

Case-based Discussion (CbD)



TRAINEE DATA

ASSESSOR DATA

Trainee First Name:

Assessor First Name:

Hospital:

Trainee Last Name:

Assessor Last Name:

Date Case Seen:

Trainee ACEM ID:

Assessor ACEM ID:

Date of Assessment:

PATIENT CASE DETAILS

Presenting category +

Brief case summary*

Patient Case Complexity*

As per calculator in online form (see end of p.2)

Low Complexity

Medium Complexity

High Complexity

Patient Type*

Adult

Paediatric

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:	Trainee demonstrated insight only with significant prompting by assessor	Trainee demonstrated some insight with minimal prompting by assessor	Trainee demonstrated substantial insight with some prompting by assessor	Trainee demonstrated substantial insight with minimal prompting by assessor	Trainee demonstrated substantial insight at the level of a Junior FACEM	N/A Not Applicable
Please rate the following skills (as applicable):						
Key Decision Making: Clinical reasoning and decision making.						
Initial Patient Assessment High risk features, preliminary investigations and interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rationale:					
Resuscitation and Stabilisation Assess and manage airway, ventilation, circulation, function, and temperature	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rationale:					
Focused EM Assessment History, investigations, consultation with carers and health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rationale:					
Management Plan, procedures, interventions, patient safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rationale:					
Handover Clearly documented, transfer of core issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rationale:					
Patient Disposition Appropriate plan including social circumstances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rationale:					

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	<i>Rationale:</i>					
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	<i>Rationale:</i>					

GLOBAL ASSESSMENT

Select the ONE best option that describes this Case-based Discussion:	Trainee demonstrated insight only with significant prompting by assessor	Trainee demonstrated some insight with minimal prompting by assessor	Trainee demonstrated substantial insight with some prompting by assessor	Trainee demonstrated substantial insight with minimal prompting by assessor	Trainee demonstrated substantial insight at the level of a Junior FACEM
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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:

(end of 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.

Modifiers: No modifiers 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

MEDIUM complexity cases include those that are best described as:

- A patient with **multi-system presentations, and 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 medium complexity cases:

- Fracture with nerve/neurovascular compromise;
- Syncope/abdominal pain/chest pain with at least one modifier.
- STEMI etc.

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 two modifiers 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.