# Clinical Assessment Rating Form | Random Case Analysis | Aboriginal and Torres Strait Islander Health

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| --- | --- |
| Date | Click or tap to enter a date. |
| Registrar name | Click or tap here to enter text. |
| Assessor name | Click or tap here to enter text. |
| Current training post | Click or tap here to enter text. |
| Current stage of training | Click or tap here to enter text. |

This assessment is based on three cases. All cases should be completed by the same assessor.

Random Case Analysis - Case 1

|  |  |  |
| --- | --- | --- |
| Patient information | Age: Click or tap here to enter text. | Sex: Click or tap here to enter text. |
|  | Case complexity: High [ ]  Medium [ ]  Low [ ]  Case Problem(s) presented and discussed:Click or tap here to enter text.  |
| RatingNot all competencies are rated on every occasion. Focus only on the relevant sections for this assessment.Select the option that best represents the registrar’s performance. You can also use these to provide narrative anchors for what you have observed and add these into the comments as appropriate. The expected standard is set at the level of Fellowship.To assist you in completing this assessment, performance criteria for each competency are listed in the attached Appendix.Criteria with a number in front represent learning outcomes and performance criteria from the [Aboriginal and Torres Strait Islander Health ARST curriculum](https://www.racgp.org.au/getmedia/bf19d06b-ba42-4e45-9d66-f4cd2c685c90/ID-1616-RACGP-RG-ATSIH-ARST-Final-v3-CM.pdf.aspx). Criteria without a number represent clinical competencies assessed at Fellowship examinations and contained within the [Clinical Competency Rubric](https://www.racgp.org.au/education/registrars/fracgp-exams/clinical-competency-exam/clinical-competency-rubric-2021). |
|  | **Not observed/ insufficient evidence to assess** | **Well below Fellowship standard** | **Progressing towards Fellowship standard** | **At Fellowship standard** |
| **Competency Area** | Not the focus of this assessment/ not observed/ insufficient evidence to assess | Significant concerns in this area | Some criteria at standard | Most criteria at standard | All criteria at Fellowship standard |
| **Communication** |[ ] [ ] [ ] [ ] [ ]
| **Clinical Information gathering and interpretation** |[ ] [ ] [ ] [ ] [ ]
| **Making a diagnosis, decision making and reasoning** |[ ] [ ] [ ] [ ] [ ]
| **Clinical management and therapeutic reasoning** |[ ] [ ] [ ] [ ] [ ]
| **Partnering with the patient, preventative and population health** |[ ] [ ] [ ] [ ] [ ]
| **Professionalism** |[ ] [ ] [ ] [ ] [ ]
| **Organisation and general practice systems, regulatory requirements** |[ ] [ ] [ ] [ ] [ ]
| **Managing uncertainty –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ]
| **Managing the significantly ill patient –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ]
| **Comments/recommendations for improvement** Click or tap here to enter text. |

Random Case Analysis - Case 2

|  |  |  |
| --- | --- | --- |
| Patient information | Age: Click or tap here to enter text. | Sex: Click or tap here to enter text. |
|  | Case complexity: High [ ]  Medium [ ]  Low [ ]  Case Problem(s) presented and discussed:Click or tap here to enter text.  |
|  | **Not observed/ insufficient evidence to assess** | **Well below Fellowship standard** | **Progressing towards Fellowship standard** | **At Fellowship standard** |
| **Competency Area** | Not the focus of this assessment/ not observed/ insufficient evidence to assess | Significant concerns in this area | Some criteria at standard | Most criteria at standard | All criteria at Fellowship standard |
| **Communication** |[ ] [ ] [ ] [ ] [ ]
| **Clinical Information gathering and interpretation** |[ ] [ ] [ ] [ ] [ ]
| **Making a diagnosis, decision making and reasoning** |[ ] [ ] [ ] [ ] [ ]
| **Clinical management and therapeutic reasoning** |[ ] [ ] [ ] [ ] [ ]
| **Partnering with the patient, preventative and population health** |[ ] [ ] [ ] [ ] [ ]
| **Professionalism** |[ ] [ ] [ ] [ ] [ ]
| **Organisation and general practice systems, regulatory requirements** |[ ] [ ] [ ] [ ] [ ]
| **Managing uncertainty –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ]
| **Managing the significantly ill patient –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ]
| **Comments/recommendations for improvement**Click or tap here to enter text. |

Random Case Analysis - Case 3

|  |  |  |
| --- | --- | --- |
| Patient information | Age: Click or tap here to enter text. | Sex: Click or tap here to enter text. |
|  | Case complexity: High [ ]  Medium [ ]  Low [ ]  Case Problem(s) presented and discussed:Click or tap here to enter text.  |
|  | **Not observed/ insufficient evidence to assess** | **Well below Fellowship standard** | **Progressing towards Fellowship standard** | **At Fellowship standard** |
| **Competency Area** | Not the focus of this assessment/ not observed/ insufficient evidence to assess | Significant concerns in this area | Some criteria at standard | Most criteria at standard | All criteria at Fellowship standard |
| **Communication** |[ ] [ ] [ ] [ ] [ ]
| **Clinical Information gathering and interpretation** |[ ] [ ] [ ] [ ] [ ]
| **Making a diagnosis, decision making and reasoning** |[ ] [ ] [ ] [ ] [ ]
| **Clinical management and therapeutic reasoning** |[ ] [ ] [ ] [ ] [ ]
| **Partnering with the patient, preventative and population health** |[ ] [ ] [ ] [ ] [ ]
| **Professionalism** |[ ] [ ] [ ] [ ] [ ]
| **Organisation and general practice systems, regulatory requirements** |[ ] [ ] [ ] [ ] [ ]
| **Managing uncertainty –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ]
| **Managing the significantly ill patient –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ]
| **Comments/recommendations for improvement** Click or tap here to enter text. |

Global assessment

Global assessment is rated at the end of the clinical assessment. This represents your overall impression across all random case analyses performed. Competent overall performance includes communication, information gathering, making a diagnosis, clinical management, partnering with the patient, professionalism and organisation and systems.

Based on these assessments it reflects the doctor’s readiness for competent, unsupervised practice in Australia for this curriculum unit.

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| --- |
| Global assessment of competence |[ ] [ ] [ ]
|  | **Well below Fellowship standard** | **Progressing towards Fellowship standard***Needs further development to meet performance expectations for indicated competencies* | **At Fellowship standard** |
| Registrar strengthsClick or tap here to enter text. |
| Areas for improvementClick or tap here to enter text.  |
| CommentsClick or tap here to enter text. |

Concerns regarding registrar performance

|  |  |  |  |
| --- | --- | --- | --- |
| Indicate your level of concern with this registrar’s performance. *Please check the appropriate box*  | Significant concern[ ]  | Moderate concern[ ]  | No concern[ ]  |
| Details of concernClick or tap here to enter text.  |
| If significant concern selected:Does this meet criteria for critical incident reporting?*Refer to Critical incident and adverse event management and reporting guidelines for training programs* |
| Have you reviewed your concerns with the registrar?[ ]  Yes [ ]  No |

Feedback and future development plans

Goal 1

|  |  |
| --- | --- |
| Specific area for improvement  |  Click or tap here to enter text. |
| Registrar’s goal *Specific, measurable, achievable, relevant and time-bound*  |  Click or tap here to enter text. |
| Registrar’s actions *How is the registrar going to achieve the goal*  |  Click or tap here to enter text. |
| Outcome measure *How will registrar and supervisor measure improvement*  |  Click or tap here to enter text. |

Goal 2

|  |  |
| --- | --- |
| Specific area for improvement  |  Click or tap here to enter text. |
| Registrar’s goal *Specific, measurable, achievable, relevant and time-bound*  |  Click or tap here to enter text. |
| Registrar’s actions *How is the registrar going to achieve the goal*  |  Click or tap here to enter text. |
| Outcome measure *How will registrar and supervisor measure improvement*  |  Click or tap here to enter text. |

Goal 3

|  |  |
| --- | --- |
| Specific area for improvement  | Click or tap here to enter text. |
| Registrar’s goal *Specific, measurable, achievable, relevant and time-bound*  | Click or tap here to enter text. |
| Registrar’s actions *How is the registrar going to achieve the goal*  | Click or tap here to enter text. |
| Outcome measure *How will registrar and supervisor measure improvement*  | Click or tap here to enter text. |

Acknowledgment and review

***Assessor acknowledgement***

[ ]  I have completed the assessment and provided direct feedback to the registrar. We have discussed areas for further learning and development.

**Registrar Sign-Off**

|  |  |
| --- | --- |
| Registrar Name |  |
| Signature  |   |

**Assessor Sign-Off**

|  |  |
| --- | --- |
| Assessor Name |  |
| Signature  |   |

# Appendix: Performance Criteria

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| **Competency Area** | **Performance Criteria** |
| **Communication** | * Offer Aboriginal and Torres Strait Islander peoples services where culture, history, family and community are key considerations in the doctor-patient interaction
* Develop maintain and review effective communication strategies for communicating with patients and other health professionals who are located remotely
 |
| **Clinical Information gathering and interpretation** | * 2.3.2 Evaluate presenting health problems of Aboriginal and Torres Strait Islander patients taking into account physical, social, spiritual and psychological perspectives
* All available sources of information are appropriately considered when taking a history
* An appropriate and respectful physical examination is undertaken, targeted at the patient’s presentation and likely differential diagnoses, recorded accurately and interpreted correctly, specific positive and negative findings recorded
* Rational options for investigations are chosen using an evidence-based approach
* Interprets investigations in the context of the patient’s presentation
 |
| **Making a diagnosis, decision making and reasoning** | * Collects/reports clinical information in a hypothesis driven manner. Articulates an appropriate problem definition. Formulates a rational list of differential diagnoses (including most likely, less likely, unlikely and can’t miss diagnoses). Directs evaluation and treatment towards high priority diagnoses.
* 2.1 Deliver high quality medical care to Aboriginal and Torres Strait Islander peoples: e.g. evidence based guidelines, opportunistic care, identify barriers to treatment, effective follow-up
* 2.3.3 Demonstrate competence in the diagnosis and management of diseases with high prevalence in the patient population, including appropriate referral of psycho-social conditions
* 2.4.1 Use current evidence based, best practice guidelines for prevention, diagnosis and management of conditions with specific implications for Aboriginal and Torres Strait Islander peoples
* 2.4.2 Identify the burden of illness associated with environmental conditions, nutritional conditions and/or reduced exercise in Aboriginal and Torres Strait Islander communities in general, and the local community in particular
* 3.1.5 Assess the impacts racism has on the health of an individual, a family and/or a community
* 3.1.6 Describe the environmental and social determinants of health impacting on Aboriginal and Torres Strait Islander peoples in the local context and the initiatives and services developed by local Aboriginal and Torres Strait Islander health agencies
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| **Clinical management and therapeutic reasoning** | * Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely
* Rational prescribing is undertaken
* Monitors for medication side-effects and risks of polypharmacy
* Outlines and justifies the therapeutic options selected, basing this on the patient’s needs and the problem list identified
* Non-pharmacological therapies are offered and discussed
* Link into existing networks of health professionals in rural and remote settings
 |
| **Partnering with the patient, preventative and population health** | * 1.2 Deliver culturally safe medical care to Aboriginal and Torres Strait Islander peoples
* 1.2.2 Work in partnership with Aboriginal and Torres Strait Islander peoples to deliver appropriate and safe healthcare
* 1.2.3 Apply awareness of the context specific nature of Aboriginal and Torres Strait Islander culture in interactions with individuals and community
* 1.2.4 Use opportunities in clinical practice to conduct patient health education and counselling
* 1.2.5 Evaluate and present available options which take into account physical, social and psychological implications, and which enable the informed participation of the patient, family, community and health team
* 1.2.6 Integrate views of health and wellbeing of Aboriginal and Torres Strait Islander people and communities into a holistic approach to clinical practice
* Manage public health risks according to various guidelines
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| **Professionalism** | * 2.2 Work effectively with others to deliver high quality holistic care to Aboriginal and Torres Strait Islander peoples
* 4.2.3 Recognise the limits of own personal competence and take appropriate alternative action
* 4.2.4 Appropriately manage ethical dilemmas associated with Western beliefs based on the bio-medical model, Aboriginal and Torres Strait Islander cultural laws and beliefs about health, and the role of Aboriginal and Torres Strait Islander healers
* Encourages scrutiny of professional behaviour, is open to feedback and demonstrates a willingness to change
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| **Organisation and general practice systems, regulatory requirements** | * Maintains comprehensive and accurate clinical notes
* Demonstrates efficient use of recall systems to optimise health outcomes
* Accurately completes legal documentation appropriate to the situation
* Use specific Medicare and PBS programs to improve health outcomes
* Appropriately use Medicare programs in the delivery of healthcare for Aboriginal and Torres Strait Islander patients
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| **Managing uncertainty** | * Manages the uncertainty of ongoing undifferentiated conditions
* Recognises when to act and when to defer doing so and uses time as a diagnostic tool
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| **Managing the significantly ill patient** | * A significantly ill patient is identified
 |