



The Royal Australasian
College of Physicians

Rehabilitation Medicine Long Case Assessment (LCA) Rating Form



Trainee information

Trainee's name : Date of assessment : ____ / ____ / ____

Advanced Training Year : 1 2 3 4+ Case number of that term : 1 2 3 4

1st Assessor's name : 2nd Assessor's name :

1st Assessor's position : 2nd Assessor's position :
 LCA accredited

1st Assessor's email : 2nd Assessor's email :

Hospital/Location :

Patient age : Patient gender : Male Female

Case complexity : Low Medium High

Assessment Type : In-Training Long Case Assessment (ITLCA) Formal Long case Assessment (FLCA)

Please rate the trainee against what you would expect of a trainee in that year of training

	1	2	3	4	5	6	7	Not observed
1. Clinical examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
2. History taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
3. Clinical findings and interpretation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4. Short term management plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5. Impact of illness on patient & family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6. Long-term management plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Overall performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Please include strengths and suggestions for development overleaf

Complete this section only for ITLCA

Strengths

Suggestions for development

[Empty box for Strengths]

[Empty box for Suggestions for development]

Assessor satisfaction with using the LCA	LOW	1	2	3	4	5	6	7	8	9	HIGH
Trainee satisfaction with using the LCA	LOW	1	2	3	4	5	6	7	8	9	HIGH

Data from these formative assessments will be collated for the purpose of evaluating this instrument as an assessment tool for use with trainees; individual, identifiable data will not be presented in any reporting

1st Assessor's signature :

Trainee's signature :

2nd Assessor's signature :