**Case Based Discussion - Formative**

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| --- | --- | --- | --- |
| Candidate name |  | | |
| Component of training | Core Generalist  Advanced Specialised Discipline | | |
| CBD No for CGT/AST |  | | Assessment date |
| Assessor name |  | | Email |
| Assessor position | Supervisor  Medical Educator  FACRRM  Other Specialist | | |
| Training Post name |  | | Location |
| Case complexity | Low  Medium  High | | New patient  Yes  No |
| Physical examination | Yes  No System/s | | |
| Patient | Problem       Gender      Age | | |
| **Candidate strengths** | | **Suggestions for development** | |
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| --- | --- | --- | --- | --- |
|  | Beginning | Progressing | Achieved | Exceeded |
| Communication |  |  |  |  |
| History taking |  |  |  |  |
| Physical examination |  |  |  |  |
| Clinical management |  |  |  |  |
| Professionalism |  |  |  |  |
| Records |  |  |  |  |
| Overall rating |  |  |  |  |

**Time taken for assessment** Discussion       Feedback

**Conducting formative CBD**

Use patients who presented to and were managed by the candidate. Ideally involving more than one consultation.

View case notes at work, if case notes are copied, they must be de-identified to ensure patient confidentiality.

Either the candidate selects some cases for the assessor to choose from or the assessor randomly select cases.

Information of workplace based assessment requirements are provided in the [Fellowship Training Program Handbook](https://www.acrrm.org.au/docs/default-source/all-files/handbook-fellowship-training.pdf?sfvrsn=bdb27590_22).

**Questioning**

Start with asking: What issues they felt the case raised, what issues they felt needed resolving, what bits they found challenging/difficult

Ask questions based on the "here and now": ‘What were her concerns then?’ ‘What did she think was going on?’ ‘How did you elicit that?’

Stay away from "What if......." questions. Do not undertake a hypothetical exploration.

**Achieved rating**

Communication

* Patient centered communication evident. Built trust and rapport with patient.
* Showed empathy and respect. Asked patient for their story.
* Explored patient issue using a range of relevant question types.
* Considered and discussed the impact of presentation on patient function.
* Flexible in approach. Considered cultural values, attitudes and beliefs.
* Explained aspects of care clearly.
* Involved patient in decision making and provided appropriate advice.

History taking

* Obtained a clinical history including presenting problems, epidemiology and cultural context.
* Questions focused and appropriate.

Physical examination (see a [Physical Exam Reference](https://www.acrrm.org.au/resources/assessment/handbooks-guides) for further information)

* Sound assessment conducted and several key differentials considered.
* Relevant signs and symptoms covered.
* Assessment organised, logical and efficient.
* Patient comfort and safety considered.

Clinical management

* An appropriate range of evidence gathered, and most plausible diagnosis provided to the patient.
* All required appropriate tests arranged.
* Short-term management and possible long-term management plan appropriate and discussed with patient.
* Follow-up arranged.
* Clearly addressed ethical / potential legal / work cover issues.

Professionalism

* Ensured patient privacy and confidentiality.
* Demonstrated a commitment to teamwork, collaboration, coordination and continuity of care.
* Critically appraised own performance.

Records

* Clinical documentation was in accordance with professional standards.
* Provided accurate and ethical certification for sickness, employment, social benefits and other purposes.

Overall

* Overall approach systematic and consistently competent across marking categories.
* Made clear efforts to ensure patient comfort and safety and to reduce risks where appropriate.
* Communication skills effective. Patient involved in decision making.
* Diagnosis sound and based on information gathered.
* Appropriate history and assessment undertaken.
* Relevant further tests arranged to confirm diagnosis as required.
* Management appropriate and includes short and some long-term recommendations based on information gathered.

More detailed descriptors for the competency standards for Fellowship- beginning/progressing/achieved are provided in the [Rural Generalist Curriculum](https://www.acrrm.org.au/resources/training/curriculum).