



AFRM Long Case Assessment Matrix
In-training Long Case Assessment (ITCLA):
Year 1 and Year 2

	Concepts For Year 1 & 2	1 (Very poor for the level of training)	2–3	4 (Expected level of training)	5–6	7 (Exceptional for the level of training)	Not applicable (N/A)
1. Clinical Examination (observed)	<ul style="list-style-type: none"> • General observation • Systemic examination • Basic functional examinations (e.g. gait & cognition) 	<ul style="list-style-type: none"> • Did not examine the patient 	<ul style="list-style-type: none"> • Performed a basic targeted or limited examination • Missed key signs 	<ul style="list-style-type: none"> • Performed a reasonably complete examination, including relevant functional examination • Identified relevant signs 	<ul style="list-style-type: none"> • Performed all key examinations, including functional examination • Identified all important signs 	<ul style="list-style-type: none"> • Performed a comprehensive and detailed examination • Looked for subtle signs and reported on relevant negative findings 	<ul style="list-style-type: none"> • Not observed
	<ul style="list-style-type: none"> • Prosthesis and orthosis (P&O), if present 	<ul style="list-style-type: none"> • Did not comment on P&O 	<ul style="list-style-type: none"> • Recognised the presence of P&O 	<ul style="list-style-type: none"> • Demonstrated a basic understanding of P&O 	<ul style="list-style-type: none"> • Elaborated on P&O 	<ul style="list-style-type: none"> • Provided comprehensive details of P&O 	<ul style="list-style-type: none"> • Not observed or N/A
	<ul style="list-style-type: none"> • Respect for the patient and their culture, if relevant 	<ul style="list-style-type: none"> • Caused patient discomfort during the examination 	<ul style="list-style-type: none"> • Displayed limited respect for the patient and their culture 	<ul style="list-style-type: none"> • Displayed some respect for the patient and their culture 	<ul style="list-style-type: none"> • Displayed adequate respect for the patient and their culture 	<ul style="list-style-type: none"> • Displayed exceptional respect for the patient and their culture 	<ul style="list-style-type: none"> • Not observed or N/A
2. History taking (observed)	<ul style="list-style-type: none"> • Biopsychosocial history (including presenting complaint, past medical history, systems review, medication(s), and social history) 	<ul style="list-style-type: none"> • Failed to follow a structure • Focused only on a single problem • Resulted in minimal detail in the history 	<ul style="list-style-type: none"> • Poorly structured • Information was inaccurate or incomplete • Resulted in limited detail in the history • Required prompt to clarify key details 	<ul style="list-style-type: none"> • Adequate structure • Information was reasonably complete • Resulted in a sound biopsychosocial history 	<ul style="list-style-type: none"> • Sound structure • Focused on key issues • Resulted in a sound biopsychosocial history, including functional history 	<ul style="list-style-type: none"> • Superior structure • Sophisticated history • Resulted in a complete biopsychosocial history, including functional history 	<ul style="list-style-type: none"> • Not observed
	<ul style="list-style-type: none"> • Communication skills 	<ul style="list-style-type: none"> • Displayed very poor communication skills 	<ul style="list-style-type: none"> • Displayed poor communication skills 	<ul style="list-style-type: none"> • Displayed acceptable communication skills 	<ul style="list-style-type: none"> • Displayed good communication skills 	<ul style="list-style-type: none"> • Displayed exceptional communication skills 	<ul style="list-style-type: none"> • Not observed

	Concepts for Year 1 & 2	1	2–3	4	5–6	7
3. Clinical findings and interpretation	<ul style="list-style-type: none"> • Clinical findings and investigations 	<ul style="list-style-type: none"> • Failed to interpret clinical findings and investigations correctly 	<ul style="list-style-type: none"> • Made error(s) in interpreting clinical findings and investigations 	<ul style="list-style-type: none"> • Correctly interpreted clinical findings and investigations 	<ul style="list-style-type: none"> • Correctly interpreted and elaborated on the clinical findings and investigations 	<ul style="list-style-type: none"> • Superior synthesis and integration of clinical findings and investigations
	<ul style="list-style-type: none"> • Presentation of key medical and functional issues 	<ul style="list-style-type: none"> • Failed to identify key medical issues despite prompting 	<ul style="list-style-type: none"> • Required prompting for limited identification of key medical issues 	<ul style="list-style-type: none"> • Identified most key medical issues 	<ul style="list-style-type: none"> • Identified key medical & some functional issues 	<ul style="list-style-type: none"> • Identified key medical & functional issues
	<ul style="list-style-type: none"> • Problem list or differential diagnoses 	<ul style="list-style-type: none"> • Failed to provide a problem list or differential diagnoses 	<ul style="list-style-type: none"> • Limited problem list or differential diagnosis 	<ul style="list-style-type: none"> • Provided an acceptable problem list or differential diagnosis 	<ul style="list-style-type: none"> • Provided a good problem list or differential diagnosis 	<ul style="list-style-type: none"> • Provided a superior problems list or differential diagnoses
	<ul style="list-style-type: none"> • Interpretation and prioritisation of information 	<ul style="list-style-type: none"> • No interpretation or prioritisation of the information 	<ul style="list-style-type: none"> • Limited interpretation or prioritisation of the information 	<ul style="list-style-type: none"> • The correct interpretation and logical prioritisation of the information 	<ul style="list-style-type: none"> • Elaborate interpretation and logical prioritisation of the information 	<ul style="list-style-type: none"> • Superior interpretation and prioritisation of the information
4. Short-term management plan	<ul style="list-style-type: none"> • Medical management plan 	<ul style="list-style-type: none"> • No medical management plan 	<ul style="list-style-type: none"> • Minimal plan with significant errors 	<ul style="list-style-type: none"> • An appropriate medical management plan 	<ul style="list-style-type: none"> • Comprehensive management plan 	<ul style="list-style-type: none"> • A superior, detailed plan, including prevention
	<ul style="list-style-type: none"> • Treatment effects 	<ul style="list-style-type: none"> • Failed to explain treatment effects 	<ul style="list-style-type: none"> • Demonstrated a poor understanding of treatment effects 	<ul style="list-style-type: none"> • Demonstrated a sound understanding of treatment effects 	<ul style="list-style-type: none"> • Demonstrated a good understanding of treatment effects 	<ul style="list-style-type: none"> • Demonstrated a high level of understanding of treatment effects
	<ul style="list-style-type: none"> • Basic understanding of multidisciplinary team (MDT) approach 	<ul style="list-style-type: none"> • No mention of the MDT approach 	<ul style="list-style-type: none"> • Lack of awareness of the MDT approach 	<ul style="list-style-type: none"> • Demonstrated a sound understanding of the MDT approach 	<ul style="list-style-type: none"> • Demonstrated a good understanding of the MDT approach 	<ul style="list-style-type: none"> • Demonstrated a very good understanding of the MDT approach
5. Impact of illness on patient & family	<ul style="list-style-type: none"> • Psychosocial impact and reaction to illness for patient and family • Impact on resources or discharge planning 	<ul style="list-style-type: none"> • Not explored or discussed 	<ul style="list-style-type: none"> • Demonstrated poor understanding of the impact of illness • Missed key aspects of the impact of illness 	<ul style="list-style-type: none"> • Some understanding of the impact of illness • Recognised some impact on resources or discharge planning 	<ul style="list-style-type: none"> • Sound understanding of the impact of illness • Recognised key impact on resources or discharge planning 	<ul style="list-style-type: none"> • A detailed discussion of the impact of illness • Strong advocacy and respect for individual choice in illness
6. Long-term management plan	<ul style="list-style-type: none"> • Long-term medical management plan • Long-term impact of illness and their prevention 	<ul style="list-style-type: none"> • No long-term medical management plan • Failed to recognise long-term impacts 	<ul style="list-style-type: none"> • Minimal long-term plan with significant errors • Demonstrated a poor understanding of long-term impacts 	<ul style="list-style-type: none"> • An appropriate long-term management plan • Demonstrated some understanding of long-term impacts 	<ul style="list-style-type: none"> • Comprehensive management plan • Demonstrated a good understanding of long-term impacts 	<ul style="list-style-type: none"> • A superior, detailed plan, including prevention • Demonstrated a superior understanding of long-term impacts
	<ul style="list-style-type: none"> • Understanding of further therapy and support services 	<ul style="list-style-type: none"> • No mention of further therapy or support services 	<ul style="list-style-type: none"> • Mentioned further therapy or support services with errors 	<ul style="list-style-type: none"> • Mentioned therapy and support services 	<ul style="list-style-type: none"> • Considered input from continuing therapy and support services 	<ul style="list-style-type: none"> • Superior understanding of options for therapy and support services

AFRM Long Case Assessment Matrix
In-training Long Case Assessment (ITCLA):
Year 3 and Year 4

	Concepts For Year 3 & 4	1 (Very poor for the level of training)	2–3	4 (Expected level of training)	5–6	7 (Exceptional for the level of training)	Not applicable (N/A)
1. Clinical Examination (observed)	<ul style="list-style-type: none"> General observation Systemic examination Functional & special examinations (e.g. gait, spasticity & ASIA/ISNCSCI) 	<ul style="list-style-type: none"> Omitted functional or cognitive examinations Lacked attention to detail 	<ul style="list-style-type: none"> Performed only one of the systemic, functional or cognitive examinations Missed key signs 	<ul style="list-style-type: none"> Performed systemic, functional and cognitive examinations Identified important signs relevant to the case 	<ul style="list-style-type: none"> Performed all key examinations, including functional examination, with confidence Identified all important signs 	<ul style="list-style-type: none"> Performed a very difficult examination with confidence Looked for subtle signs and reported on relevant negative findings 	<ul style="list-style-type: none"> Not observed
	<ul style="list-style-type: none"> Prosthesis and orthosis (P&O), <i>if present</i> 	<ul style="list-style-type: none"> Did not comment on P&O 	<ul style="list-style-type: none"> Recognised the presence of P&O 	<ul style="list-style-type: none"> Described P&O 	<ul style="list-style-type: none"> Described P&O in detail 	<ul style="list-style-type: none"> Provided reasoning for the use of the P&O 	<ul style="list-style-type: none"> Not observed or N/A
	<ul style="list-style-type: none"> Respect for the patient and their culture, <i>if relevant</i> 	<ul style="list-style-type: none"> Caused patient discomfort during the examination 	<ul style="list-style-type: none"> Displayed limited respect for the patient and their culture 	<ul style="list-style-type: none"> Displayed some respect for the patient and their culture 	<ul style="list-style-type: none"> Displayed adequate respect for the patient and their culture 	<ul style="list-style-type: none"> Displayed exceptional respect for the patient and their culture 	<ul style="list-style-type: none"> Not observed or N/A
2. History taking (observed)	<ul style="list-style-type: none"> Biopsychosocial history (including presenting complaint, past medical history, systems review, medication(s), social, (a)vocational history) 	<ul style="list-style-type: none"> Failed to follow a clear structure Focused only on a single problem Resulted in minimal detail in the history 	<ul style="list-style-type: none"> Poorly structured Information was inaccurate or incomplete Required prompt to clarify key details Resulted in limited detail in the history 	<ul style="list-style-type: none"> Adequate structure Information was reasonably complete Resulted in a complete biopsychosocial history 	<ul style="list-style-type: none"> Sound structure Focused on key issues Resulted in a complete biopsychosocial history, including functional history and support services 	<ul style="list-style-type: none"> Superior structure Sophisticated history Resulted in a complete biopsychosocial history, including functional history, support services, and determinants of health 	<ul style="list-style-type: none"> Not observed
	<ul style="list-style-type: none"> Communication skills 	<ul style="list-style-type: none"> Displayed very poor communication skills 	<ul style="list-style-type: none"> Displayed poor communication skills 	<ul style="list-style-type: none"> Displayed acceptable communication skills 	<ul style="list-style-type: none"> Displayed good communication skills 	<ul style="list-style-type: none"> Displayed proficiency despite challenges 	<ul style="list-style-type: none"> Not observed

	Concepts for Year 3 & 4	1	2–3	4	5–6	7
3. Clinical findings and interpretation	<ul style="list-style-type: none"> • Clinical findings and investigations 	<ul style="list-style-type: none"> • Failed to interpret clinical findings and investigations correctly 	<ul style="list-style-type: none"> • Error(s) in interpreting clinical findings and investigations 	<ul style="list-style-type: none"> • Correctly interpreted clinical findings and investigations 	<ul style="list-style-type: none"> • Correctly interpreted and elaborated on information 	<ul style="list-style-type: none"> • Superior synthesis and integration of information
	<ul style="list-style-type: none"> • Presentation skills 	<ul style="list-style-type: none"> • Failed to identify key medical issues despite prompting 	<ul style="list-style-type: none"> • Required prompting for limited identification of key medical issues 	<ul style="list-style-type: none"> • Identified most key medical issues 	<ul style="list-style-type: none"> • Identified key medical & some functional issues 	<ul style="list-style-type: none"> • Identified key medical & functional issues
	<ul style="list-style-type: none"> • Problem list or differential diagnoses 	<ul style="list-style-type: none"> • Failed to provide a problem list or differential diagnoses 	<ul style="list-style-type: none"> • Limited problem list or differential diagnosis 	<ul style="list-style-type: none"> • Provided an acceptable problem list or differential diagnosis 	<ul style="list-style-type: none"> • Provided a good problem list or differential diagnosis 	<ul style="list-style-type: none"> • Provided a superior problems list or differential diagnoses
	<ul style="list-style-type: none"> • Interpretation and prioritisation of information 	<ul style="list-style-type: none"> • No interpretation or prioritisation of the information 	<ul style="list-style-type: none"> • Limited interpretation or prioritisation of the information 	<ul style="list-style-type: none"> • A correct interpretation and logical prioritisation of the information • Referred to the ICF model 	<ul style="list-style-type: none"> • Elaborate interpretation and logical prioritisation of the information • Used the ICF model with confidence 	<ul style="list-style-type: none"> • Superior interpretation and prioritisation of the information • Superior use of the ICF model in interpretation
	<ul style="list-style-type: none"> • Prognostication for progress and length of stay (LOS) needed 	<ul style="list-style-type: none"> • No mention of a prognosis 	<ul style="list-style-type: none"> • Considered prognosis 	<ul style="list-style-type: none"> • Provided a prognosis for progress and estimated LOS 	<ul style="list-style-type: none"> • Elaborated on the prognosis and the estimated LOS 	<ul style="list-style-type: none"> • Justified the prognosis and estimated LOS
4. Short-term management plan	<ul style="list-style-type: none"> • Medical & rehabilitation management plan 	<ul style="list-style-type: none"> • Unable to formulate or explain medical & rehabilitation management plan 	<ul style="list-style-type: none"> • Minimal medical & rehabilitation management plan with significant errors 	<ul style="list-style-type: none"> • Appropriate management plan • Included prevention • included community services as appropriate 	<ul style="list-style-type: none"> • Comprehensive management plan • Elaborated on prevention • Discussed community services as appropriate 	<ul style="list-style-type: none"> • Superior, innovative management plan, including prevention and community services as appropriate
	<ul style="list-style-type: none"> • Rehabilitation therapy & multidisciplinary team (MDT) 	<ul style="list-style-type: none"> • Unable to explain therapies & the role of the MDT 	<ul style="list-style-type: none"> • Limited understanding of therapies & the role of the MDT 	<ul style="list-style-type: none"> • A good understanding of therapies & the role of the MDT 	<ul style="list-style-type: none"> • Evidence-based understanding of therapies & MDT 	<ul style="list-style-type: none"> • Superior application of evidence in discussing therapies & MDT
	<ul style="list-style-type: none"> • Identify the goals of care, barriers and outcome measures 	<ul style="list-style-type: none"> • No mention of goals 	<ul style="list-style-type: none"> • Limited reference to goal setting or outcome measures 	<ul style="list-style-type: none"> • Outlined goals of care and their outcome measures 	<ul style="list-style-type: none"> • Elaborated on goals of care, barriers and outcome measures 	<ul style="list-style-type: none"> • Superior discussion of goals of care, barriers and outcome measures

	Concepts for Year 3 & 4	1	2–3	4	5–6	7
5. Impact of illness on patient & family	<ul style="list-style-type: none"> • Understanding the psychological impact and reaction to illness, and psychological acceptance of disability, for patients and family • Recognition of potential carer stress or relationship issues 	<ul style="list-style-type: none"> • Not explored or discussed 	<ul style="list-style-type: none"> • Demonstrated poor understanding of the impact of illness • Missed key aspects of the impact of illness 	<ul style="list-style-type: none"> • Sound understanding of the impact of illness • Demonstrated advocacy for the impact of illness 	<ul style="list-style-type: none"> • Elaborated on the impact of illness • Detailed discussion and advocacy for the impact of illness 	<ul style="list-style-type: none"> • Superior discussion of the impact of illness • Strong advocacy and respect for individual choice in illness
6. Long-term management plan	<ul style="list-style-type: none"> • Long-term medical management plan • Long-term impact of illness and their prevention 	<ul style="list-style-type: none"> • No long-term medical management plan • Failed to recognise long-term impacts 	<ul style="list-style-type: none"> • Minimal long-term plan with significant errors • Demonstrated a poor understanding of long-term impacts 	<ul style="list-style-type: none"> • Appropriate long-term management plan • Demonstrated a good understanding of long-term impacts 	<ul style="list-style-type: none"> • Comprehensive management plan • Detailed management of driving, vocational and avocational goals • Demonstrated a good understanding of long-term impacts • Display knowledge of preventative measures 	<ul style="list-style-type: none"> • Superior, detailed plan including prevention • Demonstrated a superior understanding of long-term impacts • Demonstrated superior knowledge and rationale for preventative measures
	<ul style="list-style-type: none"> • Understanding of further therapy and support services 	<ul style="list-style-type: none"> • No mention of further therapy or support services 	<ul style="list-style-type: none"> • Mentioned further therapy or support services with errors 	<ul style="list-style-type: none"> • Mentioned therapy and support services 	<ul style="list-style-type: none"> • Demonstrated detailed understanding of service availability 	<ul style="list-style-type: none"> • Superior understanding of options for therapy and support services

Note for Long Case Assessors:

The LCA Matrix should be used to guide your assessment. Assessors may use their discretion, as consideration of factors, such as the candidate's level of training and the complexity of the case, may impact the outcome.

Acknowledgements:

- 2022 Long Case Assessment Working Group (Matrix Development):
 - Dr Vun Vun Wong (AFRM Faculty Assessment Committee, Long Case Assessment Coordinator)
 - Dr Sharon Keripin (SA AFRM Fellow)
 - Dr Gavin Chin (NT AFRM Fellow)
 - Dr Premini Thanarajah (VIC AFRM Fellow)
 - Dr Rachael Nunan (QLD AFRM Fellow)
- Dr Andrew Cole (2018 Long Case Assessment Matrix)