FPM
FACULTY OF PAIN MEDICINE
ANZCA

Clinical Skills Assessment (CSA) Form

Relevant topic area			
Case Details Short description of the presenting case / referrer's concerns			
Assessment	***Level 1***	***Level 2***	***Level 3***
Rapport and trust *Exhibits professional behaviours in practice* Unable to assess ☐	Attempts to engage patient though interpersonal skills require further development. Improving strategies for obtaining consent and exploring sensitive information need focus. ☐	Approaches consultation with adequate introductions, awareness of sociocultural differences and provides explanation of the assessment. More questions and inquiry about sensitive information needed. ☐	Demonstrates well-developed interpersonal skills. Appropriate processes for obtaining permission for assessment, inviting questions and discussing sensitive information empathetically. ☐
History-taking *Elicits and interprets a sociopsychobiomedically informed history* Unable to assess ☐	Approaches history taking in a disorganized fashion. Improvement in knowledge and skills to reduce gaps and better focus and interpretation is required. ☐	Demonstrates a systematic approach to eliciting a history relevant to this patient, their pain, and past medical history. Information could be filtered a little better. ☐	Elicits relevant perspectives of the patient's history with appropriate filtering of information. Demonstrates a sophisticated and professional approach ☐
Sociological assessment *Performs a focused sociological assessment* Unable to assess ☐	Superficially inquires into the patient's sociocultural circumstances. A more in-depth approach including functional limitations and identification of significant issues is required. ☐	Inquires about living arrangements, recreational, occupational and financial status adequately. Importance of these factors could be expanded. ☐	Performs an efficient and comprehensive assessment of the impact of relevant factors on the patient's ADLs, social and financial circumstances. ☐
Psychological assessment *Performs a focused psychological assessment and mental state examination (MSE)* Unable to assess ☐	Briefly assesses psychological factors. A more sophisticated assessment, including an attempt at an organized MSE, family and developmental history is required. ☐	Performs a psychological assessment covering most points. MSE, organization and formulation would benefit from further improvement. ☐	Conducts a comprehensive psychological assessment including MSE, and exploration of cognitions, beliefs, coping strategies. ☐
Risk assessment *Integrates risk assessment, where appropriate* Unable to assess ☐	Focuses on obvious concerns, awareness of possible risks specific to the patient needs and approach to identifying risks needs further development. ☐	Integrates risk assessment and management well. More targeted approach required to avoid missing more subtle signs. ☐	Assesses risk in a structured, comprehensive manner specific to the patient, ensuring safety of patient and/or their family. ☐
Physical examination *Conducts a focused pain oriented physical examination* Unable to assess ☐	Examines the patient broadly, examination skills require improvement to reduce significant gaps, and improve recognition of important signs. ☐	Conducts a targeted assessment, including hand hygiene, but could be further refined. Identifies red flags, but more attention is required to identify subtle signs. ☐	Conducts a relevant, systematic examination including attention to hand hygiene, identification of red flags, subtle signs, and a differential diagnosis. ☐
Adapts assessment *Adapts assessment according to patient needs* Unable to assess ☐	Assesses patient in very generic manner. Awareness of patient needs requires more focus. ☐	Inquires about patient's needs and addresses patient comfort but could be refined further. ☐	Empathises with patient and implements strategies to limit patient distress. ☐
Explores patient's issues *Identifies and explores patient's issues, concerns, beliefs, goals, expectations* Unable to assess ☐	Explores patient's issues in a limited manner. Educational opportunities for the patient must be identified and appropriate referrals made. ☐	Identifies the patient's issues, including beliefs, goals and expectations. Patient education, referrals to other services and follow-up could be better targeted. ☐	Explores patient's issues in a comprehensive manner, including appropriate education, conflict resolution, relevant referrals and follow-up. ☐

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

OVERALL RATING

☐ **1** Trainee would benefit from observing supervisor completing assessments with similar cases *(vast majority at Level 1)*

☐ **2** Trainee skills need further development *(majority at Level 1, some at Level 2)*

☐ **3** Trainee can manage similar cases and may benefit from talking through some aspects of a case *(majority at Level 2, some at Level 1)*

☐ **4** Trainee can manage similar cases and consult with supervisor appropriately *(majority at Level 2, some at Level 3)*

☐ **5** Trainee can independently manage similar cases and could assist junior colleagues *(vast majority at Level 3)*

Comments:

Date of assessment			
Trainee name		**College ID**	
Trainee email		**Signature**	

Assessor name		**FPM/ANZCA ID**	
Assessor email		**Signature**	

Supervisor name		**Signature**	

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Clinical Skills Assessment (CSA)

Instruction Sheet

A clinical skills assessment (CSA) involves an assessor/supervisor observing a trainee while they conduct a health assessment of a patient with pain. The intention is to assess the trainee's skills in taking a sociopsychobiomedically informed history and performing a pain orientated physical examination in an authentic situation. The patient should be new to the trainee where the appropriate skills may be demonstrated as part of the normal clinical care for the patient.

Trainees are encouraged to use the clinical skills assessment as an opportunity to develop knowledge and skills.

Conducting the assessment

1. The trainee will initiate a clinical skills assessment by approaching a Fellow (assessor) and organising an appropriate time for the assessment.
2. The assessor observes the trainee and considers the descriptor that best describes the trainee in that encounter, marking the descriptor and making notes on the assessment form during and/or immediately after the assessment.
3. Not all criteria may be applicable to be assessed during each clinical skills assessment. In this situation the assessor should mark 'unable to assess' for that item.
4. A feedback discussion is a crucial part of workplace based assessments, and should occur immediately following the observation. It is expected to take 15-20 minutes and should be conducted in an appropriate private environment.
5. 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.
6. The assessor must determine the overall rating for the encounter.
7. Trainees may complete multiple assessments on similar topic areas to show improvement over time towards the achievement of an overall rating of four or five on an assessment.
8. 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.
9. The trainee is responsible for retaining the original clinical skills assessment form in their learning portfolio and providing a copy to their supervisor of training/practice development stage supervisor.

Minimum requirement for the core training stage (CTS) review

- A minimum of two clinical skills assessments demonstrating achievement of an overall rating of four or five. Two different assessors must have completed these assessments.

For further detailed information see *FPM Training Handbook* Section 13.1