

Preparing for the Pre-Board certification(PBCA) assessment

J Indrakumar

What is PBCA

PBCA is a form of a final, summative assessment of the trainee's portfolio, carried out by three members appointed by the Board of Study.

Two examiners should be trainers in the internal Medicine speciality, and the third examiner should be from outside the discipline to improve objectivity

Eligibility for PBCA?

- The following conditions must be satisfied to apply for the PBCA :
 1. Completion of the required training (Stages 1-3), with satisfactory appraisals
 2. Approval of the research/audit project report.
 3. Submission of the completed Portfolio for Stage 3
 4. Satisfactory completion of overseas training.

Format of Pre-Board Certification Assessment (PBCA)

- The portfolio should be reviewed at least every 6 months by the local supervisor(s), with regular feedback to the trainee on how the portfolio can be improved. When the trainee is eligible for board certification, a soft copy of the completed portfolio should be submitted to the PGIM Examinations Branch.
- The trainee will be called for an oral examination, during which he/she will be questioned on the portfolio. The trainee is required to present a 15-minute maximum presentation on post-MD training.
- The assessment should be based on each of the main sections of the portfolio, which should be assessed as satisfactory or not.

What to do if you are unsuccessful at PBCA?

- Trainees who fail will receive counselling to help improve their portfolio.
- They may **re-sit the PBCA after a minimum of 3 months.**
- If the trainee **passes, the date of board certification will not be delayed.**
- If the trainee **fails the second PBCA, they must complete at least 6 months of additional training and sit for another PBCA.**
- If the trainee **passes this attempt, the board certification date will be the date of the successful PBCA.**

The 7 areas for assessment of the PBCA (current prospectus)

Portfolio

The Portfolio for Stage 3 will document evidence of learning in the following areas. Evidence must be submitted for each arena as requested

1. Subject expertise (including logs of practical procedures and WBAs, which consist of 2 CBDs, 4 ACATs assessments, progress reports,)
2. Teaching experience
3. Research and audit
4. Ethics and medico-legal issues
5. Information technology
6. Lifelong learning.
7. Reflective practice.

1. Subject expertise

1. Evidence of knowledge acquisition and skills in general medicine.

Advanced reading on important general medicine(5) topics, followed by a presentation (e.g., coronary artery disease, cerebrovascular accident, common malignancies, general geriatrics, general palliative care, critical care medicine).

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1.1 Advanced reading on general medicine topics (minimum 5):

Topic/problem	Sources of information	Presentation: time, place, audience	Trainer's signature
Non alcoholic fatty liver disease	NAFLD assessment and management NICE guidelines	19/12/2016 PG trainees and consultants of Medical unit TH Peradeniya	
Acute coronary syndrome	AHA guideline for evaluation and management of chest pain	24/02/2017 Medical staff cardiac rehabilitation clinic	
Novel oral anticoagulants for AF	EHRA practical guide to NOAC use in AF	28/01/2017 PG trainees TH Peradeniya	
Stroke and TIA: diagnosis and initial Management	Stroke and TIA in over 16s : diagnosis and initial Management NICE guidelines	17/05/2017 PG trainees consultants TH Peradeniya	

1. Subject expertise

- 2. Advanced reading on medical topics important in Sri Lanka(5), followed by presentation (e.g., snake bite, agrochemical poisoning, dengue, post-primary pulmonary tuberculosis, leptospirosis, typhus, enteric fever, rabies, visceral leishmaniasis, meliodosis antimicrobial resistance in Sri Lanka, CKDu, heatstroke).

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1.2 Advanced reading on topics important in Sri Lanka (minimum 5):

Topic/problem	Sources of information	Presentation: time, place, audience	Trainer's signature
Leptospirosis	Sri lanka journal of infectious disease, National guidelines on management of leptospirosis	11/09/2018 PG trainees and consultants TH Peradeniya	
Rickettsial infections	Sri lanka journal of infectious disease	25/07/2017 PG trainees and consultants TH Peradeniya	
Recognizing critically ill patients: Early warning score	NICE: ill patients in hospital recognition of and respond to acute illness in adults in hospital	04/06/2017 Young physicians forum ClinMARC	

THE LANCET

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"Meliodosis is a disease so neglected it is not on WHO's list of Neglected Tropical Diseases."

See WorldJGut page 1033

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1. Subject expertise

- Experience in rare, new or difficult clinical problems 5(e.g., complicated dengue, tuberculosis with drug-induced fulminant/acute liver failure, diuretic-resistant ascites, familial CKD, systemic vasculitis with multi-organ failure, poisoning following an industrial accident).

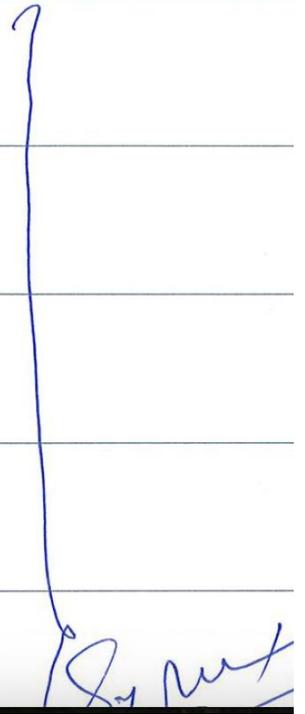
Problem	Sources of information and solution/s
<p>A 39-yr-old lady presented with symptoms of CCF. She was found to be having typical features of Scleroderma which was later confirmed with skin biopsy. 2D Echo showed an ejection fraction of 29% without PHT. Medical management for HF was optimized and when she was referred for angiogram on discharge.</p> <p>Cardiac complications of systemic sclerosis can be primarily due to myocardial involvement, fibrosis of the conducting system or secondarily due to pulmonary arterial hypertension, interstitial lung disease, and kidney pathology.</p> <p>Characteristic features of myocardial involvement in systemic sclerosis are microvascular ischemia, patchy fibrosis, unrelated to coronary pericardial artery distribution, the involvement of immediate subendocardium, which is spared in atherosclerosis.</p>	<p>Mani P, Gonzalez D. Cardiovascular complications of systemic sclerosis: what to look for. Cleve Clin J Med.</p>

Microsoft Word

Prof. S. A.
MBBS, MD, N
Senior Lecturer
Co

1. Subject expertise –
Practical Procedures
Keep a log of all procedures
you did during SR training ,
and get it signed

1.4 Log of practical procedures:

Date	Procedure	Trainer's signatu
08/06/2017 27/07/017	Lumbar puncture	
14/06/017 01/08/017	endotracheal intubation	
21/06/2017	Central venous catheter insertion	
22/02/2018	NG tube insertion	
23/08/2018	Temporary pacemaker insertion	

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1. Subject expertise - Quarterly assessments

- Get yourself assessed every 3 months regarding your clinical skills, communication skills, and leadership skills and its progress

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1.5 Quarterly appraisals:

Date	Findings/feedback	Action/s planned	
16/02/ 2017	Works hard Good clinical work	to continue clinical work	
16/05/ 2017	Good clinical & Leadership skills	to continue clinical work	
12/08/ 2017	Works hard Good clinical & Leadership skills	to continue clinical work	Prof. S. MBChB, MRCP Senior Co

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1. Subject expertise WBA - CBD (2)

- For each case, type the summary of the case and attach the assessment form

Annexure 11 – Case Base Discussion



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UNIVERSITY OF COLOMBO, SRI LANKA

CASE BASE DISCUSSION

Study Programme:

Date of Assessment:

Trainee's Name:

Training Year:

PGIM Reg. No:

Assessor's Name:

Designation:

Brief summary of Case:

Setting: In-Patient Out-Patient Emergency Other (please specify)

1. Medical Record Keeping(Not Observed)

1	2	3	/	4	5	6	/	7	8	9
UNSATISFACTORY				SATISFACTORY				SUPERIOR		

A 23-yr-old male was admitted with low grade intermittent fever for 2 weeks. It was associated with arthralgia and myalgia. He developed few episodes of gum bleeding and ecchymotic patch on R upper limb. He denied having respiratory, urinary, gastrointestinal or neurological symptoms. There was no history of night sweats, loss of appetite or weight loss. He gave a history of cannabis abuse but no history of IV drug abuse or high risk exposures. He was unemployed and living with parents. Both his parents had tuberculosis and treated 15 years back.

On examination he was a thin built male who was ill looking. Ecchymotic patches were noted on R upper limb but there were no other bleeding manifestations. Other than small R epitrochlear lymph node enlargement there were no significant lymphadenopathy. He was noted to be having sternal tenderness specially when he was having fever spikes. There were no murmurs, respiratory examination was unremarkable, there was no hepatosplenomegaly.

His initial investigations showed normal WBC and differentials, normal Hb and indices and low platelets ($15 \times 10^9/L$) which was improved later. He had raised inflammatory markers (CRP 96, ESR 88) and raised LDH of 1700. Blood cultures were negative. Blood picture was suggestive of resolving bacterial infection and few atypical cells. His first bone marrow biopsy was reported as reactive marrow. While in the ward he continued to have fever spikes. Investigations extended to find a cause for the fever. 2D echo, CXR, CECT chest abdomen were unremarkable. Markers for infections including Malaria, Rickettsia, Melioidosis, Brucella were negative. Retroviral, EBV and CMV serologies were negative.

He underwent repeat bone marrow biopsy and a liver biopsy. Second bone marrow showed evidence of acute lymphoblastic leukaemia. However, TB culture from his liver biopsy was positive indicating underlying TB infection as well. He was started on anti TB treatment and then referred to Infectious disease hospital and Cancer institution Maharagama for continuation of care.

This case highlighted the importance of repeating some specific investigations with clinical suspicion. This patient had B symptoms and raised LDH although his initial BM biopsy was unremarkable. Case was re-discussed with haematology to arrange for a repeat BM biopsy which yield the diagnosis. In addition, this shows the importance of ruling out chronic infections like TB in a patient who is immunosuppressed due to haematological malignancies.

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1. Subject expertise Trainer's appraisal form - for the SR local training

- First part to be filled by the trainee at the end of local training and given to the trainer
- Second part, your trainer fills and sends it to the Director PGIM
 - Knowledge, communication skills, management and procedural skills, attitude, commitment, strengths and weaknesses

Annexure 8: Trainer's appraisal for the senior registrar local training

Date of report 19/10/2024

APPRAISAL FORM

EVALUATION OF THE POST-MD (MEDICINE) TRAINEE POSTGRADUATE INSTITUTE OF MEDICINE, SRI LANKA

(First part to be filled by the trainee and handed over to the trainer at the end of the SR training)

Trainee's Name: A.G.S. Nimesha	Date of commencement of the training: 05.06.2022
Supervisor's Name: Dr. Manohari Senevirathna	Date of completion of the training: 19.10.2024
Training Unit & Address: Ward 50,46B National Hospital of Colombo	
Special interests of the unit and educational & training opportunities available to the trainee: General Medicine, Geriatric Medicine	

SELF APPRAISAL BY THE TRAINEE

(to be completed by the trainee before handing over to the supervisor)

Attendance at	Per month	Comments

2. Record of **teaching** medical and non-medical audiences: (minimum 5)

Clinical bedside teaching as preparation for your future work as a consultant physician.

This should mainly be for medical students and doctors (intern house officer, post-intern medical officers and registrars), but should also

Also include students from other categories, such as nursing, physiotherapy, and pharmacy

Teaching activities (minimum 5):

Date	Audience	Topic	Your reflective thoughts on the teaching event...
22/07/2022	Medical students	History taking	How to obtain and formulate a good history was explained
15/10/2022	Registrars	Approaching a patient with ophthalmoplegia in examination	Understanding the pathophysiology is important in interpreting clinical signs
02/12/2022	Registrars	SLE with lupus nephritis Long case presentation	Presenting a case with multi system involvement was discussed
09/02/2023	Registrars	Rheumatoid arthritis long case presentation	Eliciting clinical signs related to the specific case is important for a better discussion
03/03/2023	Medical students	Definition, diagnosis, pathophysiology and management of Type 2 Diabetes Mellitus	Details on obtaining the diabetic past history, complications, medication history and

3. Research and audit

- Research and Audit relevant to internal medicine
- 1. SR research
- 2. Research papers published or accepted for publication
- 3. abstracts of presentations
- 4. Clinical audit
-

3. RESEARCH AND AUDIT

As a senior registrar in general medicine, it is mandatory that you carry out an research or audit project during the local training period. Details of this task, I research/audit project, is given in the *Prospectus*, in section 13.3.3. In this s portfolio, you are required to maintain an activity log pertaining to your research/audit project.

Activity log:

Date	Action taken	Result/s, or future action planned
7/8/2022	Deciding on research topic	Different research topics were discussed with the trainer before selecting a topic followed by literature review
20/8/2022	Formulating a research question	After discussing with my trainer a research question was built up Is there a place of using biochemical markers as predictors of severity and progression of Dengue viral infection?
05/09/2022	Writing research proposal	Participated in the research proposal writing workshop

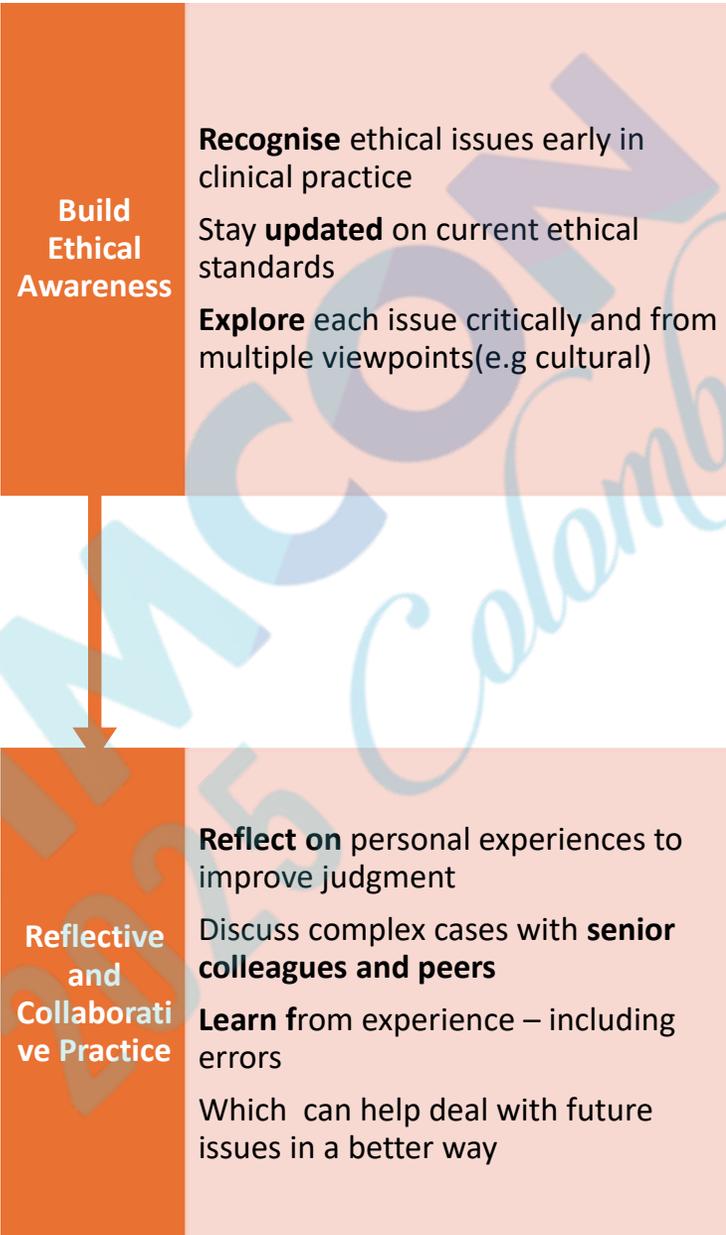
4. ETHICAL ISSUES

- **Core Principles of Medical Ethics**
- **Four Traditional Principles:**
 - Autonomy – respect patient decision-making
 - Beneficence – act for the patient’s good
 - Non-maleficence – avoid causing harm
 - Justice – treat patients fairly and equitably
- These principles were developed mainly from **Western ethical discussions**
- In our local setting, we may face **additional context-specific issues**
 - Cultural expectations
 - Limited resources
 - Family and societal influences on decision-making

Activity log (ethical issues):

Issue	Sources of information	With whom did you discuss?	What are your reflections?	Trainer's signature

4.1 ETHICAL ISSUES



Activity log (ethical issues)

Case 1

An 18-yr old male was admitted with a recent onset hip pain and a limp. Xray hip showed a lytic lesion, subsequent CXR and CECT chest abdomen confirmed the presence of a bronchial Tumor. CT guided biopsy confirmed bronchial adeno ca. His parents were regularly updated and were later aware of the diagnosis.

His parents wanted us not to tell the diagnosis to the patient. Patient was planned for a review by oncologist at cancer clinic next day.

Although in Sri Lankan culture he was still considered as a child, legally he was an adult. Patient has the autonomy to know about his medical condition. I discussed the case with my consultant.

I had a discussion with his parents and explained that the patient should know the diagnosis and should involve in decision making. Parents understood the issues. Later I handled the conversation with the patient compassionately. I answered his questions during the discussion. He accepted the diagnosis and wanted to have a meaningful discussion with oncologist next day. His parents were grateful and were relieved

Additional reading

Benson John, Britten Nicky. Respecting the autonomy of cancer patients when talking with their families: qualitative analysis of semi-structured interviews with patients *BMJ* 1996; 313 :729

4.2 Medico-legal issues

Stay up-to-date on current medico-legal requirements relevant to clinical practice.

This includes understanding important aspects of

- Writing a death certificate
- Statutory requirements of physical or mental abuse of children, women, or elderly individuals.

It is essential to stay informed about the latest national regulations, Ministry of Health guidelines, and reporting procedures related to these matters.

elderly) etc.

Activity log (medico-legal issues):

Topic/issue explored	Date	Source of information	Train
Writing the cause of death in a death certificate	12/12/2016	Medical and death certificate-SLMC Registrar general department-death registration	
Statutory requirements: child abuse	25/04/2017	National child protection policy-Oct 2013	
Statutory requirements: abuse of women	18/06/2017	Penal code-comment II	
Statutory requirements: elderly abuse	07/08/2017	Protection of rights of elders act no 9 of 2000	Pro MBT Se

5. INFORMATION TECHNOLOGY – related to work



Gather evidence of learning and proficiency in IT skills



Identify your requirements as they arise in your work, take steps to address them (search for information using Google Scholar for literature review, attending training programmes or workshops)



Ethically using artificial intelligence (AI) in day-to-day practice, research, literature review, Data analysis and developing presentation skills.

Activity log:

Requirement	Date	Source of information	Change to practice
Difficulty in inserting references in research writing	08/07/2017	Searched and installed a research manual (Mendalay)	I am keeping an online library and whenever needed it is very easy to insert references with this manual. I shared details with my juniors.
Online interviews	01/11/2018	Skype	Practiced using Skype in interviews
E-learning to keep up to date knowledge	16/11/2016	NEJM e-mail updates	Regularly reading new updates from NEJM for new medical knowledge and practice
Improving PowerPoint presentations	04/06/2017	Microsoft PowerPoint	Microsoft PowerPoint training-The knowledge academy
Pub med literature search	05/05/2018	Online guide Step-by-step guide to searching pubmed	Knowledge helped me in research activities.

Prof. MBE M. Seni

6. Lifelong learning:
Participation at conferences/meetings
(regional, national or international,
minimum of 3)

Participation in conferences/meetings (regional, national or international)

Name/date of conference/meeting	New learning and/or changed practice	Tr
2023 SLENDO Academic sessions	use of SALT2-Inhibitors in HFpEF	
2023 ASN Academic sessions	Evaluation and management of Demyelinating disorders Multiple sclerosis	
2022 CCP Academic Sessions	Management updates in osteoporosis	
2022 Research training session by	Common research study methods and their limitations	

7. Reflective Practice

A systematic process where you critically analyse your experiences, actions, and decisions to enhance your learning, improve patient care, and fulfil professional development requirements

It involves a structured approach to systematically evaluate experiences, identify learning opportunities, and develop action plans for future practice.

It helps to develop

- critical thinking
- problem-solving,
- self-directed, lifelong learning skills, leading to enhanced self-awareness, improved clinical decision-making, better patient-centred care,

7. Reflective Practice -

7. REFLECTIVE PRACTICE

What was the event/experience that stimulated your reflection?
What was unusual or unexpected about the event/experience?
Why do you think this unusual or unexpected thing happened?
What can we learn from this?
If a similar situation arose again, how can we handle it better?

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7. REFLECTIVE PRACTICE

What was the event/experience that stimulated your reflection?

76 year old known patient with hypertension presented with cellulitis and mild confusion. Doctor haven't taken a drug & allergy history, but has prescribed Flucloxacillin for cellulitis & given into corticosteroids. Soon after the antibiotics she developed Anaphylaxis ^{requiring CPR & intubation.}

What was unusual or unexpected about the event/experience?

- Not taking allergy history. In a confused patient, we can get this history from family members and from previous records.
- This patient had known allergy for flucloxacillin.
- Giving flucloxacillin in the wheelchair while patient was ready to go for CPR.

Why do you think this unusual or unexpected thing happened?

- Not ~~not~~ checking previous records.
- Not putting weight for a co-lateral history
- lack of experience on such events.

~~Not - Not Documenting Allergies in all medical records / front page~~

Drug allergies are a serious iatrogenic complication. patient can loose the life with this kind of a event. So should be careful with history taking. Should administer drugs in a suitable ward setting. Not on the way to x-rays. Co-lateral history is very important, especially in elderly.