

## CASE BASED DISCUSSION

The modified Case based Discussion Assessment & Rating form are to be used to complete Case based Discussions from September 2020. The form is to be used in conjunction with the Substantial Comparability Handbook for Workplace Based Assessments.

This form is to be used during the Substantial Comparability Placement as an altered assessment tool for Case Based Discussions conducted in the modified format using Video conferencing. This assessment will be used together with Supervisor Reports and 360° Feedback as a part of each candidate's Substantial Comparability Placement.

The modified Case based Discussion form (CBD) must be completed by an accredited RANZCP Assessor during a candidate's modified CbD assessment, and a report using the attached form is to be completed for each CbD Assessment conducted.

For each modified CbD assessment, the candidate is required to prepare three (3) cases from their current caseload for assessment through the modified CbD. The cases selected must involve ongoing clinical care by the candidate. A range of cases should be made available for each round of CbD assessments. For each of the three (3) cases, the candidate will prepare a succinct typed summary (**no more than 700 words**) to include the presenting problem, psychosocial context and key features of assessment and management, including discharge planning and long term planning, as well as the candidate's involvement with the patient.

In addition, candidates will be required to submit an additional document to include a comprehensive clinical assessment including the management of the patient and progress, and addressing the individual domains assessed during the CbD for each of the cases. This summary will be limited to **4000 words per case**.

- 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.
- It is expected that the additional summary submitted by the candidate will provide Assessors with sufficient information to enable the modified CbD assessment using Video conferencing and allow Assessors to appropriately assess candidate's involvement with the patient and others.
- Assessors will rate all written material submitted under the domain of communication, with a significant emphasis on the organisational and presentation skills displayed by the candidate through the all written material submitted.
- Candidates are required to complete and return page 9 of the Modified Case based Discussion Assessment and Rating form to the college via [comparability@ranzcp.org](mailto:comparability@ranzcp.org) following completion of the CbD assessment. Candidates are required to provide a rating for the quality of Audio and Video connection observed during the modified CbD.

*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>

# COMMITTEE FOR SPECIALIST INTERNATIONAL MEDICAL GRADUATE EDUCATION (CSIMGE)

## SUBSTANTIAL COMPARABILITY PATHWAY

### Modified Cased Based Discussion Assessment and Rating Form



#### **MARKING INSTRUCTIONS TO ASSESSOR:**

The RANZCP Assessor is required to complete pages 1 to 8 of the Modified Case based Discussion Assessment and Rating form. **It is preferred that the form is typed**, however a neat handwritten submission will also be acceptable.

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.

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 of Achievement or Non-Achievement of 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.

**On completion, all pages of this form must be returned to:**

**Specialist International Medical Graduate Education Team**

**EMAIL: [comparability@ranzcp.org](mailto: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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## SUBSTANTIAL COMPARABILITY PATHWAY

Modified Cased Based Discussion Assessment and Rating Form



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### CANDIDATE

Name	
Phone	Wk Mob
Email	

### PLACEMENT

Health Service	
Address	
Supervisor Name	
Date of this Report	
Report # (please tick)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 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 <input type="checkbox"/> Chronic <input type="checkbox"/>	
	Assessment <input type="checkbox"/> Treatment change <input type="checkbox"/> Discharge planning <input type="checkbox"/> (tick the predominant category)	

**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"/>
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**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"/>
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**Comment:**

### 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 families 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"/>
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**Comment:**

### 4. Communication

*Oral and written communications including prescriptions are clear, timely and responsive.*

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 the patient, carers, 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. In addition, assessment of written material submitted by the candidate with a significant emphasis on the organisational and presentation skills. **This rating is to include all written material submitted as part of the Cbd.**

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"/>
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**Comment:**

**Comments on  
written material:**



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

**COMMITTEE FOR SPECIALIST INTERNATIONAL  
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**SUBSTANTIAL COMPARABILITY PATHWAY**

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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

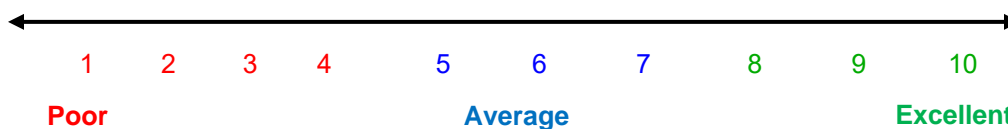
Please tick boxes to verify that each step in the modified Case based Discussion process has been conducted.

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 **45 minutes and no longer than 60 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**.

Please provide a rating on the below scale to indicate the quality of the Audio and Video connection observed during the modified CbD:



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

Candidate's signature:

Date:

Substantial Comparability Supervisor 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](mailto:comparability@ranzcp.org)