

CONFIDENTIAL
ACADEMIC SUPPORT PROCESS – SUPPORT PLAN

LEARNER: Dr Leo Peterson	PRECEPTOR: Dr Elvis Barrie
<input type="checkbox"/> IMG <input checked="" type="checkbox"/> CMG <input type="checkbox"/> MILITARY	<input checked="" type="checkbox"/> PGY1 <input type="checkbox"/> PGY2 <input type="checkbox"/> PGY3
EXPECTED GRADUATION: June 30 th , 2011	SUPPORT PLAN START DATE: September 13 th , 2010
SITE: Cicely Saunders Health Centre	DURATION OF SUPPORT PLAN: 2 weeks

REASON FOR SUPPORT PLAN (INCLUDE CONTEXT): On recent hospital rotation Leo was noted to have difficulties with his organisation. He required a disproportionate amount of time to complete tasks, often forgot to follow-up on outstanding items, and his notes were not issue-based. The resident was unaware of the extra pressure this put on the rest of the team.

WHAT SOURCE OF INFORMATION WAS USED TO IDENTIFY ISSUES?

- | | |
|--|---|
| <input type="checkbox"/> ITERS | <input type="checkbox"/> STANDARDIZED EXAMS |
| <input checked="" type="checkbox"/> DIRECT OBSERVATION: FORMAL | <input checked="" type="checkbox"/> DIRECT OBSERVATION: INFORMAL |
| <input type="checkbox"/> MULTI-SOURCE FEEDBACK: WRITTEN | <input checked="" type="checkbox"/> MULTI-SOURCE FEEDBACK: INFORMAL |
| <input type="checkbox"/> OSCEs | <input type="checkbox"/> OTHER (SPECIFY): Click here to enter text. |

HAS THE PROGRAM DONE A FULL ASSESSMENT OF ISSUES AFFECTING RESIDENT'S PERFORMANCE (RESIDENT, PRECEPTOR, & ENVIRONMENT)? (SEE <https://www.academicsupportplan.com/open/OverComingChallenge.aspx> FOR GUIDELINES)

Dr Peterson is presently awaiting the birth of his first child. There have been significant complications in the pregnancy and he admits his thoughts have been elsewhere

STRENGTHS: Warm communicator. Very polite with peers, staff, and patients/families. When discussing patients, is able to raise several important issues, including psychosocial determinants of health relevant to the particular patient and situation. Dedicated to patients and their issues. Asks for help when uncertain.

	ISSUE IDENTIFIED (INCLUDE CANMEDS ROLE)	LEARNING OBJECTIVE	LEARNING STRATEGIES (STRATEGY, FREQUENCY, INDIVIDUAL RESPONSIBLE)	DESIRED OUTCOME (ASSESSMENT METHOD(S), FREQUENCY, PERFORMANCE STANDARD USED TO EVALUATE OUTCOME)	OUTCOME ACHIEVED
					FULLY PARTIALLY NO
1	Medical Expert – Management Unable to manage and organise the work on an in-hospital rotation. Poor time management skills.	The resident will employ techniques (e.g., checklist for outstanding investigations) to efficiently and effectively follow in-patients.	Role modelling/shadowing (to learn approaches): 1 ½-day (Dr Pretoria) Debrief with preceptor on time management strategies: 1x/day (Dr Pretoria)	Will demonstrate effective strategies to improve organisation in difficult situations.	<input type="checkbox"/> FULLY <input type="checkbox"/> PARTIALLY <input type="checkbox"/> NO
2	Collaborator Unable to recognise the role of the resident in the sharing of the team's work and the need for the team to care for all patients.	The resident will develop a system to fully follow all patients. He will ensure that other team members are not having to do extra work with patients under	Self-assessment (review of checklist for FM in-hospital objectives): daily Daily feedback (review cases/checklists to assure all work is being done efficiently): 1x/day (Dr	The resident will complete all the responsibilities expected of him based on FM in-hospital rotation objectives.	<input type="checkbox"/> FULLY <input type="checkbox"/> PARTIALLY <input type="checkbox"/> NO

		his care	Pretoria)		
3	Communicator – Medical Records Notes in the medical record are not issue-based.	The resident will consistently apply an issue-based approach to in-hospital notes.	Criterion chart review: 2x/wk (Dr Pretoria)	Notes are issue-based and demonstrate an organised logical approach.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	Person Does not recognise the need for self-care	The resident will recognise when his performance is being hindered by personal issues and seek help to address.	Contact with Physician Wellness: May require a few days leave and ongoing support. Weekly check-in with preceptor	The learner will recognise his stressors and seek appropriate help to mitigate the impact of these on his performance and maintain self-care.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>


HAVE THE LOGISTICS FOR THIS LEARNING PLAN BEEN ARRANGED? YES No

SUPPORT TEAM: Preceptor: Dr Elvis Barrie
Unit Program Director: Dr Judi Richardson
Director of Postgraduate Education: Dr Tony Watson
Director of Academic Support and Remediation: Dr Rona Crane
IMG Director:
Others: Dr Bernie Pretoria, Wellness Program

SCHEDULED MID-POINT EVALUATION: September 17 th , 2010	NB: Meet with learner face-to-face for both evaluations
SCHEDULED FINAL EVALUATION: September 24 th , 2010	

PRECEPTOR COMMENTS: *Ongoing support will be provided by the team to help Dr Peterson get through this difficult yet exciting time.*

LEARNER COMMENTS: *I agree with the comments and intend to work on my organisational skills.*



Learner's signature

Sept 8th, 2010

Date



Preceptor's signature

Sept 8th, 2010

Date

The circumstances used in this document and in any other materials provided as examples from the Academic Support Process website are entirely fictitious. Any resemblance to real persons, living or dead, is purely coincidental.