

The Leicester Assessment Package

Detailed components of consultation competence

- *Interviewing and history taking (Relative weighting: 20%)*

Introduces self to patients; puts patients at ease; allows patients to elaborate presenting problem fully; listens attentively; seeks clarification of words used by patients as appropriate; phrases questions simply and clearly; uses silence appropriately; recognises patients' verbal and non-verbal cues; identifies patients' reasons for consultation; elicits relevant and specific information from patients and/or their records to help distinguish between working diagnoses; considers physical, social and psychological factors as appropriate; exhibits well-organised approach to information gathering.

- *Physical examination (Relative weighting: 10%)*

Performs examination and elicits physical signs correctly and sensitively; uses the instruments commonly used in the relevant clinical setting in a competent and sensitive manner.

- *Patient management (Relative weighting: 20%)*

Formulates management plans appropriate to findings and circumstances in collaboration with patients; makes discriminating use of investigations, referral and drug therapy; is prepared to use time appropriately; demonstrates understanding of the importance of reassurance and explanation and uses clear and understandable language; checks patients' level of understanding; arranges appropriate follow-up; attempts to modify help-seeking behaviour of patients as appropriate.

- *Problem solving (Relative weighting: 20%)*

Generates appropriate working diagnoses or identifies problem(s) depending on circumstances; seeks relevant and discriminating physical signs to help confirm or refute working diagnoses; correctly interprets and applies information obtained from patient records, history, physical examination and investigation; is capable of applying knowledge of basic, behavioural and clinical sciences to the identification, management and solution of patients' problems; is capable of recognising limits of personal competence and acting accordingly.

- *Behaviour and relationship with patients (Relative weighting: 10%)*

Maintains friendly but professional relationship with patients with due regard to the ethics of medical practice; conveys sensitivity to the needs of patients; demonstrates an awareness that the patient's attitude to the doctor (and vice versa) affects management and achievement of levels of co-operation and compliance.

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Criteria for the allocation of grades/marks

The following descriptions of performance are to be used as yardsticks of levels of competence.

Grade	Marks	Description
A:	80% or above	Consistently demonstrates mastery of all components: the criterion performance.
B:	70-79%	Consistently demonstrates mastery of most components and capability in all.
C+:	60-69%	Consistently demonstrates capability in almost all components to a high standard and a satisfactory standard in all.
C:	50-59%	Demonstrates capability in most components to a satisfactory standard: demonstrates minor omissions and/or defects in some components. Duration of most consultations appropriate.
D:	40-49%	Demonstrates inadequacies in several components but no major omissions or defects but not currently ready for independent practice.
E:	39% or below	Demonstrates several major omissions and/or serious defects; clearly unacceptable standard overall. Not safe to practise independently.

Questions to be asked by the Assessor

At the end of (initial) history taking; ***the student turns to the assessor***

- **What are your diagnostic hypotheses at this stage?**
- **Why have you erected these hypotheses?**
- **What physical examination do you intend to carry out and why?**

After observing the physical examination;

- **What did you find on examination of the patient?**
- **How have these findings affected your thoughts?**

After the student has delivered the management plan;

- **Why did you choose your management plan?**