

CLINICAL ENCOUNTER FIELD NOTE

CANDIDATE NAME: _____

ASSESSOR NAME: _____

LOCATION OF ASSESSMENT: _____
(CLINIC, ER, IN/OUT-PATIENT, LTC, HOME VISIT, ETC)

DATE OF ASSESSMENT: _____

BRIEFLY DESCRIBE PATIENT ENCOUNTER, EVENT OR ACTION: _____

CHECK CLINICAL DOMAIN:

- | | | |
|--|---|---|
| <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 | |

CHECK SENTINEL HABIT:

	CFD	CPD	CND	N/A
INCORPORATES THE PATIENT'S EXPERIENCE AND CONTEXT INTO PROBLEM IDENTIFICATION AND MANAGEMENT				
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