Case-based discussion assessment form

Australian Medical Council Limited

logo placement area

Candidate and assessor information

Candidate name		Assessor name	
Date of assessment		Assessor position	

Patient information

Age of patient		Patient gender		Setting	
Patient's problem(s)					

Assessment domains

	Below expected level			At expected level			Above expected level		
Clinical record keeping	1	2	3	4	5	6	7	8	9
Clinical assessment History and examination	1	2	3	4	5	6	7	8	9
Clinical assessment Differential diagnosis, summary and problem list	1	2	3	4	5	6	7	8	9
Management plan Investigations, treatments, and follow up	1	2	3	4	5	6	7	8	9
Clinical reasoning	1	2	3	4	5	6	7	8	9

Global rating

Please rate the overall level of performance relative to that expected at PGY1 level.

Global rating	1	2	3	4	5	6	7	8	9

Assessor's comments

Please describe what was effective, what could be improved and your overall impression. Must be completed.

Signature of assessor:

Date: ☐☐ / ☐☐ / ☐☐

Signature of candidate:

Date: ☐☐ / ☐☐ / ☐☐

Information for assessors

What is a CBD?

A case-based discussion (CBD) uses data recorded by the candidate on a real patient. The candidate will have been involved in the recent management of this patient. A CBD involves a comprehensive review of a patient's clinical situation. The clinical record is a trigger for discussion between the candidate and their trained assessor involving an exploration of the candidate's clinical reasoning.

How long should it take?

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

Tips for conducting the CBD

Potential questions for candidates are italicised

Introduction

Invite the candidate to give a short summary (less than 2 min), including the rationale.

Clinical Record keeping

Focus on the relevance, comprehensiveness and quality of note keeping.

- *Does the record encompass all the key features of this clinical encounter?*

Clinical Assessment: History and examination

History:

- *Tell me what you were thinking about with 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?*

Clinical Assessment: Differential diagnosis, summary and problem list

Differential diagnosis, summary and problem list:

- *How did you arrive at the differential diagnosis?*
- *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 and follow up

Investigations:

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

Treatment:

- *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?*
- *How was consent obtained?*

Follow up:

- *What are the main considerations in relation to the patient's discharge plan and future health care?*
- *What follow up is necessary? (tests, treatment, duration, rationale)*

Clinical reasoning

Assessor encourages the candidate to reveal their clinical reasoning:

- *What aspects of this patients care did you find challenging?*
- *What was your reason for ordering that investigation/treatment/ etc.?*

Global rating

An overall judgement of performance at the expected level.

Tips for feedback

The feedback needs to be honest and specific to the record presented.

Candidate is invited to provide initial reflections

- *What do you think went well?*
- *What do you think needs improvement?*

Assessor identifies the positive aspects of the CBD

- *I thought your history was thorough and comprehensive and your discussion showed a good understanding of the pathophysiological process leading to the presenting problem.*

Assessor defines key issues raised in the discussion

- *I observed that your record did not include the key element of the relevant prior history leading to the presentation. This was important, wouldn't you agree?*
- *In the examination findings I would have expected to see … This is important because …*
- *The examination findings didn't show appropriate assessment of a diabetic patient because … In my practice, I routinely include ...*
- *The sign … is a red flag in this presentation because …*
- *In my opinion the problem list was incomplete and the important current problems of X and Y were not appropriately considered. Would you agree?*
- *Your written management plan was not well developed; this was also reflected in your discussion. I suggest you develop a clear management plan for each patient that you see and discuss it with your senior colleague.*

Assessor invites candidate to reflect on the issues raised

- *The lack of detail in this patient's recorded history may cause problems if the patient is re-admitted. Can you think of why this may be the case?*
- *We discussed how the absence of key signs may be equally important as positive signs. You may wish to reflect on this for future patients.*
- *How could your problem list have been improved, better prioritised, etc.?*
- *When thinking about a patient's problem list we usually do it in order of priority. Wouldn't you agree?*
- *How could you ensure your record keeping better reflects your clinical reasoning?*

The assessor discusses with the candidate how to proceed following the discussion

- *What will you include in your action plan based on today's discussion?*
- *I suggest that we include ... in your action plan*

Assessor completes assessment form

Candidate and assessor sign form