CLINICAL ENCOUNTER 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: ____________________________________________

CHECK CLINICAL DOMAIN:

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

CHECK SENTINEL HABIT:

| INCORPORATES THE PATIENT’S EXPERIENCE AND CONTEXT INTO PROBLEM IDENTIFICATION AND MANAGEMENT | CFD | CPD | CND | N/A |
| GENERATES RELEVANT HYPOTHESES THAT RESULT IN A SAFE AND RELEVANT DIFFERENTIAL DIAGNOSIS | |
| DEVELOPS A MANAGEMENT PLAN APPROPRIATE FOR THE PROBLEM AND THE PATIENT USING AVAILABLE BEST PRACTICE |
| DEMONSTRATES RESPECT FOR COLLEAGUES / TEAM MEMBERS / SUPPORT STAFF / PATIENTS |
| SELECTS AND ATTENDS TO THE APPROPRIATE FOCUS AND PRIORITY IN A SITUATION |
| VERBAL COMMUNICATION IS CLEAR AND TIMELY |
| WRITTEN COMMUNICATION (CHARTING) IS CLEAR AND TIMELY |
| PERFORMS PROCEDURES APPROPRIATELY |
| SEeks, ACCEPTS AND INCORPORATES FEEDBACK |

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