

Case-based discussion assessment form



logo placement area

Candidate and assessor information

Candidate name	RINA ABRAHAM	Assessor name	
Date of assessment		Assessor position	

Patient information

Age of patient		Patient gender		Setting	
Patient's problem(s)					

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 <input checked="" type="radio"/> 2 3	4 5 6	7 8 9
Clinical assessment Differential diagnosis, summary and problem list	1 <input checked="" type="radio"/> 2 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 <input checked="" type="radio"/> 2 3	4 5 6	7 8 9
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Assessor's comments Please describe what was effective, what could be improved and your overall impression. Must be completed.

1. History short of detail in key areas – emotional stress, palpitations, sequence of symptoms, hyponatraemia & thiazide

2. Needs to understand difference between past history and active problems

3. Revise cardiac failure – features, Mx. Did not know critical signs of CCF.

4.

Signature of assessor:

Date: 2 0 / 0 2 / 1 4

Signature of candidate:

Date: 2 0 / 0 2 / 1 4