

Case-based discussion assessment form



logo placement area

Candidate and assessor information

Candidate name	Anna Abraham	Assessor name	K Nair
Date of assessment	20/2/14	Assessor position	Staff supervisor

Patient information

Age of patient	34	Patient gender	f	Setting	Emergency department
Patient's problem(s)	Acute appendicitis				

Assessment domains	Below expected level	At expected level	Above expected level
Clinical record keeping	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Clinical assessment History and examination	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Clinical assessment Differential diagnosis, summary and problem list	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Management plan Investigations, treatments, and follow up	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
Clinical reasoning	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

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

Global rating	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
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Assessor's comments Please describe what was effective, what could be improved and your overall impression. Must be completed.

The tachycardia was underplayed; a patient like this, with a heart rate of 130, sepsis or bleeding should be considered.

The candidate covered the ectopic pregnancy and discussed appendicitis well.

I would have liked to see a detailed sexual and menstrual history, taking into account the possibility of sexually transmitted diseases and pelvic inflammatory disease in the differential diagnosis.

A speculum examination was warranted but not done.

A CT scan should be done only after ruling out pregnancy in a young female in the reproductive age group, consider USS.

Always write the time line in the case records so that every body can understand when some thing was planned and when it was done.

Also take detailed history and document long-term issues for management.

Signature of assessor:

Date: / /

Signature of candidate:

Date: / /