

## Management Plan (MP) Instruction Sheet

This form has been designed for use by prospective trainees planning to apply for Recognition of Prior Experience for the FPM Training Program.

FPM trainees need to record workplace-based feedback in their ePortfolio rather than this form.

The management plan 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 their family/carer/surrogate) and engaging them in these strategies as an active participant in their own care.

### Conducting the assessment

1. The trainee will initiate a management plan by approaching a Fellow (assessor) and organising an appropriate time for the assessment.
2. The trainee conducts a consultation with a patient; the assessor may or may not observe this consultation. The trainee then has the opportunity to formulate the case and research the current literature to inform a well-articulated management plan.
3. The trainee presents the case including the formulation and the management plan, to the assessor, as Part A of the management plan.
4. The assessor considers the descriptors that best apply to the trainee for each item, marking the descriptor and making notes on Part A of the form during and/or immediately after the assessment.
5. After receiving guidance from the assessor during Part A of the tool, the trainee may revise their formulation and management plan.
6. The assessor then observes the trainee discussing the management plan with the patient. The assessor again considers the descriptors that best apply to the trainee during that encounter, marking the descriptor and making notes on Part B of the form during and/or immediately after the assessment.
7. Not all criteria may be applicable to a given management plan assessment. In this situation the assessor should mark 'unable to assess' for that item.
8. A feedback discussion is a crucial part of the process, and should occur immediately following Part B of the assessment. It is expected to take 15-20 minutes and should be conducted in an appropriate private environment.
9. 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.
10. The assessor must determine the overall rating for the encounter.
11. 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.

## Workplace-based feedback - Management Plan (MP) form

Relevant topic area			
<b>Case Details</b> Short description of the presenting case / referrer's concerns			
<b>Workplace-based Feedback Tool</b>	<i>Performance not at standard</i>	<i>Performance progressing toward the standard</i>	<i>Trainee exhibited performance at standard</i>
<b>Investigations</b> <i>Reviews existing investigations and opinions</i>  Unable to assess	Superficially reviews existing investigations and opinions. Needs to consider the evidence for further investigation.	Requires review of evidence-based guidelines regarding need for further investigations.	Critically evaluates existing investigations & opinions. Demonstrates understanding for further investigations.
<b>Formulation</b> <i>Integrates multiple sources of evidence toward a sociopsychobiomedically Informed multi-axial formulation</i>  Unable to assess	Generic approach to formulation. Requires tailoring to the patient's presentation.	Some aspects of formulation detail or incorporation, omitted.	Summarises presentation succinctly. Develops well-reasoned hypotheses. Formulation and prognosis individualised.
<b>Management plan</b> <i>Tailors management plan for this patient, including specific goals of treatment</i>  Unable to assess	Requires a stronger focus on a multidisciplinary elements and key issues.	Devises a generic management plan. Requires tailoring to the patient's goals.	Devises a tailored management plan, considering the patient's sociocultural circumstances & goals.
<b>Anticipates barriers</b> <i>Anticipates barriers in communicating with the patient regarding the management plan and devises strategies accordingly</i>  Unable to assess	Did not anticipate or accommodate for barriers in communication.	Did not adapt to verbal or non-verbal cues when barriers identified.	Anticipated barriers & devises suitable strategies to negotiate a comprehensive management plan.
<b>Relationship with patient</b> <i>Establishes positive relationship with patient</i>  Unable to assess	Would benefit from developing therapeutic relationships with patients and their surrogates.	Introduces & explains the consultation. Requires more skills to engage patient.	Demonstrates effective communication strategies to develop patient engagement.
<b>Individualises communication</b> <i>Individualises communication to patient</i>  Unable to assess	Needs to address specific needs of the patient and/or surrogate	Attempted to individualise communication however skills require improvement.	Responds to the communication needs of the patient, utilising appropriate strategies.

<p><b>Risks and benefits</b> <i>Informs patient of risks and benefits of management strategies</i></p> <p>Unable to assess</p>	<p>Informs the patient of some of the risks &amp; benefits.</p>	<p>Adequately informs patient of basic risks &amp; benefits, however detailed explanations omitted</p>	<p>Using a patient-centric approach discusses risks and benefits seeking consent.</p>
<p><b>Therapeutic alliance with patient:</b> <i>Develops an alliance with the patient toward implementation of an agreed plan</i></p> <p>Unable to assess</p>	<p>Assumes a shared understanding of the management plan. Needs to adopt a collaborative approach.</p>	<p>Engages the patient to negotiate the agreed management plan.</p>	<p>Fosters independence by implementing an agreed management plan.</p>
<p><b>Challenging situations</b> <i>Recognises and negotiates challenging communication situations</i></p> <p>Unable to assess</p>	<p>Recognises obvious challenges. Needs to enact strategies to manage the situation.</p>	<p>Attempts to actively manage challenging situations including patient distress.</p>	<p>Implements appropriate strategies to mitigate challenging situations.</p>
<p><b>Decision-making</b> <i>Promotes patient autonomy and active involvement in decision-making</i></p> <p>Unable to assess</p>	<p>Did not utilise appropriate shared decision making.</p>	<p>Engages with the patient on the proposed approach.</p>	<p>Collaborates in planning of a tailored management strategy promoting patient autonomy.</p>

## Assessor Feedback

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

**OVERALL COMPETENCY RATING**

- 1 Trainee required assistance (*typically, vast majority not at standard*)
- 2 Trainee developed aspects of this plan (*typically, at least majority not at standard, some progressing toward standard*)
- 3 Trainee developed the plan, consulting appropriately (*typically, at least majority at progressing towards standard*)
- 4 Trainee acted independently and is practice ready (*typically, vast majority performing at standard*)

**Comments:**

<b>Date of assessment</b>			
<b>Trainee name</b>		<b>College ID</b>	

<b>Assessor name</b>			
<b>Assessor email</b>		<b>Signature</b>	