PRA-BC
Practice Ready Assessment - Physicians for BC

UBC CPD
Continuing Professional Development
Faculty of Medicine

SIMULATION SCENARIOS
SCENARIO 1

Dr. Assessor

Your 72-year-old patient is just back from Hawaii with shortness of breath, and came to see Dr. IMG. No cardiac history, has a 30-pack-a-year history as a smoker, and takes Advair and Atrovent.

The complaint is that the "*puffers aren't working any more*" and he feels more short of breath, has a cough (always has this); the patient attributes this to catching a cold on the plane home. His ankles are swollen, but he attributes this to the plane ride as well.

Dr. IMG agrees with the patient, and after a brief respiratory examination – some wheezes, a few bibasilar crepitations - prescribes Spiriva instead of Atrovent, and advises to watch for a fever. The progress note shows a differential of "*viral illness*" and "*exacerbation COPD".*

Dr IMG just saw a patient and gave a very poor differential diagnosis for a significant medical condition. You have been working 5 weeks with Dr IMG and they have jumped to a premature diagnosis several times. You resolve to give feedback, in private, now.

Dr. IMG

You are a 36-year-old physician with 8 years of clinical experience in your home country. For the past three years - while living primarily in Canada with your family - you have returned home for two-month periods to ensure you meet the minimum requirements for most Canadian practice-ready assessment programs (940 hours in the past 3 years).

You have just seen Mr. Breathless. He is a 72-year-old-patient who is just back from Hawaii and came in because of shortness of breath. He complained that his puffers were not working any more. He believes he caught "*something*" on the plane home that would explain his worsening shortness of breath. His ankles will often swell when he sits for a long time.

You saw him, examined him – only mild respiratory distress, some bi-basilar crepitations, and a bit wheezy, but over the bronchial area – and changed him from Atrovent to Spiriva. He is already on Advair. You advised him to watch for fever. You wrote a note and had a differential diagnosis of *"viral illness", "exacerbation COPD".*

Dr Assessor will give you some feedback.

SCENARIO 2

Dr. Assessor

You have just **directly observed** Dr. IMG performing a pap test on a 35-year-old patient.

- Dr IMG appeared nervous during the examination.
- The patient was not put at ease by the communications *content* or *style* of Dr. IMG. Dr IMG was not looking at the patient and thus missed visual cues from the patient.
- The patient did not appear to fully understand the instructions given by Dr. IMG; you could see by the look on their face that Dr IMG seemed not to notice.
- Dr IMG did not take the time to position the patient on the examination table, (they had to figure it out) did not make appropriate eye contact with the patient, nor speak in a reassuring manner.
- Dr IMG *did* do well to keep as much of the drape in place as possible, and was careful to organize slide, Ayers spatula, brush, lubricant and speculum with light. Dr IMG was careful not to touch anything but the patient with his examining hand once glove.

It's time to give feedback.

Dr. IMG

You have been in Canada for 4 years. You are 2 weeks into the clinical field assessment (CFA) period of the PRA-BC program. In your home country, the pap test program was "*hit and miss*" and mainly carried out by nurses. You *did* learn the mechanics of it when in medical school and again in residency Your command of English is average, and this is about the 10th pap test you have done. It has been at least a year since you last performed one.

You remembered to have yourself very organized, and have handled the speculum insertion well. You think this has gone reasonably well and that most women would prefer "*quiet efficiency*" in this moment. You were attentive to draping. You still found yourself a bit nervous, especially with Dr. Assessor being in the room doing a "*direct observation*".

Dr Assessor will give you some feedback.

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DISCUSSION SCENARIOS
HOW AND WHEN MIGHT YOU ENGAGE PRA-BC?
SCENARIO 3

BACKGROUND

You are 3 weeks in to the clinical field assessment with Dr. IMG. They are having some challenges with making themselves understood by patients in your rather homogenous community. Here is what you observe: You have had no difficulty understanding Dr IMG, and neither have your colleagues whom have all worked in international settings.

- Your medical office assistant has to have Dr IMG repeat instructions on occasion, however no mishaps have occurred.
- You are aware that Dr IMG has passed all the language requirements.
- 3 patients and 2 colleagues have commented on Dr IMG's accent, with the patients politely declining to see Dr IMG for a follow up appointment.
- Twice now patients have followed up with you and while the chart notes are clear, the patient's understanding of their condition and the management plan appears to be muddled. You know you patients well, and would not expect either to have been less than clear on the plan. Both are patients with mental health challenges. They note that Dr. IMG really did not seem to understand what the issues were for them.

You have yet to ensure that Dr. IMG has been observed in the Mental Health domain, however they appear to be fine managing complex patients with multiple medical issues. You are not as sure when it comes to the nuanced language skills and comprehension needed to fully understand mental health conditions. The actual issues are unclear to you.

DISCUSSION

- What might be the issues at hand?
- If this were your community, what would be your approach to this situation?
- When would you contact PRA-BC?

SCENARIO 4

BACKGROUND

As the primary assessor, it has been brought to your attention that Dr. IMG is having "difficulty" managing the heavy case-load in your local ER. You know from personal experience that the expectations of two of your secondary assessors – both of whom work in the ER – are very high. They report being very frustrated at what they perceive as "major faults/errors" and by the end of week 4, they indicate they do not wish to work with Dr. IMG any further. Both of these assessors indicate they do not have the time to teach/coach this candidate to the level where he would be "practice ready". Both are ready to 'quit' as assessors.

You meet with the candidate who expresses that instead of receiving constructive criticism on his performance, he is simply told of his errors; the assessors have provided no suggestions for improvement. When he attempts to ask the assessors questions about "Canadian approaches" he is told that they are only allowed to assess, not to teach. The candidate is extremely stressed about his future in the program and the immense burden to his family should he not pass the CFA period. He feels that the assessors are looking to "get rid of him" as soon as possible and attributes his poor performance to feeling on-edge and unsupported. He feels that he is being set up to fail.

DISCUSSION

- What are the issues here?
- If this were your community, how would you approach this situation as the primary assessor?
- What might you say or do to help resolve this situation for both the (i) candidate and (ii) secondary assessors?
- When might you engage PRA-BC?

SCENARIO 5

BACKGROUND

Given that the PRA-BC candidates form a close connection during orientation, you know that they "talk" to one another frequently during the CFA period (primarily by text and email; sometimes through a group-chat platform). They are a self-described "close-knit" group.

Your candidate approaches you on week four (4) of the CFA period and asks why it is that she has received negative assessments - recorded and submitted to the program - when several of her peers have (apparently) been provided only with verbal feedback when it is negative as their assessors want to give them "time to get familiar" with the local practices and procedures.

DISCUSSION

- What might be the issues here?
- How would you approach this situation as the primary assessor?
- What might you say or do to help reassure the candidate AND honour the principles of transparency and honesty in reporting?
- When might you engage PRA-BC?