

# Aspects to consider during case-based discussion - General

# **Communication Skills and Rapport**

- Patient centred, adapts style to patient needs, explores patient perceptions & expectations.
- Understands different cultural beliefs, priorities and values.

### **History**

- Uses relevant and focussed questions to appropriately explore patient issue/s, thoroughly elicits the sequence of events, symptoms analysis, undertakes systems review, considers PMHx, Rx, Allergies, FHx and social history.
- Achieves comprehensive detailed and focused history of presenting problem, impact on patient function and patient perception of or feelings about the problem.

#### **Examination Skills**

- Relevant, organised, logical, thorough, efficient, respectful, mindful of patient safety, comfort and dignity.
- Steered by likely Dx and key differentials and related to patient functional capacity.

# **Clinical Reasoning**

- Accurate diagnosis or formulates plausible differential diagnoses list by appropriately weighting history and examination findings.
- Considers red flags, masquerades, important diagnoses to rule in or out. Considers associated clinical conditions. Identifies severity of condition.
- Relevant justifiable investigations clearly explained.

# Management Plan

- · Appropriate explanation to patient of diagnosis, plan
- Safe, timely, reduces risk, supportive
- Patient centred
- Evidence based
- Best practice guidelines
- Rational safe prescribing
- Negotiated with patient, individualised, considering patient perspectives and priorities
- Includes preventive screening and health promotion where appropriate
- Includes management of other continuing or acute problems where appropriate
- Adheres to relevant legislation
- Motivational, e.g. lifestyle change, where appropriate
- · Risks of non-compliance explained
- Side effects, costs explained
- Short and long term goals outlined
- Includes partner, family, parents, carers with consent where appropriate
- Provides relevant information

# **GUIDELINE**



#### Follow-up

- Safety nets
- Negotiates appropriate follow up
- Explained FU regarding investigations, referrals, next appt here
- Use of recalls

#### **Professionalism**

- Boundaries
- Communication with team
- Working with team members, and other health care providers
- · Adhering to relevant protocols, legislation,
- Medical records adequacy
- Referral letter adequacy
- Medicare billing
- Understanding of the cost of different aspects of heath care
- Confidentiality
- Liaising with colleagues
- Networks with local resources and supports

#### **Overall Performance**

- Overall comprehensive approach and competent across all categories and cases seen
- · Patient comfort and safety prioritised,
- Uncompromising re asserting need to reduce patient's risk of harm to self/others and assuring non-judgemental respectful support
- Patient centred
- Sound clinical reasoning and comprehensive medical management
- Has a positive impact on patient well-being, understanding of their condition and how to help themselves and what to do and when to return,
- Understands the role of therapeutic relationship, continuity of care, confidentiality, especially in small/rural communities
- Understands the implications of referral e.g. rural context of distance, travel time and expense