Generic Assessment Rubric for Formative MiniCEX

COMMUNICATION SKILLS				
	UNSATISFACTORY	**BORDERLINE**	**SATISFACTORY**	**EXCELLENT**
Communication Skills	Communication skills. Poor overall, doctor centred communication mostly evident. Body language not encouraging. Poor development of trust and rapport. May be disrespectful, patronising or dismissive of patient's feelings.	Communication skills variable. Sound at times but not consistent. May be polite and professional but doesn't establish rapport well. Doctor centred communication evident. May be dismissive or defensive to patient's feelings.	Communication skills sound. Some patient centred communication evident. Builds trust and rapport with patient well - respectful and compassionate.	Communication skills excellent. Patient centred communication throughout. Respectful and compassionate. Establishes trust and rapport easily. Able to adapt communication style to patient needs Encourages patient to express their feelings.
Questioning	Questioning unfocused. Uses mainly closed and directed questions, interrupts patient, doesn't listen.	Uses many closed/directed questions. Rushed and cursory listening of patient's perspective. Interrupts patient's story at times. May actively listen at times but not consistent.	Explores patient issue using a range of relevant question types. Listens well. Asks patient for their story.	Uses highly relevant and focused questions to explore patient issue appropriately. Actively listening throughout. Takes time for patient to tell their story.
Empathy and Respect	Poorly demonstrated, especially for of condition on patient's lifestyle. No attention to patient cues. No of patient needs/comfort.	Empathy and respect lacking or limited times, inconsistent especially for impact condition on patient's lifestyle. Pragmatic Approach to breaking bad news, "Just way it has to be".	Shows empathy and respect throughout. Considers and discusses impact of presentation on patient function. Demonstrates empathy when breaking news. Attention to patient comfort throughout.	Shows high levels of empathy and throughout. Considers and discusses the impact of presentation on the patient's function. Breaks bad news sensitively. Attends to patient comfort throughout.
Orientation	Task oriented. Has a strong disease and diagnosis focus. Not considering patient's story/perspective/priorities.	Task oriented. Focused on medical care with patient and patient comfort a low priority. Limited exploration of presentation from patient's perspective.	Patient oriented. Explores patient presentation soundly. Explores presenting problem from patients perspective, including how is impacting on function.	Patient oriented. Acknowledges patient perspective and explores patient problems appropriately, including impact on function.
Approach	Inflexible in approach. Doesn't engage patient in discussion/negotiation. Tells patient what they needs to do. Doesn't negotiate management plan, explanations unclear and may confuse patient. Limited belief that patient can make informed decisions about change.	Struggles to be flexible to meet patient needs and perspective. Very limited efforts to negotiate for change, rather is prescriptive. May confuse patient with complex language/terms or limited explanations.	Flexible in approach. Advice provided appropriate, however often with an advisory approach and with limited negotiation or patient involvement in decision making. Explains aspects of care clearly.	Flexible in approach. Provides appropriate information so patient able to navigate informed decision making. Engages patient in all aspects of care and negotiates a personalised management plan. Explains aspects of care comprehensively and sensitively. Motivational interview technique - used appropriately

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HISTORY TAKING				
	UNSATISFACTORY	**BORDERLINE**	**SATISFACTORY**	**EXCELLENT**
History	Brief history which misses relevant information. Some irrelevant questions. Not responding to patient's non verbal cues/feelings Differentials and impact on function not considered. May have made an early assumption on diagnosis which limits history taking. No follow-up on relevant information. Gets a limited understanding of patient's perspective from questions asked.	Reasonable history of presentation taken, however focus on medical issues and not the patient and their needs. May be missing some core questions. Limited response to patient's non verbal cues/feelings. Differentials and impact on function not considered. May focus on assumed diagnosis and exclude other patient needs. Information may be gained incidentally and not through systematic questioning.	Sound and detailed history of presenting problem and covers most differentials. Questions focussed and appropriate. Patient perspective considered including impact of presenting issue on patient function and lifestyle. Responding to patient's non verbal cues appropriately.	Comprehensive, detailed but focused history of presenting problem including investigation of differentials, impact on functionality and patient's perspective/ feelings on problem. Questions highly focused and relevant. History integrated into discussion. History taking does not increase patient anxiety of their condition - highly responsive to patient non verbal cues.

PHYSICAL EXAMINATION				
	UNSATISFACTORY	**BORDERLINE**	**SATISFACTORY**	**EXCELLENT**
Examination	No or very limited examination performed with main focus on patient symptoms (i.e. where it hurts). Does not include differentials. May be assuming a diagnosis so only does aspects of examination to confirm this	A cursory, unsystematic examination performed which focuses mainly on presenting problem and obvious symptoms. Limited differentials considered. Misses important examination processes, disorganised and illogical sequencing.	Sound examination conducted and a number of key differentials considered. Examination organised, logical and efficient. Relevant signs & symptoms all accurately covered.	Thorough examination conducted in organised, logical and efficient manner. Examination comprehensive, including all key differentials. Elicits links to function during examination.
Patient Comfort	No explanation to patient of examination process, patient comfort may be compromised. May not ask patient to undress for examination.	Limited explanation to patient. Patient comfort and safety not well considered.	Examination explained clearly to patient throughout. Patient comfort and safety considered.	Explains reason for examination and findings to patient throughout. Patient safety and comfort considered at all times.

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CLINICAL MANAGEMENT/JUDGEMENT				
	UNSATISFACTORY	**BORDERLINE**	**SATISFACTORY**	**EXCELLENT**
Diagnosis	Overall not enough information gathered to confirm a diagnosis. Makes a diagnosis (correct or incorrect) and treats medically, but makes no arrangements for further relevant tests to confirm. Diagnoses correct but doesn't recognise the severity of the condition and assess risks associated with this.	Makes correct diagnosis but not based on appropriate range of information gathered. Addresses immediate need but over looks the severity of the presenting condition once some issues addressed. Does not discuss potential diagnosis with patient before implementing medical management	Diagnosis accurate. Provides patient with most plausible diagnosis based on appropriate range of evidence gathered. Explains severity of episode and range of treatment options.	Diagnosis accurate. Provides patient with most plausible diagnoses based on evidence gathered. Explains severity of episode and discusses range of treatment.
Diagnostic Tests	May order but not relevant or comprehensive.	Appropriate tests arranged, however may not order all required tests and not explained clearly to patient.	All required appropriate tests arranged.	All required appropriate tests arranged and clearly explained.
Management	Doesn't encourage range of management options. Management may not be best practice. No clear short or long-term management plan discussed with patient. Management plan and follow-up ambiguous to patient. Does not make efforts to assist patient with behaviour change. Ignores impact of condition on patient's lifestyle and function.	Management plan general and non specific to patient needs. No clear short/long-term management plan. Management plan confusing for patient. Patient understanding and agreement not clarified. Limited consideration of impact of condition on patient's lifestyle/function.	Management plan specific to patient needs and function. Short-term management strategies (including what to do if another acute episode) and possible long-term management plan discussed with patient, including impact on patient's lifestyle and function and family involvement where appropriate. Discusses the impact of change on the patient. May not set specific goals for change or get any clear agreement for change from patient.	Risk assessed and patient's perspective considered in negotiating range of management strategies, with emphasis on reducing risk and provision of immediate support. Negotiates management plan until test results are available and diagnosis can be confirmed. Individual management plan negotiated, taking into account impact of the condition on the patient's lifestyle/function. Importance of change communicated to patient and negotiated with consideration of impact of change on lifestyle. Encourages patient to set meaningful/specific short and long-term goals.
Follow-up	Not arranged. No continuity of care evident.	Loosely arranged. Makes some efforts to assist patient with behaviour change, but does not discuss risk factors in manner relevant to patient or encourage goal setting.	Follow-up arranged and organises next appointment and follow-up pathology test.	Follow-up negotiated and discussed. Organises next appointment and follow-up pathology tests.
Ethico-legal	Neglects potential ethical/legal/work cover issues.	Potential ethical/legal/work cover issues discussed, but incomplete and unclear.	Addresses ethical/potential legal/work cover issues clearly.	Addresses potential ethical/legal/work cover issues clearly.

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RURAL AND REMOTE CONTEXT/ORGANISATION/EFFICIENCY				
	UNSATISFACTORY	**BORDERLINE**	**SATISFACTORY**	**EXCELLENT**
Community Consideration	No consideration of doctor patient relationship and importance of this for long-term continuity of care in a small and close community. No insight into patient's community needs. May not consider need for patient confidentiality in context of small and close community. Shows no awareness of the impact of the diagnosis and management on the patient and his family/lifestyle.	Limited consideration of doctor-patient relationship and importance of this for long-term continuity of care in a small and close community. Limited consideration of patient's responsibilities in the community. Limited awareness of impact of diagnosis and management on patients family and lifestyle. May be recommending referrals before they are necessary.	Some consideration of continuity of care and importance of long-term doctor patient relationship within small town context. Makes efforts to understand patient's community and family responsibilities and how treatment may impact on this.	Considers continuity of care and importance of long-term doctor patient relationship in small town context. Considers need for confidentiality in small and close community town context. Checks with patient in order to fully understand his/her responsibilities and how condition and treatment may impact on this.
Referrals/ Resources	No insight into the impact of referral on patient's current context or needs (i.e. patient concerns regarding inconvenience or geographical distance dismissed). Has fixed referral options which are not local or convenient. Limited understanding of local referrals. No locally available resources for assistance recommended. No possible low resource options for management considered.	Limited insight/empathy into impact of referral on patient's current context and needs (i.e. acknowledges patient concerns regarding geographical distance but no action discussed)/ Offers limited management options. Encourages inconvenient options for referrals, support and resources. Locally available resources or significant family support not fully considered or limited detail discussed. Limited low resource options for management considered.	Shows willingness to understand impact of referral on patients current context and needs (i.e. patient concerns regarding geographical distance acknowledged and discussed). Discusses a range of locally available referrals, supports and resources including importance of family support. Information appropriate for the patient, locality, context and presentation. Willing to discuss how resource options for management which may suit patient. If referrals made outside of local area, may not fully consider available assistance for patient (i.e. financial and other) or may not assist with arrangements. May provide additional resources (i.e. written materials).	On call follow-up offered. Shows clear understanding of impact of referral on patient's current context and needs and negotiates options with patient (i.e concerns regarding geographical distance discussed and actions negotiated). Discusses locally available referrals, supports and resources for assistance, including importance of family support and any need for immediate support. Information appropriate for the patient, their presentation and context. Suggests and negotiates low resource options for management. If referrals made outside of local area, consider available assistance for patient (i.e financial and other) and offers to assist with arrangements. Provides relevant, additional resources (i.e written materials).

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OVERALL CLINICAL COMPETENCE				
	UNSATISFACTORY	**BORDERLINE**	**SATISFACTORY**	**EXCELLENT**
Overall	Poor performance throughout. Overall consultation not focussed or systematic. Clinically incompetent across all/most marking categories. May be unsafe. Overall patient is not made comfortable or safe. Communication skills may be a barrier to care of patient. Disrespectful of patient needs and not attending to medical needs appropriately.	Overall approach is somewhat systematic but inconsistent as some areas satisfactory and others not. Clinical competence inconsistent across marking categories. Generally safe. Limited consideration of patient comfort and safety. Communication skills limiting effective care for patient. Generally polite but limited awareness of patient context and limited demonstration of sound medical care.	Overall approach systematic and consistently competent across marking categories. Has made clear efforts to ensure patient comfort and safety and to reduce risks where appropriate. Communication skills effective, polite/respectful but not always patient centred rather advisory. Patient context considered and medical management sound.	Overall approach comprehensive and certainly competent across all marking categories with added value evident. Patient comfort and safety a priority. No compromise in asserting need to reduce patient's risk of harm to self and others and assuring immediate social and family support in place. Clearly respectful and using sound communication and patient centred approach throughout.
Medical Care	Presenting condition and patient risk are not managed appropriately or effectively. Severity of condition overlooked and patient's future function and long-term risk may be compromised. May have missed correct diagnosis. Regardless, doesn't collect all relevant information. Management plan unclear, ineffective. Medical management lacking, not comprehensive across all areas of management	Assumes or makes a correct diagnosis but without all relevant information. May be rushed. Limited discussion of diagnosis with patient. Management not fully supported by information gathered, not comprehensive and not explained well to patient. Limited consideration of impact on patient's lifestyle, function. Insensitive management of breaking bad news.	Diagnosis sound and based on information gathered. Relevant further tests arranged to confirm diagnosis if required. Management appropriate and includes short and some long-term recommendations based on information gathered. However patient not included in decision making. Is respectful of patient and their needs and provides patient with information, however limited negotiation evident.	Sound and comprehensive medical management. Has gathered relevant detail with a focus on most critical elements. Diagnosis identified correctly and based on information gathered. Relevant further tests all arranged as required. Management sound. Relevant short-term and long-term management plan negotiated with patient.
Patient Impact	The patient may leave the consultation unnecessarily highly anxious about their diagnosis or confused and fearful of the management plan provided. They may not comprehend the severity of their condition and risks associated with this. Patient is not likely to return.	Patient may leave the consultation understanding a little about their condition, but may also be confused and dissatisfied. They may have some strategies for management, but these are not comprehensive and there may be no plans for change or supports provided. Patient may not follow-up on advice and may not return.	Patient may leave the consultation feeling anxious about their diagnosis, however they have a short-term management plan in place which they understand. They are less clear on long-term management needs. Patient may feel their needs were not explored fully. Patient will understand the severity of their condition and any changes needed to reduce risk. They may not have been given clear guidance on how to achieve this. Patient may or may not follow-up on advice but is likely	Patient leaves the consultation feeling assisted and respected. They understand the need for changes and have a short- term and long-term management plan which they understand. They have been included in all decision-making and feel safe with this process. The patient understands the severity of their condition and any changes needed to reduce risk. Even if the patient is unhappy with their diagnosis and subsequent treatment, they understand and are satisfied with their

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