

Case based Discussion (CbD) Instruction Sheet

This form has been designed for use by prospective trainees planning to apply for Recognition of Prior Experience for the FPM Training Program.

FPM trainees need to record workplace-based feedback in their ePortfolio rather than this form. 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 case-based discussion by approaching a fellow (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 two or more months).
3. The assessor chooses the most appropriate case for discussion. Alternatively, the assessor may request a particular case to be discussed. In this case the trainee only needs to provide a copy of that record.
4. Cases must be de-identified for privacy reasons if the assessor works at a different site.
5. The assessment is expected to take 30-40 minutes and should be conducted in an appropriate private environment.
6. Following presentation of the case, the assessor explores the trainee's formulation and rationale and conduct of care. The assessor reviews the patient record and all written correspondence regarding the patient.
7. The assessor considers the descriptor that best describes the trainee for each item, marking the descriptor and making notes on the assessment form during and/or immediately after the case discussion.
8. Not all criteria may be applicable to be assessed during each case-based discussion. In this situation the assessor should mark 'unable to assess' for that item.
9. Feedback is a crucial part of workplace based feedback, and should occur immediately following the case discussion.
10. 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.
11. The assessor must determine the overall rating for the encounter.
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.

Workplace-based feedback - Case-based Discussion (CbD) form

Relevant topic area			
Case Details Short description of the presenting case / referrer's concerns			
Workplace-based Feedback Tool	Performance not at Standard	Performance progressing towards the standard	Trainee Exhibited Performance at Standard
Case presentation <i>Describes the relevant aspects of the case, utilising a sociopsychobiomedical framework.</i> Unable to assess	Omits important dimensions of assessment. Requires a systematic approach to presentation.	Presents focused assessment with minor omissions highlighting important points.	Demonstrates ability to highlight key elements of the patient's presentation & exclude irrelevant details.
Formulation <i>Integrates multiple sources of evidence towards a multiaxial formulation</i> Unable to assess	Approaches formulation in a generic manner. Needs a systematic approach to integrate information.	Formulation is generic & insufficiently tailored to the patient's presentation.	Demonstrates well developed hypotheses & individually tailored multiaxial formulation
Management Rationale <i>Justifies management options based on evidence and current context in which this patient's experience of pain occurs</i> Unable to assess	Identifies applicable literature. Requires evaluation of applicability of evidence for a tailored management plan	Applies general evidence-based management principles	Demonstrates critical appraisal of the evidence and incorporates into patient-centric management plan
Coordination of care <i>Demonstrates coordination of care by multi-disciplinary team</i> Unable to assess	Demonstrates a biomedical approach. Requires greater focus from the multidisciplinary team.	Incorporates shared decision-making. Multidisciplinary approach could be expanded	Identifies and addresses barriers to, and conflicts in, proposed management strategies
Sharing information with other professionals: <i>Demonstrates effective communication tailored to audience and situation</i> Unable to assess	Missing important detail. Needs to consider audience & situation.	Highlighted key information. Would benefit from a nuanced approach	Demonstrates effective written communication

Assessor Feedback	
What aspects were performed well?	
Areas upon which to concentrate further development	

OVERALL COMPETENCY RATING

Trainee required assistance. *(typically, vast majority not at standard)*

Trainee developed aspects of this case. *(typically, at least majority not at standard, some progressing towards standard)*

Trainee developed the case and consulted appropriately *(typically, majority progressing towards standard)*

Trainee acted independently and is practice ready *(typically, vast majority at standard)*

Comments:

Date of feedback			
Trainee name		College ID	

Assessor name			
Assessor email		Signature	