

# Case-based discussion assessment form



logo placement area

## Candidate and assessor information

|                    |              |                   |           |
|--------------------|--------------|-------------------|-----------|
| Candidate name     | RINA ABRAHAM | Assessor name     | B McGrath |
| Date of assessment | 20/2/14      | Assessor position | Physician |

## Patient information

|                      |  |                |   |         |      |
|----------------------|--|----------------|---|---------|------|
| Age of patient       | 87   | Patient gender | f | Setting | Ward |
| Patient's problem(s) | AF, CCF Ischaemic Heart disease, Go reflux |                |   |         |      |

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

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

|                      |  |       |       |
|----------------------|--|-------|-------|
| <b>Global rating</b> | 1 <input checked="" type="radio"/> 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.

1. History short of detail in key areas - emotional stress, palpitations, sequence of symptoms, hyponatraemia & thiazide

2. Needs to understand difference between past history and active problems

3. Revise cardiac failure - features, Mx. Did not know critical signs of CCF.

4. Documentation missing - test results, discharge time issues.

5. Discussion indicated not thinking deeply enough about patient's issues

Signature of assessor: XXXXXXXXXXXXX

Date: 20 / 02 / 14

Signature of candidate: XXXXXXXXXXXXX

Date: 20 / 02 / 14