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

Queen's University Belfast – School of Medicine, Dentistry and Biomedical Sciences | Belfast Health and Social Care Trust – caring supporting improving together | Northern Health and Social Care Trust | South Eastern Health and Social Care Trust | Southern Health and Social Care Trust | Western Health and Social Care Trust

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 3 timeline

27th Jan 2025:	Y3 LIC2 begins
21st Feb:	Information for Part 1 released on portal
From 24th Feb:	Part 1 independent student session 1
From 3rd March:	Part 1 facilitated session 2
14th March:	Information for Part 2 released on portal
From 17th March:	Part 2 independent student session 1
From 24th March:	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

George Smyth is an 82-year-old man living alone who does not usually engage with healthcare services. He phones his GP with acute back/abdominal pain. The GP is concerned and contacts an ambulance to take him straight to the ED.
The ED F2 doctor suggests a diagnosis of renal colic, in keeping with George's past medical history. Whilst awaiting surgical review, he deteriorates, and a CT scan identifies a ruptured AAA. The team manages the misdiagnosis and transfers him to another hospital for vascular surgery.

Part 1 key areas of discussion

- Emergency transfer in the community
- Differential diagnosis of flank pain
- Social determinants of health
- Professionalism – duty of candour
- Opportunities for health promotion and intervention

Part 2 summary

George has undergone emergency surgery but unfortunately suffered a post-op anterior STEMI, managed with PCI, following which he suffers runs of non-sustained VT. Echo shows severe cardiac failure.
He continues to decline over the next few weeks, then deteriorates quickly with cardiogenic shock, acute kidney injury and hyperkalaemia. He is discussed with ICU and renal but it is decided escalation would not be in his best interests. He is too unwell to discuss ceilings of care, so DNACPR is discussed and agreed with his next of kin. Anticipatory medicines are prescribed. He dies, death is verified and an MCCD is completed.
*Some students may be affected by the contents of the case. Signpost to student support if required (p.lewis@qub.ac.uk).

Part 2 key areas of discussion

- Cardiac anatomy and physiology
- Complications post-MI
- Opportunities for health promotion and intervention
- AKI and hyperkalaemia management
- Levels of care
- Ceilings of care discussions and decisions
- Professional responsibilities relating to end-of-life care