

PHONE INTERVIEW VERSION

| ASSESSMENT DOMAINS > | | ACCURACY OF HISTORY | DISCUSSION OF THE CLINICAL EXAMINATION | SYNTHESIS & PRIORITISATION OF CLINICAL PROBLEMS | UNDERSTANDING THE IMPACT OF THE ILLNESS ON THE PATIENT AND FAMILY | DEVELOPMENT AND DISCUSSION OF AN APPROPRIATE MANAGEMENT PLAN |
|--|--|--|---|---|--|--|
| LEVEL OF PERFORMANCE | 6 Excellent Performance | <ul style="list-style-type: none"> Sophisticated interpretation of the history Focuses on key issues Shows perceptiveness in extracting difficult information No need to clarify details | <ul style="list-style-type: none"> Sophisticated discussion of physical findings that may enhance diagnosis and management | <ul style="list-style-type: none"> Identifies all major and minor problems Very careful prioritisation which includes a long term view Recognises social impact of disease | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Superior construction of management plan, including long term impact Highly developed and discriminating use of investigations Mature recognition and interpretation of inconsistent results |
| | 5 Better than Expected Standard | <ul style="list-style-type: none"> Emphasis on appropriate details Appreciates subtleties Interprets significant aspects of the history | <ul style="list-style-type: none"> Discusses relevance of important positive and negative findings in an organised insightful manner | <ul style="list-style-type: none"> Confidently identifies essential problems Shows maturity in recognising lesser issues | <ul style="list-style-type: none"> Shows persistence in exploring subtle psychological issues, or issues that impact on the patient or family | <ul style="list-style-type: none"> 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 |
| | 4 Expected Standard | <ul style="list-style-type: none"> Reasonably complete, accurate and detailed history Minimal need to clarify details Timely and well structured Some interpretation | <ul style="list-style-type: none"> Raises relevant examination findings and discusses significance | <ul style="list-style-type: none"> Identifies all key problems Arranges problems in order of priority | <ul style="list-style-type: none"> Understands patient's physical and psychological functioning in relation to disease Appreciates impact of treatment and prognosis on patient and family | <ul style="list-style-type: none"> Proposes an appropriate and realistic management plan for the major issues. Provides a sensible, balanced approach to investigations Interprets most investigations appropriately Recognises important side effects of proposed treatment |
| | 3 Below Expected Standard | <ul style="list-style-type: none"> Incomplete, inadequately detailed and/or inaccurate history, and/or poorly timed Need to clarify important details | <ul style="list-style-type: none"> Inadequate discussion of important signs | <ul style="list-style-type: none"> Problems poorly prioritised Significant problems undervalued | <ul style="list-style-type: none"> Fails to recognise some important aspects of the disease on patient or family Misses some aspects affecting functioning or reaction to illness | <ul style="list-style-type: none"> Some errors in arranging a management plan Erratic and non-discriminatory use of investigations Errors in the interpretation of tests Lacking adequate appreciation of complications of treatment |
| | 2 Well Below Expected Standard | <ul style="list-style-type: none"> Poorly organised Omission of many key points Inaccuracies or lack of detail Repetitive, poorly structured Historical details not clarified | <ul style="list-style-type: none"> Significance of important physical signs not recognised | <ul style="list-style-type: none"> Poor understanding of significant problems Requires substantial prompting | <ul style="list-style-type: none"> Poor understanding of the impact of disease on patient and family Shows little concern about psychological aspects | <ul style="list-style-type: none"> Inappropriate or poorly directed management plan Poor understanding of useful investigations Inability to interpret investigations Major inability to appreciate side effects of treatment |
| 1 Very Poor Performance | <ul style="list-style-type: none"> No clear structure Focused only on single problem Minimal detail | <ul style="list-style-type: none"> No discussion of examination findings | <ul style="list-style-type: none"> Most key management issues unidentified No attempt to establish priority | <ul style="list-style-type: none"> Impact of disease not explored at all, or unable to be discussed | <ul style="list-style-type: none"> 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 | |
| EPA | | EPA 1, EPA2 | EPA 1 | EPA 1 | EPA 1, EPA2 | EPA 1, EPA4, EPA 6 |
| Competencies | | Medical expertise, communication, (cultural competence) | Medical expertise | Medical expertise, judgement and decision making | Medical expertise, communication, ethics and professional behaviour, judgement and decision making, (cultural competence) | Medical expertise, communication, ethics and professional behaviour, judgement and decision making |

| ASSESSMENT DOMAINS > | | INTERACTION WITH PATIENT/FAMILY Candidates SHOULD achieve the expected standard in terms of their interaction with the patient/family | EXAMINATION TECHNIQUE | EXAMINATION ACCURACY | INTERPRETATION AND SYNTHESIS OF PHYSICAL FINDINGS | INVESTIGATIONS/ MANAGEMENT |
|----------------------|---|---|--|---|--|--|
| LEVEL OF PERFORMANCE | 6 Excellent Performance | <ul style="list-style-type: none"> Exceeds expected standard | <ul style="list-style-type: none"> Highly fluent, accurate and within time Makes adjustment to routine where appropriate Includes and completes additional complementary examination elements unprompted | <ul style="list-style-type: none"> Correctly identifies all essential and desirable signs | <ul style="list-style-type: none"> Establishes the most likely diagnosis on the basis of examination Provides a reasonable differential diagnosis based on physical findings Considers <u>all likely</u> alternatives with a <u>higher level</u> justification Able to rule out unlikely diagnoses | <ul style="list-style-type: none"> Correctly interprets investigations and integrates with examination findings without prompting Recognises and discusses areas of doubt Uses results to support differential diagnosis and discussion |
| | 5 Better than Expected Standard | <ul style="list-style-type: none"> Meets expected standard | <ul style="list-style-type: none"> Fluent and accurate and within time Makes adjustment to routine where appropriate | <ul style="list-style-type: none"> Correctly identifies all essential and most desirable signs | <ul style="list-style-type: none"> Identifies the most likely diagnosis. Provides a reasonable differential diagnosis based on physical findings Considers <u>likely</u> alternatives with justification | <ul style="list-style-type: none"> Correctly interprets all major investigations |
| | 4 Expected Standard | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Undertakes systematic examination of required area or system without unnecessary duplication Demonstrates confidence in the examination Completes assigned tasks in appropriate time | <ul style="list-style-type: none"> Detects most essential signs Reports significant negative findings Does not find major signs that are not present | <ul style="list-style-type: none"> Provides sensible provisional diagnosis and discusses appropriate differential diagnoses Recognises most inconsistencies in interpretation and findings Provides sensible priorities in diagnosis Does not propose diagnoses inconsistent with signs | <ul style="list-style-type: none"> Reasonable interpretation of investigations Suggests appropriate line of investigation and integrates them with examination findings |
| | 3 Below Expected Standard | <ul style="list-style-type: none"> Inappropriate and insensitive approach to patient | <ul style="list-style-type: none"> Examination incomplete or lacking fluency or systematic approach Includes unnecessary duplication | <ul style="list-style-type: none"> Misses essential signs Fails to look for or identify important negative findings | <ul style="list-style-type: none"> Not confident with a diagnosis and/or provides diagnoses not consistent with signs List of differential diagnoses poorly developed and/or inconsistent with signs Unable to consider alternative explanations for findings Requires more than minor prompting to reconsider options | <ul style="list-style-type: none"> Does not offer appropriate investigations Misinterprets or is unable to integrate investigations with examination findings |
| | 2 Well Below Expected Standard | <ul style="list-style-type: none"> Unduly rough, clumsy or causes pain without adjustment or apology | <ul style="list-style-type: none"> Very slow and requires substantial prompting and guidance Required examination incomplete | <ul style="list-style-type: none"> Misses essential signs Finds abnormalities that are not present Fails to look for important negative findings | <ul style="list-style-type: none"> Unable to suggest a reasonable diagnosis Advances diagnoses inconsistent with signs Requires substantial prompting Unable to reconsider additional information which may alter diagnosis | <ul style="list-style-type: none"> Unable to use investigations to assist in diagnosis Inappropriate dependence on investigations |
| | 1 Very Poor Performance | <ul style="list-style-type: none"> Requiring examiners to intervene | <ul style="list-style-type: none"> Slow examination not completed in appropriate time Cannot perform appropriate examination of system | <ul style="list-style-type: none"> Misses all essential signs Finds abnormalities that are not present Fails to look for important negative findings | <ul style="list-style-type: none"> Unable to suggest a reasonable diagnosis Unable to interpret the physical signs elicited | <ul style="list-style-type: none"> Unable to suggest reasonable investigations Misinterprets information provided |
| EPA | EPA 1, EPA 2 | EPA 1 | EPA 1 | EPA 1 | EPA 1 | EPA 1, EPA 6 |
| Competencies | Medical expertise, communication, ethics and professional behaviour | Medical expertise, judgement and decision making | Medical expertise, judgement and decision making | Medical expertise, judgement and decision making | Medical expertise, judgement and decision making | Medical expertise, judgement and decision making |