

Mini Management Assessment (MMA) Form

DESCRIPTION

MMA assesses the performance of a Registrar in managing a patient. This assessment gives an indication of the Registrar's ability to present a succinct history of relevant information, formulate an investigative and/or management plan for a patient and discuss this plan with the Assessor in the context of a 'corridor conversation'.

SECTION 1 - REGISTRAR DETAILS

Registrar name			
Stage of training	Training Period	Year	
EPA			
MMA description			
Problem complexity	Setting		
Patient gender	Patient age	Patient ethnicity	

SECTION 2 - SECTION NAME

OVERALL RATING

The Registrar required:

Significant proactive input to develop an appropriate management plan.

Some reactive input to develop an appropriate management plan.

Minimal guidance. I provided some suggestions to improve the plan.

No guidance. They developed a suitable management plan for this patient.

The Registrar could advise junior colleagues how to manage similar patients.

The Assessor should provide feedback, in the form of comments, on the Registrar's performance on the following. If not applicable to this particular assessment, note 'N/A'.

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Presentation of relevant clinical information: Presents key clinical information in a succinct manner; provides a comprehensive overview of the patient's circumstance, focussing on relevant details.				
Review of investigations: Reviews existing investigations and opinions; interprets investigations accurately; determines whether further investigations are required.				
Differential diagnosis: Integrates multiple sources of information to formulate a differential and then final diagnosis; considers all possible options.				
Management plan: Develops a comprehensive management plan for the patient's problem, takes patient context and preferences into account; anticipates any issues with adherence; suggests referral to other health practitioners when indicated; plans appropriate follow up.				
Overall clinical care: Sound clinical judgement based on available information, identified all possible issues associated with management of the problem and took appropriate action; considered patients overall physical and mental health.				

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SIGNOFF

Assessor Name	Position	
Assessor Signature	Date	
Registrar Signature	Date	