



Academic Support Process

Department of Family Medicine



CONFIDENTIAL

ACADEMIC SUPPORT PROCESS – SUPPORT PLAN

LEARNER: Dr Lixue Howin	PRECEPTOR: Dr Julianne Kane
<input checked="" type="checkbox"/> IMG <input type="checkbox"/> CMG <input type="checkbox"/> MILITARY	<input checked="" type="checkbox"/> PGY1 <input type="checkbox"/> PGY2 <input type="checkbox"/> PGY3
EXPECTED GRADUATION: June 30, 2012	SUPPORT PLAN START DATE: October 4 th , 2010
SITE: St Mary's	DURATION OF SUPPORT PLAN: 6 weeks

REASON FOR SUPPORT PLAN (INCLUDE CONTEXT): Issues surrounding this learner's progress were identified at the Unit ITER. Various preceptors observed the resident perform physical exams on fully clothed patients and avoid doing breast exams or genital exams during a complete physical. Resident has expressed discomfort in discussing psychiatric diagnoses with patients. It has been observed that the resident is unaware of the electronic supports for evidence-based medicine.

WHAT SOURCE OF INFORMATION WAS USED TO IDENTIFY ISSUES?

- | | |
|---|--|
| <input checked="" 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)

This resident is new to the Canadian culture, studied in China, and has no past experience with the electronic medical record (EMR).

STRENGTHS: Extremely open to feedback and has a good insight into own strengths and weaknesses. Very hard working resident with a continually positive attitude. A pleasure to work with. Has been active in identifying the issues addressed.

	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 Inability to apply evidence-based medicine (EBM) to the individual patient and know its limitations.	The resident will use evidence-based medical information to inform all clinical decisions and be able to identify the evidence-based source for her clinical decisions.	Role modelling/shadowing (how to gain evidence-based knowledge and apply it): 1 ½-day (a unit preceptor) Case review with evidence-based discussion: 1x/day, 30 mins at end of day (all preceptors) Case-based presentation at chart rounds: 10 mins, 2x/month (resident and Dr Kane)	Is able to delineate her own EBM approach and is visibly trying to follow it with every assessment by end of rotation. Is using EBM resources appropriately in every clinic she attends. Is able to present chart rounds to peers with support from literature.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
2	Medical Expert Hesitant to undress the patient for any exam or to	The resident will consistently demonstrate the ability to perform	Role modelling/shadowing: 1 ½-day (with preceptor at PAP clinic) Direct observation (with field	Will perform a targeted physical exam as appropriate for the clinical presentation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

	touch the unclothed skin with her stethoscope. Is worried about embarrassing or disrespecting the patient.	physical exams in a fashion that respects the patient while allowing for a complete exam.	notes): 1x/day on physical exam (all preceptors) Role play and discussion: 30 mins, 1/block (with Behav Med specialist)	taking into account the patient's comfort level.	
3	Medical Expert Unfamiliar with the EMR.	The resident will demonstrate increased proficiency with the EMR.	EMR reorientation (Dr Janeen)	Entry of information to the EMR is complete and performed within 24 hours.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4	Communicator Hesitant to give the patient unpleasant news, especially if there is a psychiatric diagnosis.	The resident will consistently deliver all forms of diagnosis to patients in a complete and sensitive fashion. The resident will explore the cultural and medical ramifications of psychiatric diagnoses and be able to identify the ways where cultural beliefs influence psychiatric care.	Cued role modelling: Related to giving bad news, psychiatric assessment, and mental health resources. 1/wk (Dr Kane) Direct observation (with field notes): 2/wk on communicator and medical expert competencies in behavioural medicine context (all preceptors at end of day) Case review: 1/wk (all preceptors at end of week) Behavioural medicine curriculum review: Debrief on what is being learned and how it can be applied to the office setting (with Behav Med specialist). Case-based presentation: 10 mins, 1/block. Chosen by resident to explore learner's comfort level with mental health illness (with primary preceptor or Behav Med specialist)	Follows an approach to delivering bad news. Is familiar with the major mental health diagnoses in FM and their treatments. Has followed two patients with mental health issues over the support period and found to be effective by supervisor. Can list mental health resources available and refer appropriately within the clinical environment.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

SUPPORT TEAM: Preceptor: Dr Julianne Kane
Unit Program Director: Dr Anna Rugger
Director of Postgraduate Education: Dr Smith Rogers
Director of Academic Support and Remediation: Dr Rona Crane
IMG Director: Dr Juan Capello
Others: Dr Stan Hoepfuller, Dr Jeanneta Rouge, Dr Ben Janeen

SCHEDULED MID-POINT EVALUATION: October 22 nd , 2010	NB: Meet with learner face-to-face for both evaluations
SCHEDULED FINAL EVALUATION: November 12 th , 2010	

PRECEPTOR COMMENTS:

LEARNER COMMENTS: I agree with the learning plan. I was part of identifying the issues and am keen to work on them.



Learner's signature

October 1st, 2010

Date



Preceptor's signature

October 1st, 2010

Date

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