



Clinician Assessment *for* Practice Program

DOMAIN GLOBAL RATINGS GUIDE

The following are the templates used by the Physician Examiners and the Simulated Patients (for communication skills) to assess candidate performance during the OSCE. For each domain (history taking, physical examination, etc) an expectation of a competent performance is stated followed, in most domains, by important elements of that domain. Considering the candidate's performance a rating for the domain is assigned by the examiner, ranging from inferior to excellent. After considering the candidate's overall performance on the station's patient encounter, the examiner assigns an overall global rating. Thus at the conclusion of the OSCE there are 12 overall global ratings and ratings for each of the domains assessed in the 12 stations. All these ratings form a composite and comprehensive picture of the candidate's performance in the OSCE.

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Document updated December 1, 2011

HISTORY TAKING

Expectation: *Acquires from the patient, family or other source a chronologic, medically logical description of pertinent events. Acquires information in sufficient breadth and depth to permit a clear definition of the patient's problem(s).*

Elements	1. Inferior/Poor	2. Borderline/Satisfactory	3. Very Good/Excellent
A. Breadth & Depth	Superficial questions failed to elicit key points	Addressed essential points of the history	Captured most/all of the key points
B. Relevance	Many questions appeared irrelevant	Most questions relevant	Questions clearly relevant
C. Focus	Inappropriate or lacking	Sufficient to gain insight into complaint	Sharp and appropriate; additional information obtained as indicated
D. Sequencing	Disordered; jumped back and forth	Questioning flowed in a reasonable manner; some disjointed elements	Logical flow of questioning in a naturally progressive manner
E. Chronology	Failed to capture	Reasonably clear; no major omissions	Clearly and accurately elicited

PHYSICAL EXAM

Expectation: Elicits physical findings in an efficient logical sequence that documents the presence or absence of abnormalities, and supports a definition of the patient's problem. Sensitive to the patient's comfort and modesty; explains actions to the patient

Elements	1.Inferior/Poor	2.Borderline/Satisfactory	3. Very Good /Excellent
A. Organization	No/little logical sequence; time and effort not used efficiently	Reasonably logical flow; reasonable efficiency	Flowed logically; efficient use of time and effort
B. Detection of abnormalities	Many not detected or considered normal	Most detected; few misinterpreted as normal	Nearly all/all detected
C. Conformation of normal findings	Unsure; misinterpreted normal finding as abnormal	Reasonably sure; few finding misinterpreted as abnormal	Confident; minimal/no misinterpretation of findings
D. Manoeuvres	Inappropriate/limited selection; inappropriate/poor technique used for manoeuvres performed	Selected a reasonable array; technique reasonable; few supplementary manoeuvres attempted	Performed consistently in an accepted standard way; additional manoeuvres used to confirm initial findings
E. Sensitivity	Not particularly sensitive to patient comfort and/or modesty	Reasonably sensitive to patient comfort and modesty	Attentive to minimizing patient discomfort; considerate of patient modesty

PROBLEM DEFINITION & DIAGNOSIS

Expectation: Identifies important data elicited from history and examination and synthesizes these to define the problem and reach a likely diagnosis while considering reasonable alternative diagnosis.

Elements	1.Inferior/Poor	2.Borderline/Satisfactory	3. Very Good /Excellent
A. Important Data	Identifies few key points	Identifies moderate number of key points	Identifies most/all key points
B. Problem Definition	Little coherent synthesis, fails to define	Moderate synthesis to reasonably define	Pulls together all important elements
C. Likely Diagnosis	Fails to reach a reasonable likely diagnosis	Reaches a reasonable but not most likely diagnosis	Reaches the most likely diagnosis
D. Alternative Diagnoses	Few considered; most not reasonable	Some considered; some reasonable	Most/all reasonable alternatives considered

INVESTIGATION & MANAGEMENT

Expectation: Chooses appropriate laboratory and diagnostic procedures that elucidate or confirm the diagnosis, considering risks and benefits. Effectively and efficiently establishes a program of management adapted to the patient's condition, recognizing limits of own ability, any associated hazards of therapy, and instructs the patient about risk factors and lifestyle modifications.

Elements	1. Inferior/Poor	2. Borderline/Satisfactory	3. Very Good /Excellent
A. Investigations	Few or inappropriate, little concern for risk/benefit	Some important ones identified, some consideration of risk/benefit	Most/all of indicated ones identified; risk/benefit carefully considered
B. Management	Little relevance, inefficient, risk/benefit inappropriate or poorly considered	Reasonably relevant and efficient; some important specifics lacking	Relevant, efficient, comprehensive risk/benefit appropriate
C. Instructs/Counsels	Minimal, lacks focus and relevance	Reasonable although some important specifics missing	Comprehensive and relevant

COUNSELLING

Expectation: Provides appropriate, clear information and confirms patient's understanding throughout clinical encounter. Uses repetition and summarizing to confirm and/or reinforce information, and encourages questions while engaging patient. Shares thinking when appropriate. Asks about patient's support system. If applicable, negotiates a mutually acceptable plan of management and treatment.

PROFESSIONAL/ETHICAL BEHAVIOUR

Expectation: Responds to the patient's needs in a timely and respectful manner, demonstrating a compassionate interest in and understanding of the patient as a person, promoting patient confidence, and respecting patient confidentiality. This rating refers to professionalism as it relates to ethics, values, and virtues. Matters related to specific clinical skills or competence are reported under the previous domains.

SPEAKING SKILLS/QUALITY OF SPOKEN ENGLISH (SS/QSE)

FACTORS TO CONSIDER:

- Spoke clearly (appropriate volume and rate) with clear pronunciation; spoke directly to person addressed
- Used concise easily understood instructions, comments and questions
- Used understandable terms for body parts and functions
- Used appropriate choice of words and expressions suitable for the context
- Avoided the use of jargon/slang
- Used logical flow of words, phrases and sentences and appropriate verb tenses to convey intended meaning
- Accent did not make comprehension difficult

Inferior	Poor	Borderline	Satisfactory	Very Good	Excellent
SS/QSE caused a significant impediment to communication in this clinical encounter		SS/QSE was satisfactory to communicate effectively in this clinical encounter		SS/QSE was exemplary. There were no language concerns in this clinical encounter.	

COMMUNICATION SKILLS

FACTORS TO CONSIDER:

Initiating the Interview

- Greeted patient and confirmed patient's name
- Introduced self and role
- Identified and confirmed reason for visit

Listening Skills & Comprehension

- Encouraged patient to describe his/her problem(s), ask questions, contribute his/her ideas, preferences and beliefs
- Seemed to comprehend patient's problem(s)/concern(s)
- Picked up on patient's verbal and nonverbal clues (e.g. fear, discomfort, confusion)
- Body language showed candidate was attentive/listening
- Follow-up questions were logical in relation to information given

Questioning Skills

- Used both open and closed ended questions appropriately and with ease
- Asked questions in a logical sequence with a natural flow
- Asked for details/clarification when needed

Information Delivery & Counseling Skills

- Gave clear explanation(s) at appropriate times
- Divided information into discrete sections with logical sequence
- Used repetition and summarizing to confirm and/or reinforce information
- Encouraged questions
- Shared thinking with patient when appropriate
- Asked about patient's support system
- If applicable, negotiated a mutually acceptable plan of management and treatment
- Confirmed patient's understanding of information given

Completing the Interview

- Summarized session briefly
- If applicable, contracted with patient re next steps for patient and physician
- If applicable, checked that patient agreed and was comfortable with plan
- Asked if there were any corrections, questions or other items to discuss

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Rapport Building

- Displayed a non-judgmental, respectful/polite manner verbally and with body language
- Expressed empathy where needed/appropriate (emotional and/or physical pain)
- *If applicable:*
- Dealt sensitively and professionally with personal questions, embarrassing and/or disturbing topics
- Encouraged questions and expression of thoughts re potential anxieties or negative outcome(s)
- Reassured patient when appropriate
- Attended to patient’s physical comfort

Inferior	Poor	Borderline	Satisfactory	Very Good	Excellent
Effective communication was not established or was significantly hindered because one or more components were omitted or poorly performed.		Effective communication, although not significantly hindered was not well established because some components were not well performed.	Effective communication was established well enough to meet patient needs.	Effective communication was readily and effectively established.	

OVERALL GLOBAL RATING

The rating that best describes the candidate's performance in identifying and responding to the needs of this patient.

Inferior	Poor	Borderline	Satisfactory	Very Good	Excellent
The candidate missed both the essence & substance of the station.	The candidate demonstrated clear deficiencies.	The candidate performed marginally below a level compatible with independent practice.	The candidate performed at a level compatible with independent practice.	The candidate demonstrated a clear understanding and the action necessary to meet the patient's needs.	The candidate provided superior care to the patient.

A global rating of **inferior**, **poor** or **borderline** is considered an **unsatisfactory rating**. These ratings denote that, to varying degrees, the requisite knowledge, skills and attitudes necessary for independent practice were deficient.

A global rating of **satisfactory**, **very good** or **excellent** is considered a **satisfactory rating**. These rating denote that the requisite knowledge, skills and attitudes necessary for independent practice have been met indicating an ability to practice medicine in a safe, efficient and caring manner.