

CASE

Relevant topic area: _____

Age of patient: Gender: Male Female

Case details: *Short description of the presenting case.*

ASSESSMENT – PART A

	Level 1	Level 2	Level 3
Clinical Information <i>Presents relevant clinical information obtained from the patient and others.</i> <input type="checkbox"/> Not applicable	Presentation of clinical information could be more concise, focusing on relevant aspects.	Presents clinical information adequately so a clear overview of the patient is provided.	Provides a comprehensive overview, focusing on relevant details.
Investigations <i>Reviews existing investigations and opinions.</i> <input type="checkbox"/> Not applicable	Superficially reviews existing investigations and opinions, accepting results without critical review. The pros and cons of further investigation should be more thoroughly considered.	Evaluates existing investigations and opinions and judiciously determines whether further specialised investigations are necessary.	Critically reviews existing investigations and opinions and evaluates whether further specialised investigations are necessary and communicates findings to the patient appropriately.
Medical evidence <i>Applies current medical evidence to management of the case.</i> <input type="checkbox"/> Not applicable	Has difficulty identifying evidence that is relevant to the case. More attention to how the evidence underlies the management approach is needed.	Applies medical evidence adequately, could have referred to other research and cited more current and/or specific studies.	Clearly articulates how the evidence has been incorporated in the choice of management strategy and prioritisation.
Management plan <i>Develops a tailored management plan for this patient, including specific goals of treatment.</i> <input type="checkbox"/> Not applicable	Attempts to develop a management plan. A stronger focus on a multidisciplinary elements and consideration of key issues is required.	Develops a fairly generic management plan that could be tailored more specifically to the patient's situation and goals.	Develops a tailored management plan for the patient, taking into account the patient's circumstances, including specific goals of treatment
Anticipates issues <i>Anticipates issues in communicating with the patient regarding the management plan and devises strategies accordingly.</i> <input type="checkbox"/> Not applicable	Expects the patient will just agree with the approach. Anticipating key areas the patient may have difficulty with, and strategies to overcome difficulties must be considered.	Anticipates how the patient may react to certain elements of the plan, considering an appropriate compromise or alternate approach.	Anticipates issues in discussing the plan with the patient and devises suitable strategies to negotiate and move toward implementation.

Comments regarding the trainee's case presentation, formulation and plan.	
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ASSESSMENT – PART B

	Level 1	Level 2	Level 3
Relationship with patient <i>Establishes positive relationship with patient.</i> <input type="checkbox"/> Not applicable	Very “matter-of fact”. Taking the time to build rapport with the patient would improve approach.	Commences a discussion with the patient to develop rapport and help set the tone for the consultation. Could be more tailored to the patient.	Demonstrates effective communication strategies to develop patient engagement.
Individualises communication <i>Individualises communication to patient.</i> <input type="checkbox"/> Not applicable	Communicates in a very generic manner. Addressing specific needs of the patient or family should be improved.	Recognises the individual communication needs of the patient and family and attempts to adapt accordingly.	Responds effortlessly to the individual communication needs of the patient, drawing on specific strategies at various times during the consultation.
Risks and benefits <i>Informs patient of risks and benefits of management strategies.</i> <input type="checkbox"/> Not applicable	Informs patient of some of the risks and benefits of proposed strategies. Could be more thorough.	Adequately informs patient of risks and benefits of treatment, providing some additional information if requested by patient.	Informs patient of all risks and benefits of treatment, responding to questions in a thorough manner and ensures understanding.
Shared understanding <i>Ensures common understanding of problems and plans.</i> <input type="checkbox"/> Not applicable	Attempts to open discussion about problems and plans. Could consider how the patient has interpreted the information provided more thoughtfully.	Engages in meaningful discussion with the patient, re-phrasing explanations and answering questions to assist understanding.	Ensures a shared understanding of problems and plans by implementing active listening techniques and responding to patient concerns.
Challenging situations <i>Recognises and negotiates challenging communication situations, including conflict.</i> <input type="checkbox"/> Not applicable	Recognises obvious challenges, Could anticipate better by being aware of non-verbal cues.	Recognises challenging patient situations and attempts to prevent or actively manage conflict and/or patient distress.	Recognises and negotiates challenging communication situations, implementing strategies toward a positive outcome.
Decision-making <i>Encourages patient autonomy and active involvement in decision-making.</i> <input type="checkbox"/> Not applicable	Delivers the plan to the patient. Needs to encourage more patient discussion and decision-making.	Opens a discussion with the patient about possible strategies and seeks feedback and agreement regarding the proposed approach.	Engages the patient in collaborative planning of a suitable management strategy and motivating the patient to take responsibility.

FEEDBACK

What aspects of this assessment were performed well?	
Areas upon which to concentrate further development	

OVERALL RATING

Please tick appropriate boxes.

- Trainee would benefit from observing supervisor completing clinical assessment with similar cases (*clear majority level 1*).
- Trainee skills need further development, direct supervision and feedback is required (*majority level 1, some in level 2*).
- Trainee can manage similar cases and consult with supervisor as required (*majority level 2*).
- Trainee can manage similar cases and may benefit from talking through more advanced aspects of a case from time to time (*majority level 2, some in level 3*).
- Trainee can independently manage similar cases and could assist junior colleagues (*clear majority level 3*).

Comments:

NAMES AND SIGNATURES

Trainee name: _____ Trainee ID:

Trainee email: _____ Signature: _____

Assessor name: _____ ANZCA ID:

Assessor email: _____ Signature: _____

Supervisor of training name: _____ Signature: _____

Instruction Sheet

The management plan assessment (MPA) consists of two parts to be performed at two different times (preferably by the same assessor). The first part of the assessment is a discussion about a patient who the trainee has assessed relatively independently, whilst the second part is an observed assessment of the trainee communicating their findings and management strategies to the patient (and his/her family/ carer/ surrogate) and engaging him/her in these strategies as an active participant in his/her own care.

CONDUCTING THE ASSESSMENT

1. The trainee will initiate a MPA by approaching an assessor and organising an appropriate time for the assessment.
2. Assessment of Part A does not require direct observation by the assessor as the tasks required by the trainee include the abilities to utilise the information they have previously gathered (possibly during a clinical skills assessment), research of the current literature to reflect upon the issues that the patient raises and collation of this into a well-articulated management strategy.
3. The assessor considers the descriptors that best apply to the trainee for each item, circling the descriptor and making notes on Part A of the assessment form during and/or immediately after the assessment.
4. After receiving guidance from the Assessor during Part A of the assessment, the assessor then observes the trainee talking through the management plan with the patient. The assessor again considers the descriptors that best apply to the trainee during that encounter, circling the descriptor and making notes on Part B of the assessment form during and/or immediately after the assessment.
5. Not all criteria may be applicable to a given MPA. In this situation the assessor should mark 'not applicable' for that item.
6. A feedback discussion is a crucial part of the process, and should occur immediately following the observation. It is expected to take 15-20 minutes and should be conducted in an appropriate private environment.
7. The assessor should encourage the trainee to reflect on their own performance. The assessor should then provide their perspective and provide written comments on the form to summarise the feedback discussed.
8. The assessor must determine whether the assessment should contribute to the completion of training requirements or whether the trainee would benefit from another similar exercise and feedback. The minimum criterion for an assessment that may contribute to completion of a stage of training is no descriptors from the left-hand column.
9. Trainees are encouraged to use the MPA as an opportunity to develop knowledge and skills. Trainees may complete multiple assessments on similar topic areas, intended to show improvement over time towards a satisfactory assessment.
10. The trainee and assessor discuss and agree to the next steps for development and the time-lines in which this should be completed – both sign the form.
11. The trainee is responsible for retaining the original MPA form. Completed forms are to be included in the trainee's portfolio to be reviewed by the supervisor of training at the next clinical placement review meeting.