# Clinical Assessment Rating Form | Random Case Analysis | Mental 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 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 [Mental Health ARST Curriculum](https://www.racgp.org.au/getmedia/e61adea6-e5b6-42e0-9256-2fd30d80f6c2/ID-1616-RACGP-RG-Mental-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. |

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.

|  |
| --- |
| 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

|  |  |
| --- | --- |
| **Competency Area** | **Performance Criteria** |
| **Communication** | * 1.2 Provide high-quality, holistic healthcare to patients with mental health issues
* Communication is appropriate to the person and the sociocultural context
* 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
* 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 Make accurate and comprehensive patient records and complete relevant documentation as appropriate to the situation
* 2.1.2 Identify comorbid clinical presentations
* 2.1.3 Assess associated risk factors
* 2.1.5 Use patient rating scales/outcome tools
* A comprehensive biopsychosocial history is taken from the patient
* All available sources of information are appropriately considered when taking a history
* Specific positive and negative findings are elicited
* 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** | * 2.1.6 Make a diagnosis and/or give a formulation using a bio-psycho-social model
* Integrates and synthesises knowledge to make decisions in complex clinical situations
* Modifies differential diagnoses based on clinical course and other data as appropriate
* Directs evaluation and treatment towards high priority diagnoses
* Demonstrates metacognition (thinking about own thinking)
 |
| **Clinical management and therapeutic reasoning** | * 4.5.1 Work effectively as part of a multidisciplinary team to help ensure continuity of care to patients with a mental health issue
* 2.2 Appropriately use a number of psychological therapies – CBT or alternative evidence-based therapies
* 2.3.1 Use a recovery-oriented model of care
* 2.3.2 Employ pharmacotherapy for the full spectrum of mental health issues
* 2.3.3 Manage psychiatric emergencies
* 2.3.4 Apply the principles of drug withdrawal and detoxification
* 2.3.5 Make a plan for relapse prevention and crisis intervention
* 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
* Safely prescribes restricted medications using appropriate permits
 |
| **Partnering with the patient, preventative and population health** | * 2.3.6 Demonstrate continuity of care for the long-term health of the patient
* 3.1.2 Assess and critically analyse the effects of stigma and discrimination, and the impacts these have on an individual, family, and carer
* 3.1.3 Describe the suicide risk factors in rural and remote areas
* 3.1.4 Formulate a plan to manage suicide risk
* Educates patients and families in disease management and health promotion skills
* Uses appropriate strategies to motivate and assist patients in maintaining health behaviours
 |
| **Professionalism** | * 4.5.1 Work effectively as part of a multidisciplinary team to help ensure continuity of care to patients with a mental health issue
* 4.5.2 Develop a comprehensive professional referral network
* 4.1.2 Manage patient confidentiality
* 4.2 Practise self-care and reflection
* 4.3 Demonstrate a commitment to mental health-related professional development
* 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
* Implements strategies to review potential and actual critical incidents to manage consequences and reduce future risk
* Actively engages in feedback as a dialogue, discussing performance and setting own goals for professional development
 |
| **Organisation and general practice systems, regulatory requirements** | * 5.1 Work within professional and legislative requirements and guidelines – Mental Health Act, state-based reporting requirements for child protection, domestic violence, substance abuse, notify authorities, standards of documentation and report writing
* 5.2.1 Establish a professional mental health network
* 5.2.2 Use a range of appropriate regional and metropolitan mental health services
* 5.3.1 Follow the appropriate protocols for home and hostel visiting
* 5.3.2 Follow local transfer and safe evacuation processes and protocols for psychiatric patients
* Maintains comprehensive and accurate clinical notes
* Written communication is clear, unambiguous and appropriate to the task
 |
| **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** | * 2.3.3 Manage psychiatric emergencies
* A significantly ill patient is identified.
* Demonstrate leadership in emergency situations
 |