GENERIC INDICATORS FOR TARGETED ASSESSMENT DOMAINS

LLS: Gathering & using data for clinical judgement, choice of examination, investigations &
proficiency in performing physical examinations & using diagnostic and therapeutic instruments (Blueprint: Problem-solving skills, Technical Skills)
Negative Indicators
Makes immediate assumptions about the problem
 Intervenes rather than using appropriate expectant management
 Is disorganised/unsystematic in gathering information
 Data gathering does not appear to be guided by the probabilities of disease.
 Fails to identify abnormal data or correctly interpret them
Appears unsure of how to operate/use instruments
 Appears disorganised/unsystematic in the application of the instruments or the conduct of physical examinations
ent of common medical conditions in primary care. Demonstrating a structured & flexible omplaints and co-morbidity. Demonstrating the ability to promote a positive approach to health (Blueprint: Primary Care Management, Comprehensive approach
Negative Indicators
Fails to consider common conditions in the differential diagnosis
Does not suggest how the problem might develop or resolve
Fails to make the patient aware of relative risks of different approaches
Decisions on whether/what to prescribe are inappropriate or idiosyncratic.
 Decisions on whether & where to refer are inappropriate.
Follow-up arrangements are absent or disjointed
Fails to take account of related issues or of co-morbidity
Unable to construct a problem list and prioritise
Unable to enhance patient's health perceptions and coping strategies
communication techniques to gain understanding of the patient's illness experience and develop of with respect for equality & diversity issues, in line with the accepted codes of professional conduct (Blueprint: Person-Centred Approach, Attitudinal Aspects)
Negative Indicators
• Does not inquire sufficiently about the patient's perspective / health understanding.
Pays insufficient attention to the patient's verbal and nonverbal communication.
• Fails to explore how the patient's life is affected by the problem.
Does not appreciate the impact of the patient's psychosocial context
 Instructs the patient rather than seeking common ground
 Uses a rigid approach to consulting that fails to be sufficiently responsive to the
patient's contribution
Fails to empower the patient or encourage self-sufficiency
Uses inappropriate (e.g. technical) language
 Shows little visible interest/understanding, lacks warmth in voice/manner
Avoids taking responsibility for errors
Does not show sufficient respect for others.
Inappropriately influences patient interaction through own views/values
Treats issues as problems rather than challenges
Displays inappropriate favour or prejudice
 Displays inappropriate favour or prejudice Is quick to judge
Is quick to judge