### CRITERIA FOR ASSESSMENT OF PERFORMANCE

<table>
<thead>
<tr>
<th>ASSESSMENT DOMAINS</th>
<th>ACCURACY OF HISTORY</th>
<th>ACCURACY OF THE CLINICAL EXAMINATION</th>
<th>SYNTHESIS &amp; PRIORITISATION OF CLINICAL PROBLEMS</th>
<th>UNDERSTANDING THE IMPACT OF THE ILLNESS ON THE PATIENT AND FAMILY</th>
<th>DEVELOPMENT AND DISCUSSION OF AN APPROPRIATE MANAGEMENT PLAN</th>
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</table>
| **Excellent Performance** | • Sophisticated interpretation of the history  
  • Focuses on key issues  
  • Shows perceptiveness in extracting difficult information | • Actively seeks subtle signs that might enhance diagnosis  
  • Superior organisation of difficult examination | • Identifies all major and minor problems  
  • Very careful prioritisation which includes a long term view  
  • Recognises social impact of disease | • Shows mature understanding of subtle, difficult, or intimate aspects of patient’s functioning  
  • Demonstrates balance when discussing issues and sophisticated use of external social support | • Superior construction of management plan, including long term impact  
  • Highly developed and discriminating use of investigations  
  • Mature recognition and interpretation of inconsistent results |
| **Better than Expected Standard** | • Emphasis on appropriate details  
  • Appreciates subtleties  
  • Interprets significant aspects of the history | • Includes important relative negative signs  
  • Appreciates significance of more subtle signs | • Confidently identifies essential problems  
  • Shows maturity in recognising lesser issues | • Shows persistence in exploring subtle psychological issues, or issues that impact on the patient or family | • Proposes appropriate management plan with good understanding of social impact lifestyle and psychological aspects of disease  
  • Good use of discriminating investigations  
  • Accurate interpretation of results |
| **Expected Standard** | • Complete and accurate history  
  • Minimal need to clarify details  
  • Timely and well structured  
  • Some interpretation | • Correctly identifies all important physical signs | • Identifies all key problems  
  • Arranges problems in order of priority | • Understands patient’s physical and psychological functioning in relation to disease  
  • Appreciates impact of treatment and prognosis on patient and family | • Proposes an appropriate management plan for the major issues  
  • Provides a sensible, balanced approach to investigations  
  • Interprets investigations appropriately  
  • Recognises important side effects of proposed treatment |
| **Below Expected Standard** | • Poorly organised  
  • Omission of some key issues  
  • Important details not clarified | • Omission and/or incorrect reporting of some important physical signs | • Problems poorly prioritised  
  • Significant problems undervalued | • Fails to recognise some important aspects of the disease on patient or family  
  • Misses some aspects affecting functioning or reaction to illness | • Some errors in arranging a management plan  
  • Erratic and non-discriminatory use of investigations  
  • Errors in the interpretation of tests  
  • Lacking some appreciation of complications of treatment |
| **Well Below Expected Standard** | • Omission of many key points  
  • Inaccuracies or lack of detail  
  • Repetitive, poorly structured  
  • Historic details not clarified | • Many significant signs not recognised | • Poor understanding of significant problems  
  • Requires substantial prompting | • Poor understanding of the impact of disease on patient and family  
  • Shows little concern about psychological aspects | • Inappropriate or poorly directed management plan  
  • Poor understanding of useful investigations  
  • Inability to interpret investigations  
  • Major inability to appreciate side effects of treatment |
| **Very Poor Performance** | • No clear structure  
  • Focused only on single problem  
  • Minimal detail | • Minimal attention to detail with the examination | • Most key management issues unidentified  
  • No attempt to establish priority | • Impact of disease not explored at all, or unable to be discussed | • Poorly directed management plan without consideration of major issues  
  • Very poor ordering of investigations without consideration of expense or potential complications  
  • No attempt to interpret investigations  
  • No understanding of side effects of treatment |

**BT Curriculum Link**  
1.1.1  
1.1.2  
1.1.3  
1.1.1, 1.1.3, 1.2.1 (psychosocial care)  
1.1.4, 1.2, 2.2.1, 2.3  

**Professional Qualities Curriculum**  
1.1  
4.1  
6.1  

**NOTE:** In coming to an overall assessment score, not all domains will be equally weighted or always applicable due to variability of patient cases

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# CRITERIA FOR ASSESSMENT OF PERFORMANCE

## ADULT MEDICINE

<table>
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<tr>
<th><strong>ASSESSMENT DOMAINS</strong></th>
<th><strong>INTERACTION WITH PATIENT/FAMILY</strong></th>
<th><strong>EXAMINATION TECHNIQUE</strong></th>
<th><strong>EXAMINATION ACCURACY</strong></th>
<th><strong>INTERPRETATION AND SYNTHESIS OF PHYSICAL FINDINGS</strong></th>
<th><strong>INVESTIGATIONS/MANAGEMENT</strong></th>
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</table>
| **Excellent Performance** | Candidates SHOULD achieve the expected standard in terms of their interaction with the patient/family  
  • Exceeds expected standard | Fluent and accurate and within time  
  • Makes adjustment to routine where appropriate | Correctly identifies all essential and desirable signs | Establishes most likely diagnosis on basis of examination. Considers all likely alternatives | Correctly interprets investigations and integrates with examination findings without prompting  
  • Recognises and discusses areas of doubt  
  • Uses results to support differential diagnosis and discussion |
| **Better than Expected Standard** | Candidates SHOULD achieve the expected standard in terms of their interaction with the patient/family  
  • Meets expected standard | Fluent and accurate and within time  
  • Makes adjustment to routine where appropriate | Correctly identifies all essential and most desirable signs | Identifies most likely diagnosis and provides reasonable differential diagnoses based on physical findings | Correctly interprets all major findings |
| **Expected Standard** | Candidates SHOULD achieve the expected standard in terms of their interaction with the patient/family  
  • Introduces him/herself to the patient  
  • Shows respect for patient as indicated by preservation of patient’s modesty, seeking permission for sensitive aspects of examination  
  • Recognises and modifies examination when painful | Undertakes systematic examination of required area or system without unnecessary duplication  
  • Demonstrates confidence in the examination  
  • Completes assigned tasks in appropriate time | Detects all essential signs  
  • Reports significant negative findings  
  • Does not find major signs that are not present | Provides appropriate interpretation of signs  
  • Recognises inconsistencies in interpretation and findings  
  • Provides sensible priorities in diagnosis  
  • Discusses appropriate alternative diagnoses | Accurately interprets in context of investigations  
  • Suggests appropriate line of investigation and integrates them with examination findings |
| **Below Expected Standard** | Candidates SHOULD achieve the expected standard in terms of their interaction with the patient/family  
  • Inappropriate and insensitive approach to patient | Examination incomplete or lacking fluency or systematic approach | Misses essential signs  
  • Fails to look for or mention important negative findings | Not confident with a diagnosis  
  • List of differential diagnoses poorly developed  
  • Unable to consider alternative explanations for findings  
  • Requires more than minor prompting to reconsider options | Does not offer appropriate investigations  
  • Misinterprets or is unable to integrate investigations with examination findings |
| **Well Below Expected Standard** | Candidates SHOULD achieve the expected standard in terms of their interaction with the patient/family  
  • Unduly rough, clumsy or causes pain without adjustment or apology | Very slow and requires substantial prompting and guidance | Misses essential signs  
  • Finds abnormalities that are not present  
  • Fails to look for important negative findings | Unable to suggest a reasonable diagnosis  
  • May advance diagnoses inconsistent with signs  
  • Requires substantial prompting  
  • Unable to reconsider additional information which may alter diagnosis | Unable to use investigations to assist in diagnosis  
  • Inappropriate dependence on investigations |
| **Very Poor Performance** | Candidates SHOULD achieve the expected standard in terms of their interaction with the patient/family  
  • Requiring examiners to intervene | Slow examination not completed in appropriate time  
  • Cannot perform appropriate examination of system | Misses all essential signs  
  • Finds abnormalities that are not present  
  • Fails to look for important negative findings | Unable to suggest a reasonable diagnosis  
  • Unable to interpret the physical signs elicited | Unable to suggest reasonable investigations  
  • Misinterprets information provided |

**BT Curriculum Link**: 1.1.2 1.1.2 1.1.2 1.1.3 1.1.4  
**Professional Qualities Curriculum**: 1.1.1, 4.1.2  
**Version**: 1.3  
**Date**: 30 May 2017

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