Year 3 Case-based Learning 2024-25: Case 2 at a Glance















CBL: overview

Student-centred, patient centred small group learning Skills development (clinical reasoning, problem-solving, communication, documentation, teamwork)

Incorporate and apply GCAT themes

Formative assessment

Mandatory attendance

4 cases throughout Year 3, Case 1 is the introductory case to

support transition from Y1/2 style

Case 2 timeline

2nd Sept 2024: Y3 LIC1 begins

18th **Oct:** Information for Part 1 released on portal

From 21st Oct: Part 1 independent student session 1

From 28th Oct: Part 1 facilitated session 2

15th **Nov:** Information for Part 2 released on portal

From 18th Nov: Part 2 independent student session 1

From 25th Nov: Part 2 facilitated session 2

Student role

Coordinate group agenda

Allocate roles

Work through materials and framework (circles below)

Write learning outcomes

Research independently

Share learning

Facilitator role

Attends all session in Case 1 (exception from other cases)
Undertakes facilitator training and reviews materials
Ensures learning outcomes have been met
Presents additional materials in case progression in session 2

of each Part

Provides email for students to record session on MyProgress

Part 1 summary

James Booker is a 23-year-old man, students met in Years 1 and 2 CBL. He has a background of epilepsy and alcohol excess. He has recently separated from his partner. He brought to ED by NIAS following a standby call with a GCS of 9. He is managed for a mixed overdose of paracetamol and diazepam. ED staff complete a Unocini form since he has a young daughter.

He is reviewed by ICU and admitted for a short period of monitoring since he requires an airway adjunct. He is treated using the SNAP guidelines for paracetamol overdose.

Part 1 key areas of discussion

- Pre-hospital care by NIAS
- Assessment of an unconscious patient
- Treatment of paracetamol and diazepam overdose
- The role of HDU and the correct place of care
- The impact on the partner and family, including child protection

Part 2 summary

James is stepped down to a medical ward. His antiepileptic medication is restarted but he develops mild hyponatraemia. On a balanced decision his medication is continued. James is reviewed by a psychiatry liaison doctor. He is diagnosed with depression and alcohol misuse. He had suicidal intent at the time of overdose but is now considered low risk.

He is discharged with community follow-up. His GP reviews him soon after discharge. His hyponatraemia has worsened, so his antidepressant is changed.

Part 2 key areas of discussion

- Hyponatraemia
- Depression (assessment and management, including adherence)
- Alcohol misuse
- Suicide risk assessment and prevention
- Discharge communication
- Community follow-up and management (including social prescribing)

