



Case Driven Education - PCCL

Patient Case Presentation Form

PLEASE FILL OUT THIS FORM ON YOUR COMPUTER.

Please do not include any patient identifying information on this form or in your presentation. This session is for education purposes only – and does not necessitate the sharing of identifiable information related to the case that is not directly related to the medical care being presented i.e. patient name, DOB, date of presentation of illness, culture, race, spirituality, health authority, hospital or community location. No identifiable information should be mentioned, shown in the presentation, or asked about by participants, facilitators, or presenters during the case presentation.

In addition, please be aware that presenting certain information, even if de identified, may be enough to identify individuals, particularly within small social circles or rural communities. Please **DO NOT include** the name of the **presenting community** in your presentation, as this may result in identification of the patient in some small and remote communities.

Presenter(s):

Profession:



IS THIS CASE BEING CONSIDERED LOCALLY FOR REVIEW UNDER SECTION 51? Yes/No

If yes, further discussion with the PCCL team will be needed.

REASONS FOR PRESENTING THIS CASE

Why are you presenting this case?

What are your top 3 goals/learning objectives?

Would you consider co-presenting this case with other health professionals i.e. nursing, social work, RT, PT/OT or child life specialist? These professionals could be from your site or from BCCH if appropriate.

Please consider informing the child/family about your intention to present the case. While all cases will be de-identified, informing the child/family supports engagement and transparent discussions about possible learning opportunities beyond those identified by providers. Involving the child/family provides an opportunity to include the patient voice perspective in the presentation, and to share the understanding that their patient story will support learning across the province.

In the context of the colonial history of Canada, we acknowledge the historic and ongoing Indigenous-specific racism in the health care system. Being mindful of the harm inflicted on Indigenous children and families, both past and present, **we strongly encourage all presenters to seek consent from Indigenous families prior to presenting.**

PATIENT DEMOGRAPHICS & SOCIAL HISTORY

Age:

Revised: 08/27/2024



Biological Sex:

Identified Gender (indicate if patient prefers not to identify):

MEDICAL HISTORY

Summarize the patient case history, including:

- Pertinent History of Presenting Illness, Past Med History, Medication(s), Immunization(s)

EXAM FINDINGS

- Inclusion of presenting vital signs (highlight if typical or atypical for age)
- Presenting pertinent physical exam findings

LABORATORY/IMAGING FINDINGS

INITIAL MANAGEMENT

Socio-Economic Factors

Indicate if, in your opinion, the patient's condition may have been caused or exacerbated any social determinants of health (lack of access to primary care, living conditions, lack of social supports)

Have health disparities been considered?



Other Information you believe may be useful in this case:

FOR STAFF USE:

The staff have reviewed this form and have ensured that no patient identifying information is present.

Reviewer initials:

Date: