# Clinical Assessment Rating Form | Case Based Discussion | Palliative Care

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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 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 [Palliative Care ARST Curriculum](https://www.racgp.org.au/getmedia/ce0a5c9d-8afe-4cae-b4a3-932f99d86f29/ID-1616-RACGP-RG-Palliative-Care-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** |[ ] [ ] [x] [ ] [ ]
| **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** | * 1.1 Communicate with patients, relatives and carers effectively and appropriately in the context of palliative care
* 1.2 Effectively communicate within a multidisciplinary team to provide high-quality, holistic palliative care
* 1.2.2 Clearly communicate advanced care directives and end of life issues with other professionals as required
* Integrate cultural perspectives and beliefs on health and wellbeing of Aboriginal and Torres Strait Islander peoples into holistic clinical practice
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| **Clinical Information gathering and interpretation** | * 2.1.1 Describe the experience of life-limiting illness from the perspective of the patient and their family and the meaning and consequences of illness to them
* 2.1.7 Assess risk factors for terminal decline
* An appropriate and respectful physical examination is undertaken, targeted at the patient’s presentation and likely differential diagnoses
* Rational options for investigations are chosen using an evidence-based approach
* Interprets investigations in the context of the patient’s presentation
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| **Making a diagnosis, decision making and reasoning** | * 2.1.5 Assess the patient and their situation to manage symptoms, as well as concurrent and new medical diagnoses
* Integrates and synthesises knowledge to make decisions in complex clinical situations
* Collects/reports clinical information in a hypothesis driven manner
* Demonstrates metacognition (thinking about own thinking)
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| **Clinical management and therapeutic reasoning** | * 2.1.2 Use evidence-based pathophysiology and symptom management to address the range of physical, psychosocial and spiritual issues relating to life-limiting illness and terminal decline
* 2.1.6 Demonstrate clinical management that is appropriate for the patient, their symptoms and their context
* 2.2 Appropriately use a range of palliative therapies – including managing concomitant problems, adverse effects of therapy, management of pain (non-pharmacological / pharmacological), safe prescribing
* 2.3 Appropriately use a range of management strategies – including care focused on QOL, supportive counselling, context of life, continuity of care
* 2.3.9 Apply disease-specific treatments in the management of progressive life-limiting illness
* 2.3.10 Manage common psychological concerns of patients as disease progresses
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| **Partnering with the patient, preventative and population health** | * 2.1.3 Assist patients to negotiate the common impacts of illness, uncertainty and the threat of death on interpersonal relationships, family functioning, body image, sexuality and personal and social role functioning
* 2.1.4 Practise culturally appropriate palliative care, with consideration for spiritual, cultural, ethnic and societal issues around death and dying, which impact on the practice of palliative medicine
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| **Professionalism** | * 2.4 Work effectively as part of a multidisciplinary team in the provision of safe palliative healthcare to patients with a terminal illness
* 3.1 Advocate for appropriate, timely, and best practice palliative care services for the community
* 4.1.2 Recognise, analyse and address ethical issues and conflicts in patient care and clinical practice
* 4.2 Apply self-reflection in improving clinical care
* 4.3 Apply strategies for managing the personal challenges of dealing with death and grief on a daily basis
* 4.4.2 Access opportunities for professional supervision and peer review
* Effectively manage any conflicts between personal and professional roles
* Effectively communicate limits of role boundaries to patients, staff and community members
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| **Organisation and general practice systems, regulatory requirements** | * 3.2.3 Identify local palliative care resources, and budgetary and human resource limitations, to help determine efficient and effective service delivery for the community
* 5.1 Work within relevant organisational, statutory and regulatory requirements and guidelines associated with end-of-life care e.g., legislative requirements, informed consent, power of attorney, enduring guardian and advance care directives, “not for resuscitation” orders, body or tissue donation and standards of documentation
* 5.2 Monitor and improve the delivery of palliative care
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| **Managing uncertainty** | * 2.3.6 Make a plan for managing deterioration and for crisis intervention that falls outside the expected clinical course of the life-limiting illness
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| **Managing the significantly ill patient** | * 2.3.4 Recognise and manage emergencies as they arise in the context of palliative and end-of-life care.
* 2.3.8 Outline the criteria for transfer of palliative patients to and from hospital
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