



FORM TP3.6C Case Based Discussion (CbD)

Registrar's name:

Year of Training:

Training Program Year:

Training Period:

EPA:

CbD Description:

Problem Complexity:

Setting:

Patient Gender:

Age:

Ethnicity:

OVERALL RATING

The Registrar required:

- ☐ Significant proactive input in relation to aspects of the case.
- ☐ Some prompting in relation to aspects of the case.
- ☐ Minimal guidance, I provided some suggestions which would have improved the management of the case.
- ☐ No guidance, they provided effective patient care and would have reached out for assistance for a more complex case.
- ☐ The Registrar could advise junior colleagues how to manage similar patients.

Please provide feedback, in the form of comments, on the Registrar's performance on the following. If not applicable to this particular assessment, note 'n/a'.

Patient assessment: Presents relevant details of the history, demonstrates the patient's story was understood; performed a physical examination appropriate to the problem.

Selection and interpretation of investigations: Can discuss the rationale for investigations ordered/performed; considered risks/benefits to patient; demonstrates awareness of sensitivity and specificity of investigations; interprets findings accurately.



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Management plan: Provides rationale for evidence-based management plan, including risks and benefits to patient; patient context and preferences taken into account.

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Response to alternate scenarios: Responds to possible patient scenarios with appropriate changes to management plan

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Reflection: considers outcomes for patient and identifies how management could be improved for a similar case in the future.

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Clinical record keeping and letters: Record is legible, signed dated and appropriate to problem; record is understandable in relation to and in sequence with other entries (including for the next clinician to provide care); referrals or letters back to referring practitioner provide sufficient detail and written appropriately for audience.

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Trainees should repeat similar assessments until they are assessed as being able to assess and manage a similar case without guidance from the supervisor.

Assessor's Name:

Position:

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Assessor's Signature:

Date:

.....
Registrar's Signature:

Date: