

Supplementary Data

Clinic Presentation Focus Group Script

After informed consent has been completed, please hand them the activity sheet. Ask them to complete the sheet and return it to you.

Begin:

Today we're here to talk about how you learn to present a patient to an attending.

But before we start, we have a few simple requests that will help make things run more smoothly.

1. Please talk one at a time and speak loudly enough that everyone can hear you.
2. Try to avoid side conversations so that we don't miss anything you have to say.
3. We would like to hear from everyone during the session but you do not have to give an answer to every question.
4. You do not need to talk directly to me. You can respond directly to the person who has made a point. And, you do not have to be called on to answer.
5. Say what is true for you, even if you think you are the only one who thinks that way.
6. Since this will be an open discussion, we want what is said in this room to stay here. You can talk about what we did, but we request that you not share specific information about other people in the group.

We will be tape recording the discussion so that we will have an accurate record of what is said. However, all comments made here today will be confidential. Your names or any other identifying information will not be included.

Personal Introductions: Let's get to know each other first, I'll start, I'm going to give my name and share one fun thing that you like to do for fun. I ask that you each do the same. [Moderator introduces.] Let's start here on my left. Thank you for sharing!

In order to understand how you learn to present a patient to an attending in clinic, we are interested in hearing your thoughts and feelings on the process. For this session, we are specifically interested your "check out" to the attending in clinic after you have seen your patient. The ideas and feedback that will be generated from this discussion group will help us to improve our clinic teaching and experience. Remember, there are no right or wrong answers to any of these questions. We have several questions to ask you, once we finish, we welcome any questions you have for us. And remember, what's said in this room, stays in this room.

1. First, if you don't mind sharing with me, I would like to hear about your current approach to presenting a patient to an attending in clinic? (pause for answers here)

Prompt:

Steinhilber SS, Snyder ED, Estrada CA, Kraemer RR. Implementation of a problem-based presentation format to improve residents' ambulatory patient presentations. *J Grad Med Educ.* 2023;15(3):373-377. DOI:<http://dx.doi.org/10.4300/JGME-D-22-00690.1>

- A. What information do you usually give in the first sentence or 2 of your presentation?
 - B. After the opening sentence or 2, what is the remaining structure (in order) of your presentation?
- Now think about a patient with multiple issues.
 - How do you decide which issue to present first?
 - After you present the history of the first problem, what do you present next? (prompt if necessary, “would you move on to the history for the next problem, or would you present your plan for the first problem?”)
 - Thinking back to times when you presented using other methods or orders of presentation, what ones didn't work well?
2. Let's now think about things that might change your usual presentation method.
- What factors, if any, impact your presentation style?
 - Prompt: Think about the following scenarios and how it might impact your presentation.
 - You're running behind in clinic.
 - You've extra time in clinic (ie, only 2 patients show up)?
 - How would the number of problems that your patient has impact your presentation style?
 - How would the specific attending you are presenting to affect your presentation style?
3. Now I want to switch gears to talk about how you learned your current approach to presenting patients in clinic?
- How did you learn your current clinic presentation style?
 - Where did you learn how to present clinic patients? Prompt: In medical school? Residency?
 - What kinds of feedback have you received from any clinic attendings on the way that you present patients?
4. Now let's think about comparing your presentations in the clinic vs hospital presentations.
- What type of presentation are you more comfortable with (clinic or hospital)?
 - What are some reasons that presenting one type might be easier than the other?

If time for PGY2 and PGY3... What characteristics do you value in a clinic attending? What qualities in a clinic attending help you learn?

That's all the questions I have for you today. What final questions or comments do you have for me?

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Thank you for your valuable input and time. As a reminder, this conversation is confidential and the transcript will be de-identified.

Clinic Research Activity Sheet

Please circle the correct answer or fill in the blank.

PGY level: PGY1 PGY2 PGY3 PGY4

Age: _____

Sex: Male Female

Clinic Site: TKC IM IV VA Red Clinic Other (please describe) _____

Approximately, how many clinic sessions have you had so far? (1 session is one half day of clinic)

Write the headings of each section used, in the typical order, that you **PRESENT** a *subsequent day hospital patient presentation* (e.g. Physical Exam, History of Present Illness) to an attending.

Write the headings of each section used, in the typical order that you would **PRESENT** a *routine follow-up clinic patient, with several chronic conditions* (e.g. Physical Exam, History of Present Illness) to an attending.

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Resident Problem-Based Presentation Quick Guide

Opening Statement

- Name & age
- Major medical problems
- Last seen in clinic/last seen by you
- Issues addressed today

Problem 1

- Subjective #1
- Objective #1
- Assessment/plan #1

Problem 2

- Subjective #2
- Objective #2
- Assessment/plan #2

Problem 3...

Health Maintenance (if addressed)

(Even if busy, try to address 1 HM item each visit)

- Vaccines
- Age-appropriate screening
- Tobacco cessation, Screening for unhealthy alcohol use, etc

Return to Clinic & Billing level

Implementation resources available at:

<https://www.uab.edu/medicine/gim/education/problem-based-checkout-pbco>

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Resident and Faculty Survey Questions and Response Scale

Outcomes (primary or secondary) were not labeled as such in the online survey.

Resident Survey

Outcome	Question Number	Variable	Options
NA	1	Participant #	numeric
NA	2	PGY level	1= PGY1; 2=PGY2, 3=PGY3/4
NA	3	Clinic Site	1= Site 1, 2= Site 2
NA	4	4. How confident are you that you know what the attending wants to hear in a presentation of an inpatient admission H&P?	1= very unconfident 2=unconfident 3= neutral 4=confident 5= very confident
NA	5	5. How confident are you that you know in what order to present the information of an inpatient admission H&P?	1= very unconfident 2=unconfident 3= neutral 4=confident 5= very confident
NA	6	6. How confident are you that you know what the attending wants to hear in an inpatient daily presentation?	1= very unconfident 2=unconfident 3= neutral 4=confident 5= very confident
NA	7	7. How confident are you that you know in what order to present the information of an inpatient daily presentation?	1= very unconfident 2=unconfident 3= neutral 4=confident 5= very confident
Primary	8	8. How confident are you that you know what the attending wants to hear in continuity clinic checkout?	1= very unconfident 2=unconfident 3= neutral 4=confident 5= very confident
Primary	9	9. How confident are you that you know in what order to present the information of your checkout to the attending in continuity clinic?	1= very unconfident 2=unconfident 3= neutral 4=confident 5= very confident
Secondary	10	10. How often do you change the format of your patient presentations based on different attendings in continuity clinic?	1= never 2= rarely 3=sometimes 4=often 5=always
Secondary	11	11. How often do you change the format of your patient presentations based on patient problems in continuity clinic?	1= never 2= rarely 3=sometimes 4=often 5=always
Primary	12	12. How efficient do you find the patient checkout process in continuity clinic once you sit down with an attending?	1= very inefficient 2= somewhat inefficient 3=neutral 4= somewhat efficient 5= very efficient
Primary	13	13. How organized do you feel when presenting problems to an attending in continuity clinic?	1= very organized 2= unorganized 3= neutral 4= organized 5= very organized
Secondary	14	14. In general, how much time do you spend discussing patients' problems	1= not enough time 2= slightly less time than ideal 3= appropriate/ideal amount of time

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		when checking out to an attending in continuity clinic?	4=slightly more time than ideal 5= too much time
Secondary	15	15. When checking out to an attending in continuity clinic, how often does the attending review a teaching point with you?	1= never 2= rarely 3=sometimes 4=often 5=always
Secondary	16	16. In general, how confident do you feel in your plan after checking out to an attending in continuity clinic?	1= very unconfident 2=unconfident 3= neutral 4=confident 5= very confident
Secondary	17	17. After checking out to an attending in continuity clinic, how satisfied do you feel that you've covered all the things you wanted to?	1= very unsatisfied 2= unsatisfied 3= neutral 4= satisfied 5= very satisfied
Secondary	18	18. How important has your continuity clinic experience been to your overall medical education during residency?	1= very unimportant 2= unimportant 3= neutral 4= important 5= very important
NA	19	Please list the order of your typical clinic presentation. You can use sections such as physical exam, problem #1, subjective, vitals, etc.	Text
NA	20	Please include any additional comments you have related to the checkout process of continuity clinic.	Text

Faculty Survey

Outcome	Question Number	Variable	Options
NA	1	Participant #	numeric
NA	2	Approximately, how many years have you been precepting in resident continuity clinic?	numeric
NA	3	Over that time, on average, how many half days per week do you attend in resident clinic?	numeric
Secondary	4	Do you have a preference for the order of a resident's check out in continuity clinic?	1= Yes 2= No
Primary	5	How often are clinic patient presentations organized in a way that's easy to understand during checkout in resident continuity clinics?	1= never 2=rarely 3=sometimes 4=frequently 5= always
Secondary	6	How often do you orient learners to your preferred style of patient presentations in the outpatient setting?	1= never 2=rarely 3=sometimes 4=frequently 5= always

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Secondary	7	How often do you provide feedback to residents about the organization of their presentation when it doesn't match your preference?	1= never 2=rarely 3=sometimes 4=frequently 5= always
Secondary	8	How often does the organization of resident clinic patient presentations negatively impact your ability to provide good patient care advice?	1= never 2=rarely 3=sometimes 4=frequently 5= always
Secondary	9	How often does the organization of resident clinic patient presentations negatively impact your ability to teach?	1= never 2=rarely 3=sometimes 4=frequently 5= always
Secondary	10	How often is it difficult to determine the most important problem(s) during a patient presentation in resident clinics?	1= never 2=rarely 3=sometimes 4=frequently 5= always
Secondary	11	How often do you need to ask clarifying questions in order to understand a patient's most important problem(s) during a patient presentation in resident clinics?	1= very infrequently 2= somewhat infrequently 3= neutral 4= somewhat frequently 5=very frequently
Primary	12	In general, how efficient are resident presentations of patients in clinic?	1=very inefficient 2= somewhat inefficient 3= neutral 4= somewhat efficient 5= very efficient
Secondary	13	How often are you able to find a teaching opportunity during resident clinic patient presentations?	1= never 2=rarely 3=sometimes 4=frequently 5= always
Primary	14	How satisfied are you with the way residents currently present patients to attendings in resident clinics?	1= very unsatisfied 2=somewhat unsatisfied 3= neutral 4= somewhat satisfied 5= very satisfied
NA	15	(Optional) Briefly, what is your preferred checkout format?	Text
NA	16	(Optional) Please include any additional comments here:	Text

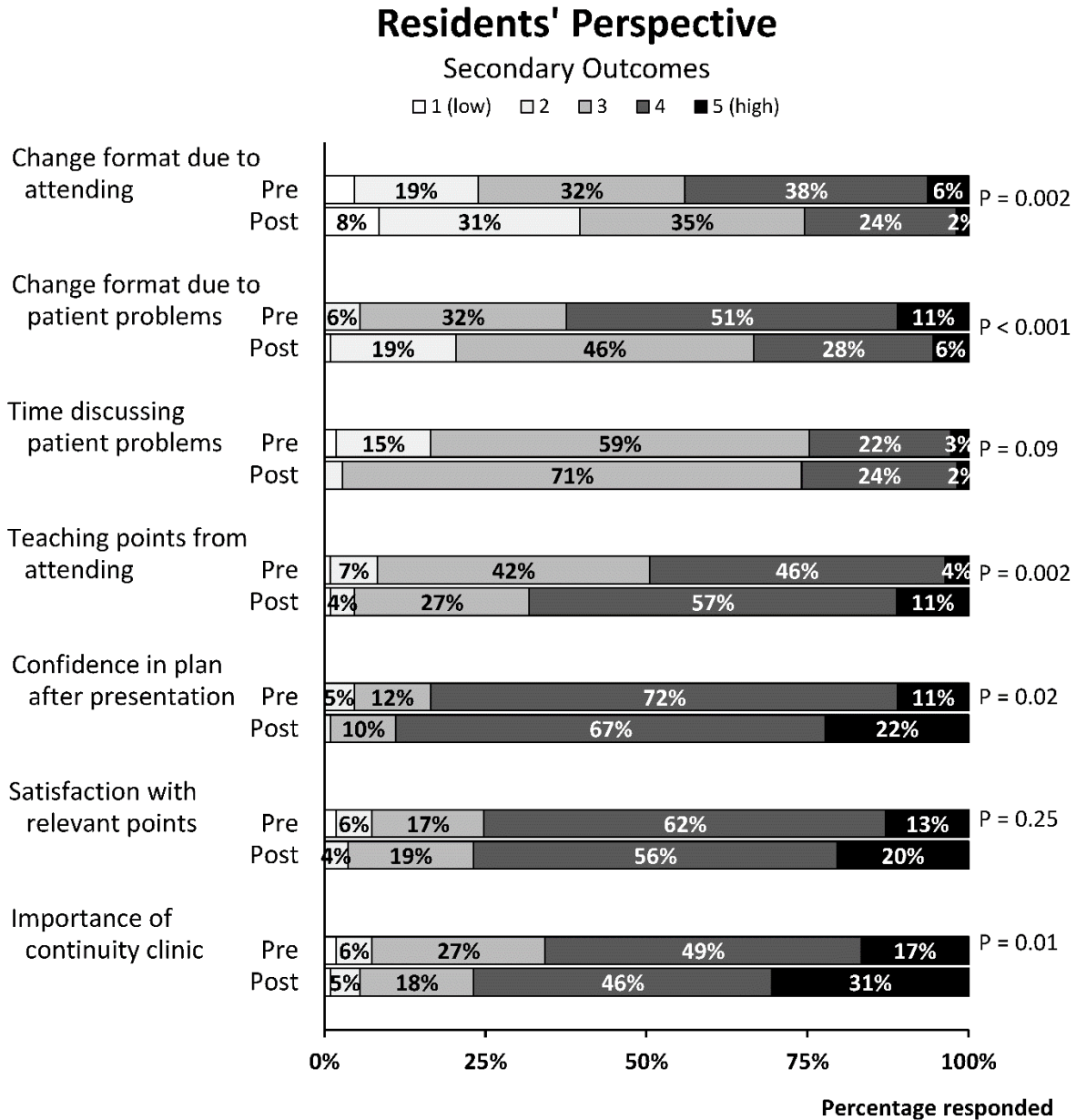
Participant Characteristics, Pre-Survey 2019, Post-Survey 2020

Variable	Value
Residents	
Period	
Pre- intervention	111 (50.23)
Post - intervention	110 (49.77)
Clinic site	
Clinic A	72 (32.58)
Clinic B	149 (67.42)
Post Graduate Year*	
PGY 1	74 (33.48)
PGY 2	63 (28.51)
PGY 3	83 (37.56)
Faculty	
Period	
Pre - intervention	22 (52.38)
Post - intervention	20 (47.62)
Years in practice	14 (3 - 20) [0.5 - 28]
Number of clinic sessions/ week	2 (1.5 - 3) [0.5 - 7]

Values are n (%), median (25th-75th percentile), [minimum - maximum] as indicated.

*Data missing for one resident. The authors who developed the PBP format did not participate in the survey. Pre intervention and post intervention survey respondents are not the same. PGY3 residents participating in the pre-intervention survey had graduated and new PGY1 residents joined the program before post-intervention survey was collected.

Secondary Outcomes for Resident Survey Questions



Secondary Outcomes for Faculty Survey Questions

