**CHART REVIEW FIELD NOTE**

**CANDIDATE NAME:** __________________________  **ASSESSOR NAME:** __________________________

**LOCATION OF ASSESSMENT:** __________________________  **DATE OF ASSESSMENT:** __________________________

(Clinic, ER, in/out-patient, LTC, home visit, etc.)

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**BRIEFLY DESCRIBE PATIENT ENCOUNTER, EVENT OR ACTION:** __________________________________________

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**CLINICAL DOMAIN OF CARE:**

- [ ] Care of Adults
- [ ] Care of Children and Adolescents
- [ ] Care of the Elderly
- [ ] Palliative Care
- [ ] Care of Vulnerable and Underserviced
- [ ] Behavioral Medicine / Mental Health
- [ ] Procedural Skills
- [ ] Maternity and Newborn

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**NOTE IS ORGANIZED, HAS CLEAR SECTIONS AND IS EASY TO FIND RELEVANT INFORMATION**

**PERTINENT POSITIVES AND NEGATIVES FROM HISTORY AND EXAM ARE INCLUDED IN THE NOTE**

**HISTORY IS SYNTHESIZED AND CLEAR**

**ASSESSMENT OF CASE LINKED TO DATARecordED**

**PLAN REFLECTS ASSESSMENT**

**MEDICATIONS GIVEN/CHANGED ARE DOCUMENTED APPROPRIATELY AND EXISTING MEDICATIONS REVIEWED**

**PLAN INCLUDES DIRECTION FOR FUTURE CARE INCLUDING FOLLOW-UP AND NEXT STEPS IN INVESTIGATION OR MANAGEMENT**

**NOTE IS LEGIBLE AND SIGNED**

**AVOIDS CONFUSING ACRONYMS OR ABBREVIATIONS**

**CORRECTIONS/CHANGES ARE CLEARLY INDICATED AND DATED**

**RESULTS OF INVESTIGATIONS ARE DOCUMENTED, INCLUDING FOLLOW-UP ACTION**

**NEW INFORMATION ABOUT PATIENT IS UPDATED ON FLOW SHEETS**

**CRITICAL THINKING PROCESS IS SEEN IN THIS NOTE**

**ANOTHER PHYSICIAN WOULD BE ABLE TO KNOW THE NEXT STEPS TO ASSUME CARE FOR THE PATIENT**

**IT IS POSSIBLE TO SEE CLEARLY FROM THIS NOTE WHY THE PATIENT CAME TO SEE THE PHYSICIAN, WHAT WAS DONE AND WHY, AND WHAT FOLLOW-UP PLAN HAS BEEN MADE**

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**ASSESSOR COMMENTS:** __________________________________________

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- [ ] Competence FULLY demonstrated
- [ ] Competence PARTIALLY demonstrated
- [ ] Competence NOT demonstrated

**RATING GUIDE:**

- Competence Fully Demonstrated: Performance similar to or above the level of a Canadian-trained family physician entering practice
- Competence Partially Demonstrated: Performance somewhat below the level of a Canadian-trained family physician entering practice
- Competence Not Demonstrated: Performance significantly below the level of a Canadian-trained family physician entering practice

**ASSESSOR SIGNATURE:** __________________________  **DATE:** __________________________

This evaluation has been reviewed with the candidate.  [ ] Yes  [ ] No