‘It’s as easy as PQRST’ – a new tool for effective case discussion

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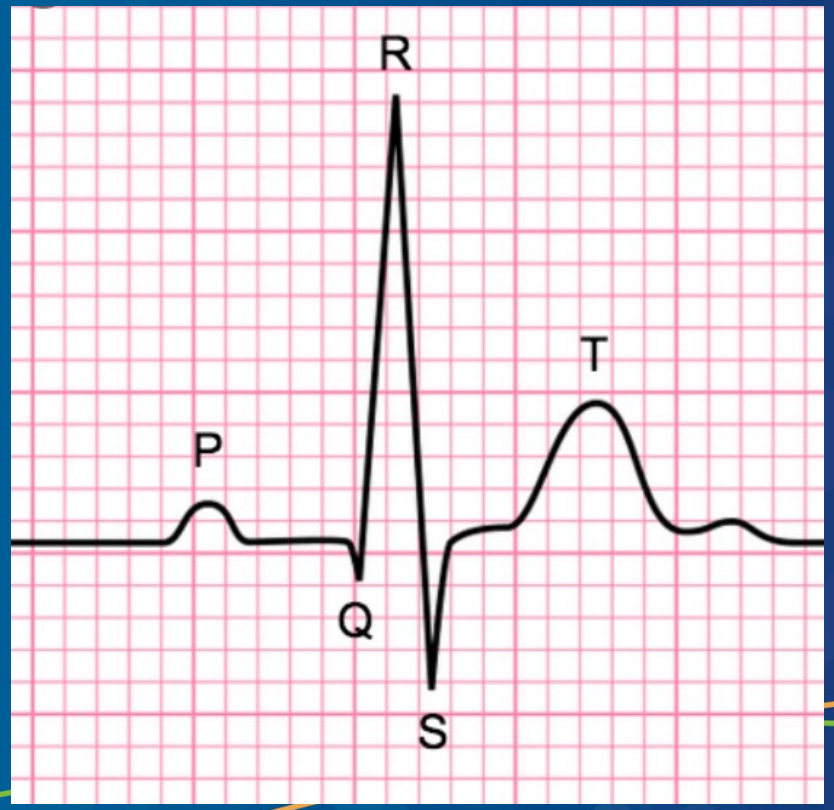

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Case discussion (in GP training)

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- Supervisor initiated
  - Formative assessment
- Learner initiated
  - Commonest teaching and learning method
  - Driven by nature and urgency of the clinical situation
  - Bridges clinical and educational supervision

"There are some things they don't teach you in medical school. I think you've got one of those things."

PQRST model

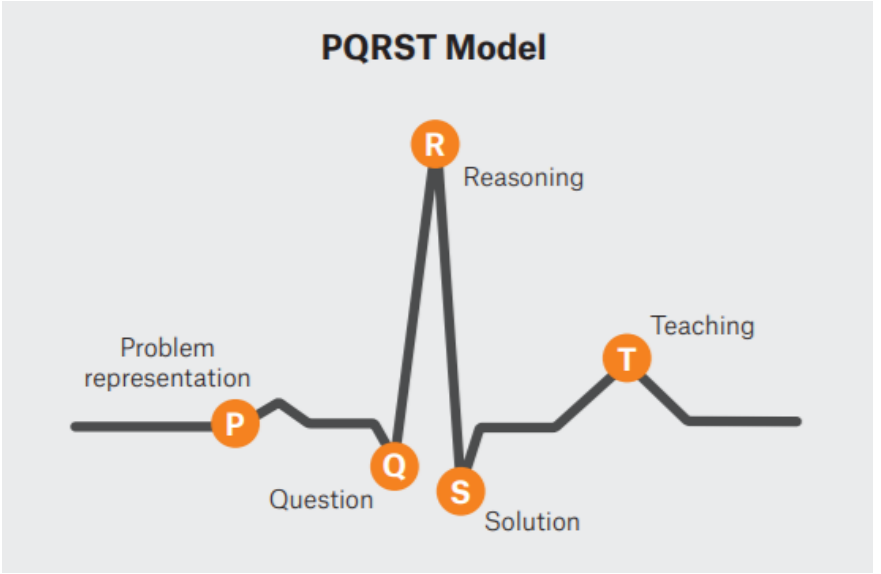
P – What is the patient's problem?

Q – What is the learner's question?

R – How well does the learner reason?

S – What is the solution?

T – What can be taught?



Evaluation – selected findings

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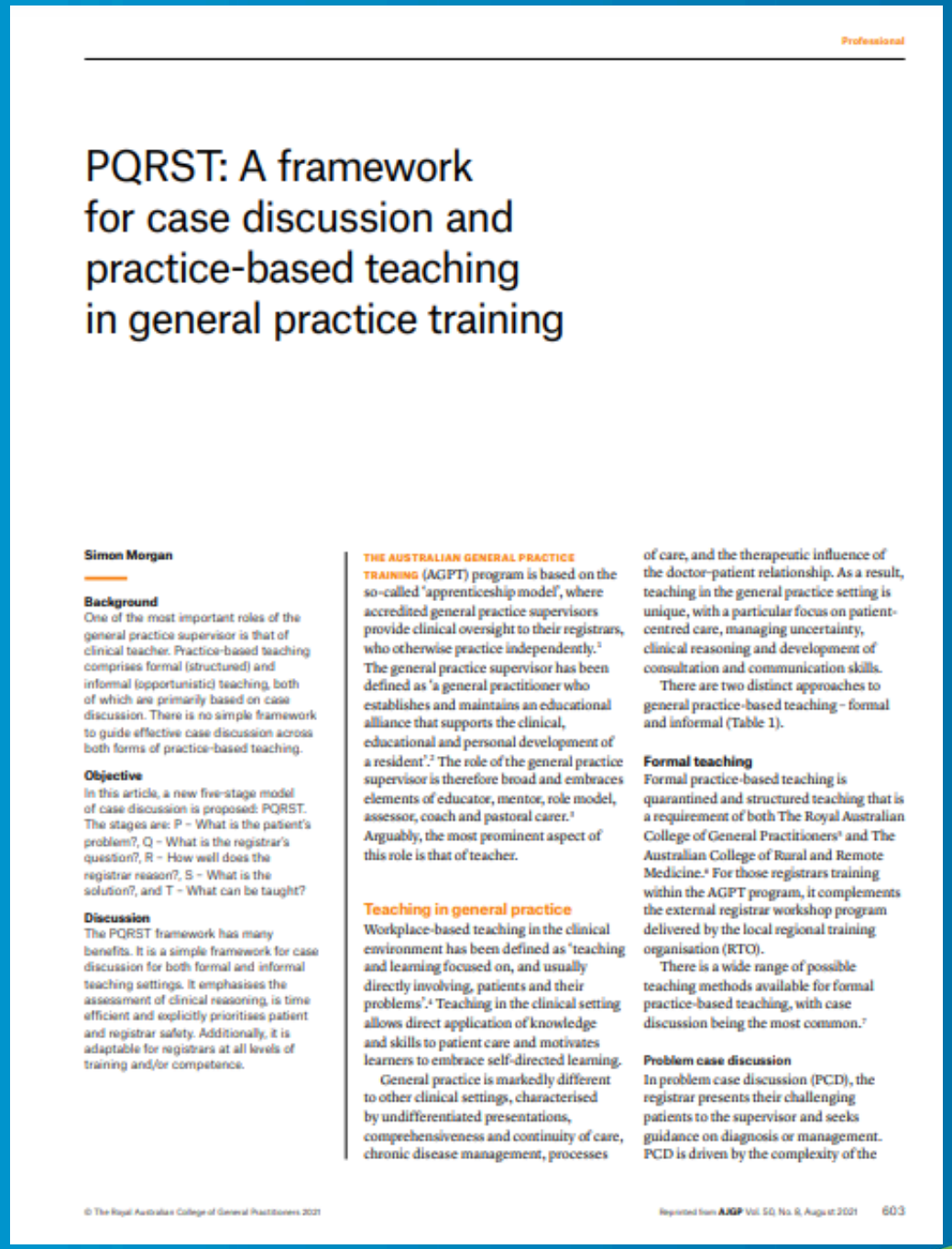
- 31% of participants did not use a framework for ad hoc discussion
- Positives
  - *“It gives us both a system to go to - we know how we are going to interact.”*
  - *“…helps them to really formulate what they are asking.”*
- Negatives
  - *“Sometimes it doesn't always flow so it is important to have flexibility with the approach.”*

PQRST model

- Simple framework for learner-initiated case discussion
- Overt focus on the learner's specific question
- Assessment and teaching on clinical reasoning
- Explicitly prioritises patient and learner safety
- Adaptable to suit learners at all levels of training and/or competence



PQRST: A framework for case discussion and practice-based teaching in general practice training

Simon Morgan

Background
One of the most important roles of the general practice supervisor is that of clinical teacher. Practice-based teaching comprises formal (structured) and informal (opportunistic) teaching, both of which are primarily based on case discussion. There is no simple framework to guide effective case discussion across both forms of practice-based teaching.

Objective
In this article, a new five-stage model of case discussion is proposed: PQRST. The stages are: P – What is the patient's problem?, Q – What is the registrar's question?, R – How well does the registrar reason?, S – What is the solution?, and T – What can be taught?

Discussion
The PQRST framework has many benefits. It is a simple framework for case discussion for both formal and informal teaching settings. It emphasises the assessment of clinical reasoning, is time efficient and explicitly prioritises patient and registrar safety. Additionally, it is adaptable for registrars at all levels of training and/or competence.

THE AUSTRALIAN GENERAL PRACTICE TRAINING (AGPT) program is based on the so-called 'apprenticeship model', where accredited general practice supervisors provide clinical oversight to their registrars, who otherwise practice independently.[1] The general practice supervisor has been defined as 'a general practitioner who establishes and maintains an educational alliance that supports the clinical, educational and personal development of a resident'.[2] The role of the general practice supervisor is therefore broad and embraces elements of educator, mentor, role model, assessor, coach and pastoral carer.[3] Arguably, the most prominent aspect of this role is that of teacher.

Teaching in general practice

Workplace-based teaching in the clinical environment has been defined as 'teaching and learning focused on, and usually directly involving, patients and their problems'.[4] Teaching in the clinical setting allows direct application of knowledge and skills to patient care and motivates learners to embrace self-directed learning.

General practice is markedly different to other clinical settings, characterised by undifferentiated presentations, comprehensiveness and continuity of care, chronic disease management, processes of care, and the therapeutic influence of the doctor–patient relationship. As a result, teaching in the general practice setting is unique, with a particular focus on patient-centred care, managing uncertainty, clinical reasoning and development of consultation and communication skills.

There are two distinct approaches to general practice-based teaching – formal and informal (Table 1).

Formal teaching

Formal practice-based teaching is quarantined and structured teaching that is a requirement of both The Royal Australian College of General Practitioners[5] and The Australian College of Rural and Remote Medicine.[6] For those registrars training within the AGPT program, it complements the external registrar workshop program delivered by the local regional training organisation (RTO).

There is a wide range of possible teaching methods available for formal practice-based teaching, with case discussion being the most common.[7]

Problem case discussion

In problem case discussion (PCD), the registrar presents their challenging patients to the supervisor and seeks guidance on diagnosis or management. PCD is driven by the complexity of the

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Reference

https://www1.racgp.org.au/getattachment/de0cc45b-4172-4140-9652-e0036de3d89f/PQRST.aspx

HOW TO DO...

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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 PQRST: A framework for case discussion and Practice-based teaching in general practice training.

PQRST MODEL

P - What is the patient's **problem?**
Q - What is the registrar's **question?**
R - How well does the registrar **reason?**
S - What is the **solution?**
T - What can be **taught?**

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'*

Q — 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?'*

T — 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.'*

Does this resource need to be updated? Contact GPSA: P: 03 9607 8590, E: admin@gpsa.org.au, W: gpsa.org.au
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How to… resource

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Questions and discussion