# HOW TO DO...



## **Problem case discussion**

Arguably, the most common practice-based teaching method is problem case discussion (PCD), where the registrar presents their challenging patients to the supervisor and seeks guidance on diagnosis or management.

This 'how to' resource provides a structure for problem case discussion, typically as part of formal in-practice teaching time or end of the day review. A more condensed approach can be used for corridor teaching. This resource is based on the 2021 AJGP article <u>PQRST: A framework for case discussion</u> and <u>Practice-based teaching in general practice training</u>.



## P What is the patient's problem?

Ask the registrar to present the problem using a 'problem representation' format. Probe for further information as needed.

#### **TIPS**

- Ensure the problem representation comprises 1. a description of the patient demographics and risk factors, 2. the temporal pattern of illness, and 3. the clinical syndrome.
- Ensure the registrar also includes 'semantic qualifiers', e.g. acute/chronic; severe/mild; localised/diffuse; previously healthy/significant PMH.

## **EXAMPLE**

Dan, a first term GP registrar, meets his supervisor Clare at the end of a busy Thursday to discuss some problem cases.

Dan — 'Clare, can I please ask you about a patient I saw a couple of days ago. She is a 38 year old married schoolteacher with a history of rosacea who presents with gradually worsening pelvic pain over the past 2 weeks. She denies any other specific symptoms and there are no red flags like weight loss or fevers. A pelvic ultrasound ordered last week shows a simple cyst. She is concerned about ovarian cancer because her auntie was diagnosed with it aged 66'

## What is the registrar's question?

Determine exactly what question the registrar is asking.

#### **TIPS**

- Also establish why the registrar asking this question. That is, ask yourself whether the registrar is seeking:
  - rescue (they are floundering and need 'saving').
  - assistance (they have some understanding but are seeking your input); or
  - reassurance (they know what to do but just want to run it by you).

#### **EXAMPLE**

Clare - 'Thanks Dan, so what specifically do you want to ask of me?'

Dan – 'I guess I want to know what more I should do at this stage – that is, should I do more testing or refer her to the gynaecologist?'

## R How well does the registrar reason?

Explore and assess the registrar's clinical reasoning skills.

#### TIPS

- See the 'How to... assess and teach clinical reasoning using case discussion resource.
- Consider the comprehensiveness of the problem representation; how well the registrar synthesises and
  weighs the data; nature and appropriateness of the probable and differential diagnosis; approach to
  investigation and management plan; approach to the undifferentiated presentation; identification of the
  patient agenda; and incorporation of evidence.

## **EXAMPLE**

Clare — 'How much weight do you put on the family history?", "Is the appearance of the cyst on ultrasound consistent with serious pathology?", "What is your understanding of the role of tumour markers in a case like this?"

## S What is the solution?

Facilitate a solution to the registrar's question.

TIPS

Ideally, 'ask before tell' by seeking the registrar's suggestion before offering help.

**EXAMPLE** 

Clare - 'Before I say what I would do, what do you think is the best approach, Dan?'

## What can be taught?

Teach the registrar about the presentation or condition, when time.

## **TIPS**

- Teach broad principles and 'wisdom'.
- · Model lifelong learning by looking up clinical guidelines.

## **EXAMPLE**

Clare – 'Let's talk a bit about ovarian cysts. And let me show you an excellent guideline on this.'