

## OMP: Rapid Fire Chat (Participant Examples)

### 1. Get a commitment

#### Good examples

- What are you interesting in learning today?
- What do you think it is? What's your differential?
- What is your top diagnosis for their patient's pain?
- What worries you about this conversation?
- What do you think we should prioritize in this situation?
- Which of these available instruments will help you complete you work in this situation?
- What's most likely, can't miss, and most common?
- Can you tell me more about what you are thinking?

### 2. Ask for supporting evidence

#### Good examples

- What makes you think this is the most likely diagnosis?
- What goes for or against your leading diagnosis?
- What did you find in the history to make us think of that?
- What evidence do you have that supports your diagnosis, does anything not fit your working diagnosis?
- From your physical exam, was there something you found that supports this?
- What are the biggest details from history, exam, or investigations led you to your conclusion?
- What supports your diagnosis and what may point to something else?
- What is an alternative explanation from the data?

### 3. Teach a general principle

#### Good examples

- Most patients with headache do not need CT/MRI, unless there are worrisome features in history or physical exam.
- HEART Score
- When trying to expand your differential diagnosis sometimes it is helpful to use a framework like VINDICATE so that you keep an open mind.
- Think about the CC from a system standpoint
- Common things are common
- Observing body language
- Discussing the classic presentation/symptoms of certain diagnosis
- Chief complaint drives the focus of the hx and physical
- When choosing antibiotics, you always want to think about what organisms you are treating.
- Red flag signs and symptoms of this CC are....
- Most common reasons the sutures fail in this situation are...
- Always talk to your nurses before you round and/ or present for info that isn't found elsewhere.

### 4. Reinforce what was done well

#### Good examples

- I noticed how sympathetic you were, the patient really connected with you.
- You asked all the pertinent questions to rule out that potentially serious diagnosis.
- Always double check your resources to support your dx/plan and make it comprehensive
- Point out something they did good first, then something to work on
- You did a great job listening carefully and detecting that diastolic murmur.
- Very thorough history taking characterizing the patient's chest pain!

## 5. Correct errors or omissions

### Good examples

- I noticed you checked for meniscal injury. Let's also assess the knee for ligament instability together.
- Remember to always examine XXX in a patient with XXX complaint.
- Next time you see a patient with chest pain, add pulmonary embolism to your differential.
- How would you build on your physical exam for the next patient you see with this complaint?
- You documented crushing chest pain in your note but did not address it in assessment and plan.
- You selected a very appropriate 1<sup>st</sup> line anti-hypertensive – you should also evaluate for proteinuria.
- Remember to verify the history and physical exam yourself whenever possible.