciate participating in discussions of the plan of care.^{3,4} **A best practice in ambulatory care teaching includes the doctor, student, and patient in discussions of the management plan.**³ Although literature indicates that patients are receptive, most preceptors have not adopted this teaching approach.⁴

Best Practice: Triangle Method

1. After seeing a **patient** independently, the medical **student** presents to the **preceptor** in front of the **patient**.
2. The **student** presents in standard sequence, using patient-accessible language rather than jargon. The **patient** corrects the history.
3. The **preceptor** helps the **student** formulate a patient-accepted plan, teaching both the **student** and **patient**.

Benefits

- Save time by not repeating parts of the history⁵
- Enjoy enrichment and variety³
- Describe enhanced professional status³



- Receive instant feedback and focused teaching⁵
- Appreciate patient's confirmation of their interview findings⁴
- Feel more prepared for inpatient "family-centered rounds"² on future rotations
- Benefit from being included^{3,4}
- Learn more about their personal health³
- Perceive more time spent with doctor^{3,4}
- Report higher satisfaction³

10 Helpful Hints for Preceptors

1. Invite the patient to "be a teacher." Solicit feedback about the student from the patient.
2. Advise the patient that the student will summarize the student-patient conversation.
3. Coach the student to avoid medical jargon, or translate any technical terms during the presentation.
4. Encourage the patient to verify the history. Give the patient permission to interrupt and correct as needed.
5. Make eye contact with both the patient and student.
6. Correct presentation errors immediately, so the patient is not misled and the student receives immediate feedback.
7. Verify key parts of the physical exam while listening to the student present his/her exam findings.
8. Employ a teaching technique such as One-Minute Preceptor.⁴ Instruct the student to generate a differential diagnosis, in order of likelihood, in front of the patient. If off course, gently steer the student toward the correct assessment.
9. Stage-whisper to the patient, "Now, I'm quizzing her," highlighting your Socratic teaching.
10. Confirm that the patient accepts the proposed treatment plan.

Caution

Consider traditional precepting (without the patient present) for patients with a developmental disability, major psychiatric illness, or limited English proficiency

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