**Case Development Blueprint**

**SP Training Notes**

**Amanda Amess – Feedback Session**

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| Case | **Amanda Amess – PGY-1 year resident** |
| 1. **Presenting Situation:** | You are a PGY-1 resident/intern who has just presented your new patient on morning rounds. Prior to rounds, you were rushing to examine your patients and collect laboratory results. Your patient Mr. Smith is a 72 year old man with a history of diverticulitis, who presented with abdominal pain. He is a poor historian leaving you with a disjointed history that took a long time to gather. In your haste, you have neglected to check his vital signs (and therefore do not know them), presented a cursory abdominal exam and struggled with reporting his lab results, which are scattered through a sheaf of computer printouts. Due to all of this, some decisions regarding your patient’s care will have to be deferred until all the necessary data can be gathered. |
| 1. **Psychosocial Profile** | You are 27 years old, just graduated medical school a few months ago and this is your first official “job”. During medical school you did not have any significant academic problems and performed relatively well on standardized testing. You successfully completed all your clinical rotations and always received a “superior” or “above average” grade. |
| 1. **Social History** | You are single and not in any serious relationship. You enjoy hanging out with your friends and use exercise as a method to relieve your stress. However since starting residency you have not been able to find the time or energy to do either. |
| 1. **Basic Concept** | * You are a resident who will be deficient in skills/milestones related to patient care and medical knowledge including but not limited to the ones below. The attending (learner) will need to give effective “on the fly” feedback to you.   Skills that you are deficient in  Demonstrate skill to gather essential and accurate information about the patient and be able to present information in an organized fashion  Demonstrate skill to interpret basic diagnostic tests accurately  Provide transfer of care that ensures seamless transition |
| 1. **Opening statement and scenario** | Rounds have just ended and the attending (learner) asks to speak to you alone in the unit conference room.   * You suspect that there must have been a problem with your presentation on rounds. * The attending (learner) has a reputation as an excellent teacher who pays meticulous attention to detail.   The attending will express his/her concerns about the inadequacy of your presentation. |
| 1. **Special Instructions** | * The attending (learner) will be giving immediate feedback regarding your less than optimal performance * ***If attending uses expressions such as “How do you think your presentation went?”*** *you will say it could have been better but show little insight*. * ***When the attending expresses frustration at your performance*** *then you will* ***answer in a defensive manner*** *such as “This is how I presented during my previous clinical rotations and I was told I did a good job”* * ***If attending specifically offers direct feedback that your presentation did not meet expectations and hindered efficiency of rounds and asks what went wrong, you will acknowledge your poor performance*** * ***Your “excuses”***will include that you are “trying your best”, “the floor is very busy”, “I didn’t have the time to check all the labs” * You will ultimately seem open to suggestions for improvement. * The learner should give brief, formative, non-judgmental, specific, and descriptive feedback on your performance |