Rehabilitation Medicine (Adult)

In-training Long Case Assessment (ITCLA) matrix

PREP trainees only: Formal Long Case Assessment (FLCA) matrix

Specialty Entry and Specialty Foundation phases

PREP Years 1 & 2

Each assessment domain corresponds to a learning goal from the new curriculum, supporting consistency and clarity in trainee assessment.

Assessment domains	1 - Very poor for level of training *PREP rating: 1*	2 *PREP rating: 2-3*	3 - Expected level of training *PREP rating: 4*	4 *PREP rating: 5-6*	5 - Exceptional for level of training *e.g. level of senior/final year registrar* *PREP rating: 7*
Clinical examination Learning goal 5: Clinical assessment and management of function • **General observation** • **Systemic examination** • **Basic functional examination (e.g. gait if appropriate, cognition, etc.)** • **General comment on prosthesis or orthosis** • **Respect for patient and/or cultural awareness**	• Did not examine patient • Paid minimal attention to detail • Caused patient discomfort during examination • Did not display respect for patient or any cultural awareness	• Only performed basic targeted or limited systemic examination • Did not recognise key signs • Displayed poor level of respect for patient / cultural awareness	• Was able to perform a correct and reasonably complete systemic examination and relevant basic functional examination • Reported on important signs relevant to case • Showed basic understanding of prosthesis / orthosis • Displayed respect for patient during examination • Displayed cultural awareness • Was able to identify orthosis / prosthesis	• Was able to identify all important signs and elaborate on specific of examination findings • Expanded on reporting of functional examination findings • Was able to elaborate on prosthesis / orthosis • Displayed respect for patient and cultural awareness during examination	• Provided comprehensive and detailed examination • Was able to look for more subtle signs and report on relevant negative findings • Was able to provide details of prosthesis / orthosis • Was able to manage very difficult examination and show respect for patient's autonomy

Assessment domains	1 (Very poor) *PREP rating: 1*	2 *PREP rating: 2-3*	3 (Expected) *PREP rating: 4*	4 *PREP rating: 5-6*	5 (Exceptional) *PREP rating: 7*
History taking Learning goal 5: Clinical assessment and management of function • **Biopsychosocial history (history of presenting complaint, past medical history, medication(s), social history, systemic history)** • **Communication skills**	• Did not follow clear structure • Focused only on single problem • Provided minimal detail • Displayed very poor communication skills	• Was poorly organised • Omitted key points • History contained inaccuracies / lacked detail • History was repetitive, poorly structured • Did not clarify historical details • Displayed poor communication skills	• Took complete biopsychosocial history with minimal omissions • Displayed acceptable communication skills and cultural awareness	• Took complete biopsychosocial history with no omissions • Included functional history • Focused on key issues • Displayed good communication skills	• Was able to provide appropriate details with subtleties and to interpret significant aspects of the history • Was able to show perceptiveness in extracting difficult information • Provided sophisticated interpretation of the history • Displayed exceptional communication skills
Clinical findings and interpretation Learning goal 5: Clinical assessment and management of function • **Presentation skills** • **Investigation** • **Problem list or differential diagnosis** • **Prioritisation of information**	• Was not able to identify any key medical issues • Was not able to interpret information gathered • Was not able to provide problem list / differential diagnosis • Was not able to interpret investigations correctly	• Demonstrated poor understanding of key medical issues • Required substantial prompting • Provided poor interpretation of the information • Was not able to prioritise information in relation to the case • Did not provide problem list / differential diagnosis • Made error(s) in interpreting investigations	• Was able to correctly identify most key medical issues and prioritise them logically • Provided an acceptable problem list / differential diagnosis • Correctly interpreted investigations (MMSE, x-ray, etc.)	• Was able to correctly identify all key medical issues and prioritise them logically • Was able to identify functional issues • Provided good problem list / differential diagnosis • Was able to correctly interpret and elaborate on significance of investigations	• Demonstrated superior prioritisation of all major and minor medical issues • Demonstrated superior synthesis and integration of issues in relation to the case • Demonstrated superior understanding of investigations – was able to describe inconsistencies in results • Was able to justify significance of investigations and impact of results / findings in the case

Assessment domains	1 (Very poor) *PREP rating: 1*	2 *PREP rating: 2-3*	3 (Expected) *PREP rating: 4*	4 *PREP rating: 5-6*	5 (Exceptional) *PREP rating: 7*
Short term management plan Learning goal 6 • **Medical management** • **Effect of treatment** • **Basic understanding of multidisciplinary team (MDT) approach**	• Was not able to formulate medical management plan • Was not able to explain effect(s) of treatment (i.e. mechanism of action, side effects, etc.)	• Formulated minimal medical management plan that contained significant errors • Demonstrated poor understanding of effect(s) of treatment • Showed lack of awareness of MDT's role/approach	• Proposed appropriate medical management plan • Demonstrated good understanding of effect(s) of treatment • Demonstrated understanding of MDT approach	• Provided comprehensive medical management plan • Was able to justify use of different pharmacological agents • Was able to provide integrated non-pharmacological management plan (e.g. education, etc.) • Demonstrated good understanding of MDT approach	• Demonstrated superior organisation of medical management plan, providing detailed information, including short-term prevention of medical issues (e.g. DVT, pressure ulcer, etc.) • Demonstrated high level of understanding of effect(s) of treatment • Demonstrated very good understanding of MDT approach

Assessment domains	1 (Very poor) *PREP rating: 1*	2 *PREP rating: 2-3*	3 (Expected) *PREP rating: 4*	4 *PREP rating: 5-6*	5 (Exceptional) *PREP rating: 7*
Impact of illness on patient and family Learning goal 7: Longitudinal care • **Understanding of psychosocial impact and reaction to illness for patient and family** • **Recognition of potential carer stress**	• Did not explore psychosocial impact of disease on patient and family at all or was not able to discuss it	• Demonstrated poor understanding of psychosocial impact of disease on patient and family • Showed little concern about psychological aspects of disease for patient and family • Failed to recognise some important aspects of disease for patient or family	• Was able to acknowledge psychosocial impact of illness on patient and family (i.e. carer stress) • Was able to recognise some important impacts of disease for patient or family in relation to resources to manage impact and discharge planning	• Was able to elaborate broadly on psychosocial impact of illness on patient and family • Was able to demonstrate understanding of the impact of illness on discharge planning process (e.g. permanent placement) • Was able to demonstrate ability to use pre-existing resources to manage impact (e.g. social worker input)	• Provided detailed description of psychosocial impact of illness • Was able to demonstrate strong advocacy and respect for patient and family's wishes when considering impact of illness
Long term management plan Learning goal 7: Longitudinal care • **Long-term Medical management** • **Long-term Impact of illness (e.g. secondary or tertiary prevention)** • **Understanding of support services**	• Was not able to formulate medical management plan • Was not able to recognise long-term impact of illness	• Formulated minimal medical management plan that contained significant errors • Demonstrated poor understanding of long-term impact of illness	• Proposed appropriate long-term medical management plan • Demonstrated good understanding of long-term impact of illness (e.g. effects on bone health, secondary prevention of stroke)	• Provided comprehensive medical management plan • Was able to consider input from services (e.g. day rehabilitation, peer support network, etc.)	• Demonstrated superior organisation of medical management plan, providing detailed information • Demonstrated superior understanding of support services

Rehabilitation Medicine (Adult)

In-training Long Case Assessment (ITCLA) matrix

PREP trainees only: Formal Long Case Assessment (FLCA) matrix

Specialty Consolidation and Transition to Fellowship phases

PREP Years 3 & 4

Each assessment domain corresponds to a learning goal from the new curriculum, supporting consistency and clarity in trainee assessment.

Assessment domains	1 - Very poor for level of training *PREP rating: 1*	2 *PREP rating: 2-3*	3 - Expected level of training *PREP rating: 4*	4 *PREP rating: 5-6*	5 - Exceptional for level of training *e.g. level of junior consultant* *PREP rating: 7*
Clinical examination Learning goal 5: Clinical assessment and management of function • **General observation** • **Systemic examination** • **Functional examination (e.g. detailed gait assessment, spasticity, etc.)** • **Familiar with ASIA/ISNCSCI (if relevant)** • **Prosthesis or orthosis** • **Respect for patient and/or cultural safety**	• Did not examine patient • Was not able to perform functional or cognitive examinations • Paid minimal attention to detail	• Only performed targeted systemic, functional or cognitive examination (*just one of these*) • Did not recognise many significant signs • Omitted key issues	• Was able to report on important signs relevant to the case • Was able to perform systemic, functional and cognitive examinations • Demonstrated cultural competency • Was able to provide description of orthosis / prosthesis	• Was able to identify all important signs and elaborate on specific of examination findings • Showed confidence in performing extensive functional and cognitive assessment (i.e. spasticity assessment, etc.) • Was able to provide detailed description of orthosis / prosthesis	• Was able to look for more subtle signs and report on relevant negative findings • Was able to manage very difficult examination and demonstrate competence in reassuring patient during the examination • Was able to provide reasoning on use of orthosis / prosthesis

Assessment domains	1 (Very poor) *PREP rating: 1*	2 *PREP rating: 2-3*	3 (Expected) *PREP rating: 4*	4 *PREP rating: 5-6*	5 (Exceptional) *PREP rating: 7*
History taking Learning goal 5: Clinical assessment and management of function • **Biopsychosocial history (history of presenting complaint, past medical history, medication(s), social history, systemic history)** • **Vocational or avocational history** • **Communication skills**	• Did not follow clear structure • Focused only on single problem • Provided minimal detail	• Omitted key points • History contained inaccuracies / lacked detail • History was repetitive, poorly structured • Did not clarify historical details • Required multiple prompts to clarify important details	• Took complete biopsychosocial history, including intimate aspects of patient's functioning, vocational history, etc. • Demonstrated cultural competency	• Was able to elaborate on health services involved (e.g. NDIS) • Justified exploring further details of information through collateral history	• Took comprehensive and detailed biopsychosocial history with subtleties, including aspects of health literacy / social determinants of health • Displayed proficiency in extracting very difficult and detailed biopsychosocial history
Clinical findings and interpretation Learning goal 5: Clinical assessment and management of function • **Presentation skills** • **Investigation** • **Problem list or differential diagnosis** • **Prioritisation of information** • **Ability to prognosticate progress in rehabilitation or estimate length of stay based on medical and rehabilitation issues**	• Was not able to identify any key medical and rehabilitation issues • Was not able to interpret the information gathered • Was not able to provide differential diagnosis • Was not able to interpret investigations correctly	• Demonstrated poor understanding of key medical and rehabilitation issues • Required substantial prompting • Provided poor interpretation of the information • Made significant errors in interpreting investigations	• Was able to correctly identify most key medical and rehabilitation issues and prioritise them logically • Correctly interpreted investigations • Was able to prognosticate progress / estimate length of stay • Was able to evaluate findings based on ICF modelling	• Was able to correctly identify all key medical and rehabilitation issues and prioritise them logically • Provided good list of differential diagnoses • Was able to correctly interpret and elaborate on significance of investigations • Was able to elaborate on prognostication of progress / estimation of stay • Demonstrated confidence in using ICF model	• Demonstrated superior prioritisation of all major and minor medical and rehabilitation issues • Demonstrated superior synthesis and integration of the issues in relation to the case • Was able to justify significance of investigation and impact of results / findings in the case • Was able to justify prognostication of progress / estimation of stay

Assessment domains	1 (Very poor) *PREP rating: 1*	2 *PREP rating: 2-3*	3 (Expected) *PREP rating: 4*	4 *PREP rating: 5-6*	5 (Exceptional) *PREP rating: 7*
Short term management plan Learning goal 6: Handover of care • **Multi-disciplinary management** • **Identification of goals of care** • **Identification of barriers**	• Was not able to formulate medical and rehabilitation management plan • Was not able to explain rehabilitation therapy and involvement of multidisciplinary team (MDT)	• Formulated minimal medical and rehabilitation management plan that contained significant errors • Demonstrated poor understanding of rehabilitation therapy and aspects of MDT involvement	• Proposed appropriate medical and rehabilitation management plan • Demonstrated good understanding of rehabilitation therapy and aspects of MDT involvement • Included community services (e.g. NDIS, GP) in management plan • Was able to outline goals of care • Was able to provide resources for rehabilitation therapy • Incorporated functional outcome measures and prevention measures	• Provided comprehensive medical and rehabilitation management plan • Was able to justify activities prescribed by specific discipline(s) for patient in relation to the case • Demonstrated detailed understanding of the resources available and functional outcome measures • Was able to elaborate on preventive measures • Was able to provide evidence-based rehabilitation practices • Was able to demonstrate understanding of complicated discharge planning process	• Demonstrated superior organisation of medical and rehabilitation management plan • Demonstrated ability to solve problems and provide innovative methods to manage patient's rehabilitation issues • Demonstrated superior understanding of evidence-based rehabilitation practices

Assessment domains	1 (Very poor) *PREP rating: 1*	2 *PREP rating: 2-3*	3 (Expected) *PREP rating: 4*	4 *PREP rating: 5-6*	5 (Exceptional) *PREP rating: 7*
Impact of illness on patient and family Learning goal 7: Longitudinal care • **Understanding of psychological impact and reaction to illness, and psychological acceptance of disability, for patient and family** • **Recognition of potential carer stress or relationship issues**	• Did not explore impact of disease at all or was not able to discuss it	• Demonstrated poor understanding of impact of disease on patient and family • Showed little concern about psychological aspects of disease for patient and family	• Was able to acknowledge psychosocial impact of illness • Was compassionate towards patient and family in relation to patient's disease • Was able to demonstrate advocacy in relation to the impact of illness on patient and family	• Was able to elaborate broadly on psychosocial impact of illness • Provided detailed description of the psychosocial impact of illness	• Demonstrated superior understanding of impact of illness on patient and family • Demonstrated ability to balance the complexity of the issues with the resources available
Long term management plan Learning goal 7: Longitudinal care • **Long-term medical and rehabilitation plan** • **Long-term preventive measures**	• Was not able to formulate medical and rehabilitation management plan • Was not able to recognise long-term impact of illness	• Formulated minimal medical and rehabilitation management plan that contained significant errors • Demonstrated poor understanding of long-term impact of illness	• Proposed appropriate medical and rehabilitation management plan • Demonstrated good understanding of long-term effects of complex medical and rehabilitation issues (e.g. service availability in rural and remote areas) • Was able to provide comprehensive management of driving, vocational and avocational • Demonstrated knowledge of preventive measures at state and national level	• Proposed comprehensive medical and rehabilitation management plan • Provided detailed management of driving, vocational and avocational • Demonstrated detailed understanding of service availability • Was able to use knowledge of preventive measures appropriately at state and national level	• Demonstrated superior organisation of medical and rehabilitation management plan, which included detailed information • Demonstrated superior understanding of different services and preventive measures • Was able to justify responses

Note for Long Case Assessors:

The ITLCA Matrix should be used to guide your assessment. Assessors may use their discretion, as consideration of factors, such as the candidate's level of training and the complexity of the case, may impact the outcome.

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