# Clinical Assessment Rating Form | Random Case Analysis | Surgery

|  |  |
| --- | --- |
| 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 [Surgery ARST Curriculum](https://www.racgp.org.au/getmedia/3d98642f-8a82-4a56-b297-da0cb2265a63/ID-1616-RACGP-RG-Surgery-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). (Procedural skills - not assessed here as assessed in 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

|  |  |  |
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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 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

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| **Competency Area** | **Performance Criteria** |
| **Communication** | * Communication is appropriate to the person and the sociocultural context
* Matches modality of communication to patient needs, health literacy and context
* Uses a variety of communication techniques and materials (e.g. written or electronic) to adapt explanations to the needs of the patient
 |
| **Clinical Information gathering and interpretation** | * 1.1.1 Demonstrate a holistic approach to identifying issues of most importance to patients’ health and management
* 1.2.2 Identify stress and grief symptoms in patients and their relatives and friends, and provide empathic and culturally appropriate support and follow-up
* 2.2.1 Take an accurate and detailed surgical history and perform a comprehensive physical examination to facilitate decision making
* All available sources of information are appropriately considered when taking a history
* 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** | * 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
 |
| **Clinical management and therapeutic reasoning** | * 2.2.2 Undertake pre-operative and post-operative management of common surgical conditions and their associated complications
* 5.2.1 Consider the availability of local and transfer resources in making decisions about whether to provide surgical management locally or transfer to another facility (treat or transfer)
* Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely
* Rational prescribing is undertaken
* 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
* 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** | * 2.3.1 Identify surgical services that best meet the needs of the patient
* 3.1.1 Identify trends and patterns in surgical presentations in the context of the community
* 3.1.2 Apply a population health approach to planning and developing processes to address identified trends and patterns
* 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
* 3.1.4 Use relevant protocols and guidelines and, where necessary, participate in the development of these guidelines for population health issues in the community
* 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
* Educates patients and families in disease management and health promotion skills
* Identifies opportunities to effect positive change through health education and promotion
* Uses appropriate strategies to motivate and assist patients in maintaining health behaviours
 |
| **Professionalism** | * 2.3.2 Work effectively as part of a multi-disciplinary team to provide surgical services that are in the best interests of the patient and within individual limitations
* 4.1.1 Take appropriate steps to ensure safety, privacy and confidentiality in patient care
* 4.2.3 Establish professional networks, organisations and use available rural resources and referral agencies
* 4.3.2 Identify, and take appropriate steps to mitigate, the risks for a GP Surgical Proceduralist working in professional and/or geographical isolation
* 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
* Judges the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making
 |
| **Organisation and general practice systems, regulatory requirements** | * 5.1.1 Write legally appropriate and medically effective patient records.
* 5.1.2 Complete documentation and required reports in the care of a surgical patient according to jurisdictional, legal and legislative requirements
* 5.1.3 Identify, and abide by, legal responsibilities regarding reporting of notifiable disease, birth, death and autopsy.
* 5.1.4 Work within relevant national and state legislation when providing surgical care (such as obtaining informed consent for surgical procedures, completing appropriate documentation relevant to the patient and context, and abiding by legislative requirements)
* Patient confidentiality is managed appropriately
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| **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** | * 2.4.1 Provide a problem-solving approach to the appropriate early management of patients with trauma
* 2.4.4 Arrange and/or perform emergency patient transport or evacuation when required
 |