



### T3. PROFESSIONALISM SCENARIOS AND CASE DISCUSSION<sup>a</sup>

Created for the *CanMEDS Teaching and Assessment Tools Guide* by S Glover Takahashi.  
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***See Professional Role teacher tips appendix for this teaching tool***

Based on the selected/assigned scenario/case (below), answer the following questions.

1. In this case what are the Professional Role issues/problems?

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2. What was (or should be) the action plan (e.g. who, what, how, when)? What is the desired outcome(s) or solution(s)?

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3. Which elements of the process(s) and outcomes of this case/situation were
  - a. Done very well (i.e. little, no improvement needed)
  - b. Met expectations (i.e. but would benefit from some improvement)
  - c. Need improvement (i.e. need significant change in approach or considerable improvement)
  - d. Overall: what is your view about this case?

<sup>a</sup> Cruess RL, Cruess SR, Steinert Y, editors. *Teaching medical professionalism*. New York: Cambridge University Press, 2008.



### T3. PROFESSIONALISM SCENARIOS AND CASE DISCUSSION (continued)

#### SAMPLE SCENARIOS AND LONGER CASES

| #   | SCENARIOS  |
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| 1.  | You are reviewing your recent social media messages and notice that a co-resident has written a highly negative comment about a patient situation. There is no specific patient name, but the hospital initials and case make it easy to figure out the nurses and physicians that are being described.  |
| 2.  | While you were in a family meeting to sort out patient goals for a family member whose health is declining quickly, another part of the medical team intubated the patient which is against the specific decision made in the family meeting.  |
| 3.  | A 14-year-old girl asks that you not include her parents in consent for the birth control pill.  |
| 4.  | You smell alcohol on the breath of the consulting surgeon. He finishes his assessment and you overhear the conversation between the surgeon and their fellow that the plan is to take the patient to surgery as soon as the patient can be transferred.  |
| 5.  | Your co-resident for the overnight on call shift doesn't help with any of the patient care saying they are busy getting ready for rounds where he is presenting tomorrow. This has happened before where the resident didn't pull their weight.  |
| 6.  | You are at a large social gathering and realize that one of the residents is there on a date with their supervisor.  |
| 7.  | You are asked to do a consult on a patient. When you go to see that patient they indicate that they don't want you to take care of them (i.e. because of your race, gender, ethnicity, culture).   |
| 8.  | You observe a very disruptive patient who lives in a local shelter being cursed at and roughly handled by a senior resident.   |
|     | <b>LONGER CASES</b>  |
| 9.  | Dr. B is a senior resident who has been assigned his first rotation as the lead of a team of three residents on a busy clinical service. You are the Chief Resident and have managed a series of email complaints over the past three days from the residents at that site. You now have a second page from the charge nurse. Dr. B works hard, but the concern is that he is a stickler for details about how orders and consults are to be done. He references policies, guidelines and procedures repeatedly. When you spoke to Dr. B, he said he was proud that he was, "going by the book". When you offered other, more common solutions, at first he was resistant to your intervention and is now aggressive when you ask questions about his assignments. You notice that referrals and patient care is now noticeably slower.  |
| 10. | You are working in a community placement for the month with a more senior resident Avery who you have met previously at the quarterly journal club. Avery is a past award winner for the program Leadership award and you know him for his energetic welcoming manner. By the end of the first week you notice that Avery is distracted, irritable and has been late for am clinic twice and pm rounds three times. Yesterday, when Avery didn't answer his pages, they called you even though you weren't on call. The patient problem was straightforward and it was no trouble for you to handle it on your own. You told Avery about taking the call and he said the battery on his pager must be dead, but when he pulls it out of his backpack it clearly is working.  |
| 11. | You are working in the Emergency department. Your current case is Stephanie, a 35-year-old woman presenting with pain and bruising in her left wrist and shoulder. X-rays show a simple fracture to her left wrist. You take a history regarding the injury and find the following: <ul style="list-style-type: none"> <li>• Stephanie is a married, stay at home Mom with two small children who are with a neighbour</li> <li>• Her husband, Kyle, is a corporate lawyer with a substance use problem/history</li> <li>• Verbal abuse started when she was pregnant with her first child. After the birth of the second child he also started becoming physically abusive when under the influence of alcohol (verbally demeaning and belittling, escalating to shoving and pushing)</li> <li>• She is currently in the emergency department after he threw her against a wall three days ago</li> <li>• She is keen to get home and pick up her children</li> <li>• She minimizes husband's behaviour and is sympathetic towards her husband's work problems. She notes he has apologized</li> <li>• Previous injuries were a sprained wrist (1 yr. ago) and some fractured ribs three months ago.</li> </ul> |
| 12. | Other  |