# Clinical Assessment Rating Form | Direct Observation of Procedural Skills | Core Emergency Medicine Training

|  |  |
| --- | --- |
| 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. |

This assessment is based on three cases. All cases should be completed by the same assessor.  
  
Direct Observation of Procedural Skills – Case 1

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Patient information | Age: Click or tap here to enter text. | | Sex: Click or tap here to enter text. | | | | |
| Patient case details  (brief case summary) | Click or tap here to enter text. | | | | | | |
| Procedure | Core  Non-core  Specific skills observed: Click or tap here to enter text. | | | | | | |
| Rating  Not 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. | | | | | | | |
|  | | **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 |
| Technical skill performing the procedure | |  | |  |  |  |  |
| Informed consent | |  | |  |  |  |  |
| Preparation and Planning | |  | |  |  |  |  |
| Prevention and management of complications | |  | |  |  |  |  |
| Post-procedure management | |  | |  |  |  |  |
| Overall Performance | |  | |  |  |  |  |
| **Comments / strengths / recommendations for improvement / agreed actions for development**  Click or tap here to enter text. | | | | | | | |

Direct Observation of Procedural Skills – Case 2

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Patient information | Age: Click or tap here to enter text. | | Sex: Click or tap here to enter text. | | | | |
| Patient case details  (brief case summary) | Click or tap here to enter text. | | | | | | |
| Procedure | Core  Non-core  Specific skills observed: 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 |
| Technical skill performing the procedure | |  | |  |  |  |  |
| Informed consent | |  | |  |  |  |  |
| Preparation and Planning | |  | |  |  |  |  |
| Prevention and management of complications | |  | |  |  |  |  |
| Post-procedure management | |  | |  |  |  |  |
| Overall Performance | |  | |  |  |  |  |
| **Comments / strengths / recommendations for improvement / agreed actions for development**  Click or tap here to enter text. | | | | | | | |

Direct Observation of Procedural Skills – Case 3

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Patient information | Age: Click or tap here to enter text. | | Sex: Click or tap here to enter text. | | | | |
| Patient case details  (brief case summary) | Click or tap here to enter text. | | | | | | |
| Procedure | Core  Non-core  Specific skills observed: 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 |
| Technical skill performing the procedure | |  | |  |  |  |  |
| Informed consent | |  | |  |  |  |  |
| Preparation and Planning | |  | |  |  |  |  |
| Prevention and management of complications | |  | |  |  |  |  |
| Post-procedure management | |  | |  |  |  |  |
| Overall Performance | |  | |  |  |  |  |
| **Comments / strengths / recommendations for improvement / agreed actions for development**  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 direct observation of procedural skills performed. Competent overall performance includes technical skills in performing the procedure, preparation and planning, informed consent, documentation, prevention and management of complications, and post-procedure management.

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 strengths  Click or tap here to enter text. | | | |
| Areas for improvement  Click or tap here to enter text. | | | |
| Comments  Click 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 concern  Click 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 |  |