

Case Based Discussion - Case notes summary

Instructions

Complete the declaration below and provide a summary of your case notes on the following page. Case notes must be de-identified and meet the College's guidelines for suitability and currency.

Submit all documentation via your College online portal.

Candidate details

| | |
|-----------------------|--|
| Candidate name | |
| Component of training | Core Generalist Training <input type="checkbox"/> Advanced Specialised Training <input type="checkbox"/> |

Candidate declaration

I hereby confirm that:

| | |
|--|------------------------------|
| Assessment | |
| I have read and understood the CBD process outlined in the Fellowship Assessment Handbook . | <input type="checkbox"/> Yes |
| The attached documents are a true record of my clinical notes. | <input type="checkbox"/> Yes |
| I have sought permission from my employer/owner of the facility to provide these notes as part of my CBD assessment with ACRRM. | <input type="checkbox"/> Yes |
| Case notes | |
| I was the primary doctor managing the patient across all cases. | <input type="checkbox"/> Yes |
| Notes include details of a <u>minimum</u> of 2 consultations per case, as performed by me. | <input type="checkbox"/> Yes |
| The Community Profile provided applies to all case notes. <i>*If not, please identify which profile relates to each set of notes on the relevant Cover Page.</i> | <input type="checkbox"/> Yes |
| I have included a Cover Page for each case note. | <input type="checkbox"/> Yes |
| The final consultation held with these patient's was performed within six months from the date of submission. | <input type="checkbox"/> Yes |
| I have de-identified all the notes, including removal of: Patient, next of kin and other names, phone numbers and addresses Medicare numbers Radiology identification numbers Hospital identification numbers | <input type="checkbox"/> Yes |
| I have included the patient's age and gender in each set of notes. | <input type="checkbox"/> Yes |
| Core Generalist Training CBD only | |
| I have submitted at least 2 mental health cases | <input type="checkbox"/> Yes |
| I have submitted no more than 3 cases from any one curriculum area | <input type="checkbox"/> Yes |
| I understand that if the assessors are unable to select 6 cases covering 6 curriculum areas and of at least medium complexity for the discussion, all 12 cases will be returned | <input type="checkbox"/> Yes |

Case notes summary

Please complete the case details required for each case note submitted.

| Case Number | Gender | Patient Age | Type of health service | Curriculum learning area | Reason for consult |
|-------------|--------|-------------|------------------------|--------------------------|--------------------|
| 1 | | | | | |
| 2 | | | | | |
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| 12 | | | | | |

Abbreviations

Type of health service

| | | | | |
|----------------------|--------------------------------|------------------|--------------|---------------------------|
| GP- General Practice | AMS-Aboriginal Medical Service | NH- Nursing home | H - Hospital | ED - Emergency Department |
|----------------------|--------------------------------|------------------|--------------|---------------------------|

Curriculum learning area

| | | |
|--|----------------------------------|------------------------|
| ATS - Aboriginal and Torres Strait Islander Health | MH - Mental Health | PAED - Paediatrics |
| ADD - Addictive behaviours | MSK - Musculoskeletal | PALL - Palliative Care |
| AIM - Adult Internal Medicine | O&G - Obstetrics and Gynaecology | REH - Rehabilitation |
| AGE - Aged Care | OCC - Occupational Health | SEXH - Sexual Health |
| DERM - Dermatology | OPHTH - Ophthalmology | SURG - Surgery |
| EM - Emergency Care | ORAL - Oral Health | |