Year 3 Case-based Learning 2024-25: Case 4 at a Glance	
QUEENS UNIVERSITY BELFAST December December Sciences Belfast Health and Social Care Trust Northern Health and Social Care Trust training supporting Improving together	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	Case 4 timeline 27 th Jan 2025: Y3 LIC2 begins
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 <u>Student role</u> Coordinate group agenda Allocate roles Work through materials and framework (circles below) Write learning outcomes Research independently	 17th April: Information for Part 1 released on portal From 5th May: Part 1 independent student session 1 From 12th May: Part 1 facilitated session 2 16th May: Information for Part 2 released on portal From 19th May: Part 2 independent student session 1 From 26th May: Part 2 facilitated session 2 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
Share learning Part 1 summary Richard Evans is an 82 year old man who students met in Year 2 CBL following a knee replacement. Since then, he has had a prolonged hospital admission with community acquired pneumonia and NSTEMI. His mobility has deteriorated since. He attends his GP with unsteadiness, fatigue and falls. There are multiple contributing factors including instability due to arthritis, polypharmacy, postural hypotension, peripheral neuropathy secondary to diabetes, and muscle weakness and low energy due to sarcopenia and hypothyroidism. The GP identifies a range of issues and management is commenced. He is referred to a Falls clinic for multidisciplinary input.	 Part 1 key areas of discussion Community acquired pneumonia Community triage Chronic disease management Multimorbidity The patient journey
Part 2 summary Richard is reviewed at a Falls Clinic and assessed by the MDT. Gold standard falls assessment includes medical, nursing, pharmacy, physiotherapy, occupational therapy, dietitian and social work review. Issues include sarcopenia, frailty, postural hypotension, fear of falling, multimorbidity, polypharmacy, leg pain and swelling, venous eczema, and osteoporosis risk. A multidisciplinary plan is actioned. Richard later attends his GP for repeat review and he is better supported in a range of ways.	 Part 2 key areas of discussion Falls assessment and management Falls prevention (primary, secondary, tertiary) Sarcopenia and frailty Polypharmacy Monitoring and follow-up

