

# Case-based discussion assessment form



logo placement area

## Candidate and assessor information

|                    |                |                   |                  |
|--------------------|----------------|-------------------|------------------|
| Candidate name     | Allan Anderson | Assessor name     | Kichu Nair       |
| Date of assessment | 20/2/14        | Assessor position | Staff supervisor |

## Patient information

|                      |                    |                |   |         |                      |
|----------------------|--------------------|----------------|---|---------|----------------------|
| Age of patient       | 34                 | Patient gender | f | Setting | Emergency department |
| Patient's problem(s) | Acute appendicitis |                |   |         |                      |

| Assessment domains   | Below expected level                   | At expected level | Above expected level |
|--|--|-------------------|----------------------|
| Clinical record keeping  | 1 <input checked="" type="radio"/> 2 3 | 4 5 6             | 7 8 9                |
| Clinical assessment History and examination                          | 1 2 <input checked="" type="radio"/> 3 | 4 5 6             | 7 8 9                |
| Clinical assessment Differential diagnosis, summary and problem list | 1 2 <input checked="" type="radio"/> 3 | 4 5 6             | 7 8 9                |
| Management plan Investigations, treatments, and follow up            | 1 2 <input checked="" type="radio"/> 3 | 4 5 6             | 7 8 9                |
| Clinical reasoning   | 1 <input checked="" type="radio"/> 2 3 | 4 5 6             | 7 8 9                |

Global rating Please rate the overall level of performance relative to that expected at PGY1 level.

Global rating  1  2  3  4  5  6  7  8  9

Assessor's comments Please describe what was effective, what could be improved and your overall impression. Must be completed.

The diagnosis was right. But the candidate did not show a reasonable consideration of differential diagnosis for a young woman presenting with abdominal pain. The differential diagnosis here should have included ectopic pregnancy, Urinary tract infection and PID.

There was no menstrual or sexual history taken or documented.

Pelvic examination and Pregnancy test not done.

The tachycardia of 130 is important and sepsis could have been the reason for this. This was a serious omission.

A CT abdomen should be done only after ruling out pregnancy in this situation. Reasoning for investigations lacking.

Documentation was lacking in details and timeline.

Above concerns discussed with candidate. Candidate to make an action plan with supervisor for further cases.

Signature of assessor:

XXXXXXXXXXXX

Date:   /   /

Signature of candidate:

XXXXXXXXXXXX

Date:   /   /