

Case-based Discussion (CbD) Paper Form

Case Details	Procedure									
Age of patient	ASA									
<i>Include relevant details; physiological state, co-morbidities, the pathology, positioning, complications etc</i>										
Overall complexity (circle)	Low			Moderate			High			
	1	2	3	4	5	6	7	8	9	

Assessment	<i>Regarding demonstration of knowledge, understanding, reasoning and documentation to safely manage the case</i>									
	<i>Insufficient despite significant prompting</i>			<i>Generally sufficient but required prompting</i>			<i>Sufficient without significant prompting</i>			<i>Unable to assess</i>
Patient assessment	<i>Presents a complete and appropriate assessment of the patient and well documented findings. Identifies the significant issues and problems to be addressed and presents these in a logical order. Concerning investigations; demonstrates an appropriate rationale for selection, a correct interpretation of the results and an understanding of their implication</i>									
	1	2	3	4	5	6	7	8	9	UTA
Planning	<i>Formulates an appropriate clinical plan, understanding issues (patient, procedure, pathology, positioning), potential problems and alternatives</i>									
	1	2	3	4	5	6	7	8	9	UTA
Problem solving	<i>Demonstrates a theoretical ability to manage potential emerging clinical problems and complications.</i>									
	1	2	3	4	5	6	7	8	9	UTA
Reasoning	<i>Adequately justifies clinical decisions. Demonstrates understanding of risks and benefits</i>									
	1	2	3	4	5	6	7	8	9	UTA
Clinical knowledge	<i>Demonstrates possession of the relevant factual knowledge pertaining to the case</i>									
	1	2	3	4	5	6	7	8	9	UTA
Insight	<i>The degree of supervision felt necessary by the trainee for the clinical encounter matches the knowledge and understanding demonstrated. Recognises the limits of their expertise and experience. Takes on responsibility appropriately.</i>									
	1	2	3	4	5	6	7	8	9	UTA
Documentation/post procedure management	<i>Comprehensively, concisely and legibly documents assessment and management plans. Documents the risks associated with anaesthesia including procedures. Arranges follow up care for the patient if required</i>									
	1	2	3	4	5	6	7	8	9	UTA
Reflective learning	<i>Recognises and reflects upon learning issues in practice. Outlines the resources used to gain the evidence based knowledge and understanding through inquiry that was stimulated by the case</i>									
	1	2	3	4	5	6	7	8	9	UTA
Please note the focus of discussion during this assessment (refer to possible questions in information sheet)										

Feedback	
Examples of what was done well	
Areas requiring input	
Suggestions for improvement	

Overall Performance	<i>Demonstrates insufficient knowledge and lacks the ability to evaluate issues. Assessor was required to provide substantial input</i>	<i>Demonstrates acceptable knowledge and evaluation of issues. Assessor was required to provide some input</i>	<i>Demonstrates deep up to date knowledge, comprehensive evaluation of the issues, and the ability to clearly justify clinical decisions relating to the management of the case</i>
	1 2 3	4 5 6	7 8 9

At what level of training do you think this trainee is currently performing?	Early IT	Late IT	Early BT	Late BT	Early AT	Late AT	Early PFT	Late PFT
Does another CbD need to be completed for this type of case?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, why?					

Trainee comments	
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Date of assessment			
Trainee name		Trainee email	
Assessor name		Assessor email	
Assessment toward completion of SSU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, SSU Name	

Case-based Discussion (CbD) Instruction Sheet

<p>Introduction</p> <p>Case Based Discussion is an assessment of a discussion based on the anaesthetic record of a case that the trainee has done fairly independently. It is designed to assess and coach trainees primarily in the skill of reasoning through discussion of decision making and interpretation and application of evidence related to real cases that trainees have managed fairly independently. It is also an opportunity to assess and give guidance on relevant clinical knowledge, understanding, documentation and a trainees reading around the issues raised in the case. It is similar in some ways to conducting a trial viva however a real case that the trainee has managed fairly independently is used as the stem. CbD should only require 10- 20 min of discussion, and the whole process should only take 30-45 min once done several times.</p>
<p>Conducting a Case-based Discussion</p> <p>The trainee brings to their assessment copies of the anaesthetic records of at least three cases they have dealt with reasonably independently and the assessor chooses the most appropriate one for discussion. Cases may be of general interest or relate to one of the specialized study units. Occasionally the Supervisor of Training may request a trainee to get a particular case assessed. In this case the trainee only needs to take a copy of that anaesthetic record. Identifying information on the copies of the anaesthetic records should be blanked for privacy reasons. The trainee presents the case to the assessor. The assessor puts a brief summary in the field "Case details". Suggested foci for discussion are provided below. The assessor should provide a brief summary of the issues discussed and provide an estimate of complexity.</p> <p>Assessors can prompt the trainee on the anaesthetic/perioperative care issues related to:</p> <ul style="list-style-type: none"> • The patient and his/her co morbidities • The procedure/context • The pathology for which the procedure was required • Potential problems and alternatives <p>Trainees should outline their anaesthetic/perioperative care plan (includes pre, intra and post-operative care) and:</p> <ul style="list-style-type: none"> • Explain the reasons for their choices • Discuss alternatives including pros and cons • Justify what investigations were required in this setting • Any further workup or referral that was required • Consider if there were any particular points in this case where the patient was at increased risk and what complications could have occurred and how these should be managed. <p>Please remember the most import aspect of this assessment is the constructive feedback you provide to the trainee after completing the CbD. The trainee should be given advice on areas that they need to focus on in their future study and structures that they may find helpful for approaching tasks such as formulating plans. The assessor may need to "fill in the gaps" so that ultimately an example of "<i>deep up to date knowledge, comprehensive evaluation of the issues, and the ability to clearly justify clinical decisions relating to the management of the case</i>" is provided as a learning exercise for the trainee. The amount of input required from the assessor so that this is demonstrated forms the basis of the rating of overall performance.</p>

Rating Case Complexity	
Low (1-3)	Peripheral minor surgery, age 16-70 ASA 1-2 not 2 nd or 3 rd trimester of pregnancy
Moderate (4-6)	The case has some elements of surgical or patient complexity but not both
High (7-9)	Major intra-cavity surgery or craniotomy with significant physiological insult requiring intensive monitoring and support. The patient has significant co-morbidities and/or pre-surgical physiological derangement. The anaesthetist may need to lead a number of team members (including other anaesthetists) in order to attain an optimal outcome