

Progressive Feedback - Case-based Discussion (CbD) Form

| Relevant topic area | | | |
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| Case Details Short description of the presenting case / referrer's concerns | | | |
| Progressive Feedback Tool | Level 1 | Level 2 | Level 3 |
| Case presentation <i>Describes the relevant aspects of the case, highlighting specific elements that informed the assessment and management plan.</i> Unable to assess | Omits one or more dimensions of the assessment. A systematic approach to presenting relevant information needs development. | Presents focused assessment in sociopsychobiomedical framework with minor omissions. Highlighting important points of the patient's problems and excluding irrelevant details requires further focus. | Demonstrates ability to highlight key elements of the patient's problems and exclude irrelevant details. Shows a comprehensive grasp of sociopsychobiomedical framework. |
| Formulation <i>Integrates multiple sources of evidence towards a sociopsychobiomedically informed formulation</i> Unable to assess | Approaches formulation in a generic manner with poor hypothesis development. Improvement in organisational skills and integration of all information is required. | Approaches formulation in a more generic than tailored manner. Approach to developing hypotheses is adequate. Prognosis not discussed. | Demonstrates well developed hypotheses and formulation individually tailored. Summary of history and examination findings is well integrated and prognosis discussed. |
| 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 but evidence not applied to this patient. Assessing quality and relevance of evidence specific to the patient needs further development. | Applies general evidence-based management principles. Patient-specific management plans would benefit from further refinement. | Demonstrates critical appraisal of the evidence and incorporates into tailored management plan, including review and follow-up. |
| Coordination of care <i>Demonstrates coordination of care by multi-disciplinary team</i> Unable to assess | Demonstrates a mainly biomedical approach and limited input from other sources. Multidisciplinary coordination of care requires more focus. | Incorporates shared decision-making with patient and team. Articulation of multidisciplinary approach to care could be expanded. | Identifies and addresses barriers to and conflicts in treatment strategies. Demonstrates leadership skills in coordination of the patient's care and engaging multidisciplinary team. |
| Health Promotion <i>Identifies opportunities for promotion of health and improvement in quality of life for patient</i> Unable to assess | Identifies general opportunities for health promotion, if any. Development of a comprehensive health strategy linked to patient assessment is required. | Identifies key areas that would be amenable to broader health promotion strategies. Application to improving patient's quality of life could be more targeted. | Assesses all opportunities for health promotion. Takes steps to provide targeted information and referral to address patient-specific needs. |
| Documentation <i>Accurately documents assessment and management plan</i> Unable to assess | Documents assessment and management in poorly legible and unstructured manner. Attention to detail, appropriate structure and legibility requires more focus. | Records assessment, management and progress of the patient adequately. Further expansion of the narrative and patient care plan would avoid miscommunication. | Performs a comprehensive handover of care. Relevant and sufficient documentation is provided to ensure on-going patient care. |

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| <p>Written correspondence <i>Conveys all relevant information about the patient to colleagues and other professionals</i></p> <p>Unable to assess</p> | <p>Conveys information in poorly structured form with errors of fact. Skills in accurate writing with appropriate expression and intent require further development.</p> | <p>Describes assessment, formulation and management plan adequately in correspondence. Details about patient goals and management strategies are required to convey all relevant information.</p> | <p>Sends comprehensive correspondence promptly to colleagues and other professionals. Details of the assessment, formulation and plan are thorough.</p> |
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Assessor Feedback

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| <p>What aspects were performed well?</p> | |
| <p>Areas upon which to concentrate further development</p> | |

OVERALL RATING

- 1 Trainee would benefit from observing supervisor and discussing similar cases prior to managing similar cases themselves. *(typically, vast majority at Level 1)*
- 2 Trainee skills need further development and refinement. The trainee would benefit from regular supervision and feedback. *(typically, at least majority at Level 1, some at Level 2)*
- 3 Trainee can manage similar cases and would benefit from continuing to talk through some of the more challenging aspects of the cases *(typically, majority at Level 2)*
- 4 Trainee can manage similar cases and consult with supervisor appropriately *(typically, majority at Level 2, some at Level 3)*
- 5 Trainee can independently manage similar cases and could assist junior colleagues *(typically, vast majority at Level 3)*

Comments:

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|-------------------------------------|--|-------------------|--|
| Date of progressive feedback | | | |
| Trainee name | | College ID | |
| Trainee email | | Signature | |

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|-----------------------|--|---------------------|--|
| Assessor name | | FPM/ANZCA ID | |
| Assessor email | | Signature | |

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|------------------------|--|------------------|--|
| Supervisor name | | Signature | |
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Case based Discussion (CbD)

Instruction Sheet

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.

Trainees are encouraged to use the case-based discussion as an opportunity to develop knowledge and skills.

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 progressive 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. Trainees may complete multiple progressive feedback tools on similar topic areas to show improvement over time towards the achievement of an overall rating of four or five on an assessment.
13. The trainee and assessor discuss and agree to the next steps for development and the time-lines in which this should be completed – both sign the form.
14. The trainee is responsible for retaining the original case-based discussion form in their learning portfolio and providing a copy to their supervisor of training/practice development stage supervisor.

Minimum requirement for the practice development stage (PDS) review

- A minimum of two case-based discussions demonstrating achievement of an overall rating of four or five. Two different assessors must have completed these assessments.

For further detailed information see *FPM Training Handbook* Section 13.2