

## CBME Academic Coach Workshop: CASE # 1 – ALEX LIU

(RCPCSC CC Case, adapted for McMaster workshop)

### Overview


ALEX LIU: Resident in Internal Medicine, who is at the end of Foundations and almost ready to move to Core of Discipline (FD Stage 3).



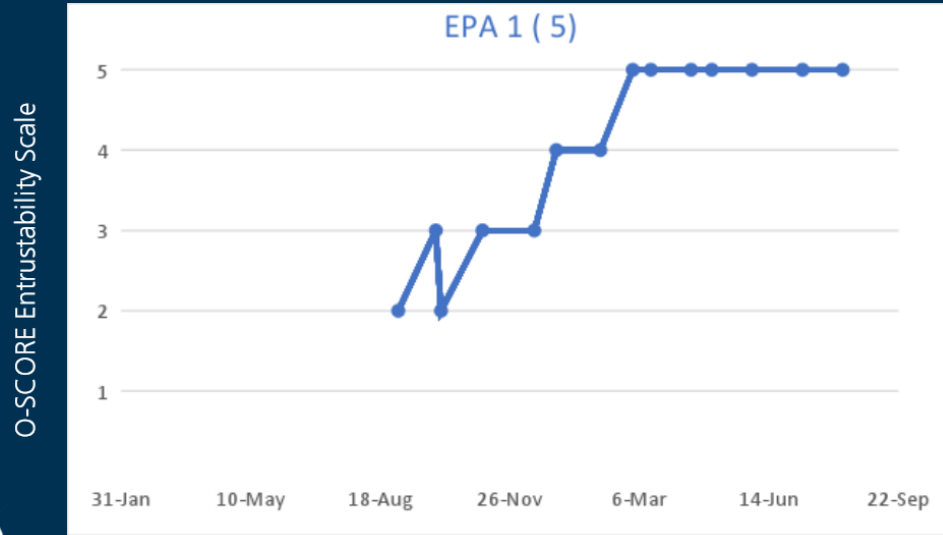
**Task: You are Alex Liu's Academic Coach and will be meeting with her. You are going to review her portfolio to gather some ideas / thoughts to assist her with developing an education plan / action plan.**

	SCORE	Pass Mark for Foundations
OSCE Fall	63%	60%
OSCE Spring	65%	60%
MCQ Fall	62%	60%
MCQ Spring	64%	60%
SAQ <sup>1</sup> Fall	63%	60%
SAQ Spring	65%	60%
AHD <sup>2</sup> Attendance	80%	80% required
Incident Report	None	
Simulation Attendance	100%	
Scholarly Project	On track	
MSF <sup>3</sup> Review	No concerns	
Procedure Log	On track	

<sup>1</sup>SAQ: Short Answer Question  
<sup>2</sup>AHD: Academic Half Day  
<sup>3</sup>MSF: Multi-source Feedback (or 360 assessment)



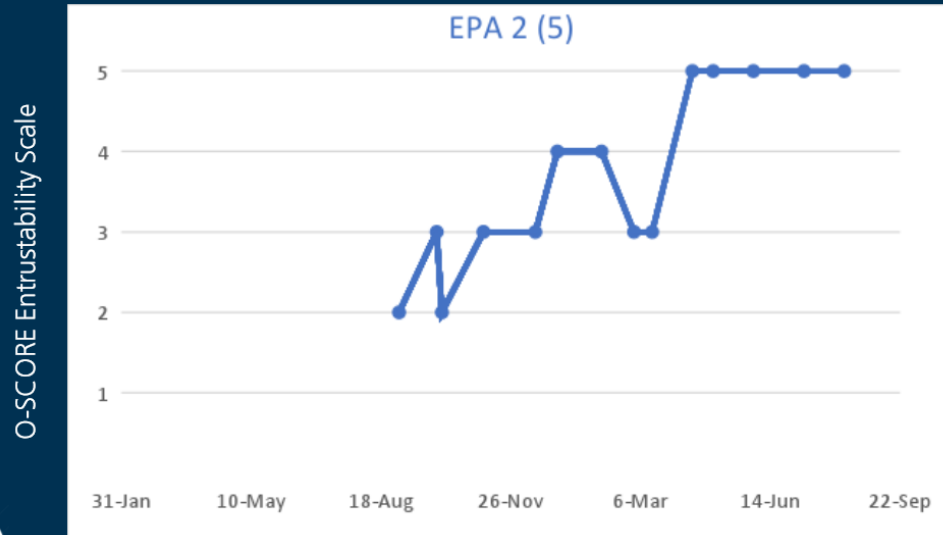
Foundation: 7 EPAs. Number in bracket is number of entrusted observations recommended by specialty committee guidelines.



No Professionalism or Safety Concerns

**EPA 1 – Assessing patients with common medical presentations (history + physical exam)**

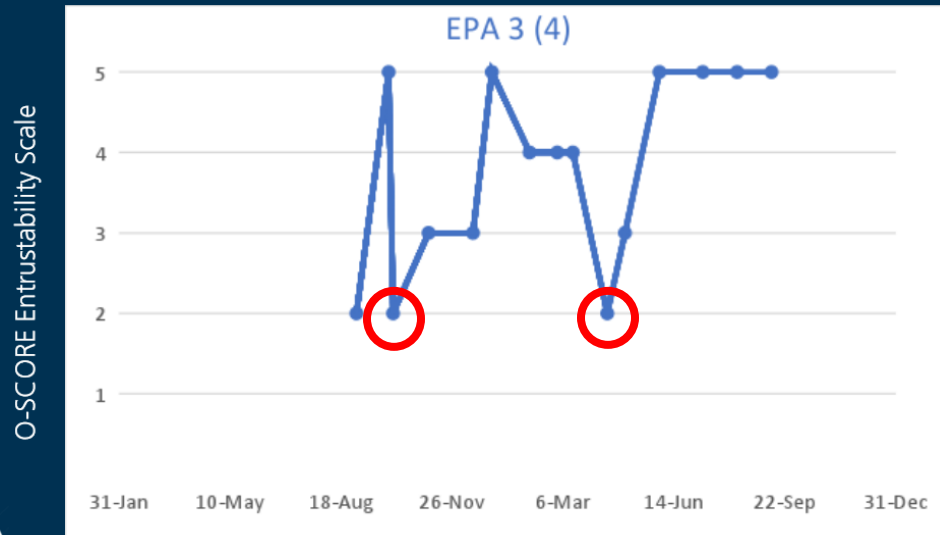
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No Professionalism or Safety Concerns

**EPA 2: Assessing patients with common presentations: Formulating a practiced differential diagnosis**

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No Professionalism or Safety Concerns

**EPA 3: Formulates an initial plan of investigation based on the diagnostic hypothesis and implements a management plan.**

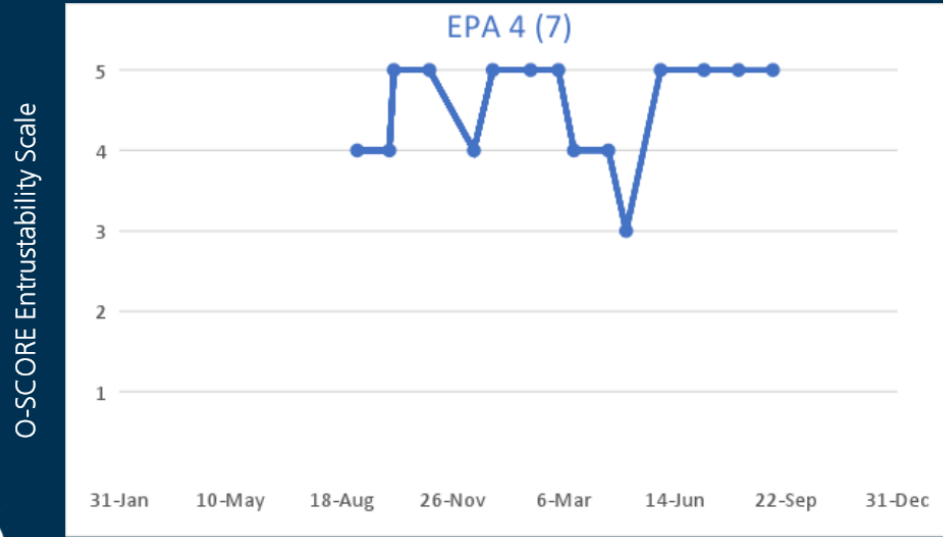
#### Encounter August 18

- **Difficulty prioritizing differential diagnosis in a patient presenting with shortness of breath**
- **needs to consider**
  - **Important diagnoses that should be ruled out**
  - **Pertinent negatives and positives on the history and physical examinations that rule in and potentially rule out**
  - **Consider co-morbid conditions when ordering investigations (e.g. CT-PE in patients with renal insufficiency)**

#### Encounter March 6

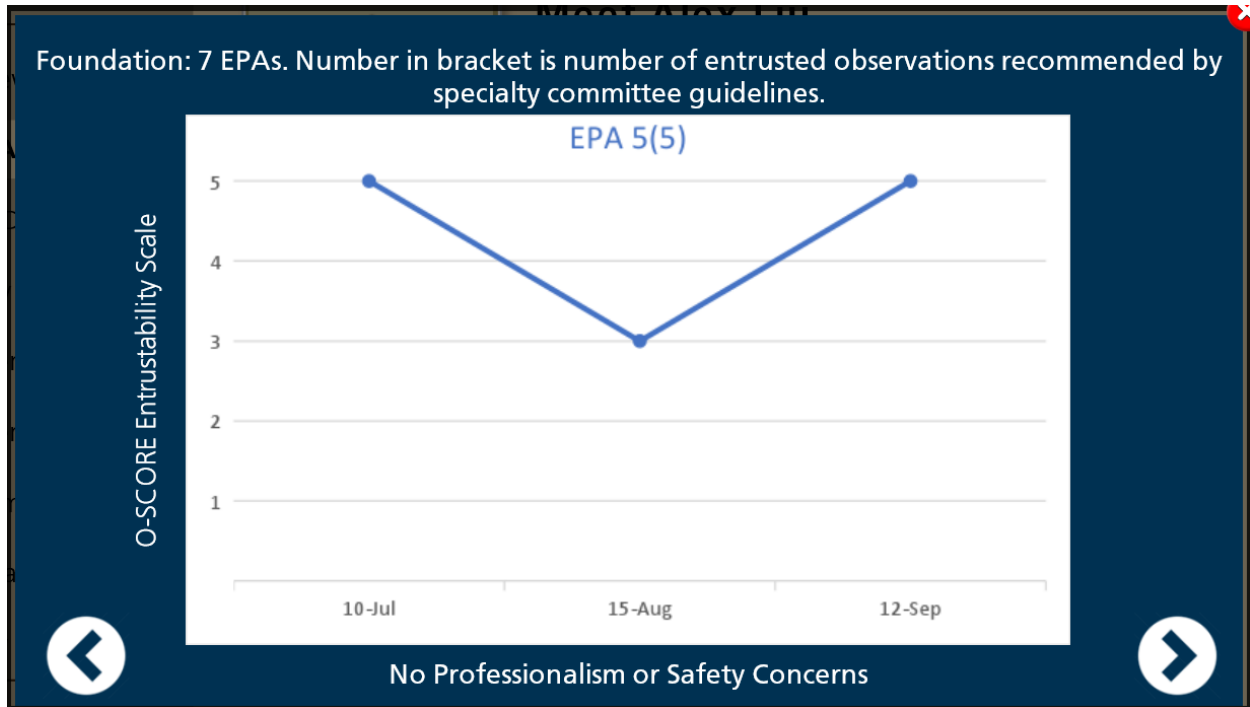
- **Management plan did not account for acuity of the patient's presentation**
  - **Needed earlier recognition of acuity and call to senior for discussion and management**

Foundation: 7 EPAs. Number in bracket is number of entrusted observations recommended by specialty committee guidelines.



No Professionalism or Safety Concerns

**EPA 4: Documenting clinical encounters.**

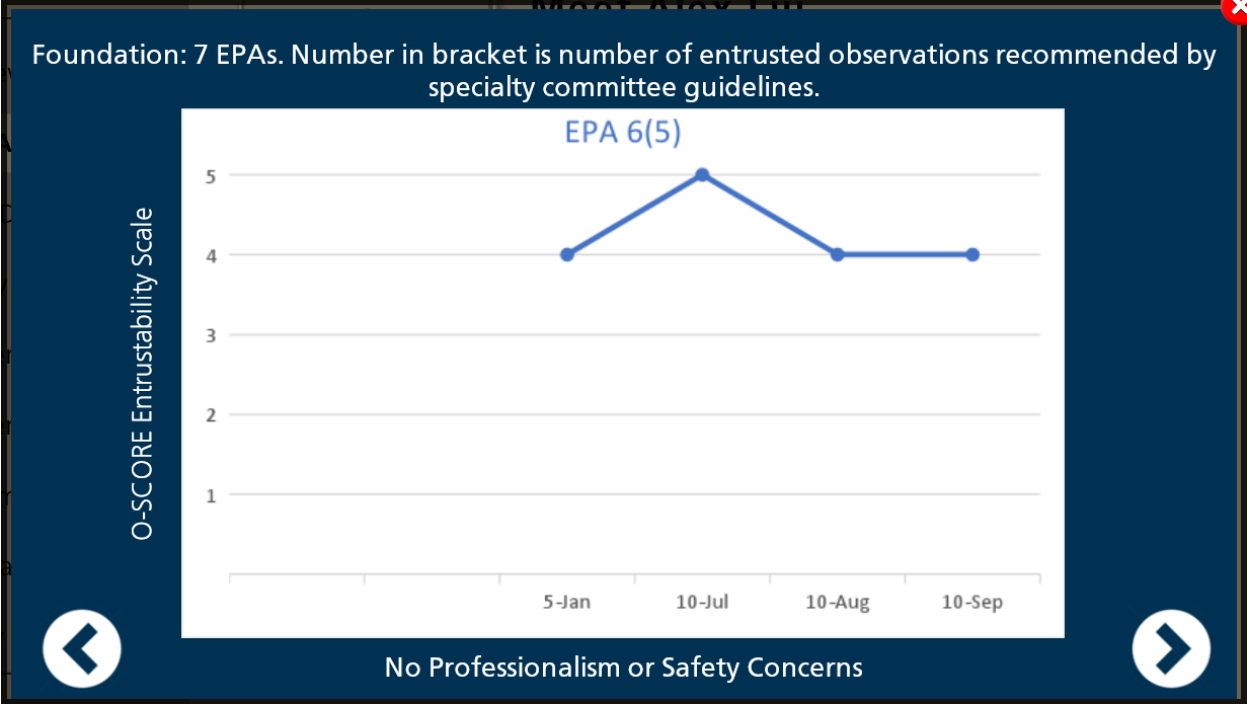


**EPA 5: Provides and receives handover in transitions of care.**

**Encounter August 15<sup>th</sup>**

**Complex patient transferred from ICU to the ward:**

- **Important to make sure that you understand the current problems and what investigations are still to be reviewed**
- **Need to review the medications with the ICU team**

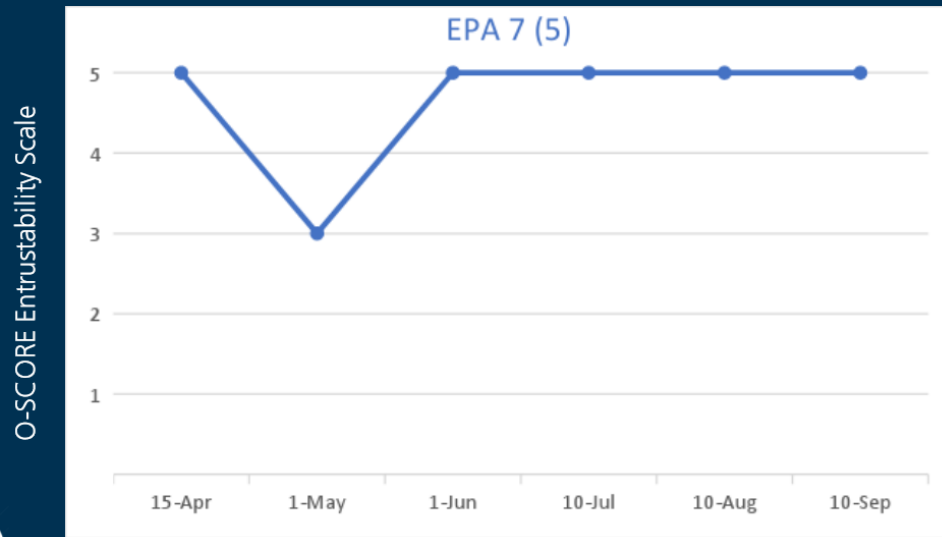


**EPA 6: Recognizes patient requiring urgent or emergent care and initiates management.**

**Encounter September 10<sup>th</sup>**

**Suggest earlier involvement by the senior resident**

Foundation: 7 EPAs. Number in bracket is number of entrusted observations recommended by specialty committee guidelines.



No Professionalism or Safety Concerns

**EPA 7: Supervising junior learners in the clinical setting.**