

**FACULTY OF PAIN MEDICINE, ANZCA  
Clinical Case Study Assessment**

**The Standard is that expected of a Specialist Pain Medicine Physician.**

The Case Study is to be marked with reference to FPM Document “Preparation of the Case Study”. Where justification is required, this is to be provided by the Candidate.

The manuscript submitted by Trainees is assessed against the Case Content and Generic Criteria stated in the Learning Objectives presented in the Preparation of the Case Study.

The outcome assessments are satisfactory performance, borderline performance or unsatisfactory performance. As with a journal, every component of the assessment must achieve a standard of satisfactory performance, consistent with the reality that Trainees are not limited by time or access to support or resources, in writing or revising the manuscript.

**Assessment Criteria applied to each Case Component listed:**

The Case Study assessment is broken down into Case Content components. Each Case Content component is assessed against the Generic Criteria below.

Each Criterion for each Case Content Component is assessed as being met to a satisfactory, borderline or unsatisfactory standard.

Whether a Criterion meets a satisfactory, borderline or unsatisfactory standard depends on to the extent to which the material presented represents safe and effective patient care and demonstrates the Trainee’s understanding of the patient’s predicament and management.

For example, if the material presented is deficient – or if the clinical reasoning is deficient -and incorrect conclusions reached, this may have the effect of altering a diagnosis or problem formulation and ensuing management; thus there is a potential effect on safe and effective patient care.

**GENERIC CRITERIA:**

1. Communicates effectively in written English language, including adequate editing (proof-reading for spelling, punctuation, absence of abbreviations and appropriate de-identification).
2. Presents accurate and original work.
3. Presents information in a sequence that develops the Case.
4. Demonstrates effective judgment in selecting of patient related data.
5. Demonstrates effective judgment in the selection of scientific literature.
6. Demonstrates effective skills in integrating patient data with scientific literature.
7. Demonstrates effective clinical reasoning, analysis and judgment.
8. Demonstrates appropriate judgment in presenting professional opinions.

**CASE COMPONENT CRITERIA:**

1. Satisfactory:
  - Provides all positive and negative information that is relevant.
  - Analyses that information and demonstrates its relevance to the patient and her/his predicament
  - Provides an integrated discussion that draws on support from the scientific literature and further demonstrates the relevance of that information to the Study.
  - The language used is clear, professional, appropriate and concise and the topic is approached in a structured, systematic manner and the discussion is relevant to the case
2. Borderline:
  - Does not provide all the relevant data expected from an assessment
  - Little analysis of the data and its relevance to the patient and his/her predicament
  - Makes an attempt to provide an integrated discussion using the scientific literature, however, the relevance of the information remains uncertain.
  - The language used is occasionally unclear or unnecessarily extended and or the approach to the topic is confusing and or the discussion is not relevant to that section
3. Unsatisfactory:
  - Provides non-specific and or inadequate information related to the patient
  - Does not consider or analyse that information and or relate it to the patient and her/his presentation
  - Does not provide an effective integrated discussion and or does not effectively use the scientific literature.

- The language used is generally unclear, less precise or professional and may be inappropriate and or the topic approach is not structured and systematic or irrelevant.

### EXAMINER MARK SHEET

Case component	Assessment	Reasons for assessment: comment, examples feedback for revision
<b>1. ASSESSMENT</b>		<i>Consider the following question in assessing the next areas.</i> Does this case include a thorough, comprehensive history in the standard format including discussion of the referral, history of presenting complaint, pain history, past medical history etc. as relevant?
History of the patient with Pain  See Trainee Support Kit 5.2.1 (Includes demographics, referral history and patient perspective)	Satisfactory  Borderline  Unsatisfactory	
History of the Pain  See Trainee Support Kit 5.2.1 (Includes events, attribution, characteristics, timing, aggravating, alleviating and associated features)	Satisfactory  Borderline  Unsatisfactory	
Biological history  See Trainee Support Kit 5.2.1	Satisfactory  Borderline	

(History of the patient in Pain History of the patient with Pain)	Unsatisfactory	
		<b>Consider the following questions in assessing the next areas.</b> Are the personal and developmental histories sufficiently detailed to substantiate the proposed psychological aspect of the formulation? Is the social history sufficiently detailed to substantiate the proposed contribution of the family/vocational/social groups to the proposed social aspect of the formulation?
Psychological history  See Trainee Support Kit 5.2.1 (History of the patient in Pain History of the patient with Pain)	Satisfactory  Borderline  Unsatisfactory	
Social history  See Trainee Support Kit 5.2.1 (History of the patient in Pain History of the patient with Pain)	Satisfactory  Borderline  Unsatisfactory	
		<b>Consider the following questions in assessing the next areas.</b> Has a comprehensive physical examination been conducted with emphasis relevant to the person? Is there adequate discussion around the collection of further information, including investigations? Has a thorough and comprehensive mental status examination been conducted with emphasis relevant to the person with the pain problem?
Examination  Pain oriented physical examination Other physical examination Mental state examination	Satisfactory  Borderline  Unsatisfactory	

Functional examination		
Investigations	Satisfactory Borderline Unsatisfactory	

<b>2. FORMULATION</b>		<b><i>Consider the following questions in assessing this area.</i></b> Were the diagnosis and differential diagnosis made using a recognised classification system? Has a sophisticated biopsychosocial formulation been included, developed at the time that therapy was initiated so that this can be reflected upon during the course of the therapy and modified with increasing experience and knowledge of the person with the pain problem?
Diagnostic Impression and Case Formulation	Satisfactory Borderline Unsatisfactory	

<b>3. MANAGEMENT PLAN AND CLINICAL PROGRESS</b>		<b><i>Consider the following questions in assessing the next areas.</i></b> Does the management plan demonstrate that the trainee has considered all of the relevant biological, psychological, social, spiritual and cultural issues? Does this case include discussion of: <ul style="list-style-type: none"> <li>• the way in which therapy was negotiated with the person with the pain problem?</li> <li>• the suitability of the type of therapy for the person with the pain problem?</li> <li>• other treatment modalities which were considered and the reasons for their rejection?</li> </ul>
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		<ul style="list-style-type: none"> <li>• the potential risks of the chosen therapy?</li> <li>• goals and expectations of the person with the pain problems and the therapist?</li> <li>• awareness of any limitations of the therapies used</li> </ul> <p>Has the involvement with other health professionals, case managers, etc. been detailed and the issues around this fully explored and discussed?</p> <p>Has there been a review of the progress of the person with the pain problem and a clear description of the processes that were observed and experienced?</p> <p>Has the trainee demonstrated and discussed his/her communication with other professionals who are or will be working with the person with the pain problem?</p>
<p>Goals of management Management plan Risk management Plan Implementation</p> <p>Multidisciplinary team approach to, and its application in practice</p>	<p>Satisfactory</p> <p>Borderline</p> <p>Unsatisfactory</p>	
<p>Prognosis Follow Up Progress and Outcomes</p> <p>Multidisciplinary team approach to, and its application in practice</p>	<p>Satisfactory</p> <p>Borderline</p> <p>Unsatisfactory</p>	

<p><b>4. DISCUSSION</b></p>		<p><i>Consider the following questions in assessing this area.</i>          Has the discussion evaluated the therapy and its significance for the person?          Has the discussion placed this therapy/therapies in the context of the theory underpinning the model of therapy/therapies and reflected on this?          Is the discussion reflective and as appropriate, critical of the existing theoretical knowledge?          Is the discussion correctly referenced according to a standard format?</p>
<p>Discussion of significant issues highlighted by this case</p>	<p>Satisfactory          Borderline          Unsatisfactory</p>	
<p>Appropriate use of references and satisfactory referencing system</p>	<p>Satisfactory          Borderline          Unsatisfactory</p>	

**Overall Comments:**

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*The submitted case history has been evaluated on the criteria detailed on this Examiner Mark Sheet.*

Where the standard of performance in any component is judged by the expert Examiner to be borderline or unsatisfactory, it is expected that Trainees will receive specific feedback, with concrete examples, that illustrate the reasons for that decision.

The Examiner's feedback is included in a letter prepared by the staff of the Faculty of Pain Medicine, and sent to the Trainee by the Case Study Coordinating Examiner.

If the Case Study does not meet the required satisfactory standard, the Examiner will provide sufficient feedback to guide the development of the Case Study by the Trainee. *However this is not intended to be a step-by-step guide to rectify the case and other aspects may need your consideration. It is noted that on some occasions other sections of the case will be substantially affected by the rewriting. Changes made will need to be reflected consistently throughout the case.*

Once it has been revised, the Case Study may be resubmitted by the trainee. *The case will be re-marked as a whole* following the above process. This cycle may be repeated more than once.

*In some instances, examiners may advise candidates that the failed case is unsuitable for re-submission and a new case will need to be submitted.*

**Examiner's recommendation:**

- Satisfactory performance
- Requires revision and resubmission

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Signature (Print surname)

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Date