

COMMITTEE FOR SPECIALIST INTERNATIONAL MEDICAL GRADUATE EDUCATION (CSIMGE)

SUBSTANTIAL COMPARABILITY PATHWAY

Cased Based Discussion Rating Form



CASE BASED DISCUSSION

Please use the form in conjunction with the Substantial Comparability Handbook for Workplace Based Assessments.

This form is to be used during the Substantial Comparability placement as an assessment tool for Case Based Discussions. This assessment will be used together with Supervisor Reports and 360° Feedback as part of each candidate's Substantial Comparability placement.

A Case based Discussion (CbD) must be completed by an assessor during the substantial comparability placement, on at least three separate occasions and a report using the form attached is to be completed on each occasion:

- The standard expected of the candidate is at the level of at least a junior consultant in an Australasian setting.
- A rating indicating overall achievement of the standard is required for each of 3 consecutive CbDs assessed during the placement.

The expected standard relies upon the competencies defined in the Competency based Fellowship Program (CBFP). To view the Fellowship Competencies click on the link:

<http://www.ranzcp.org/Pre-Fellowship/2012-Fellowship-Program/About-the-training-program/Fellowship-competencies.aspx>

MARKING INSTRUCTIONS TO ASSESSOR:

Please indicate whether or not the candidate under assessment by CbD meets each of the competencies described in the form, by ticking the box of the most relevant outcome to indicate the level of performance.

All grades in every domain should be accompanied by a comment in order to justify the grade.

A rating of "Does not achieve the standard" or "Just below the standard" in any component must be accompanied by a comment in the space provided for that section and a remedial action plan developed with the candidate in order to address the unsatisfactory component/s.

In determining the overall grade of Achieved or Not Achieved the standard, the assessor will note that in the two circumstances below, the candidate will be assessed as "Does not achieve the standard" for the CBD overall:

- One or more "Does not achieve the standard" ratings for any domain/s, or
- Two or more "Just below the standard" ratings in the five (5) domains.
- Any single "Just below the standard" rating will be reviewed carefully by SCARP in conjunction with previous assessment results in order to determine a final overall grade.

**On completion, all pages of this form must be returned to:
Specialist International Medical Graduate Education
EMAIL: comparability@ranzcp.org
FAX: 03 9642 5652 or
POST: 309 La Trobe St Melbourne VIC 3000**

Please note: Following the Case based Discussion approval by SCARP, a copy of this form will be provided to your nominated supervisor by the College staff.

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CANDIDATE

| | |
|-------|-----------|
| Name | |
| Phone | Wk Mob |
| Email | |

PLACEMENT

| | |
|------------------------|---------------------------------------|
| Health Service | |
| Address | |
| Supervisor Name | |
| Date of this Report | |
| Report # (please tick) | 1 2 3 Other (specify): |

ASSESSOR

| | |
|----------------|--|
| Assessor Name | |
| Assessor Phone | |
| Assessor Email | |

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CASE

| | | |
|---|---|-----------------------------|
| Patient Consent forms sighted for all cases | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Case Type | File based assessment | |
| Patient Profile | Age: | Gender: Functional level: |
| | Socio-cultural factors: | |
| Problem Profile | Diagnostic grouping: | |
| Clinical Profile | Presentation (please tick): Acute Chronic | |
| | Assessment Treatment change Discharge planning (tick the predominant category) | |

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The Royal
Australian &
New Zealand
College of
Psychiatrists

1. Clinical Assessment

Applied knowledge and skills in the assessment of this person with this psychiatric disorder including an understanding of the links between psychiatric disorder and gender, age, personality, cultural factors; and the influence of the health, social, family systems upon the individual.

Ability to: comprehensively assess this person specific to this psychiatric disorder in this particular context and setting, including investigations, physical and mental state examination; use in a sophisticated way the multidisciplinary team and community / hospital resources; apply core principles of risk assessment; apply relevant contemporary research, psychiatric knowledge to this patient's condition; understand the specific interfaces with relevant civil and criminal legislation.

Tick one box:

| | | | |
|--|--|--|---|
| Does not achieve the standard <input type="checkbox"/> | Just below the standard <input type="checkbox"/> | Achieves the standard <input type="checkbox"/> | Surpasses the standard <input type="checkbox"/> |
|--|--|--|---|

Comment:

2. Management Plan : Treatment

Applied knowledge and skills in the management of this person with this psychiatric disorder including an understanding of the links between this psychiatric disorder and the person's gender, age, personality, cultural factors; and of the influence of the health, social, family systems upon the individual.

Ability to: competently manage this person with this psychiatric disorder in this particular context and setting; to apply core principles of risk management including an understanding of the therapeutic use of pharmacological, physical, and legislative containment; apply relevant contemporary research, psychiatric knowledge and treatment guidelines to this patient's care; understand the specific interfaces with relevant civil and criminal legislation; understand and apply the principles of prevention, health promotion and early intervention to reduce the adverse effects of the mental illness.

Tick one box:

| | | | |
|--|--|--|---|
| Does not achieve the standard <input type="checkbox"/> | Just below the standard <input type="checkbox"/> | Achieves the standard <input type="checkbox"/> | Surpasses the standard <input type="checkbox"/> |
|--|--|--|---|

Comment:

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3. Management Plan : Collaboration

Effective participation in multidisciplinary teams, as both member and leader, involved in the management of people with psychiatric disorders and consequent issues. Work respectively with the patient, their family and carers.

Ability to: collaborate effectively with other professionals and agencies involved; identify and deal constructively with any conflict with patient, their family and carers; understand the health service systems and the role of the psychiatrist within mental health, general health, social and legal systems; prioritize the allocation of resources efficiently and appropriately; understand the systemic aspects of risk, including the roles of incident reporting and of investigations into major incidents; understand clinical governance.

Tick one box:

| | | | |
|--|--|--|---|
| Does not achieve the standard <input type="checkbox"/> | Just below the standard <input type="checkbox"/> | Achieves the standard <input type="checkbox"/> | Surpasses the standard <input type="checkbox"/> |
|--|--|--|---|

Comment:

4. Communication

Oral and written communications are clear, timely and responsive, including the quality of the case summary.

Ability to: communicate effectively, flexibly, and adaptively with the patient and carers, multidisciplinary team, general practitioner, colleagues and other health professionals, legal professionals and agencies; formulate and express expert opinion; identify and deal constructively with any conflict with colleagues or other professionals, including a capacity to use supervision effectively to assist with this process; use interpersonal skills adaptively and flexibly to improve patient outcomes in inpatient and community contexts; educate the patient, the family, health care professionals and the wider community about the particular mental health issues.

Tick one box:

| | | | |
|--|--|--|---|
| Does not achieve the standard <input type="checkbox"/> | Just below the standard <input type="checkbox"/> | Achieves the standard <input type="checkbox"/> | Surpasses the standard <input type="checkbox"/> |
|--|--|--|---|

Comment:

Comments on quality of case summary:

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5. Professionalism

Applied ethical knowledge and behaviour relevant to this particular patient and their illness and their family, social and health system context.

Ability to: show good practices around confidentiality and boundaries; show reflective practice; use feedback constructively including an ability to take a proactive stance to supervision and mentoring; show respect for others; use advocacy from an informed and evidence-based approach; constructively deal with biased and destructive attitudes, social exclusion, disadvantage, discrimination and stigma; cooperate and comply with regulatory professional bodies.

Tick one box:

| | | | |
|--|--|--|---|
| Does not achieve the standard <input type="checkbox"/> | Just below the standard <input type="checkbox"/> | Achieves the standard <input type="checkbox"/> | Surpasses the standard <input type="checkbox"/> |
|--|--|--|---|

Comment:

Preliminary Overall Achievement of the Standard for this CBD

- One or more “Does not achieve the standard” ratings in any domains will return an overall “Does not achieve the standard”.
- Two or more “Just below the standard” ratings will return an overall “Does not achieve the standard”.
- ***A JB in the same domain in more than one assessment can result in a Does not achieve the standard” pending SCARP review.***

| | |
|---|---|
| Does not achieve the standard <input type="checkbox"/> | Achieves the standard <input type="checkbox"/> |
|---|---|

This result remains preliminary until after SCARP review. College staff will notify candidates and supervisors of the SCARP approved result after the monthly meetings.

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Assessor:

Overall Comments on the Cbd as an indicator of the candidate's progress to Fellowship:

Remediation Plan (if required) (attach further pages if necessary)

Assessor's signature:

Date:

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Candidate:

Comments on the CbD (Optional):

Checklist

Please tick boxes to verify that each step in the Case based Discussion process has been conducted.

I verify that I was given at least **5 minutes and no more than 10 minutes** to speak to the selected case, focusing on updating the case.

I verify that the Assessor led a discussion of the selected case for approximately **30 minutes and no longer than 40 minutes**.

I verify that I was given the opportunity to make comments following the CbD. The Assessor gave me feedback on the assessment for **5 minutes and no longer than 10 minutes**.

The Candidate is required to sign the CBD Rating Form and the CBD Final Assessment Form to verify that the assessment has been conducted.

Candidate's signature:

Date:

Substantial Comparability reports are held and used in accordance with the College's Privacy Policy Statement: <http://www.ranzcp.org/Library/About-us/RANZCP-Privacy-statement.aspx>

References to specific competencies may be obtained by emailing: comparability@ranzcp.org