



The Royal Australasian
College of Physicians

Occupational and Environmental Medicine Case-based Discussion Rating Form



Australasian Faculty of
Occupational and Environmental Medicine

Trainee information

Trainee's name : Date of assessment : ____ / ____ / ____

Stage of training : A B C

Case-based Discussion encounter number : 1 2 3 4

Assessor's name : Assessor's position :

Assessor's email : Workplace/Location :

Setting :

Patient problem/Dx(s) :

Patient age : Patient gender : Male Female

Please rate the trainee against what you would expect of a trainee in that year of training

	Unsatisfactory			Satisfactory			Superior			Not observed
1. Record keeping	1	2	3	4	5	6	7	8	9	n/o
2. History-taking, clinical findings and interpretation	1	2	3	4	5	6	7	8	9	n/o
3. Work-related aspects	1	2	3	4	5	6	7	8	9	n/o
4. Management plan and follow-up	1	2	3	4	5	6	7	8	9	n/o
5. Ethical involvement of relevant parties	1	2	3	4	5	6	7	8	9	n/o
6. Effectiveness of communication	1	2	3	4	5	6	7	8	9	n/o
Overall judgement and care	1	2	3	4	5	6	7	8	9	

Please include strengths and suggestions for development overleaf

Ratings

Unsatisfactory - gaps in knowledge or skills that you would not expect at this level of training. Some concerns about professionalism or patient safety.

Satisfactory - what you would expect for a trainee at this stage of their training year. Generally clinically competent and with satisfactory communication skills and professionalism.

Superior - performing well above their current stage of training. No concerns about their clinical method, professionalism, organisation, communication etc.

Strengths

Suggestions for development

If a trainee receives a rating which is unsatisfactory, the assessor must complete this section for the form to be submitted.

Time taken for observation : mins

Time taken for feedback : mins

Assessor satisfaction using Case-based Discussion	LOW	1	2	3	4	5	6	7	8	9	HIGH
Trainee satisfaction using Case-based Discussion	LOW	1	2	3	4	5	6	7	8	9	HIGH

Data from formative assessments is collated for the purpose of evaluation. Individual, identifiable data will not be presented in any published reporting.

Assessor's signature :

Trainee's signature :

Input validated by supervisor :
(Supervisor to initial once they have checked electronic record against this paper record)