# Case-based discussion assessment form

## Candidate and assessor information

<table>
<thead>
<tr>
<th>Candidate name</th>
<th>Assessor name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of assessment</td>
<td>Assessor position</td>
</tr>
</tbody>
</table>

## Patient information

<table>
<thead>
<tr>
<th>Age of patient</th>
<th>Patient gender</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient's problem</td>
<td></td>
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</tbody>
</table>

## Candidate assessment criteria

<table>
<thead>
<tr>
<th>Clinical record keeping</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
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<tr>
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<table>
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<tr>
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<td>7 8 9</td>
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<table>
<thead>
<tr>
<th>Management plan – investigations</th>
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<th>Satisfactory</th>
<th>Superior</th>
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<td>7 8 9</td>
</tr>
<tr>
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<table>
<thead>
<tr>
<th>Management plan – treatments</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
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<tbody>
<tr>
<td></td>
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<td>4 5 6</td>
<td>7 8 9</td>
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</table>

<table>
<thead>
<tr>
<th>Management plan – follow up</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
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<tbody>
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<td>7 8 9</td>
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<table>
<thead>
<tr>
<th>Overall competence</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
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<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
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</tbody>
</table>

## Comments

Please describe what were effective, what could be improved and your overall impression of the strengths, weaknesses and areas for improvement. If required, please specify suggested actions for improvement and timeline. (Must be completed if candidate did not meet expectations)

Minutes spent observing: 
Minutes spent providing feedback: 

## Test rating

To what degree was this a test of the doctor’s abilities? 

Inadequate Adequate Superior 

## Overall performance rating (relative to PGY1)

Did not meet expectations Met expectations 

Signature of assessor: 
Date: 

Signature of candidate: 
Date: 

**Please describe what were effective, what could be improved and your overall impression of the strengths, weaknesses and areas for improvement. If required, please specify suggested actions for improvement and timeline. (Must be completed if candidate did not meet expectations)**
Case based discussion information for assessors

Aim of CBD
The CBD is part of a clinical encounter individually observed with a patient.

CBD suggested timeframe
The suggested timeframe is 15 minutes observation and 10 minutes feedback.

PGY1 level characteristics (satisfactory level)
Characteristics of a candidate who meets PGY1 requirements at a satisfactory level in each dimension may include the following:

Clinical record keeping
Focus is on the clinical assessment as reflected in the record content details, relevance, comprehensiveness and quality of note keeping, and the reasons behind the clinical decisions and actions.

Clinical assessment
The focus is particularly on the notes the candidate has made. The assessor explores the candidates interpretation of data in the record – the nature of the recorded history, physical examination, clinical summary and problem list.

History:
- Tell me what you were thinking about this patient's presenting problem.
- What did you think was the sequence of events or underlying process leading up to the presentation?
- What other key problems are also current?
- Is the history of these other problems relevant to the presentation?
- Is the family history of importance for any of the key problems?

Examination:
- Have you examined the key systems relevant to the presenting problem?
- What about the findings relevant to the other active clinical problems?

Summary and Problem List:
- How have you or would you list the problems in terms of priority?
- Are the different clinical problems related in some way?
- What are the psychosocial issues here?

Management plan – Investigation treatment (highlights investigation risk.)

Investigations:
- Why did you order these investigations?
- How did you interpret the test results?
- Were all the tests necessary in cost-benefit terms?

Management:
- Have you described a management plan for each of the key problems?
- What was the reason for this therapy written on the treatment chart?
- What issues do you consider still need to be resolved?
- What were the main considerations in relation to the patient's discharge plan and future health care?
- What aspects of this patient's care did you find challenging?

Management plan – follow up
Management:
- Have you described a management plan for each of the key problems?
- What was the reason for this therapy written on the treatment chart?
- What issues do you consider still need to be resolved?

Clinical reasoning
Assessor encourages the candidate to reveal their clinical reasoning:
- What was your reason for ordering that investigation?

Overall clinical competence
A global judgement based on the whole encounter.

Tips for feedback
The assessor focuses on what they've observed. This needs to be specific and precise – focusing on about 3 points only.

Assessor identifies the positive aspects of the CBD:
- e.g. I thought your history was thorough and comprehensive and gave the reader a good understanding of the pathophysiological process leading to the presenting problem.

Assessor encourages reflection:
- e.g. I observed that your written history did not include the key element of the lead up to the presentation. Why do you think...
- e.g. Do you think your examination findings showed an appropriate assessment of a diabetic patient?
- e.g. How could your problem list have been improved?

Collegial interaction:
- e.g. When thinking about a patient's problem list we usually try to give some priority to the list. Do you agree?

Assessor's appraisal is honest:
- e.g. In the examination findings I would have expected to see...
- e.g. In my opinion the problem list was incomplete and the important current problems of X and Y were not appropriately considered. Would you agree?
- e.g. Yes, you mentioned that... and I would agree with you that...

Assessor asks candidate to consider how they will proceed from here. Assessor checks candidate's understanding and commitment.

That's really good Marko, we are agreed on a way forward to make your case notes more comprehensive and effective and if you can put all that into action...

Please refer to the AMC Intern Outcome Statements for more guidance on what is expected of an intern

For further information on assessment of skills please visit
Direct observation of procedural skills assessment form

Candidate and assessor information

<table>
<thead>
<tr>
<th>Candidate Name</th>
<th>Assessor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Assessment</td>
<td>Assessor Position</td>
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</tbody>
</table>

Patient information

<table>
<thead>
<tr>
<th>Age of patient</th>
<th>Patient gender</th>
<th>Setting</th>
<th>Procedure</th>
<th>Discipline</th>
</tr>
</thead>
</table>

Please record a rating for each component of the procedure observed on the scale 1 (extremely poor) to 9 (extremely good). A score of 1-3 is considered below expected level, 4-6 at expected level and 7-9 above expected level, for the **PGY1 standard**. Support ratings of 1-3 with an explanation / example in the comments box. Please add other relevant comments about this doctor’s strengths and weaknesses that support your ratings and guide future learning.

Candidate assessment components

<table>
<thead>
<tr>
<th>Demonstrates understanding of indications, relevant anatomy, technique of procedure</th>
<th>Below expected level</th>
<th>At expected level</th>
<th>Above expected level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtains informed consent</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate preparation pre-procedure</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate analgesia or safe sedation</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical ability</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aseptic technique</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seeks help where appropriate</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post procedure management plan</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication skills</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consideration for patient / professionalism</td>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
<td></td>
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</table>

Overall Performance

<table>
<thead>
<tr>
<th>Not yet competent</th>
<th>Competent</th>
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</thead>
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Assessor’s comments on the candidate’s performance

Signature of Assessor: ____________________________  Signature of Candidate: ____________________________

Date: __/__/____ / __/__/____ / __/__/____  Date: __/__/____ / __/__/____ / __/__/____
Direct observation of procedural skills information for assessors

**Aim of direct observation of procedural skills**
The direct observation of procedural skills (DOPS) is an assessment focusing on observing and assessing a candidate’s performance of a procedure.

A DOPS assessment generally requires an assessor to observe the procedure and then provide feedback at the completion. The assessor rates the candidate’s performance on competent skills related to the procedure observed, such as obtaining informed consent, appropriate pre-procedure preparation, technical ability, communication skills and overall clinical competence in performing the procedure.

DOPS is a mastery test, whereby a candidate can attempt the assessment a number of times until they become competent.

**PGY1 level characteristics (satisfactory level)**
Characteristics of a candidate who meets PGY1 requirements at a satisfactory level in each component may include the following:

Obtains informed consent
Prior to procedure explains the procedure in plain language; explores patient’s understanding; uses interpreter if required; asks for patient’s permission to proceed (verbal or written as required).

Demonstrates appropriate preparation pre-procedure
Is familiar and practiced with any equipment to be used; arranges equipment and materials needed for procedure; briefs nurse/assistant; shows and explains equipment to patient in plain language.

Demonstrates understanding of indications, relevant anatomy, technique of procedure
Identifies that there is a clear indication for the procedure; approach and explanation of procedure are accurate and clinically appropriate.

Appropriate analgesia or safe sedation
Uses correct analgesia or safe sedation as indicated in the correct form and dosage.

Technical ability
Demonstrates familiarity with equipment and materials; has a capability with the technique that is appropriate for the skill level expected for the level of training (PGY1 standard).

Aseptic technique
Washes hands before and after the procedure; uses gown and gloves as appropriate for procedure; prepares site with antiseptic swab; avoids contamination of equipment and site for insertion; deals appropriately with any inadvertent contamination.

Seeks help where appropriate
If unsure of any aspect –e.g. patient anatomy; equipment; failure to proceed as expected - promptly seeks supervisor assistance.

Post procedure management plan
Explains to the patient the expected progress and any symptoms or signs that may commonly occur. Writes up procedure in clinical records and any post-procedure observations to be recorded and management plan.

**Communication skills**
Prior to procedure seeks information about the patient’s language skills, intellectual and physical capacity from patient’s clinical record notes and attending professional staff. Employs assistance of professional interpreter if required. Uses clear and unambiguous language and checks patient understanding at regular intervals.

**Consideration for patient / professionalism**
Demonstrates courtesy and consideration to the patient and any assisting staff; shows awareness of patient privacy needs; exposes the patient in an appropriate manner for the procedure.

**Overall performance**
An overall judgement of performance at the expected level.

Assessor completes assessment form
Candidate and assessor sign form


**Notes**
If there are further notes for this candidate they may be included here.
Mini-CEX assessment form

This Mini-CEX assesses (Tick the appropriate box):
- History
- Physical examination
- Counselling

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Patient information

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<tr>
<th>Age of patient</th>
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<th>Setting</th>
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<tbody>
<tr>
<td>Patient's problem</td>
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Candidate assessment criteria

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<tr>
<th>Medical interviewing skills and communication skills</th>
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<th>Satisfactory</th>
<th>Superior</th>
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<table>
<thead>
<tr>
<th>Physical examinations skills</th>
<th>Unsatisfactory</th>
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<table>
<thead>
<tr>
<th>Professional/Humanistic skills</th>
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<th>Satisfactory</th>
<th>Superior</th>
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<tbody>
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<table>
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<th>Superior</th>
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<table>
<thead>
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<tbody>
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<td>1 2 3</td>
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Comments

Please describe what was effective, what could be improved and your overall impression of the strengths, weaknesses and areas for improvement. If required, please specify suggested actions for improvement and timeline.

Minutes spent observing: Minutes spent providing feedback:

Test rating

To what degree was this a test of the doctor’s abilities?

Inadequate | Adequate | Superior

Overall performance rating (relative to PGY1)

Did not meet expectations | Met expectations

Signature of assessor: Date:

Signature of candidate: Date:
**Aim of Mini-CEX**
The Mini-CEX is part of a clinical encounter individually observed with a patient.

**Mini-CEX suggested timeframe**
The suggested timeframe is 15 minutes observation and 10 minutes feedback.

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**PGY1 level characteristics (satisfactory level)**
Characteristics of a candidate who meets PGY1 requirements at a satisfactory level in each dimension may include the following:

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**Medical interviewing and communication skills**
Uses questions effectively to obtain an accurate, adequate history with necessary information, and responds appropriately to verbal and non-verbal cues; explores the patient's problem(s) using plain English; is open, honest, empathetic and compassionate; attends to the patient's needs of comfort.

**Physical examination skills**
Follows an efficient and logical sequence; performs an accurate and relevant clinical examination; explains process to patient; correctly interprets any significant abnormal clinical signs.

**Professional/humanistic skills**
Is aware of safety issues; washes hands; maintains a professional approach to patient; demonstrates an understanding of the role of teams in patient care; respectful of colleagues.

**Counselling skills**
Demonstrates an understanding of different cultural beliefs, values and priorities regarding their health and health care provision, and communicates effectively; manages informed consent; appropriate level of information provided; ability to use available educational resources; provides accurate information according to best practice guidelines; recommends sources of quality information.

**Clinical judgement**
Integrates and interprets findings from the history and/or examination to arrive at an initial assessment, including a relevant differential diagnosis; interprets clinical information accurately; and counselling takes account of the patient's socio-economic and psychosocial circumstances.

**Organisation/efficiency**
Makes efficient use of time and resources; is practised and well-organised.

**Overall clinical competence**
A global judgement based on the whole encounter.

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Assessor completes assessment form
Candidate and assessor sign form
For further information on Mini-CEX please visit [http://wbaonline.amc.org.au/](http://wbaonline.amc.org.au/)