

# Case-based discussion assessment form

## Candidate and assessor information

Candidate name		Assessor name	
Date of assessment		Assessor position	

## Patient information

Age of patient		Patient gender		Setting	
Patient's problem					

## Candidate assessment criteria

	Unsatisfactory	Satisfactory	Superior	
Clinical record keeping	1 2 3	4 5 6	7 8 9	Not observed <input type="checkbox"/>
Clinical assessment	1 2 3	4 5 6	7 8 9	
Management plan - investigations	1 2 3	4 5 6	7 8 9	Not observed <input type="checkbox"/>
Management plan - treatments	1 2 3	4 5 6	7 8 9	
Management plan - follow up	1 2 3	4 5 6	7 8 9	
Clinical reasoning	1 2 3	4 5 6	7 8 9	
<b>Overall competence</b>	1 2 3	4 5 6	7 8 9	

**Comments** Please describe what was effective, what could be improved and your overall impression of the strengths, weaknesses and areas for improvement. If required, please specify suggested actions for improvement and timeline. (must be completed if candidate did not meet expectations)

Minutes spent observing:

Minutes spent providing feedback:

## Test rating

To what degree was this an adequate test of the doctor's abilities? Inadequate  Adequate  Superior

## Overall performance rating (relative to PGY1)

Did not meet expectations

Met expectations

Signature of assessor:

Date:  /  /

Signature of candidate:

Date:  /  /

# Information for assessors

## Aim of CBD

The CBD is part of a clinical encounter individually observed with a patient.

## CBD suggested timeframe

The suggested timeframe is 15 minutes observation and 10 minutes feedback.

## PGY1 level characteristics (satisfactory level)

Characteristics of a candidate who meets PGY1 requirements at a satisfactory level in each dimension may include the following:

## Clinical record keeping

Focus is on the clinical assessment as reflected in the record content details, relevance, comprehensiveness and quality of note keeping, and the reasons behind the clinical decisions and actions.

## Clinical assessment

The focus is particularly on the notes the candidate has made. The assessor explores the candidate's interpretation of data in the record – the nature of the recorded history, physical examination, clinical summary and problem list.

### History:

- *Tell me what you were thinking about this patient's presenting problem.*
- *What did you think was the sequence of events or underlying process leading up to the presentation?*
- *What other key problems are also current?*
- *Is the history of these other problems relevant to the presentation?*
- *Is the family history of importance for any of the key problems?*

### Examination:

- *Have you examined the key systems relevant to the presenting problem?*
- *What about the findings relevant to the other active clinical problems?*

### Summary and Problem List:

- *How have you or how would you list the problems in terms of priority?*
- *Are the different clinical problems related in some way?*
- *What are the psychosocial issues here?*

## Management plan – Investigation treatment (highlights investigation risk.)

### Investigations:

- *Why did you order these investigations?*
- *How did you interpret the test results?*
- *Were all the tests necessary in cost-benefit terms?*

### Management:

- *Have you described a management plan for each of the key problems?*
- *What was the reason for this therapy written on the treatment chart?*
- *What issues do you consider still need to be resolved?*
- *What are the main considerations in relation to the patient's discharge plan and future health care?*
- *What aspects of this patient's care did you find challenging?*

## Management plan – treatment

### Investigations:

- *Why did you order these investigations?*
- *How did you interpret the test results?*
- *Were all the tests necessary in cost-benefit terms?*

## Management plan – follow up

### Management:

- *Have you described a management plan for each of the key problems?*
- *What was the reason for this therapy written on the treatment chart?*
- *What issues do you consider still need to be resolved?*

## Clinical reasoning

Assessor encourages the candidate to reveal their clinical reasoning:

- *What was your reason for ordering that investigation?*

## Overall clinical competence

A global judgement based on the whole encounter.

## Tips for feedback

The assessor focuses on what they've observed. This needs to be specific and precise – focusing on about 3 points only.

### Assessor identifies the positive aspects of the CBD:

- *e.g. I thought your history was thorough and comprehensive and gave the reader a good understanding of the pathophysiological process leading to the presenting problem.*

### Assessor encourages reflection:

- *e.g. I observed that your written history did not include the key element of the lead up to the presentation. Why do you think...?*
- *e.g. Do you think your examination findings showed an appropriate assessment of a diabetic patient?*
- *e.g. How could your problem list have been improved?*

### Collegial interaction:

- *e.g. When thinking about a patient's problem list we usually try to give some priority to the list. Do you agree?*

### Assessor's appraisal is honest:

- *e.g. In the examination findings I would have expected to see...*
- *e.g. In my opinion the problem list was incomplete and the important current problems of X and Y were not appropriately considered. Would you agree?*
- *e.g. Yes, you mentioned that... and I would agree with you that..*

Assessor asks candidate to consider how they will proceed from here. Assessor checks candidate's understanding and commitment.

*That's really good Marko, we are agreed on a way forward to make your case notes more comprehensive and effective and if you can put all that into action...*