# Case-based Discussion (CbD)

## PATIENT DATA

<table>
<thead>
<tr>
<th>Trainee First Name:</th>
<th>Assessor First Name:</th>
<th>Hospital:</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Trainee Last Name:</th>
<th>Assessor Last Name:</th>
<th>Date Case Seen:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Trainee ACEM ID:</th>
<th>Assessor ACEM ID:</th>
<th>Date of Assessment:</th>
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## Presenting Category +

**Brief case summary**

## Patient Case Complexity

<table>
<thead>
<tr>
<th>Low Complexity</th>
<th>Medium Complexity</th>
<th>High Complexity</th>
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**As per calculator in online form (see end of p.2)**

## Brief description as to why this case was selected as the chosen complexity

## COMPONENT ASSESSMENT

Select the ONE best option that describes the level of insight demonstrated by the trainee during this discussion:

<table>
<thead>
<tr>
<th>Trainee demonstrated</th>
<th>Trainee demonstrated</th>
<th>Trainee demonstrated</th>
<th>Trainee demonstrated</th>
<th>Trainee demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>insight only with</td>
<td>some insight with</td>
<td>substantial insight</td>
<td>substantial insight</td>
<td>substantial insight</td>
</tr>
<tr>
<td>significant</td>
<td>minimal prompting</td>
<td>with minimal</td>
<td>at the level of a</td>
<td>at the level of a</td>
</tr>
<tr>
<td>prompting by</td>
<td>by assessor</td>
<td>prompting by</td>
<td>Junior FACEM</td>
<td>Junior FACEM</td>
</tr>
<tr>
<td>assessor</td>
<td></td>
<td>assessor</td>
<td></td>
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<td>N/A</td>
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## Please rate the following skills (as applicable):

### Key Decision Making: Clinical reasoning and decision making.

<table>
<thead>
<tr>
<th>Initial Patient Assessment</th>
<th>Resuscitation and Stabilisation</th>
<th>Focused EM Assessment</th>
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**Rationale:**

- Initial Patient Assessment: Clinical reasoning and decision making.
- Resuscitation and Stabilisation: Assess and manage airway, ventilation, circulation, function, and temperature.
- Focused EM Assessment: History, investigations, consultation with carers and health professionals.

<table>
<thead>
<tr>
<th>Management</th>
<th>Handover</th>
<th>Patient Disposition</th>
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**Rationale:**

- Management: Plan, procedures, interventions, patient safety.
- Handover: Clearly documented, transfer of core issue.
- Patient Disposition: Appropriate plan including social circumstances.
Please rate BOTH of the following skills:

**Trainee Reflection**
Knowledge and evaluation of issues in management of case, constructive reflection to affect future clinical practice

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

**Rationale:**

**Documentation of Patient Case**
Case notes: recorded history taking, physical examination findings, investigation plan and results, clinical synthesis, management, interventions, monitoring, consultations and patient disposition

- [ ]
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- [ ]

**Rationale:**

**GLOBAL ASSESSMENT**

Select the ONE best option that describes this Case-based Discussion:

<table>
<thead>
<tr>
<th>Trainee demonstrated insight only with significant prompting by assessor</th>
<th>Trainee demonstrated some insight with minimal prompting by assessor</th>
<th>Trainee demonstrated substantial insight with some prompting by assessor</th>
<th>Trainee demonstrated substantial insight with minimal prompting by assessor</th>
<th>Trainee demonstrated substantial insight at the level of a Junior FACEM</th>
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<tbody>
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**Areas of strength:**

**Areas for development and/or agreed learning goals for next encounter:**

**Any other Assessor comments about this assessment (optional):**

**Trainee comments about this assessment:**

**Time taken for discussion:** __ Minutes

**Patient Case Complexity**

- **LOW** complexity cases include those that are best described as:
  - A patient with a single-system presentation, with minimal complications (medical and/or social) and responsive to first-line treatment.
  - A patient with a self-evident diagnosis where management is straightforward.
  - A stable patient, with a common presentation or a clear diagnosis.

- **MEDIUM** complexity cases include those that are best described as:
  - A patient with multi-system presentations, with minimal complications (medical and/or social).
  - A patient with a single-system presentation and multiple or significant complications or;
  - A patient with a single-system presentation and multiple or significant co-morbidities or;
  - A patient with a single-system presentation with at least one modifier or;
  - A stable patient, without a clear diagnosis.

- **HIGH** complexity cases include those that are best described as:
  - A patient with multi-system problems and multiple/significant complications (medical and/or social).
  - A patient with multi-system presentation with multiple or significant co-morbidities or;
  - A patient with multi-trauma or;
  - An unstable/deteriorating patient, with an uncommon presentation or without a clear diagnosis.
  - A patient presenting with a life/limb/sight threatening condition.

Modifiers: At least one modifier such as language, mental health status, social representation or inconsistent clinical findings impacting on assessment or management (see Curriculum Framework)

Examples of low complexity cases:
- Isolated limb fracture
- Renal colic
- DVT
- Cellulitis
- Pneumonia

Examples of medium complexity cases:
- A patient with multi-system presentations, with minimal complications (medical and/or social).
- A patient with a single-system presentation and multiple or significant complications or;
- A patient with a single-system presentation and multiple or significant co-morbidities or;
- A patient with a single-system presentation with at least one modifier or;
- A stable patient, without a clear diagnosis.

Modifiers: At least one modifier such as language, mental health status, social representation or inconsistent clinical findings impacting on assessment or management (see Curriculum Framework)

Examples of high complexity cases:
- Elderly patient with fracture of secondary to syncope on oral anticoagulants
- Undifferentiated shock
- Immunocompromised patient with shortness of breath with renal failure
- GI bleed patient with chest pain on warfarin with mechanical valve