

# Oral Exam Assessment Guide

## PART 1: PERFORMANCE IN PHASES OF THE INTERVIEW

### INTRODUCTORY PHASE

PERFORMANCE CRITERIA	ASSESSMENT CRITERIA	
	Unsatisfactory	Competent
Introduces self to client	Does not introduce themselves to client	Calls client by name, <b>how are you? smiles</b> , ± handshake & sees client to seat.
Considers an environment conducive to effective counseling	<b>Chats</b> about the weather, finding the room, client's comfort level, but does not address purpose-related issues <i>OR</i> makes no attempt to establish rapport	Addresses <b>purpose-related issues in a brief way</b> , mostly informal chat <i>as a minimum standard</i>
Seeks clarification from client for the reason for the interview	<b>Responds inaccurately</b> to many client questions/concerns <i>OR</i> <b>provides confusing</b> explanations. <b>Ignores</b> questions/concerns outside of scope. <b>Misses cues</b> ; asks questions and seeks information but does not recognise opportunities to follow up client issues.	<b>Responds to most</b> client concerns within scope of practice, although may <b>lack clarity</b> on some points. <b>Refers</b> to others for questions/concerns outside of scope. <b>Acknowledges cues</b> ; listens actively, responds to client questions but does not seek clarification <i>OR</i> probe for further information.
Assists client to clarify issues	<b>Asks closed questions</b> e.g. "How do you feel about that" but demonstrating little impact of client's statements of barriers to change	<b>Makes good attempts</b> to obtain client's viewpoint and consider barriers to change and interacts appropriately
Effectively explains the structure the interview will take with client	Makes no attempt to explain	Good explanation of interview process and structure
Establishes rapport with client	<b>Listens to views but</b> does not attend to the message	<b>Listens</b> to views and attends to the message

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## ASSESSMENT PHASE

PERFORMANCE CRITERIA	ASSESSMENT	
	Unsatisfactory	Competent
Identifies the client's level of prior knowledge	<b>Asks closed questions</b> e.g. "Do you understand?" with <b>minimal impact</b> of client's responses <b>OR Ignores</b> the issue <b>OR</b> talks regardless <b>OR</b> talks down to the client <b>OR</b> uses jargon without noting impact on the client.	<b>Questions</b> the client's life story for <b>clues</b> to cognitive level, including education & leisure activities, previous knowledge & understanding of relevant nutritional issues.
Assists client to clarify dietary intake. Identifies food habits, food intake and nutrient intake patterns	Asks for minimal clarification of information provided & assumes details. <b>OR</b> Does not ask about <u>types</u> of foods, e.g. specific varieties; asks about all foods with equal importance, no obvious focus.	General approach to foods/nutrients during the diet history & checklist; gathers enough info to later calculate required information. Type of food, can provide feedback/description to client that, asks pertinent information only.
Accurately assesses clinical, biochemical and biomedical markers according to reference ranges	Asks for some information, but <b>information is incomplete</b> <b>OR</b> accepts data on referral without clarification	Clarifies <b>referral for correctness of information</b> , asks for <b>relevant data that are on referral</b> . May request other information
Assesses anthropometric and other body composition data using suitable methods, and is able to interpret for the client	<b>Records information</b> offered by the client or provided <b>but seeks</b> no further clarification	Asks for <b>most</b> information suitable to case, & <b>interprets accurately</b>
Accurately assesses relevant food intake data qualitatively	Uses core food groups (CFGs) to interpret food intake but <b>misses significant items</b> , so that <b>unable to distinguish key areas of concern</b>	Can <b>identify major food items correctly</b> using core food groups (CFGs) & attempts to interpret against Nutrient Reference Values, to target key areas for change
Accurately assesses relevant food intake data quantitatively	Is only able to quantify macronutrients & energy so that <b>Energy and macronutrients are &gt; OR &lt; 25% of estimated</b> amounts <b>OR</b> can only correctly target a <b>limited number of nutrients for goals &amp; strategies</b>	Is able to quantify macronutrients & energy within <b>20% of correct estimation &amp; correctly targets appropriate nutrients</b> for goals & strategies
Identifies social, psychological, environmental, economic and personal data, relevant to plan nutritional management	Accepts data on referral with no clarification; <b>does not ask about data</b> <b>OR</b> collects some data but <b>incompletely</b>	Clarifies referral for correctness of information, asks for relevant information/issues that are not provided particularly any which may impact on nutritional management
Defines and explains appropriate nutritional problems to the client	<b>Provides general facts only</b> about nutrition and disease <b>OR Does not</b> provide any information <b>OR</b> provides <b>incorrect</b> or <b>inappropriate</b> information	<b>Provides mostly logical and concise</b> verbal explanation demonstrating <b>very good understanding</b> and ability to translate concepts into language that is suited to the client's level of understanding and psycho social factors
Articulates suitable nutritional diagnoses	Provides a nutritional diagnosis but <b>does not use the PESS* statement</b> (problem, etiology, signs & symptoms) <b>OR</b> makes the <b>wrong nutritional diagnosis</b>	Is able to define <b>nutrition problem correctly</b> including <b>etiology, signs &amp; symptoms</b>

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## EDUCATION/NUTRITION COUNSELLING PHASE

PERFORMANCE CRITERIA	ASSESSMENT	
	Unsatisfactory	Competent
Explains diet-disease relationship	<b>Provides general facts</b> only about nutrition and disease <i>OR</i> <b>Does not</b> provide any information <i>OR</i> provides <b>incorrect</b> or <b>inappropriate</b> information	<b>Provides mostly logical and concise</b> verbal explanation demonstrating <b>very good understanding</b> and ability to translate concepts into language that is suited to the client's level of understanding and psycho social factors
Accurately prioritises areas of nutritional concern	Is <b>unable</b> to formulate appropriate priorities for this client <i>OR</i> <b>Uses generic statements</b> without reference to the client's individual needs	<b>Prioritises areas of nutritional concern</b> , taking into account treatment priorities identified from the client's needs & literature recommendations
Develops a dietary prescription that is accurate	Gives <b>general advice</b> only when more is needed <i>OR</i> <b>Gives non-specific information</b> , without consideration of the overall lifestyle, & without quantified justification	Constructs approximately three <b>(3) food &amp; lifestyle strategies for each goal</b> and <b>negotiates at least one (1) strategy</b> <i>OR</i> modifies the existing strategies specifically for this client with quantified justification, which is partly linked to diet history
Develops a dietary prescription that is client-centered	As above	As above
Identifies and negotiates realistic, client-oriented goals and strategies	<b>Gives non-specific information</b> , without consideration of the overall lifestyle, & without quantified justification	<b>Uses assessment conclusions to formulate 2-3 specific nutrition goals</b> for this client, which are partly linked to the PESS statement and are mostly correct but may include medical goals
Identifies nutrition outcome measures and performance indicators	Does not identify outcome measures <i>OR</i> identifies incorrect outcome measures	Identifies outcome measures linked to goals with a time frame for measurement
Identifies barriers to the resolution of client problems	<b>Asks closed questions</b> e.g. "How do you feel about that" but demonstrating little impact of client's statements of barriers to change <i>OR</i> makes no attempt to engage client in this discussion	<b>Asks open questions</b> to monitor client's opinions and is able to take them and barriers to change into account
Engages client in all discussion and responds to concerns	Is unable to engage client in discussion to appropriately address concerns	<b>Asks open questions</b> to monitor client's opinions and responds in line with nutrition problems
Effectively listens throughout the consultation	<b>Listens to views but</b> does not attend to the message <i>OR</i> ignores views	<b>Listens</b> to views and attends to the message
Communicates in a way, which respects customs of culture. Uses socially and culturally appropriate strategies	Ignores cues and uses inappropriate language for age, gender and cultural background of client	Uses both verbal and non-verbal communication, and discusses the client's situation in an effort to truly understand the client's circumstances – How does the client see, feel and hear the world

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### CONCLUDING PHASE

PERFORMANCE CRITERIA	ASSESSMENT	
	Unsatisfactory	Competent
Appropriate summation of take-home messages	Is unable to summarise take-home messages <i>OR</i> does not articulate clear take-home messages	Summarises main goals and strategies into clear take-home messages – maximum 3
Evaluates process of the consultation with client	Does not check understanding <i>OR</i> reinforce take-home messages	Checks client understanding of take-home messages and reinforces messages
Evaluates impact (or outcomes) of consultation with client	Is unable to explain what is expected by next visit and subsequent visits	Clearly articulates expectations for follow up and outcomes expected
Determines a time-frame for follow-up	Cannot explain clearly a follow up time frame	Follow up clearly articulated and linked to outcome measures
Closes the interview appropriately	<b>Abrupt</b> closure <i>OR</i> <b>No</b> closure, focus on notes or other tasks.	<b>Thanks</b> client for cooperation (as appropriate), invites last-minute questions, provides contact details for follow-up (where appropriate), <b>informs</b> client what to expect next, <b>leaves client on a positive note.</b>
Interview completed in appropriate timeframe	>45 minutes <i>OR</i> less than 15 minutes	20-40 minutes

**\*PESS statement as per International Dietetics and Nutrition Terminology**

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### PART 2: PERFORMANCE IN OVERALL COMMUNICATION SKILLS

Throughout the interview, the way in which the candidate communicates with the client and how the interview is managed will have a significant impact on interview outcomes. Please comment on the specific skills in client-centred management.

COMPETENCY	ASSESSMENT	
	Unsatisfactory	Competent
Clarifies client's understanding throughout	<b>Ignores</b> the issue <i>OR</i> talks regardless <i>OR</i> talks down to the client <i>OR</i> uses jargon without noting impact on the client	<b>Asks specifically what the client knows</b> about the condition/disease, what information has been supplied by a medical practitioner, and other sources of relevant information
Uses English that is able to be understood by the client	Client finds it difficult to understand and often asks for repetition	Conversation flows well and is understood by client and moderator
Respects client's values and point of view	<b>Does not seek</b> viewpoint <i>OR</i> <b>ignores</b> client's attempts to explain point of view	<b>Asks open questions</b> to monitor client's opinions and is able to take them <b>into account</b>
Effectively responds to cues in developing discussion	<b>Misses cues</b> ; asks questions and seeks information but does not recognise opportunities to follow up client issues <i>OR</i> blocks cues	<b>Utilises cues</b> in developing conversation and client's understanding; listens actively to client; probes and rephrases. Allows client participation
Uses appropriate verbal communication	<b>Does not clarify</b> responses. <b>Multiple inappropriate</b> verbal responses <i>OR</i> <b>Asks but no follow up</b> <i>OR</i> . <b>Limited inappropriate</b> verbal communication	Asks for <b>open explanations</b> (questions) & offers statement/s compatible with true <b>understanding of the client's</b> situation, <b>conversational style</b> . <b>No obvious inappropriate</b> communication
Uses appropriate non-verbal communication	<b>Multiple inappropriate</b> non-verbal responses <i>OR</i> <b>Limited inappropriate</b> non-verbal communication	<b>No obvious inappropriate</b> communication and conveys understanding of client's situation
Negotiates effectively with the client to achieve health outcomes	Is unable to negotiate effectively to achieve outcomes	Negotiates at least 2 outcomes
Maintains direction of interview	<b>No structure evident</b> ; general conversation, client leading the interviewer, <i>OR</i> interviewer at a loss as to what to do.	<b>Structure evident</b> ; some overlapping of stages if any clarification is needed by the client it is only minor
Manages the interview appropriately	Disjointed interview with client not at ease <i>OR</i> does not respond to cues by client leading to unclear direction of interview and outcomes	Responds appropriately, maintains direction, ensures client is at ease at all times