RACP Specialists. Together

Australasian Faculty of Rehabilitation Medicine

Professional Competencies Rating Scale – Communication Station Sample

ASSESSMENT DOMAINS	VERY POOR PERFORMANCE	WELL BELOW EXPECTED STANDARD	BELOW EXPECTED STANDARD	EXPECTED STANDARD	BETTER THAN EXPECTED STANDARD	EXCELLENT PERFORMANCE
	0 marks	1 mark	2 marks	3 marks	4 marks	5 marks
COMMUNICATION (EPA 4 & 7) Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically and in a manner that is understandable to patients, families, carers, and professionals.	• Explanations not organised or inappropriate • Dismissive of communication partner • Very poor non-verbal communication	• Explanations difficult to follow and understand, very poorly organised • Frequent inaccuracies in information provided • Frequent use of jargon without explanation • Poor non-verbal communication with limited eye contact or poor body language	• Some structure to explanation but overall difficult to follow or understand • Some inaccuracies in key components of explanations • Used jargon/ inappropriate terminology without explanation too often • Instances of poor non-verbal communication, lack of empathy	• Information provided is mostly correct and presented clearly • Minimal inaccuracies • Used appropriate terminology most of the time • Checked for understanding • Appropriate non-verbal communication • Candidates use collaborative, effective, respectful, and empathetic communication with patients, families, carers and professionals	• Provided organised, clear explanation to questions • Used appropriate terminology • Evidence of active listening skills • Clearly demonstrated empathy and respect for communication partner	• Provided well organised, clear and detailed explanations and answers • Highly effective and appropriate delivery of information and use of terminology • Uses a broad range of verbal and non-verbal skills including active listening • Attentive to communication partner, consistently checked for understanding
JUDGEMENT AND DECISION MAKING Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.	• Demonstrates very poor diagnostic reasoning • Makes poor or unsafe decisions • Fixed, false and harmful beliefs on the subject of the questions asked	• Unclear, illogical diagnostic reasoning • Evidence of inaccurate or potentially unsafe decisions • Unable to provide coherent, consistent advice, that may be contradictory • Does not recognise own limitations, demonstrates poor judgement	• Demonstrates some diagnostic reasoning, but lacks logic at times • Some safety concerns identified • Provides advice that is consistent but incomplete • Lacks confidence in decision making or concerns about judgement identified	• Demonstrates sound diagnostic decision making • No significant safety concerns identified • Provides advice that is accurate, consistent and complete • Applies good judgement and has confidence in opinions	• Demonstrates clear and logical diagnostic decision making the majority of the time • No safety concerns identified • Advice is tailored to the context of the clinical scenario • Applies good judgement that takes into consideration the patient or role player's individual needs	• Demonstrates excellent diagnostic decision with high degree of logic and understanding • No safety concerns identified • Provides advice using language that is readily understandable to the patient or role player • High level of judgement demonstrated with consideration of all important factors

MEDICAL EXPERTISE Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.	• Very poor level of requisite knowledge, unaware of most key details • Management plan is unsafe, or harmful	• Large gaps in requisite knowledge, aware of very basic details only • Unable to generate a reasonable list of differential diagnoses • Management plan is poorly developed, lacks most important details	• Demonstrates important gaps/errors in requisite knowledge • Has difficulty with differential diagnosis, misses important conditions • Management plan outlined has errors, omissions or is poorly constructed	• Demonstrates a sound level of requisite knowledge • Able to generate a reasonable list of differential diagnoses, most important conditions covered • Able to outline an adequate management plan, with only minor errors	• Demonstrates detailed understanding of requisite knowledge • Detailed list of differential diagnoses with some evidence of ability to prioritise • Able to outline an organised, logical management plan	• Demonstrates a very high level of requisite knowledge • Detailed list of differential diagnoses with comprehensive applicability to context • Able to outline a highly developed, well-structured management plan