

Scenario #1

Learner: You are a 3rd-year medical student on your family medicine clerkship and are nervous about presenting your first case to your outpatient clinic attending. You just finished seeing Mrs. H, a 72-year-old female presenting with a painful, pruritic, vesicular rash on her right trunk, which has been present for the past 2 days. You think it may be shingles, as it is a common rash in this age group that presents this exact way. You are afraid to say a wrong answer in front of your attending and avoid committing to a diagnosis (do not tell the preceptor you think it is shingles at first). You are also hesitant to give the diagnosis, as you do not know what the treatment plan would be.

Scenario #1

Preceptor: This is your first time working with this 3rd-year medical student and you notice they are nervous. They are struggling to give you a diagnosis for Mrs. H, a 72-year-old female presenting with a 2-day rash due to shingles (patient with classic findings of a painful, pruritic, vesicular rash). The treatment for this patient would be the antiviral medication, valacyclovir, as the onset is less than 72 hours. What are your next steps?

Scenario #2

Learner: You are a 4th-year medical student on your family medicine clerkship rotation, presenting a case on Ms. G, a 20-year-old female presenting with lower abdominal pain. You focused on assessing her gastrointestinal system and found out that she has not had a bowel movement in the past 5 days. Your brief review of systems did not reveal any concerning urinary symptoms, so you do not think it is a urinary tract infection. You do not report a reproductive history and items related to this are not included in your differential diagnosis (such as pregnancy, pelvic inflammatory disease, or sexually transmitted infections). You believe her symptoms are due to constipation and recommend that the patient starts on MiraLax to help with this.

Scenario #2

Preceptor: A 4th-year medical student is presenting a case on a 20-year-old female with lower abdominal pain. You notice that the learner does not mention a reproductive history, such as if the patient is sexually active or when her last menstrual period occurred. You are concerned that the student is missing important differential diagnoses, such as pregnancy, pelvic inflammatory disease, or sexually transmitted infections. How do you direct the learner from here?

Scenario #3

Learner: You are a 4th-year medical student on your acting intern family medicine rotation, presenting a case on Mr. R, a 37-year-old male with depression. Mr. R reports that he has been struggling recently with depression, as he recently lost his job. He has been attending visits with a therapist, but he feels he needs something more to help. He reports feeling hopeless and having a lack of interest in his daily life but denies suicidal ideation. You know that selective serotonin reuptake inhibitors (SSRIs) are a first-line treatment for depression, but you are unsure which one to choose. You have seen some physicians start with sertraline 50mg daily and others start with escitalopram 10mg daily (both are SSRIs). You are also unsure of when you should have Mr. R follow-up to reassess if the medication is working (SSRIs can take up to 4 weeks to work, but you do not know this information).

Scenario #3

Preceptor: A 4th-year medical student is presenting a case on Mr. R, 37-year-old male with depression looking to start on medication. The learner is struggling to finalize a treatment plan for this patient. The learner should identify that selective serotonin reuptake inhibitors (SSRIs) are a first-line treatment for depression and commit to starting one, such as sertraline 50mg daily or escitalopram 10mg daily. The learner should also include a follow-up plan for the patient to recheck the patient's symptoms, which should be around 4 weeks, as SSRIs can take that long to be effective. What are your next steps?

Scenario #4

Learner: You are a 3rd-year medical student on your family medicine clerkship rotation, presenting a case on Ms. K, a 46-year-old presenting with fatigue for the past 3 months. The patient reports having trouble falling asleep at night due to feeling anxious. She feels tired all day and takes frequent naps. On review of systems, the patient reports feeling somewhat short of breath with activity but attributes this to being "out of shape." She also mentions having heavy menstrual periods but states this has been present for years. Your differential diagnosis includes poor sleep hygiene, anxiety, and obstructive sleep apnea. You do not include anemia in your differential diagnosis, as you do not think her heavy menstrual periods would affect her hemoglobin level significantly. You would like to have the patient establish with a therapist and conduct a home sleep study.

Scenario #4

Preceptor: A 3rd-year medical student is presenting a case on Ms. K, a 46-year-old presenting with fatigue for the past 3 months. You want to make sure the learner includes anemia as part of their differential diagnosis, as the patient mentions being short of breath and having heavy menstrual bleeding. These two signs are enough cause to investigate the patient's hemoglobin level. How do you direct the learner from here?

Scenario #5

Learner: You are a 3rd-year medical student on your first day of family medicine clerkship and you have not given an oral case presentation in months. You have just finished seeing Mr. P, a 65-year-old male with right knee pain for the past 6 months. You took a very limited history, as you felt the physical exam was the most important thing to do. You do not know if Mr. P has tried anything previously to help with his knee pain. On physical exam, Mr. P's right knee has mild swelling, and his range of motion is generally limited due to pain. When presenting the case to your attending physician, you provide the physical exam findings and then firmly suggest that Mr. P needs a right knee corticosteroid injection today (instead of things like physical therapy or anti-inflammatory medications, such as naproxen or ibuprofen).

Scenario #5

Preceptor: A 3rd-year medical student is presenting a case on Mr. P, a 65-year-old male with right knee pain for the past 6 months. Having independently assessed Mr. P, you know that he has not tried any anti-inflammatory medications (i.e., naproxen or ibuprofen) or physical therapy for his pain, nor has he had knee x-rays completed. You want to ensure that the medical student incorporates these topics into their case presentation. You do not think it is appropriate to perform a knee corticosteroid injection today given the patient has not tried these more conservative measures. What are your next steps?

Scenario #6

Learner: You are a 4th-year medical student on your acting intern family medicine rotation, presenting a case on Mr. Q, a 55-year-old male with tobacco use disorder. You obtain that Mr. Q has been smoking 1/2 pack-per-day for 20 years, which you calculate to be a 10 pack-year history. You spent the visit using motivational interviewing techniques and asked multiple open-ended questions. The patient said phrases such as, "I know that smoking cigarettes is bad for my health, but I am afraid of how difficult it will be to stop." Given this statement, you identify that the patient is in the stage of change known as contemplation, where he is aware he has a problem but lacks intent to change. Therefore, you reflect the patient's sentiment that smoking results in poor health outcomes and empathize with the difficulty of smoking cessation. To continue to build rapport with Mr. Q, you suggest that he follows up in 1 month to continue your conversation.

Scenario #6

Preceptor: A 4th-year medical student is presenting a case on Mr. Q, a 55-year-old male with tobacco use disorder. The medical student correctly calculates the patient's pack-year history and appropriately uses the motivational interviewing technique to discuss smoking cessation. The student correctly identifies that the patient is in the stage of change known as contemplation, where he is aware he has a problem but lacks intent to change. You agree with the medical student's recommendations. Where do you go from here?