



# Case-based discussion form

## Case

Relevant topic area \_\_\_\_\_

Age \_\_\_\_\_ Gender  Male  Female

Case details: Short description of the presenting case

## Assessment

	Level 1	Level 2	Level 3
<p><b>Case presentation</b></p> <p>Describes the relevant aspects of the case, highlighting specific elements that informed the assessment and management plan.</p> <p>Not applicable</p>	Reflects lack of systematic approach, with significant omissions in one or more dimensions of assessment.	Presents focused assessment. Omissions few and minor.	Demonstrates comprehensive grasp of the case including identification of patient's problems. Irrelevant
<p><b>Management rationale</b></p> <p>Justifies management options based on evidence.</p> <p>Not applicable</p>	Identifies applicable literature but evidence not applied to this patient.	Applies evidence based management principles but in a generic manner that may not be appropriate.	Critically evaluates evidence incorporated into tailored management plan, including review and follow-up.
<p><b>Coordination of care</b></p> <p>Demonstrates coordination of care by multi-disciplinary team.</p> <p>Not applicable</p>	No or little reference to multidisciplinary care.	Articulates multidisciplinary approach to care, with attention to shared decision-making.	Shows leadership of multidisciplinary team and coordination of the patient's care. Addresses barriers to and conflicts in treatment strategies.
<p><b>Health promotion</b></p> <p>Identifies opportunities for promotion of health and improvement in quality of life for patient.</p> <p>Not applicable</p>	Does not consider broader picture or linking assessment to more comprehensive health strategy.	Identifies key areas that would be amenable to broader health promotion strategies.	Takes steps to provide appropriate information and referral to address opportunities for health promotion.
<p><b>Documentation</b></p> <p>Accurately documents assessment and management plan.</p> <p>Not applicable</p>	Reveals lack of structure, detail or legibility.	Competently records assessment, management and progress of the patient recorded, but some aspects of narrative and care omitted.	Provides documentation sufficient to ensure comprehensive handover of care.

	Level 1	Level 2	Level 3
<b>Written correspondence</b> Conveys all relevant information about the patient to colleagues and other professionals. Not applicable	Delivers unstructured reports, with errors of fact, expression and intent.	Adequately describes assessment and plan but report lacks detail regarding goals and management strategies.	Reports assessment and plan thoroughly and promptly.

## Feedback

What aspects of this assessment were performed well?	
Areas upon which to concentrate further development	

## Overall rating

Please tick appropriate boxes.

- Trainee would benefit from observing supervisor completing clinical assessment with similar cases (clear majority level 1).
- Trainee skills need further development, direct supervision and feedback is required (majority level 1, some in level 2).
- Trainee can manage similar cases and consult with supervisor as required (majority level 2).
- Trainee can manage similar cases and may benefit from talking through more advanced aspects of a case from time to time (majority level 2, some in level 3).
- Trainee can independently manage similar cases and could assist junior colleagues (clear majority level 3).

Comments

Trainee name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Assessor name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Instruction Sheet

The case-based discussion (CbD) is based on a case the trainee has managed reasonably independently. Presentation of the case is based on the patient record (including the case notes, referral documentation and written correspondence). The intention is to assess the trainee's skills of reasoning through discussion of the rationale underpinning their decision-making, and their interpretation and application of evidence in an authentic clinical situation. It is also an opportunity for the trainee to reflect on the care provided to the patient and how they may act differently in a similar future circumstance.

## Conducting the assessment

1. The trainee will initiate a CbD by approaching an assessor and organising an appropriate time for the assessment.
2. The trainee provides the assessor with copies of the patient records of at least three cases they have managed reasonably independently a minimum of seven days prior to the agreed time for assessment. Each of these cases must demonstrate longitudinal care of the patient (ideally 2 or more months). Occasionally the supervisor may request a particular case to be discussed and assessed. In this case the trainee only needs to provide a copy of that record. Cases must be de-identified for privacy reasons (especially if the assessor works at a different site).
3. The assessment is expected to take 30-40 minutes and should be conducted in an appropriate private environment.
4. The assessor chooses the most appropriate case for discussion.
5. Following presentation of the case, the assessor explores the trainee's rationale, and conduct of care. The assessor reviews the patient record and all written correspondence regarding the patient.
6. The assessor considers the descriptor that best describes the trainee for each item, circling the descriptor and making notes on the assessment form during and/or immediately after the case discussion.
7. Not all criteria may be applicable to be assessed during each CbD. In this situation the assessor should mark "not applicable" for that item.
8. Feedback is a crucial part of workplace based assessments, and should occur immediately following the case discussion.
9. The assessor should encourage the trainee to reflect on their own performance. The assessor should then provide their perspective and provide written comments on the form to summarise the feedback discussed.
10. The assessor must determine whether the assessment should contribute to the completion of the training requirements or whether the trainee would benefit from another similar exercise and feedback. The minimum criterion for an assessment that may contribute to completion of a stage of training is no descriptors from the left-hand column.
11. Trainees are encouraged to use the CbD as an opportunity to develop knowledge and skills. Trainees may complete multiple assessments on similar topic areas, intended to show improvement over time towards a satisfactory assessment.
12. The trainee and assessor discuss and agree to the next steps for development and the timelines in which this should be completed – both sign the form.
13. The trainee is responsible for retaining the original CbD form. Completed forms are to be for included in the trainee's portfolio to be reviewed by the supervisor of training at the next clinical placement review meeting.