<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  
• Need to clarify important details | • Omission and/or incorrect reporting of some important 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  
• Historical 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, 1.2.1, 1.2, 1.2.2, 1.2.3, 1.2.5, 2.1.1, 2.1.2, 2.3, 2.4  
**Professional Qualities Curriculum**: 1.2, 1.2.1, 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.
<table>
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<tr>
<th>ASSESSMENT DOMAINS</th>
<th>INTERACTION WITH PATIENT/FAMILY</th>
<th>EXAMINATION TECHNIQUE</th>
<th>EXAMINATION ACCURACY</th>
<th>INTERPRETATION AND SYNTHESIS OF PHYSICAL FINDINGS</th>
<th>INVESTIGATIONS/ MANAGEMENT</th>
</tr>
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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;  
• Requires substantial prompting and guidance | 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 |

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