

## Guidance for units hosting the local long case assessment

The local long case assessment is undertaken by pain medicine trainees and assessed by two FPM fellows using the defined marking guide. At least one of these Fellows must have previously assessed a long case assessment. The assessors may include the SoT/PDS supervisor and/or unit director.

The local long case should be organised and assessed in the same way as the external long case; the patient should be known to the assessors and invited as opposed to being a waiting list patient.

When the patients arrive it is helpful to outline to them what will occur.

The trainee will have one hour with a patient, observed by the assessors, during which the trainee will take a targeted history and perform a pertinent physical examination. The trainee must bring their own stethoscope. All other necessary equipment should be provided by the unit.

The assessors and the patient will leave the room at the end of one hour and the trainee will remain unobserved in the station for 20 minutes for preparation of the case presentation (important they do not have computers available to them during this time).

The patient can leave at this point. The assessors will then return to the station and conduct a viva voce for 30 minutes.

### Room requirement

- One bed for the patient
- One desk/table
- At least 4 chairs (2 x assessors; 1 x candidate; 1 x patient).

### Patients

- Candidates must not be allocated a patient clinically known to them.
- Patients must sign the participation form (see below).
- Patients must be placed into hospital gowns prior to the assessment.
- Patients need to be willing, co-operative and a reasonable historian. They do not need a lot of signs on examination. Some examples are:
- Failed backs / non-specific back pain.
- Chronic headaches.
- Abdominal pain.

However some may have more to find, such as:

- CRPS.
- Syring cord with sensory signs.
- Spinal cord injuries.
- Patients with pumps especially if problems.
- Cancer patients if they can cope.
- They should bring their X-rays, and their case notes and hospital X-rays should also be available

### Equipment

- Patient notes to be made available to the examiners. These notes shouldn't be seen by candidates.
- Medical equipment specific for individual patient needs to be provided
- Hand wash facilities (antiseptic pump pack or sink)
- Tissues
- X-ray viewing box and ophthalmoscopes must be readily available
- QST kit:
- Syphmomanometer, tendon hammers, pen lights, tongue depressors, tuning forks, and toothpicks, cotton buds and brush for sensory exam.

## Patient consent form

Thank you for agreeing to participate as a patient in the Faculty Long Case Assessment. This assessment is the culmination of many years of medical training as a specialist pain medicine physician and as such, is extremely important for the candidates. You have been requested to be involved in the part of the process that involves a patient assessment.

Below is a consent form giving permission for the assessors, who may work at a different unit, to have access to your medical history. This consent form is required to be signed by you and returned on the day of the assessment. Please be assured that your confidentiality will be maintained by all of the doctors involved.

During the assessment you will be interviewed briefly by the assessors and then, for one hour by the specialist doctor in training. During the examination, please try to ignore the assessors who are there to observe the specialist in training. At any stage during the examination you may choose to ask the candidate to stop – this is especially so, if your pain is being exacerbated.

## AGREEMENT

I..... will participate in the Faculty of  
(Name)  
Pain Medicine, Australian and New Zealand College of Anaesthetists' Long Case Assessment as a patient  
on .....  
(Date)

I agree to my medical records being used and disclosed to all those connected with the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists Long Case Assessment. I understand that my medical information will be treated with the utmost confidentiality.

.....  
SIGNED WITNESSED

.....  
(Date)

*Please return the signed form on the day of the long case assessment.*