

CHART REVIEW FIELD NOTE

CANDIDATE NAME: _____

ASSESSOR NAME: _____

LOCATION OF ASSESSMENT: _____

DATE OF ASSESSMENT: _____

(CLINIC, ER, IN/OUT-PATIENT, LTC, HOME VISIT, ETC.)

BRIEFLY DESCRIBE PATIENT ENCOUNTER, EVENT OR ACTION: _____

CLINICAL DOMAIN OF CARE:

- | | | |
|--|---|---|
| <input type="checkbox"/> CARE OF ADULTS | <input type="checkbox"/> CARE OF CHILDREN AND ADOLESCENTS | <input type="checkbox"/> BEHAVIOURAL MEDICINE / MENTAL HEALTH |
| <input type="checkbox"/> CARE OF THE ELDERLY | <input type="checkbox"/> CARE OF VULNERABLE AND UNDERSERVED | <input type="checkbox"/> PROCEDURAL SKILLS |
| <input type="checkbox"/> PALLIATIVE CARE | <input type="checkbox"/> MATERNITY AND NEWBORN | |

	CFD	CPD	CND	N/A
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 DATA RECORDED				
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				

ASSESSOR COMMENTS: _____

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