Case-based discussion assessment form

Australian Medical Council Limited

Candidate and assessor information

AMC candidate name	Ryan Adams	AMC candidate number	xxxxxxxx
Assessor name	Barry Mcgrath	Assessor position	Physician

This Case-based discussion assesses the following domains (multiple options can be selected):

History	☒	Physical Examination	☐	Management/Counselling	☒
Clinical Judgement	☒	Communication Skills	☐	Working in a team	☒	Professionalism	☒
Cultural Competence			☐	Patient Safety and Quality of Care	☒

Patient information

Age	87	Gender	Female	Setting *(E.g. ED/GP/Ward)*	MEDCIAL WARD
Real Patient	Direct observation of an encounter with a real patient is mandatory.				
Candidate involved in patient's care	Y ☒ N ☐				
Problem(s)	Atrial Fibrillation, Ischaemic heart disease, congestive cardiac failure, Reflux				

Please circle Clinical area	Adult medicine	Adult surgery	Women's health	Child health	Mental health	Emergency medicine

Please record a rating for each criterion on the scale 1 (extremely poor) to 5 (extremely good). A score of 1-2 is considered below expected level, 3 at expected level and 4-5 above expected level, at the standard of an Australian graduate **at the end of PGY1**. The criteria where there are no **N/O** (*not observable in this encounter*) boxes are mandatory and must be rated for each assessment. Assessors should note that over all the encounters observed it is expected that all attributes are observed and scored at least once. Support all ratings with an explanation / example in the comments box.

Candidate assessment criteria	Below expected level		At expected level	Above expected level		
1. Clinical record keeping	1	2	3	**4**	5	
2. Differential diagnosis and summary list	1	2	3	**4**	5	N/O
3. Management plan – Investigations, treatment and follow-up	1	2	3	4	**5**	N/O
4. Clinical judgement / clinical reasoning	1	2	3	**4**	5	

Global rating

An overall rating of this doctor's performance and professionalism in all areas. The global rating is not an algorithmic calculation of the candidate assessment criteria ratings but a judgement about the overall performance of the candidate.

Not competent	☐	Competent	X

Assessors comments (*compulsory*)

Please describe what was effective, what could be improved and your overall impression. If required, please specify suggested actions for improvement and a timeline.

Ryan knew the patient well. He was able to demonstrate good clinical reasoning. He was thorough in taking a history, examination and interpretations of investigations.

I have suggested to Ryan to include a timeline in his documentation and also think of drugs side-effects as a potential differential diagnosis.

I have recommended that Ryan continue the summarise his thoughts as he has in this documentation. This is good practi

Signature of assessor:	XXXXXXXXXXXX		Signature of candidate:	XXXXXXXXXXXX
Date:	X X / X X / X X		Date:	X X / X X / X X
Observation time:	20 minutes		Feedback time:	12 minutes

Case-Based Discussion (CBD)

Case-based discussion is an assessment focused on discussion of a case record of a patient for whom the candidate has been involved in their care. Usually, the candidate selects the medical records of two or three patients they have helped manage. An assessor selects one of the records and discusses patient care with the candidate and provides feedback at the completion of the discussion. The goal of the discussion is to assess the candidate's clinical reasoning in relation to the decisions made in the patient assessment, investigation, referral, treatment and follow-up. The technique can also allow assessment of the candidate's professionalism and record keeping.

Descriptors of criteria assessed during the CBD

Clinical record keeping

- Demonstrates clarity in structure and content of the record in the patient's notes:
  History, physical examination, summary and problem list, management plan, procedures and operations, progress notes and treatment chart
- Creates notes that are satisfactory for use by other health professionals caring for that patient and for the doctor's own use in following up the patient

Differential diagnosis, summary and problem list

- Provides appropriate summary/diagnostic formulation and problem list
- Relates the patient's symptoms to the examination findings to form a diagnosis
- Communicates the clinical assessment in an appropriate manner to the patient

Management plan – Investigations, treatment and follow-up

- Demonstrates critical selection of investigations that will most efficiently assist with the diagnostic formulation and problem management
- Chooses treatment that is evidence-based and effective for the patient in his/her context
- Chooses medications and other treatments in keeping with the requirements of the health service
- Documents clearly the treatments ordered on the treatment chart
- Informs the patients and, where appropriate, obtains formal consent
- Includes follow-up as part of the discharge process from a hospital or clinic setting
- Includes investigations, treatment, prevention and patient education in the management plan
- Follow-up is made at a time appropriate for the clinical problem

Clinical judgement /clinical reasoning

- Demonstrates a successful problem solving process, including collection of data, evaluation of information and formation of decisions about diagnosis, prognosis, treatment and prevention

Global rating

- An overall judgement of performance at the expected level of an Australian graduate at the end of PGY1.