Clinical case analysis

Criteria

Communication and consultation skills

Communication is appropriate to the person and the sociocultural context.

Engages the patient to gather information about their symptoms, ideas, concerns, expectations of health care and the full impact of their illness experience on their lives.

Prioritises problems, attending to both the patient's and the doctor's agenda.

Written communication is clear, unambiguous and appropriate to the task.

Information gathering and interpretation

A comprehensive biopsychosocial history is taken from the patient.

All available sources of information are appropriately considered when taking a history.

Specific positive and negative physical examination findings are elicited.

Rational options for investigations are chosen using an evidence-based approach.

Collects and reports history and examination data in a hypothesis-directed manner.

Making a diagnosis, decision making and reasoning

Integrates and synthesises knowledge to make decisions in complex clinical situations.

Modifies differential diagnoses based on clinical course and other data as appropriate.

Articulates an appropriate problem definition.

Formulates a rational list of differential diagnoses.

Demonstrates metacognition (thinking about own thinking).

Therapeutic reasoning

Outlines and justifies the therapeutic options selected, basing this on the patient's needs and the problem list identified.

Management

Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely.

Non-pharmacological therapies are offered and discussed.

A patient-centred and comprehensive management plan is developed.

Managing the uncertainty of undifferentiated conditions

Manages the uncertainty of ongoing undifferentiated conditions.

Partnering with the patient

Implements screening and prevention strategies to improve outcomes for individuals at risk of common causes of morbidity and mortality.

Coordinates a team-based approach

Demonstrates understanding of available services in the local community.

Current and emerging public health risks are managed appropriately.

Identifies opportunities to effect positive change through health education and promotion.

Uses appropriate strategies to motivate and assist patients in maintaining health behaviours.

Professionalism

Appropriately manages ethical dilemmas that arise.

Identify and manage clinical situations where there are obstacles to provision of duty of care.

Actively engages in feedback as a dialogue, discussing performance and setting own goals for professional development.

General practice systems

Maintains comprehensive and accurate clinical notes.

Demonstrates efficient use of recall systems to optimise health outcomes.

Accurately completes legal documentation appropriate to the situation.

Patient confidentiality is managed appropriately.

Informed consent is explained and obtained.

Overall clinical competence: To be rated as being at the standard expected for Fellowship would require that the participant performs consistently at that standard across all domains.

Performance lists

How to use the performance lists when rating

Each criterion is a description of a measurable action relevant to the point of RACGP Fellowship. Observable behaviours are described in the columns next to these criteria. This behavioural approach looks at what the participant knowns, can do and how this applies in practice. The focus is on observable behaviours rather than a "gut feel" or personal impression. The performance lists provide "word pictures" of behaviours indicative of performance at a particular level.

Use the performance list for as a guide and NOT as a checklist. Choose the rating that best matches your on-balance assessment of the performance that you have observed.

The expected level is described as being at the point of Fellowship. This is the level at which the participant is ready to demonstrate that they are able to move to unsupervised practice. This would describe the performance of someone who has been in general practice for a few years and is becoming proficient. To be rated at the expected level the participant should consistently perform at that level.

There is no numerical rating assigned to any level.

Significant margin for improvement	Progressing towards the standard expected			At the standard expected
Select if consistently performing at this level and there are significant concerns	Select if occasionally performs at the level designated "progressing"	Select if consistently performing at this level	Select if sometimes performs at the level of early Fellowship but this is not yet consistent	Select if consistently performing at early Fellowship level – the expected standard for this assessment

Communication

Criteria	Significant margin for improvement	Progressing towards the standard expected	At the standard expected
Communication is appropriate to the person and the sociocultural context	• Doctor-centred with a strong disease and diagnosis focus. • Does not take into consideration the patient's socio-cultural or occupational context.	• Mostly explores the problem from a disease perspective. • Limited ability to consider the patient's socio-cultural or occupational aspects of the presentation.	• Explores the presenting problem from the patient's perspective. • Considers and discusses the patient's socio-cultural context as part of the consultation. • Considers the occupational aspects of the problem. • Adapts communication style as appropriate for the patient.
Engages the patient to gather information about their symptoms, ideas, concerns, expectations of health care and the full impact of their illness experience on their lives	• Does not respond to patient's cues. • No effort made to understand the patient's ideas, concerns or expectations. • Lacks empathy. • Lacks curiosity about the patient.	• Develops a relationship that works but is focused on the problem rather than the patient. • Provides sympathetic responses ("I am sorry to hear that"). • Responds to some cues but misses key cues from patients at times.	• Considers and discusses the impact of the presentation on the patient's function. • Shows respect throughout. • Provides empathetic responses where appropriate (demonstrating the ability to sense the patient's private world as if it were their own). • Responds to verbal cues from the patient or their family. • Responds to non-verbal cues – this can be verbal (commenting that a patient may seem upset), or active (a change in posture, offering the patient a tissue). • Explores presenting problem from the patient's perspective. • Shows a genuine curiosity to find out what the patient really thinks.
Matches modality of communication to patient needs, health literacy and context	• Does not adapt language to match the patient's level of understanding. • Uses medical jargon most of the time.	• Uses medical jargon at times without checking for patient understanding.	• Adapts language to match the patient's level of understanding. • Uses concise, easily understood language, avoids or explains jargon.
Communicates effectively in routine and difficult situations	• Lacks the skills required to use effective communication in difficult situations. • Delivers bad news inappropriately.	• Breaks bad news using a pragmatic, doctor-centred approach.	• Uses silence effectively. • Appropriate balance of closed and open questions. • Breaks bad news sensitively. • Has a framework for delivering bad news such as the SPIKES model. • De-escalates the situation when a patient is angry or agitated. • Sensitively discusses prognosis and end-of-life decisions. • Sensitively manages patients experiencing current or consequences of trauma.

6298

Communication

Criteria	Significant margin for improvement	Progressing towards the standard expected	At the standard expected
Demonstrates active listening skills	• Does not demonstrate active listening, frequently interrupting the patient. • Responses to the patient demonstrate that they have not heard what is being said.	• Uses many closed/ directed questions. • Interrupts the patients at times that may be inappropriate.	• Listens attentively to the patient's opening statement, without interrupting or directing patient's response. • Confirms list and screens for further problems (e.g. "so that's headaches and tiredness; anything else……?"). • Uses open and closed questioning technique, appropriately moving from open to closed. • Clarifies patient's statements that are unclear or need amplification (e.g. "Could you explain what you mean by light headed"). • Periodically summarises to verify own understanding.
Uses a variety of communication techniques and materials (e.g. written or electronic) to adapt explanations to the needs of the patient	• Explanations are inadequate and not adapted to the needs of the patient. • Does take into consideration the patient's health beliefs.	• Explanations are adequate. • Sometimes checks the patients understanding. • The patient's health beliefs are sometimes considered. • Limited variety of techniques.	• The patient's problem is explained in such a way that they can easily understand. • The explanation is relevant, understandable and appropriate. • Checks patient's understanding of information given, or plans made. • Uses a variety of explanation techniques including images and patient handouts. • The patient's health beliefs are taken into consideration or referenced during the explanation of the problem. • Gives explanation at appropriate times: avoids giving advice, information or reassurance prematurely. • Chunks and checks: gives information in manageable chunks, checks for understanding. • Uses patient's response as a guide to how to proceed.

Consultation skills

Criteria	Significant margin for improvement	Progressing towards the standard expected	At the standard expected
Adapts the consultation to facilitate optimal patient care	• Consultation is unfocussed or unstructured, sometimes chaotic.	• Uses a rigid or formulaic approach to achieve the main tasks of the consultation.	• Flexible in approach both with regards to what is covered in the consultation and with timing. • Accommodates the patient's needs including having family or other support in the consultation. • Takes the time to let the patient tell their story.
Consults effectively in a focussed manner within the time-frame of a normal consultation	• Keeps all consultations to a standard length regardless of the patient's needs or presentation.	• Consultation is overly long for the presentation. • Consultation is very brief despite a complex presentation.	• Keeps the consultation focussed with a clear structure. • Prioritises when the patient presents with multiple issues.
Prioritises problems, attending to both the patient's and the doctor's agenda	• The consultation is focussed on the doctor's agenda.	• Understands the need to negotiate an agenda with the patient.	• Negotiates the agenda for the consultation with the patient. • Takes account of the patient's expectations. • Takes account of the patient's medical needs.

Information gathering and interpretation

Criteria	Significant margin for improvement	Progressing towards the standard expected	At the standard expected
A comprehensive biopsychosocial history is taken from the patient	• No knowledge of or awareness for: 'red' flags, and 'yellow' flags, the 'masquerades'. • Asks questions without clear focus on potential diagnoses. • History taking is overly detailed. • Minimal or no history taking.	• No knowledge of or awareness for: 'red' flags, and 'yellow' flags, the 'masquerades'. • Asks questions without clear focus on potential diagnoses. • History taking is overly detailed. • Minimal or no history taking.	• Obtains sufficient information from the history to include or exclude any likely relevant significant conditions (red flags).
All available sources of information are appropriately considered when taking a history	• Does not gather information from other relevant sources.	• Does not gather information from other relevant sources.	• Considers information provided by third party such as family members or carer. • Reviews any available clinical notes that would provide relevant information.

6298

Information gathering and interpretation

Criteria	Significant margin for improvement	Progressing towards the standard expected	At the standard expected
An appropriate and respectful physical examination is undertaken, targeted at the patient's presentation and likely differential diagnoses	• Difficulty with or inability to conduct a focused physical examination. • Patient comfort not considered and compromised. • No consent is sought for the examination. • No physical examination performed when it is indicated to do so. • Does not offer and explanation of the reasons for the examination.	• Difficulty with or inability to conduct a focused physical examination. • Patient comfort not considered and compromised. • No consent is sought for the examination. • No physical examination performed when it is indicated to do so. • Does not offer and explanation of the reasons for the examination.	• Performs a systematic physical examination that is appropriately focused and not overly inclusive. • Obtains consent before performing an examination. • Enquires if the patient would prefer a chaperone present when undertaking an examination that could be intimate. • Positions the patient with consideration for their comfort, safety and modesty. • Explains the reasons for the examination and findings to the patient throughout. • Washes hands prior to performing a physical examination.
Specific positive and negative physical examination findings are elicited	• Non-directed in the physical examination.	• Non-directed in the physical examination.	• Uses the examination findings to confirm or exclude possible diagnoses. • Examines all relevant areas to assist in confirming or excluding possible diagnoses.
Rational options for investigations are chosen using an evidence-based approach	• Requests unnecessary investigations without reference to guidelines or taking into consideration costs / patient access. • Requests inappropriate investigations that could result in patient harm. • Fails to select relevant investigations –either very limited list is provided or provides an exhaustive list that includes multiple investigations that are not relevant to the case.	• Requests unnecessary investigations without reference to guidelines or taking into consideration costs / patient access. • Requests inappropriate investigations that could result in patient harm. • Fails to select relevant investigations –either very limited list is provided or provides an exhaustive list that includes multiple investigations that are not relevant to the case.	• Selects relevant investigations in an appropriate sequence. • Considers which diagnostic tests are likely to be the most beneficial to the health of the patient. • Considers costs when requesting investigations. • Considers issues of access when requesting investigations. • Defers investigations that are directed to less likely / less important diagnoses.

Management

Criteria	Significant margin for improvement	Progressing towards the standard expected	At the standard expected
Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely	• Does not refer to or use evidence based or accepted guidelines when prescribing.	• Is aware of prescribing guidelines and refers to them occasionally.	• Chooses medication using an evidence-based approach. • Refers to prescribing guidelines.
Rational prescribing is undertaken	• Prescribes medication without checking allergies, drug interactions or taking into consideration the patient's age and co-morbidities. • Tends to prescribe based on what the patient expects. • Prescribes medication without checking allergies, drug interactions or taking into consideration the patient's age and co-morbidities.	• Makes safe prescribing decisions.	• Makes safe prescribing decisions, routinely checking on drug interactions and side effects. • Considers patients age when prescribing. • Considers co-morbidities. • Considers drug interactions.
Monitors for medication side-effects and risks of polypharmacy	• Unaware of risk of poly-pharmacy. • Does not monitor for medication side-effects. • Does not review medication when appropriate to do so.	• Describes how to stop or step-down medication where appropriate.	• Plans medication reviews. • Checks for acute and chronic side-effects. • Has confidence in stopping or stepping down medication where this is appropriate.
Safely prescribes restricted medications using appropriate permits	• Is unaware of the legal frameworks when prescribing restricted medication or does not adhere to the requirements. • Records are inadequate • No understanding or awareness of pain management plans.	• Is aware of the legal frameworks for restricted medication prescribing. • Records are adequate but limited. • Can describe the importance of a pain management plan.	• Prescribes restricted medication within the appropriate legal frameworks. • Keeps clear and accurate records regarding rationale for prescribing. • Has pain management plans for patients prescribed opioids in place. • Refers appropriately to a pain management specialist.

6298

Management

Criteria	Significant margin for improvement	Progressing towards the standard expected	At the standard expected
Non-pharmacological therapies are offered and discussed	• Does not consider non-pharmacological therapies.	• Only offers pharmacological options when other options could reasonably be considered. • Limited discussion regarding non-pharmacological options.	Where appropriate discusses: • Lifestyle modification (SNAP) • Physical therapies • Psychological approaches • Surgical procedures (e.g. hip replacement surgery) • Return-to-work planning.
A patient-centred and comprehensive management plan is developed	• Does not arrange appropriate follow up or fails to ensure that a safety net is in place. • Develops a management plan without taking into consideration the patients understanding or ability to comply with it. • Does not check patient agreement. • No continuity of care evident.	• Provides general management plans that are not specific to the patient. • Management plan is possibly confusing to the patient. • Cursory check that patient agrees with the plan.	• Appropriate safety netting is arranged. • Takes into consideration patient's health literacy. • Takes into consideration patient's social circumstances. • Takes into consideration patient expectations. • Negotiates an agreement on the management plan with the patient. • Specifically checks that the patient agrees with the plan.
Provides effective explanations, education and choices to the patient	• Fails to provide effective explanations • Does not check patient understanding	• Cursory check of patient understanding. • Limited discussion about possible outcomes, benefits or risks.	• Discusses possible outcomes. • Discusses uncertainties of treatment options. • Balanced communication regarding risks vs benefits. • Specifically checks that the patient understands the plan.
Manages the uncertainty of ongoing undifferentiated conditions	• Unable to appropriately manage undifferentiated conditions. • Prescribes unnecessarily. • Requests inappropriate investigations.	• Demonstrates some discomfort with clinical uncertainty and ambiguity. • Tends to prescribe or act even if there is clear evidence for doing this.	• Excludes serious or red flag conditions. • Formulates a management plan in the absence of a diagnosis. • Refrains from treatment whenever this is applicable (watchful waiting). • Uses time as a diagnostic tool. • Makes rational and evidence-based choices of investigations. • Arranges appropriate review.

6298

Partnering with the patient, family, and community to improve health through disease prevention and health promotion

Criteria	Significant margin for improvement	Progressing towards the standard expected	At the standard expected
Implements screening and prevention strategies to improve outcomes for individuals at risk of common causes of morbidity and mortality	• Is not aware of recognised guidelines for preventive and screening activities. • Undertakes inappropriate screening or preventive activities that are not supported by an evidence-base.	• Undertakes screening that is not always targeted at the specific patient. • Screening is mostly evidence-based.	• Identifies specific risk factors for priority diseases. • Engages in age- and risk-appropriate screening. • Follows recognised guidelines for preventive and screening activities (RACGP Red book).
Coordinates a team-based approach	• Limited knowledge of health care teams and does not demonstrate a team-based approach.	• Describes health practitioners that could be involved in care but does not refer.	• Appropriate referrals are considered and discussed. • Involves other health care practitioners in the care of the patient.
Demonstrates understanding of available services in the local community	• Little understanding of the local resources and refers inappropriately or not at all. • Unaware of community resources. • Risks fragmenting care of the patient.	• Limited engagement with local health care teams. • Limited understanding of mechanisms to access community services.	• Discusses the local services with the patient and their family. • Assists the individual patient in negotiating obstacles to the care that they need within the community for e.g. aged care referrals. • Actively engages with local health care teams.
Current and emerging public health risks are managed appropriately	• Does not demonstrate knowledge or awareness of public health risks or issues.	• Aware of public health issues but does not always manage appropriately. • Some awareness of disease trends.	• Identifies and manages issues of public health concern. • Implements vaccination programs. • Is up to date with disease trends. • Is up to date with guidelines regarding screening and prevention. • Makes appropriate notifications to the state or territory Department of Health.
Educates patients and families in disease management and health promotion skills	• Very limited understanding of the options for modifying risk factors.	• Limited use of the consultation to engage with the patient and families in disease management or health promotion.	• Uses the consultation to provide education to the patient / family. • Discusses modifiable risk factors. • Opportunistically checks immunisation status.

Partnering with the patient, family, and community to improve health through disease prevention and health promotion

Criteria	Significant margin for improvement	Progressing towards the standard expected	At the standard expected
Identifies opportunities to effect positive change through health education and promotion	• Does not assist patient with behaviour change.	• Limited ability to consider health education and health promotion.	• Provides advice on lifestyle modification. • Discusses return-to-work options. • Provides information about risk of injury or illness during travel. • Undertakes harm minimisation discussion with patients with substance addictions.
Uses appropriate strategies to motivate and assist patients in maintaining health behaviours	• Continues to reiterate health advice when the patient appears to be resistant. • Attempts to coerce the patient to change. • Uses an authoritative style.	• Describes how to identify the patient's state of change. • Limited ability to use a recognised motivational strategy.	• Identifies the patient's stage of change. • Assess the level of health literacy. • Provides information about risks of not changing. • Acknowledges the patient's perspective.

Professionalism

Criteria	Significant margin for improvement	Progressing towards the standard expected	At the standard expected
Appropriately manages ethical dilemmas that arise	• Inadequate or no regard for the patient's culture or values is demonstrated. • Is unable to discuss how to appropriately manage ethical dilemmas that arise. • Patient confidentiality is not maintained.	• Some demonstration of understanding and respect for the patient's culture and values. • Is able to discuss in limited detail how to appropriately manage ethical dilemmas that arise.	• Aware of own values and belief systems and how these may have an impact on patient care. • Considers multiple perspectives and options available to facilitate a decision. • Maintains patient confidentiality.

Professionalism

Criteria	Significant margin for improvement	Progressing towards the standard expected	At the standard expected
Identify and manage clinical situations where there are obstacles to provision of duty of care	• Is unable to describe how to manage clinical situations where there are obstacles to provision of duty of care and how to ensure that care of the patient is the primary concern. There may be no suggestion offered or the obstacles may not be identified.	• Can provide some suggestions about how to manage clinical situations where there are obstacles to provision of duty of care and how to ensure that care of the patient is the primary concern.	• Understands issues involved in contact tracing for communicable disease where the patient wishes to remain anonymous. • Able to manage expectations of workplace stakeholders when dealing with workers compensation injuries.
Actively engages in feedback as a dialogue, discussing performance and setting own goals for professional development	• Demonstrates defensive patterns when offered feedback on performance.	• Is receptive to feedback.	• Actively seeks feedback. • Contributes to feedback by reflecting on performance. • Identifies areas for improvement.

General practice systems and regulatory requirements

Criteria	Significant margin for improvement	Progressing towards the standard expected	At the standard expected
Appropriately uses the computer/IT systems to improve patient care in the consultation	• Use of the computer during the consultation consistently interferes with patient communication.	• Use of the computer sometimes interferes with patient communication.	• Uses the computer effectively during the consultation without this interfering with patient communication. • Uses the IT systems available to access recall systems, relevant patient data.
Maintains comprehensive and accurate clinical notes	• Clinical notes are inaccurate. • Medical records contain insufficient detail / information and could result in patient experiencing an adverse outcome.	• Clinical records are overly comprehensive. • Clinical notes are accurate but limited.	• Records are timely and accurate. • Patient notes are up to date, clear and accurate • Clear and precise documentation of diagnosis in patient notes. • Clear and precise documentation of management and follow up plans.
Written communication is clear, unambiguous and appropriate to the task	• Written communication is inadequate to convey the intended messages.	• Written communication is adequate to convey the intended messages.	• Referral letters are legible, and clearly state the purpose of the referral. • Instructions to the patient are legible, in language that the patient can understand.

General practice systems and regulatory requirements

Criteria	Significant margin for improvement	Progressing towards the standard expected	At the standard expected
Demonstrates efficient use of recall systems to optimise health outcomes	• Does not use recall systems. • Does not ensure appropriate follow up.	• Describes recall systems in general. • Describes follow up systems.	• Uses a recall system to ensure appropriate follow up of patient results. • Uses a follow up system to ensure appropriate follow up of agreed management steps.
Accurately completes legal documentation appropriate to the situation	• Unaware of the legal requirements of work certificates, workers compensation certificates and reports etc.	• Limited ability to complete legal documentation.	• Accurately completes fitness to drive documentation. • Accurately completes work capacity or fitness to work certificates. • Accurately completes any other documentation as appropriate to the situation.
Implements best practice guidelines for infection control measures	• Does not wash hands prior to physical examination or procedures.	• Occasionally practices appropriate hand hygiene.	• Regular practice of appropriate hand hygiene.
Patient confidentiality is managed appropriately	• Breaks patient confidentiality when there is no evidence of need to protect public interest.	• Describes how to ensure that confidentiality is appropriately managed.	• Keeps information identifiable to an individual private. • Manages exceptions to this obligation such as when there is a legal subpoena or requirements for mandatory reporting.
Informed consent is explained and obtained	• Does not appropriately gain consent.	• Information provided is cursory or may be inaccurate.	• Provides accurate and comprehensive information tailored to the individual, the options available and the risks and benefits of these options. • Gains consent for physical examination, procedures, management plans and to have a third-party present in the room for educational purposes.