The RANZCP Fellowship program assesses the full range of CanMEDs Fellowship Competencies throughout the course of training. The aim of the Case-based Discussion (CbD) is to assess a range of these competencies as they relate to the case presented. The Case-based Discussion (CbD) assessment assesses candidates on five domains that cover all CanMEDs Fellowship competencies.

This document provides guidance to assessors when seeking further information from a candidate to support their assessment of the candidate's attainment of the required competencies during the CbD. It may also guide the candidate to understand important focal points for the discussion regarding their case.

While there may be occasions that assessors may find it useful, appropriate or convenient to ask questions commencing with stems such as 'please elaborate …', 'please justify ..' or 'can you please explain …', the very nature of the CbD as a test of clinical assessment and reasoning for real world cases is that the questions are not pre-constructed or standardised. Candidates should be prepared for wider questioning related to the case, including any hypothetical scenarios related to the case.

Candidates may seek clarification from assessors if they do not understand the intention or scope of questions.

The following prompts may be used as a guide for discussion. Discussion is not limited to these questions and other questions may be used to prompt a focused discussion about the case.

**General**

- ‘Please tell me about the context of your involvement in this patient's care.’
- ‘Please tell me about your approach to the patient’s presenting problem.’
- ‘What were the key points arising from your initial assessment?’
- ‘What key issues does this case raise in your view?’
- ‘In the busy ED environment, how did you ensure that you effectively communicated with the ED staff to advise them of your assessment and plan?’
Assessment/diagnosis

- ‘What specific features led you to this impression/conclusion or diagnosis?’
- ‘What other conditions have you/did you consider/rulled out?’
- If no longer treating the patient: ‘Have you had any further thoughts about diagnosis/differential diagnosis?’
- ‘What social and cultural factors were important in this case?’
- ‘Is there any research or evidence to support your assessment?’

Investigation/referrals

- ‘What specifically led you to choose these investigations?’
- ‘Were there any other investigations or referrals that you considered?’
- ‘You referred to a number of different investigations – how did you think the results would help you work out what was going on and what you needed to do?’

Management/Treatment

- ‘What specific features led you to the management/therapy that you chose?’
- ‘Were there any other treatments that you thought about or ruled out?’
- ‘I see that you have decided to treat the patient with ... – talk me through how you decided to prescribe that regimen and what alternatives you considered?’
- ‘What was going through your mind when you made that management plan? Just talk me through your thought process.’
- ‘I realize that you did not have much ongoing involvement in this patient’s episode of care, but what would have been your plan if you had the opportunity to remain involved in their care?’
- ‘Can you elaborate on how you ascertained and included the patient’s recovery goals?’
- ‘You have referred to treatment guidelines to help with ... – tell me how you used the treatment guidelines to help plan management and whether there were any aspects that didn’t fit in this case?’
- ‘How did you address the risk issues that arose?’
Follow-up/care plan
- ‘What follow-up did you arrange for this patient?’
- ‘What were the factors that influenced this decision?’
- ‘Did you seek any advice from someone – what specifically did you want to discuss with them, why was it important in this case, how did their advice help, and what did you learn from it?’

Monitoring chronic illness
- ‘In your care of X, have you discussed the monitoring of their progress?’ Or if no longer involved in their care: ‘How would you propose that progress could be monitored for this patient?’
- ‘Do you think that there are some monitoring strategies that would be appropriate?’
- ‘Have you discussed/did you discuss any health promotion strategies?’

Individual patient factors concerning the context of care
- ‘Was there anything particular/special about this patient that influenced your management recommendations?’ (E.g.: demography, psychosocial issues, past history, current medications, and treatment?)
- ‘On reflection, is there anything about this patient that you wish you knew more about?’

Care setting
- ‘Is there anything about the setting in which you saw the patient (e.g.: home, ward, accident, and emergency department) that influenced your management?’
- ‘In considering this case, what changes would improve your ability to deliver care to this patient?’

Collaboration & Communication
- ‘What was the role of the multidisciplinary team for this patient, and what part did you play?’
- ‘What issues arose in your communications with family and carers?’
- ‘Were there any challenges in your communications with other healthcare professionals and how did you navigate these?’
- ‘What were the key communication issues in this case?’
- ‘What communication did you have with outside agencies assisting this patient to manage their illness?’
• ‘Were there any conflicts that you needed to manage and how did you go about this?’
• ‘What were the key elements of your communication with the GP?’

Manager
• ‘What decisions were impacted by resource constraints and how did you manage this?’

Clinical governance
• ‘In relation to the health system that you work in, for any adverse client incident, what are the protocols that you will need to follow’?

Advocacy
• ‘Do you believe early intervention in this instance will have reduced the impact of this patient’s illness and how’; what strategies would you have used to promote the impact of such illness amongst the wider community’
• ‘How did you address the issue of stigma in relation to this case’?

Please note while all CanMEDs competencies may be examined, it is quite likely that a specific case may not lend itself to assessing all competencies. In such cases, if important, assessors can ask hypothetical questions or provide a ‘what if’ scenario to elicit a response from candidates that can demonstrate their understanding of those issues.

Hypotheticals
• ‘If your patient had agreed to rehabilitation, from your knowledge of the patient what would you have considered as key goals or targets’?
• ‘What role can you see for clinical guidelines in supporting treatment for patients with similar problems?’