



# Case-based discussion assessment form

Profession: **Medical**

## Completing this form

- Read and complete all required questions
- Read the *Privacy notice* on the last page
- Type or print clearly in **BLOCK LETTERS**
- Place **X** in all applicable boxes
- Ensure that all pages and required attachments are returned to Ahpra

## SECTION A: Registrant and supervisor details

### Registrant details

Family name

First given name

Scope of practice



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Registration number (if registered)

M	E	D																	
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### Supervisor details

Family name

First given name

Registration number (if registered)

M	E	D																	
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### Assessor details (if different to supervisor)

Family name

First given name

Registration number (if registered)

M	E	D																	
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## SECTION B: Patient information



Direct observation of an encounter with a real patient is mandatory.

### What is the patient's information?

**Age**

**Sex\*** MALE  FEMALE  INTERSEX/INDETERMINATE

**Setting** (e.g. ED, GP, ward)

### Is the candidate involved in the patient's care?

YES  NO

### Problem(s)

### Candidate assessment

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 trained specialist in the specialty.

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2. Differential diagnosis and summary list	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Management plan – Investigations, treatment and follow-up	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Clinical judgement/clinical reasoning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Global rating

An overall judgement of performance at the standard of an Australian trained specialist in the specialty.

Not competent  Competent


### 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.

### Observation time


### Feedback time

Signature of assessor Date

 SIGN HERE

D	D	/	M	M	/	Y	Y	Y	Y
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Signature of candidate Date

 SIGN HERE

D	D	/	M	M	/	Y	Y	Y	Y
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### 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 standard of an Australian trained specialist in the specialty.

**When the report is complete and has been discussed with the registrant, please submit to:**

**Ahpra**  
**GPO Box 9958** -OR- Email: [regadmin@ahpra.gov.au](mailto:regadmin@ahpra.gov.au)

**IN YOUR CAPITAL CITY** *(refer below)*

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Adelaide SA 5001	Brisbane QLD 4001	Canberra ACT 2601	Darwin NT 0801
Hobart TAS 7001	Melbourne VIC 3001	Perth WA 6001	Sydney NSW 2001

***This form has been adapted with the permission of the Australian Medical Council.***