# Clinical Assessment Rating Form | Case Based Discussion | Child Health

|  |  |
| --- | --- |
| 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 two cases. Both cases should be completed by the same assessor.

Case Based Discussion - 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 [Child Health ARST Curriculum](https://www.racgp.org.au/getmedia/5a419f7f-d191-43bf-bf0b-88c833ff4ca6/ID-1616-RACGP-RG-Child-health-ARST-Final-v2-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. |

Case Based Discussion - Case 2

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| 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 case based discussions 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** | * 1.2 Effectively communicate within a multidisciplinary team in the context of paediatric medicine
* Engages the patient to gather information about their symptoms, ideas, concerns, expectations of health care and the full impact of their illness experience on their lives
* Prioritises problems, attending to both the patient’s and the doctor’s agenda
* Develop maintain and review effective communication strategies for communicating with patients and other health professionals who are located remotely
 |
| **Clinical Information gathering and interpretation** | * 2.1.1 Obtain a detailed developmental, behavioural and clinical history from the patient and parents/carers (as appropriate to the patient’s developmental stage)
* 2.1.2 Perform a thorough physical examination that is tailored to the patient’s history, age and developmental stage
* 2.1.3 Use diagnostic tools as appropriate for the patient’s presentation and age
* All available sources of information are appropriately considered when taking a history
* Rational options for investigations are chosen using an evidence-based approach
* Interprets investigations in the context of the patient’s presentation
* Work effectively with patients who live in isolation
 |
| **Making a diagnosis, decision making and reasoning** | * 2.1.4 Interpret and integrate the history and physical examination to formulate a comprehensive and rational problem list and differential diagnosis, and modify the working diagnosis and treatment plan in response to investigation results
* 2.1.5 Apply diagnostic reasoning to arrive at one or more provisional diagnoses, considering common conditions in childhood and adolescence, diagnostic limitations and the effect of family dynamics and beliefs on presentations in children and young people
* Directs evaluation and treatment towards high priority diagnoses
* Demonstrates metacognition (thinking about own thinking)
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| **Clinical management and therapeutic reasoning** | * 2.1.6 Develop an evidence-based management plan in collaboration with the patient and their parent/carers
* 2.1.11 Seek specialist support using telehealth consults and/or referral as appropriate
* Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely
* Rational prescribing is undertaken
* 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
* Provides effective explanations, education and choices to the patient
* Link into existing networks of health professionals in rural and remote settings
 |
| **Partnering with the patient, preventative and population health** | * 2.1.8 Recognise potential complications of common presentations and initiate preventative strategies
* 2.1.9 Facilitate ongoing care planning as needed, ensuring that both patient and parent/carer needs are considered
* 3.1.1 Actively participate in child health surveillance, screening and disease control arrangements
* 3.1.4 Consider the differing profile of disease and health risks among culturally diverse groups and develop a flexible approach to health management for such patients
* Current and emerging public health risks are managed appropriately
* Educates patients and families in disease management and health promotion skills
* Identifies opportunities to effect positive change through health education and promotion
* Uses appropriate strategies to motivate and assist patients in maintaining health behaviours
 |
| **Professionalism** | * 4.1.1 Take appropriate steps to ensure safety, privacy and confidentiality in patient care while integrating the concepts of consent and the mature minor
* Exhibits high standards of moral and ethical behaviour towards patients, families, and colleagues (including an awareness of appropriate doctor/patient boundaries)
* Appropriately manages ethical dilemmas that arise
* Identifies and manages clinical situations where there are obstacles to provision of duty of care
* Actively engages in feedback as a dialogue, discussing performance and setting own goals for professional development
* Effectively communicate limits of role boundaries to patients, staff and community members
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| **Organisation and general practice systems, regulatory requirements** | * 5.1.1 Write legally appropriate and medically effective patient records in the care of children and adolescents
* 5.1.2 Complete documentation and required reports according to jurisdictional, legal and legislative requirements
* 5.1.3 Identify, and abide by, mandatory reporting responsibilities in relation to child protection against physical, sexual and emotional abuse or neglect, as well as legal responsibilities regarding reporting of notifiable disease, birth, death and autopsy
* 5.1.5 Work within relevant national and state legislation when providing care (such as obtaining informed consent for procedures from legal guardian, completing appropriate documentation relevant to the patient and context, and abiding by legislative requirements)
* 5.2 Follow effective procedures for the safe and timely provision of care, with consideration of local issues when making patient management decisions
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| **Managing uncertainty** | * Manages the uncertainty of ongoing undifferentiated conditions
* Addresses problems that present early and/or in an undifferentiated way by integrating all the available information to help generate differential diagnoses
* Recognises when to act and when to defer doing so and uses time as a diagnostic tool
 |
| **Managing the significantly ill patient** | * 2.2.1 Provide a problem solving approach to the appropriate early management of critically ill patients of all ages
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