

Case Based Discussion

ASSESSMENT PUBLIC REPORT

2024

Purpose

This public report provides information for candidates, supervisors, educators and training organisations and is produced on an annual basis. It includes information on the conduct, outcome, statistics and commentary for the Case Based Discussion (CBD) Fellowship assessment. Past public reports are available on the [ACRRM website](#).

Introduction

The CBD is an assessment of clinical reasoning and application of knowledge in a clinical context. The candidate is required to demonstrate evidence of their clinical knowledge and how they apply that knowledge by appropriately assessing patients, formulating differential diagnoses, ordering relevant investigations and applying appropriate management plans.

CBD is one of the summative assessments for Core Generalist Training (CGT) and for Advanced Skills Training (AST) in Palliative Care. It is designed to be undertaken in a health care facility providing continued care. The case notes must contain evidence that the candidate is the doctor primarily responsible for patient care.

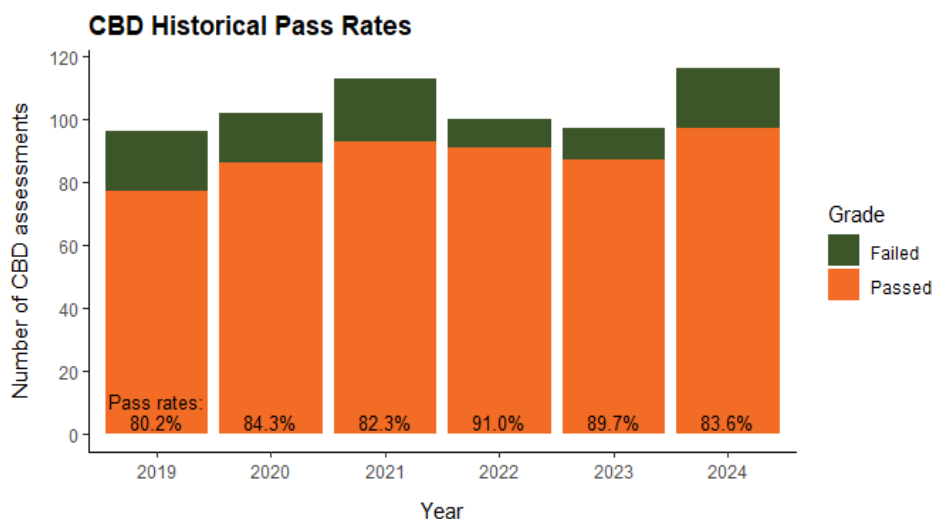
Overall Outcome

A total of 116 candidates sat in 2024. 97 of the 116 candidates passed. The overall pass rate was 83.6%.

Assessment Statistics

The total number of candidates is consistent with the CBD assessment. The pass rate of 83.6% is lower than the 2023 CBD pass rate (89.7%). Candidates generally pass on their first attempt.

For historical context, the overall pass rates for previous exams are illustrated in the plots below:



Conduct of the Exam

The CBD is conducted throughout the year. Prior to 2021, the CBD assessment was delivered via teleconference. With the onset of the COVID-19 pandemic, the use of an online delivery (Zoom) for some ACRRM assessments was implemented. The online delivery was extended to CBD in July 2021.

A candidate is required to submit 12 appropriately deidentified cases from their clinical setting: a general practice setting, small rural emergency department or a combination of these. Cases must have been last seen no more than 3 months prior to submission and must be of at least medium complexity in a general practice setting or high risk in an emergency setting. The case clinical notes should cover a minimum of 2 consultations in general practice whereas in an emergency department the case may only involve one encounter.

Candidates must submit twelve (12) cases at CBD enrolment covering a minimum of six (6) areas of the curriculum. No more than three (3) cases can be from a single curriculum area. Two (2) mental health cases must be included in the submission ensuring that at least one (1) case is suitable for the assessment.

Once cases are submitted, A Quality Assurance (QA) assessor will review the cases submitted to ensure requirements are met, and then select the final six (6) cases for discussion to ensure coverage of six curriculum across the assessment. Cases are discussed over three (3) one-hour sessions by three different assessors, with two (2) cases being discussed at each session.

Further information may be found in the [Handbook for Fellowship Assessment](#).

Quality Assurance

CBD is a complex assessment requiring significant behind the scenes quality assurance work prior to scheduling of the assessment sessions. This quality assurance process ensures that candidates have the highest chance of success in this assessment.

The following quality assurance processes occur:

- administrative review of all case notes and attachments for compliance and privacy
- clinical review of case notes to ensure complexity and domain coverage
- assessors are experienced Fellows and undergo formal training to assess CBD
- all assessment sessions are recorded and randomly moderated / reviewed
- automatic review of the recording of a session where a candidate fails both cases with the one assessor
- review and endorsement of all session outcomes by the Lead Assessor prior to presentation to Board of Examiners.

Grading and Scoring Overview

To pass the CBD assessment overall, a candidate is required to achieve 'at expected standard' in five (5) of the six (6) cases. All three (3) sessions are conducted irrespective of the outcome of each individual session. Candidates who do not obtain a 'pass' grade will be required to enrol and complete the assessment process again.

A candidate practising 'at the expected standard' would be expected to:

- demonstrate an overall systematic approach and be consistently competent across grading categories
- make clear efforts to ensure patient comfort and safety and to reduce risks where appropriate
- have effective communication skills
- take an appropriate history and assessment
- consider appropriate diagnoses based on information gathered
- arrange for relevant further tests to clarify the diagnosis

- provide appropriate management and include short and some long-term recommendations based on information gathered, and
- involve the patient in decision making

Curriculum Blueprint

Cases submitted need to cover at least 6 curriculum areas and must reflect the domains of practice.

ACRRM Domains:

- Provide expert medical care in all rural contexts
- Provide primary care
- Provide secondary medical care
- Respond to medical emergencies
- Apply a population health approach
- Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing
- Practise medicine within an ethical, intellectual, and professional framework
- Provide safe medical care while working in geographic and professional isolation

Candidate and Educator Guidance

The following commentary is provided to assist candidates in understanding their results, future candidates in preparation for this exam and educators who are supporting candidates. Brief individualised feedback is routinely provided, but this does not entirely capture the differences between success and non-success. Therefore, it is recommended that individual results and feedback be read in conjunction with the comments below.

Successful candidates are organised in the collection of suitable cases for the assessment and provide appropriately detailed notes with relevant supporting documents.

The assessment is best undertaken in a primary care setting and towards the end of training.

Successful candidates have:

- Have appropriately detailed cases notes
- Demonstrate evidence of an effective doctor patient relationship
- Answer the assessor's questions directly
- Perform adequate physical examinations with all aspects recorded
- Demonstrate clear clinical reasoning based on their history and examination
- Consider appropriate differential diagnoses
- Order investigations thoughtfully
- Involve the patient in decision making
- Refer patients in a timely manner
- Demonstrate good knowledge of medications prescribed
- Consider psychosocial issues
- Consider red flags
- Demonstrate leadership in the management of the patient
- Are reflective

Survey Feedback

Following the assessment, assessors and candidates are encouraged to provide feedback. This feedback is reviewed and considered accordingly and may be used to drive continuous improvement and improve candidate and assessor experience for future assessments.

Based on feedback of candidates from the 2024 cohort, the following themes were identified:

- The enrolment process was easy and straightforward, with the terms and conditions governing candidate participation in the ACRRM assessment clearly stated.
- ACRRM staff were helpful and responded to enquiries appropriately and in a timely fashion. Assessors were professional and courteous.
- Most registrars found the online CBD course provided on the ACRRM website helpful.
- The CBD assessment measured clinical reasoning and application of knowledge in a clinical context

Evaluation

Led by the Assessment Committee, ACRRM undertakes a cycle of quality improvement in its suite of assessments, including CBD.

Key quality improvement changes implemented in 2024 included:

- A revised set of guidelines relevant to the de-identification process in the Handbook for Fellowship Assessments and the Introduction to CBD module.
- Information sessions on “what to expect” to further help people prepare for the assessment.
- Recruited more assessors and introduced an assessor training course to ensure best practice and standardisation.
- Introduced out of business hours sessions increasing the availability of sessions to registrars.

ACRRM has an ongoing commitment to improve the transparency and reliability of its assessments and to ensure its assessment systems are comprehensible to Registrars and Educators. Work is ongoing and includes Assessor Recruitment and Training, Professional Development, and to improving qualitative feedback for candidates

Acknowledgements

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