# Clinical Assessment Rating Form | Mini-CEX | Aboriginal and Torres Strait Islander 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 form is for use by the assessor conducting a mini-CEX assessment. Assessors may elect to conduct a non-focussed or focussed mini-CEX which concentrates on a particular competency area or areas. The assessment is based on three cases. All cases should be completed by the same assessor.

Consultation - Case 1

|  |  |  |
| --- | --- | --- |
| Patient information | Age: Click or tap here to enter text. | Sex: Click or tap here to enter text. |
| Patient’s problem(s) | Click or tap here to enter text. |
| Consultation type | New to the registrar [ ]  Follow up [ ]   |
| Case complexity  | High [ ]  Medium [ ]  Low [ ]   |
| 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** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Procedural skills –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ] [ ]
| **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. |

Consultation - Case 2

|  |  |  |
| --- | --- | --- |
| Patient information | Age: Click or tap here to enter text. | Sex: Click or tap here to enter text. |
| Patient’s problem(s) | Click or tap here to enter text. |
| Consultation type | New to the registrar [ ]  Follow up [ ]   |
| Case complexity | High [ ]  Medium [ ]  Low [ ]   |
|  | **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** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Procedural skills –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ] [ ]
| **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. |

Consultation - Case 3

|  |  |  |
| --- | --- | --- |
| Patient information | Age: Click or tap here to enter text. | Sex: Click or tap here to enter text. |
| Patient’s problem(s) | Click or tap here to enter text. |
| Consultation type | New to the registrar [ ]  Follow up [ ]   |
| Case complexity | High [ ]  Medium [ ]  Low [ ]   |
|  | **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** |[ ] [ ] [ ] [ ] [ ] [ ]
| **Procedural skills –** **not applicable to this consultation** [ ]  |[ ] [ ] [ ] [ ] [ ] [ ]
| **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 direct observation of patient consultations and clinical case analyses performed. Competent overall performance includes communication, information gathering, management, partnering with the patient, organisation and systems, and professionalism.

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** | * 1.1.3 Adapts to the differences between Aboriginal and Torres Strait Islander communication styles and Western communication styles
* 1.1.5 Demonstrate culturally safe communication with Aboriginal and Torres Strait Islander peoples
* 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
* Communicates effectively in routine and difficult situations
* Demonstrates active listening skills
* Consults effectively in a focused manner within the timeframe of a normal consultation
* Safety netting and specific follow up arrangements are made
 |
| **Clinical Information gathering and interpretation** | * 2.3.1 Undertake a thorough, accurate and culturally safe history with Aboriginal and Torres Strait Islander patients
* 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. Findings are interpreted correctly. 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 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
* 2.3.2 Evaluate presenting health problems of Aboriginal and Torres Strait Islander patients taking into account physical, social, spiritual and psychological perspectives
* 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
* 2.4.2 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
* Modifies differential diagnoses based on clinical course and other data as appropriate
* Demonstrates diagnostic accuracy - this does not require the correct diagnosis, but that the direction of reasoning was appropriate and accurate
* 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
 |
| **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 / Safely prescribes restricted medications using appropriate permits
* 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
* A patient-centred and comprehensive management plan is developed. Provides effective explanations, education and choices to the patient
 |
| **Partnering with the patient, preventative and population health** | * 1.1.6 Use appropriate channels to communicate with the community in a variety of settings
* 1.2 Deliver culturally safe medical care to Aboriginal and Torres Strait Islander peoples e.g., build trust, work in partnership / team-based approach, awareness of specific culture
* 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
* Implements screening and prevention strategies to improve outcomes for individuals at risk of common causes of morbidity and mortality. Uses planned and opportunistic approaches to provide screening, preventative care and health promotion activities
* Demonstrates understanding of available services in the local community
* Current and emerging public health risks are managed appropriately
* Use evidence-based preventive and population health approaches to reduce health inequalities in Aboriginal and Torres Strait Islander communities
* Implement strategies to minimise obstacles to accessing care
 |
| **Professionalism** | * 2.2 Work effectively with others to deliver high quality holistic care to Aboriginal and Torres Strait Islander peoples: e.g. multidisciplinary team, utilise AHW, involve family and community
* 4.2.1 Identify, and utilise, strategies for establishing and improving self-awareness and cultural competence when interacting with Aboriginal and Torres Strait Islander peoples
* 4.2.3 Recognise the limits of own personal competence and take appropriate alternative action
* Encourages scrutiny of professional behaviour, is open to feedback and demonstrates a willingness to change
* Appropriately manages ethical dilemmas that arise
 |
| **Organisation and general practice systems, regulatory requirements** | * Appropriately uses the computer/IT systems to improve patient care in the consultation. Demonstrates efficient use of recall systems to optimise health outcomes
* Maintains comprehensive and accurate clinical notes
* Accurately completes legal documentation appropriate to the situation
* Informed consent is explained and obtained
* 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
 |
| **Procedural skills** | * Demonstrates a wide range of procedural skills to a high standard and as appropriate to the community requirements
* Refers appropriately when a procedure is outside their level of competence.
* Identify, cultivate and maintain skills relevant to the practice and specific to community needs
 |
| **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** | * Correctly identifies actual or potentially life-threatening health problems
* Has confidence in and takes ownership of own decisions while being aware of own limitations
 |