FPM
FACULTY OF PAIN MEDICINE
ANZCA

LONG CASE MARKING CRITERIA

Below are the criteria which are used to guide the assessment of a candidate in the FPM long case assessment. Each section is marked out of 10. From time to time the FPM Examinations Committee will update this document. The document is being made available to assist trainees and their supervisors prepare for the long case assessment.

Marking criteria	**0-4 marks** Performance below expected level	**5-6 marks** Performance at expected level	**7-8 marks** Performance above expected level	**9-10 marks** Exceptional performance
1. HISTORY TAKING(key components): A. Presenting complaint B. Pain history , incident/condition history C. Pain cognitions D. Pain impact on mood, physical function, social interaction E. General history F. Systemic enquiry G. Pertinent negative history H. Psychological history/stressors (past and present) I. Social history (developmental history, significant life events) J. Drug and alcohol history K. Interview/communication skills	Poorly organised, inaccurate	Fairly organised and accurate	Skilled and structured history	Very skilled, structured history
	Missing key issues	Identified most key issues	Identified all key issues	Identified all key issues
	Inefficient use of time	Efficient use of time	Good time management	Excellent time management
	Poor rapport Caused distress to patient (insensitive/inappropriate language/action)	Appropriate rapport	Good rapport, active listening with gentle directive questioning	Excellent rapport, active listening with gentle directive questioning

Marking criteria	**0-4 marks** Performance below expected level	**5-6 marks** Performance at expected level	**7-8 marks** Performance above expected level	**9-10 marks** Exceptional performance
2. EXAMINATION (key components): A. Relevant specific systemic physical examination including sensory examination B. Clinical signs present elicited C. Expanded general examination D. Risk of infection awareness E. Respect of patient	Poorly organised approach, appears inexperienced, incomplete	Satisfactory examination	Organised meticulous examination	Well executed structured, thorough examination completed with ease
	Poor time management	Completed within time	Good time management	Excellent time management
	Important clinical signs missed	Few clinically relevant signs missed	All clinically relevant signs sought and elicited	All clinically relevant signs sought and elicited with ease
	Patient exposed to risk of infection	Practised appropriate infection control measures	Practised appropriate infection control measures	Practised appropriate infection control measures
	Poor respect of patient	Patient autonomy respected including *modesty* and comfort	Patient autonomy respected including modesty and comfort	Patient autonomy respected including modesty and comfort
	Patient caused unnecessary pain			Superior examination if case is difficult
3. FORMULATION A. Opening statement B. Summary of history, examination, investigations C. Interpretation D. Differential diagnosis E. Mental status findings F. Pain Cognitions identified G. Diagnostic formulation with predisposing/precipitating/ perpetuating/contributory factors and impact of illness on individual/family/community	Poorly organised opening statement	Organised opening statement	Concise opening statement	Succinct elegant opening statement
	Poor/misinterpretation of history/examination	Accurate interpretation of history and examination	Structured analysis of history, examination findings and investigations	Mature analysis of history, examination findings and investigations
	Key issues not identified/not prioritised appropriately	All key issues identified	Good grasp of key issue with appropriate prioritisation	Sophisticated grasp of key issues with appropriate prioritisation
	Inadequate diagnostic formulation with poor understanding/ judgement of complex underlying issues	Complete and accurate Diagnostic formulation	Well considered complete and accurate diagnostic formulation	Sophisticated diagnostic formulation

Marking criteria	**0-4 marks** Performance below expected level	**5-6 marks** Performance at expected level	**7-8 marks** Performance above expected level	**9-10 marks** Exceptional performance
3-4 . **MANAGEMENT** (may be presented in Formulation(3) or during Viva(4)) A. Holistic and patient specific management plan B. Further investigations/prognosis C. Anticipation of potential issues, including barriers to treatment	Narrow focus of management	Planned multimodal management plan appropriate to case	Well formulated, multimodal, holistic practical management plan tailored to specific patient	Sophisticated multimodal, holistic, practical management plan tailored to specific patient
	Not relevant/appropriate for specific patient		Takes into consideration potential risks and limitations of therapy	Takes into consideration potential risks and limitations of therapy
	Inadequate management plan		Identifying possible barriers to treatment	Identifying possible barriers to treatment and outlining ways to overcome them
	Requires extensive questioning to propose management plan			
4. VIVA A. Direct questioning related to case B. Discussion of relevant clinical issues unexplored by candidate C. Discussion around future scenarios/prognosis D. Discussion of recent evidence relevant to case	Inaccurate responses	Correct responses	Correct responses with appropriate clinical reasoning supported by scientific evidence	Correct responses with clinical reasoning supported by scientific evidence
	Gaps in knowledge	Aware of recent research literature relevant to case	Able to discuss recent research literature relevant to case	Demonstrates deeper understanding of recent research literature relevant to case and ability sift the evidence