

**Pillar 2 Triple Jump Exercise**

**Faculty Worksheet**

**Student Name:** \_\_\_\_\_

**Evaluator Name**\_\_\_\_\_

**Patient: 64 year old man with stroke symptoms.**

**Key principles:**

1. Recognition of acute stroke symptoms. The student should recognize from the history and physical that this is a stroke or stroke mimic. If not, reading should be directed at the clinical presentation of stroke. This reading can be accomplished from a textbook.
2. Acute management of stroke is guided by protocols with particular attention to use of thrombolytics for treatment of acute ischemic stroke. This information should be obtained from evidence based guidelines.

**Additional teaching points:**

1. Weakness of central nervous system origin can usually be distinguished from weakness of peripheral nervous system origin by the bedside neurologic exam.
2. The definition of transient ischemic attack (TIA) has evolved due to information from modern imaging modalities and improved knowledge of the natural history of TIA.
3. Differential diagnosis of acute stroke includes hemorrhagic stroke, ischemic stroke, and some important stroke mimics.
4. A variety of imaging modalities are often used in the evaluation of a patient with a stroke.
5. Subacute stroke care is guided by evidence based strategies to reduce complications.
6. Secondary stroke prevention plans are determined by the etiology of the ischemic or hemorrhagic stroke.

**Acceptable Student hypotheses:**

1. Stroke: Ischemic vs. Hemorrhagic
2. Stroke mimic: Structural lesions (i.e. tumor) other than hemorrhage
3. Stroke mimic: Post ictal deficits (Todd Paralysis)
4. Stroke mimic: Hypoglycemia

**Some possible learning issues:**

1. Neurologic exam to substantiate the hypothesis of stroke and to localize site of lesion
2. Differential diagnosis of stroke including common stroke mimics
3. Evidenced based management of stroke including diagnostic and therapeutic interventions
4. Assessment of stroke risk factors

**Student's plans for information gathering:**

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**Information student must seek (Check those items below that the student requested or suggested).** If student fails to request the data below, please provide it to her/him at the conclusion of this portion of the triple jump exercise. Note: any physical findings not listed below are normal. Question the student as to *why* each historical, physical, or laboratory examination item is requested, and exactly *what* the student is looking for in part of the physical exam.

Student Requested	Historical Information	Answers by Patient
YES <input type="checkbox"/> NO <input type="checkbox"/>	Any similar episodes?	The day before presentation, while at his desk, he noted his left arm seemed weak and clumsy. He tried to walk but veered and staggered to the left. The episode lasted 10 minutes, but later that day he again noted transient clumsiness of his left limbs.
YES <input type="checkbox"/> NO <input type="checkbox"/>	Any headache history?	None
YES <input type="checkbox"/> NO <input type="checkbox"/>	Any history of heart disease?	None (hypertension noted below) No history of angina or claudication
YES <input type="checkbox"/> NO <input type="checkbox"/>	History of cardiac arrhythmias?	None
YES <input type="checkbox"/> NO <input type="checkbox"/>	History of hypertension	Patient has been known to be hypertensive for the last two years. No treatment has been undertaken.
YES <input type="checkbox"/> NO <input type="checkbox"/>	History of diabetes	Patient followed for diabetes on an oral hypoglycemic agent. The diabetes was diagnosed 5 years ago.
YES <input type="checkbox"/> NO <input type="checkbox"/>	History of smoking	Quit 10 years ago
YES <input type="checkbox"/> NO <input type="checkbox"/>	History of high cholesterol	Last cholesterol 210 mg/dl, six months prior.
Student Requested	Physical Findings to search for:	Results in Patient
YES <input type="checkbox"/> NO <input type="checkbox"/>	General Appearance	Patient appears quite concerned but does not appear in acute distress. He speaks clearly and concisely.
YES <input type="checkbox"/> NO <input type="checkbox"/>	Vital Signs:	BP=160/100; P=80 regular; R=12; T=98 orally
YES <input type="checkbox"/> NO <input type="checkbox"/>	Eyes:	EOM intact, conjunctivae clear, pupils equal and reactive, Fundi – no hemorrhage, no exudates, mild AV crossing changes.
YES <input type="checkbox"/> NO <input type="checkbox"/>	Neck:	No carotid bruits, pulses equal bilaterally. No JVP distention.
YES <input type="checkbox"/> NO <input type="checkbox"/>	Cardiac:	PMI – palpable supine, 5 <sup>th</sup> ICS, within the MCL. Normal S1 and S2. No abnormal sounds are heard. No murmurs are heard, rhythm regular.

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YES <input type="checkbox"/> NO <input type="checkbox"/>	Chest:	Clear to auscultation
YES <input type="checkbox"/> NO <input type="checkbox"/>	Extremities:	Good pulses all extremities, no cyanosis, no edema.
YES <input type="checkbox"/> NO <input type="checkbox"/>	Neurological:	Slight weakness if the left side of the face and the left hand, arm, and leg. Left hyperreflexia and a left Babinski are present. There is a left limb cerebellar-type incoordination and an abnormal gait with lurching to the left. Speech, sensation, intellectual function, and visual fields are normal.
<b>Student Requested</b>	<b>Laboratory and Imaging Studies:</b>	<b>Results in Patient</b>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Blood glucose by Glucometer	165
YES <input type="checkbox"/> NO <input type="checkbox"/>	CBC	Hb. =14 gm; MCV =94, WBC=8200; normal differential.
YES <input type="checkbox"/> NO <input type="checkbox"/>	Platelets	250X 10 <sup>9</sup>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Pro Time/INR	Normal
YES <input type="checkbox"/> NO <input type="checkbox"/>	CMP Chemistries of interest	BUN=20,Cr. 0.9, Na=141, K=4.1
YES <input type="checkbox"/> NO <input type="checkbox"/>	CT of head without contrast	No lesion clearly seen
YES <input type="checkbox"/> NO <input type="checkbox"/>	EKG	Normal sinus rhythm; LVH pattern
YES <input type="checkbox"/> NO <input type="checkbox"/>	MRI:	Acute ischemic stroke by diffusion restriction in pons. Chronic appearing lacunar infarction of right putamen.

**Student will now research her/his identified learning issues for 120 minutes, then return to discuss learning with the faculty evaluator.**

**Appropriate Resources:**

- Dynamed, UpToDate or other evidence based resource
- Recent systematic review (journal article) or Cochrane Database topic
- Recent randomized control trial (journal article)
- Reference from recent edition of a prominent textbook
- Discussion with other faculty

**Specific References:**

Janch, EC, Saver, JL, Adams, HP, et al. Guidelines for the Early Management of Patients With Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association *Stroke*. 2013; 44:870-947