# Clinical Assessment Rating Form | Random Case Analysis | Adult Internal Medicine

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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 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 [Adult Internal Medicine ARST Curriculum](https://www.racgp.org.au/getmedia/1bd3e1d4-0e19-487e-84db-d8e8f8acd2c7/ID-1616-RACGP-RG-AIM-ARST-Final-v2.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) (Procedural skills - not assessed as assessed under Direct Observation of Procedural Skills - DOPS). |
|  | **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

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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. |

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.

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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** | * 1.1.2 Demonstrate a holistic approach to identifying issues of greatest importance to patients' health and management
* Communication is appropriate to the person and the sociocultural context
* Matches modality of communication to patient needs, health literacy and context
 |
| **Clinical Information gathering and interpretation** | * 2.1.1 Obtain a focussed and accurate history efficiently using both patient information and other strategies as needed
* 2.1.3 Use specific diagnostic tools as appropriate
* An appropriate and respectful physical examination is undertaken, targeted at the patient’s presentation and likely differential diagnoses
* Specific positive and negative findings are elicited
* Rational options for investigations are chosen using an evidence-based approach
 |
| **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
* Demonstrates metacognition (thinking about own thinking)
 |
| **Clinical management and therapeutic reasoning** | * 2.1.5 Develop an evidence-based management plan that considers the impact of patient factors and comorbidities as well as the patient’s quality of life
* 2.1.6 Prioritise the urgency of individual investigations and treatments, and use diagnostic reasoning to minimise the number of investigations used and possible harm from false positives
* Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely
* Rational prescribing is undertaken
* Monitors for medication side-effects and risks of polypharmacy
* Safely prescribes restricted medications using appropriate permits
* Non-pharmacological therapies are offered and discussed
* Provides effective explanations, education and choices to the patient
 |
| **Partnering with the patient, preventative and population health** | * 2.1.8 Recognise potential complications of the disease/condition and its management, and initiate preventative strategies
* 2.2.1 Identify services that best meet the needs of the patient
* 3.1.1 Identify trends and patterns in presentations in the context of the community
* 3.1.3 Consider the differing profile of disease and health risks among culturally diverse groups and develop a flexible approach to health management for such patients
* 5.2.1 Consider the availability of local and transfer resources in making decisions about whether to provide care/management locally or transfer to another facility
* Coordinates a team-based approach
* Identifies opportunities to effect positive change through health education and promotion
* Uses appropriate strategies to motivate and assist patients in maintaining health behaviours
* Implement strategies to minimise obstacles to accessing care
 |
| **Professionalism** | * 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
* Judges the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making
* Actively engages in feedback as a dialogue, discussing performance and setting own goals for professional development
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| **Organisation and general practice systems, regulatory requirements** | * 5.1 Work within organisational frameworks, and apply relevant jurisdictional requirements and best practice guidelines
* 5.1.1 Write legally appropriate and medically effective patient records.
* 5.1.5 Work within relevant national and state legislation when providing care (such as obtaining informed consent for procedures, completing appropriate documentation relevant to the patient and context, and abiding by legislative requirements)
* 5.2.2 Refer and arrange local rural community transport and safe evacuation processes as required
* 5.2.3 Appropriately prioritise patient management according to individual patient needs, time and other resources available
* Patient confidentiality is managed appropriately
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| **Managing uncertainty** | * Manages the uncertainty of ongoing undifferentiated conditions
* Recognises when to act and when to defer doing so and uses time as a diagnostic tool
 |
| **Managing the significantly ill patient** | * 2.3.1 Provide a problem-solving approach to the appropriate early management of critically ill patients
* Has confidence in and takes ownership of own decisions while being aware of own limitations
 |