

Australasian College for Emergency Medicine

# Case-Based Discussion Guideline (EMC/EMD)

### 1. Introduction

A Case-based Discussion (CbD) is a structured interview designed to explore professional judgement exercised in a clinical case. The Case-based Discussion (CbD) must be assessed by an Approved Assessor (see assessment summary page for Approved Assessor Matrix).

### 2. Instructions

### 2.1 Trainees

- Each CbD should have a clinical focus which must be indicated by the trainee. The type of presentation can be included in the brief summary.
- The EMC curriculum has two (2) CbD assessments for completion to a satisfactory standard. These cases should relate to the EMC curriculum and can be of a low complexity.
- The EMD curriculum has two (2) CbD assessments to a satisfactory standard. These CbDs must focus on a case of medium to high complexity and are required to relate to themes of the EMD curriculum.

### 2.2 Assessor

- Use the criteria on the assessment form to assess the CbD, and the descriptors where applicable. Note: Paediatric can be indicated when the patient is under 16 years of age.
- For the Global Assessment, be assessed as 'Satisfactory' the trainee must not have been assessed as 'Not satisfactory' for any individual criteria.
- Assessment (including feedback comments) can be recorded in hard copy first, however, however, it also needs to be entered and saved in the assessment area of the ACEM Educational Resources website.

### 2.3 Process for assessment of CbD

- 1. Trainee to bring to the meeting copies of three (3) sets of case notes from the last 4-6 weeks.
- 2. Assessor chooses a case to reflect on using the criteria on the assessment form as a guideline.
- 3. Trainee discusses the selected case with the assessor.
- 4. Discussion and report are assessed using criteria on the CbD assessment form.
- 5. Assessment (including feedback comments) can be recorded in hard copy initially, however, it also needs to be entered and saved in the assessment area of the ACEM Educational Resources website.

## CbD Assessment Form (EMC & EMD)



## 3. Additional information/ tips

- The assessor selects one case from three (3) sets of case notes brought in by the trainee.
- The assessor reviews the case notes for completeness of documentation to explore potential or evident gaps in knowledge.
- The discussion may begin with the trainee presenting the case, and the assessor can ask questions for clarification.
- The trainee is welcome to bring to the meeting any dot points/ notes of reflection on the cases to refer to discuss.
- Assessors are encouraged to explore the clinical reasoning and decision making of the trainee during the CbD.



NAME OF TRAINEE			
NAME OF APPROVED ASSESSOR*			
DATE OF ASSESSMENT			
*See <u>Approved Assessor Matrix</u>			
PROGRAM	ЕМС	EMD	
	0	0	
PATIENT CASE DETAILS	Patient Type		
	Adult O		
	Paediatric O		
Patient Case Complexity	Low Complexity	Medium Complexity	High Complexity
Select the ONE BEST option (as per complexity calculator)	0	0	0
Brief summary of case			

## COMPONENT ASSESSMENT

Select the ONE best option that describes the trainee's performance during this CbD	Criteria NOT satisfactorily met	Criteria satisfactorily met		
Please rate the trainee on all the following criteria, using the descriptors where applicable.				
<ul> <li>Focused EM Assessment</li> <li>Prioritise importance of assessment findings and differential diagnoses</li> </ul>	0	0		
<ul> <li>Apply risk stratification in clinical synthesis of assessment information</li> <li>Select appropriate investigations in a resource effective and ethical manner</li> <li>Consider risks benefits and limitations of investigations</li> </ul>	Rationale:			
Management <ul> <li>Implement effective and timely management plan</li> <li>Collaborate with patient family (wheney)</li> </ul>	0	0		
<ul> <li>Collaborate with patient, family/whanau</li> <li>Appropriate and timely consultation with other health care professionals</li> </ul>	Rationale:			
<ul> <li>Decision Making and Clinical Reasoning</li> <li>Clinical problem solving and judgement</li> <li>Interpretation of data and information</li> </ul>	0	0		
<ul> <li>Integration of clinical information for diagnosis and management</li> <li>Appropriate rationale for treatment choice</li> </ul>	Rationale:			



<ul> <li>Documentation of Patient Case</li> <li>Clear, legible and accurate documentation that meets relevant legal requirements</li> </ul>	0	0
<ul> <li>Records all pertinent information (history, examination findings, investigations and results, clinical syntheses, consultations, and patient disposition)</li> </ul>	Rationale:	
<ul> <li>Trainee Reflection</li> <li>Knowledge and evaluation of issues in management of case</li> <li>Constructive reflection to affect future clinical patient-centered practice</li> </ul>	0	0
<ul> <li>Relevance of case to role of ED doctor</li> <li>Limitations of emergency medicine work in this area</li> </ul>	Rationale:	

### **GLOBAL ASSESSMENT**

Select the ONE best option that describes the trainee's overall performance on this CbD.	Not Yet Satisfactory	Satisfactory
	0	0

### 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 (optional) - entered by Assessor:

(end of assessment)