

## Management Plan Assessment (MPA) Form

<b>Relevant topic area</b>			
<b>Case Details</b> Short description of the presenting case / referrer's concerns			
<b>Assessment - Part A</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
<b>Clinical Information</b> <i>Presents relevant clinical information obtained from the patient and others</i>  Unable to assess	Presents clinical information that is largely biomedical in focus. Relevant sociopsychological aspects need to be included.	Presents clinical information adequately, refers to sociological, psychological and biomedical aspects so a clear overview of the patient's predicament is provided.	Provides a comprehensive overview, focusing on relevant details and demonstrating an appreciation of the interrelationship between sociological, psychological and biomedical aspects.
<b>Investigations</b> <i>Reviews existing investigations and opinions</i>  Unable to assess	Superficially reviews existing investigations and opinions, accepting results without critical review. The pros and cons of further investigation should be more thoroughly considered.	Evaluates existing investigations and opinions and judiciously determines whether further specialised investigations are necessary.	Critically reviews existing investigations and opinions and evaluates whether further specialised investigations are necessary and communicates findings to the patient appropriately.
<b>Formulation</b> <i>Integrates multiple sources of evidence toward a sociopsychobiomedically informed formulation</i>  Unable to assess	Integrates sources that are largely biomedical. Generic approach to formulation could be improved by considering the patient's broader situation.	Approaches developing hypotheses thoroughly. Attempted formulation could be more patient specific. Prognosis needs to be discussed.	Summarises history and examination findings succinctly. Develops well reasoned hypotheses. Formulation is individually tailored. Discusses prognosis.
<b>Medical evidence</b> <i>Applies current medical evidence to management of the case</i>  Unable to assess	Has difficulty identifying evidence that is relevant to the case. More attention to how the evidence underlies the management approach is needed.	Applies medical evidence adequately, could have referred to other research and cited more current and/or specific studies.	Clearly articulates how the evidence has been incorporated in the choice of management strategy and prioritisation.
<b>Management plan</b> <i>Develops a tailored management plan for this patient, including specific goals of treatment</i>  Unable to assess	Attempts to develop a management plan. A stronger focus on a multidisciplinary elements and consideration of key issues is required.	Develops a fairly generic management plan that could be tailored more specifically to the patient's situation, capability and goals.	Develops a tailored management plan for the patient, taking into account the patient's circumstances, including specific goals of treatment.
<b>Anticipates issues</b> <i>Anticipates issues in communicating with the patient regarding the management plan and devises strategies accordingly</i>  Unable to assess	Expects the patient will just agree with the approach. Anticipating key areas the patient may have difficulty with, and strategies to overcome difficulties must be considered.	Anticipates how the patient may react to certain elements of the plan, considering an appropriate compromise or alternate approach.	Anticipates issues in discussing the plan with the patient and devises suitable strategies to negotiate and move toward implementation.
Comments regarding the trainee's case presentation, formulation and plan			

<b>Assessment – Part B</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
<b>Relationship with patient</b> <i>Establishes positive relationship with patient</i>  Unable to assess	Very 'matter-of fact'. Taking the time to build rapport with the patient would improve approach.	Commences a discussion with the patient to develop rapport and help set the tone for the consultation. Could be more tailored to the patient.	Demonstrates effective communication strategies to develop patient engagement.
<b>Individualises communication</b> <i>Individualises communication to patient</i>  Unable to assess	Communicates in a very generic manner. Addressing specific needs of the patient or family should be improved.	Recognises the individual communication needs of the patient and family and attempts to adapt accordingly.	Responds effortlessly to the individual communication needs of the patient, drawing on specific strategies at various times during the consultation.
<b>Risks and benefits</b> <i>Informs patient of risks and benefits of management strategies</i>  Unable to assess	Informs patient of some of the risks and benefits of proposed strategies. Could be more thorough.	Adequately informs patient of risks and benefits of treatment, providing some additional information if requested by patient.	Informs patient of all risks and benefits of treatment, responding to questions in a thorough manner and ensures understanding.
<b>Shared understanding</b> <i>Ensures common understanding of problems and plans</i>  Unable to assess	Attempts to open discussion about problems and plans. Could consider how the patient has interpreted the information provided more thoughtfully.	Engages in meaningful discussion with the patient, re-phrasing explanations and answering questions to assist understanding.	Ensures a shared understanding of problems and plans by implementing active listening techniques and responding to patient concerns.
<b>Alliance with patient</b> <i>Develops an alliance with the patient toward implementation of an agreed plan</i>  Unable to assess	Assumes the patient agrees with the plan and expects it will be implemented as advised. A more consultative approach would help.	Encourages the patient to adopt the agreed management plan and provides guidance as necessary. Additional strategies to provide reassurance and foster independence would be beneficial.	Develops an alliance with the patient toward implementation of an agreed plan, reassuring the patient and fostering independence as needed.
<b>Challenging situations</b> <i>Recognises and negotiates challenging communication situations, including conflict</i>  Unable to assess	Recognises obvious challenges. Could anticipate better by being aware of non-verbal cues.	Recognises challenging patient situations and attempts to prevent or actively manage conflict and/or patient distress.	Recognises and negotiates challenging communication situations, implementing strategies toward a positive outcome.
<b>Decision-making</b> <i>Encourages patient autonomy and active involvement in decision-making</i>  Unable to assess	Delivers the plan to the patient. Needs to encourage more patient discussion and decision-making.	Opens a discussion with the patient about possible strategies and seeks feedback and agreement regarding the proposed approach.	Engages the patient in collaborative planning of a suitable management strategy and motivating the patient to take responsibility.
Comments regarding the trainee's ability to synthesise and present clinical information to patients in such a way that they can participate in their care			

## 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

## Management Plan Assessment (MPA)

### Instruction Sheet

The management plan assessment consists of two parts to be performed at two different times (preferably by the same assessor). The first part of the assessment is a discussion about a patient who the trainee has assessed relatively independently, whilst the second part is an observed assessment of the trainee communicating their findings and management strategies to the patient (and their family/ carer/ surrogate) and engaging them in these strategies as an active participant in their own care.

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

### Conducting the assessment

1. The trainee will initiate a management plan assessment by approaching a Fellow (assessor) and organising an appropriate time for the assessment.
2. The trainee conducts a consultation with a patient; the assessor may or may not observe this consultation. The trainee then has the opportunity to formulate the case and research the current literature to inform a well-articulated management plan.
3. The trainee presents the case including the formulation and the management plan, to the assessor, as Part A of the management plan assessment.
4. The assessor considers the descriptors that best apply to the trainee for each item, marking the descriptor and making notes on Part A of the assessment form during and/or immediately after the assessment.
5. After receiving guidance from the assessor during Part A of the assessment, the trainee may revise their formulation and management plan.
6. The assessor then observes the trainee discussing the management plan with the patient. The assessor again considers the descriptors that best apply to the trainee during that encounter, marking the descriptor and making notes on Part B of the assessment form during and/or immediately after the assessment.
7. Not all criteria may be applicable to a given management plan assessment. In this situation the assessor should mark 'unable to assess' for that item.
8. A feedback discussion is a crucial part of the process, and should occur immediately following Part B of the assessment. It is expected to take 15-20 minutes and should be conducted in an appropriate private environment.
9. 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.
10. The assessor must determine the overall rating for the encounter.
11. 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.
12. 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.
13. The trainee is responsible for retaining the original management plan assessment form in their learning portfolio and providing a copy to their supervisor of training/practice development stage supervisor.

#### Minimum requirements for core training and practice development stage reviews

- A minimum of two management plan assessments demonstrating achievement of an overall rating of four or five are required for each of the core training and practice development stage reviews. Two different assessors must have completed these assessments.

For further detailed information see *FPM Training Handbook* Sections 13.1 and 13.2