

CLINICAL FIELD ASSESSMENT SUMMARY EVALUATION REPORT

CANDIDATE NAME: _____ **PRIMARY ASSESSOR NAME:** _____

DATE OF ASSESSMENT: BLOCK 1 (START DATE - END DATE, 201*) BLOCK 2 (START DATE - END DATE, 201*)

PRINT NAMES OF OTHER ASSESSOR(S) INVOLVED IN CANDIDATE'S ASSESSMENT:

COMMUNITY: _____

EXTENT OF CONTACT:

HOW MANY HOURS PER WEEK HAVE YOU AND OTHER ASSESSORS SPENT WITH THE CANDIDATE
IN CLINICAL FIELD ASSESSMENT ACTIVITIES? _____ HOURS PER WEEK

BASIC COMMUNICATION ABILITY

		Y	N	N/A
1. UNDERSTANDING	DOES THIS CANDIDATE EASILY UNDERSTAND INFORMATION GIVEN BY PATIENTS AND COLLEAGUES?			
2. EXPRESSION	HAVE PATIENTS REPORTED DIFFICULTY IN UNDERSTANDING THIS CANDIDATE?			
	HAVE YOU OR OTHER HEALTHCARE TEAM MEMBERS EXPERIENCED DIFFICULTY UNDERSTANDING THE CANDIDATE?			
	DID THE QUALITY OF THE CANDIDATE'S SPOKEN ENGLISH IMPEDE HIS/HER ABILITY TO COMMUNICATE?			
3. NON-VERBAL	IS THE CANDIDATE'S NON-VERBAL COMMUNICATION APPROPRIATE FOR A CANADIAN MEDICAL ENVIRONMENT (E.G. RESPECT FOR SOCIAL NORMS, EYE CONTACT, GESTURES, POSTURES, ENGAGING THE PATIENT, EMPATHY)?			

PROFESSIONALISM

	Y	N	N/A
EXHIBITS PROFESSIONAL BEHAVIOURS IN PRACTICE, INCLUDING HONESTY, INTEGRITY, RELIABILITY, COMPASSION, RESPECT, ALTRUISM, AND COMMITMENT TO PATIENT WELL-BEING*			
DEMONSTRATES RESPECT FOR COLLEAGUES AND TEAM MEMBERS*			
MAINTAINS APPROPRIATE PROFESSIONAL BOUNDARIES*			
APPRECIATES THE PROFESSIONAL, LEGAL AND ETHICAL CODES OF PRACTICE, INCLUDING KNOWLEDGE OF THE CMA CODE OF ETHICS			
PARTICIPATES IN PEER REVIEW			

*IF NO, PLEASE DOCUMENT BELOW OR ATTACH SUPPLEMENTAL DOCUMENTATION AND CONTACT THE SIPPA DIRECTOR, IF YOU HAVEN'T ALREADY DONE SO.

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CLINICAL DOMAIN OF CARE	SENTINEL HABIT	CFD	CPD	CND	N/A
GENERAL	SEEKS OUT AND RESPONDS APPROPRIATELY TO FEEDBACK				
	DEMONSTRATES SELF-ASSESSMENT ABILITY (INSIGHT)				
	ENGAGES IN APPROPRIATE CONTINUING EDUCATION AND STUDY				
BEHAVIOURAL MEDICINE / MENTAL HEALTH	INCORPORATES THE PATIENT'S EXPERIENCE AND CONTEXT INTO PROBLEM IDENTIFICATION AND MANAGEMENT				
	GENERATES RELEVANT HYPOTHESES RESULTING IN A SAFE AND PRIORITIZED DIFFERENTIAL DIAGNOSIS				
	MANAGES PATIENTS USING AVAILABLE BEST PRACTICES				
	DEMONSTRATES RESPECT AND / OR RESPONSIBILITY				
	SELECTS AND ATTENDS TO THE APPROPRIATE FOCUS AND PRIORITY IN A SITUATION				
	VERBAL AND WRITTEN COMMUNICATION IS CLEAR AND TIMELY				
CARE OF ADULTS	INCORPORATES THE PATIENT'S EXPERIENCE AND CONTEXT INTO PROBLEM IDENTIFICATION AND MANAGEMENT				
	GENERATES RELEVANT HYPOTHESES RESULTING IN A SAFE AND PRIORITIZED DIFFERENTIAL DIAGNOSIS				
	MANAGES PATIENTS USING AVAILABLE BEST PRACTICES				
	DEMONSTRATES RESPECT AND / OR RESPONSIBILITY				
	SELECTS AND ATTENDS TO THE APPROPRIATE FOCUS AND PRIORITY IN A SITUATION				
	VERBAL AND WRITTEN COMMUNICATION IS CLEAR AND TIMELY				
CARE OF CHILDREN AND ADOLESCENTS	INCORPORATES THE PATIENT'S EXPERIENCE AND CONTEXT INTO PROBLEM IDENTIFICATION AND MANAGEMENT				
	GENERATES RELEVANT HYPOTHESES RESULTING IN A SAFE AND PRIORITIZED DIFFERENTIAL DIAGNOSIS				
	MANAGES PATIENTS USING AVAILABLE BEST PRACTICES				
	DEMONSTRATES RESPECT AND / OR RESPONSIBILITY				
	SELECTS AND ATTENDS TO THE APPROPRIATE FOCUS AND PRIORITY IN A SITUATION				
	VERBAL AND WRITTEN COMMUNICATION IS CLEAR AND TIMELY				
CARE OF THE ELDERLY	INCORPORATES THE PATIENT'S EXPERIENCE AND CONTEXT INTO PROBLEM IDENTIFICATION AND MANAGEMENT				
	GENERATES RELEVANT HYPOTHESES RESULTING IN A SAFE AND PRIORITIZED DIFFERENTIAL DIAGNOSIS				
	MANAGES PATIENTS USING AVAILABLE BEST PRACTICES				
	DEMONSTRATES RESPECT AND / OR RESPONSIBILITY				
	SELECTS AND ATTENDS TO THE APPROPRIATE FOCUS AND PRIORITY IN A SITUATION				
	VERBAL AND WRITTEN COMMUNICATION IS CLEAR AND TIMELY				

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CLINICAL DOMAIN OF CARE	SENTINEL HABIT	CFD	CPD	CND	N/A
MATERNITY / NEWBORN CARE <i>(NOT INCLUDING DELIVERY BUT INCLUDING PRENATAL CARE, CARE IN THE POSTPARTUM SIX-WEEKS AND WELL-BABY EXAM)</i>	INCORPORATES THE PATIENT'S EXPERIENCE AND CONTEXT INTO PROBLEM IDENTIFICATION AND MANAGEMENT				
	GENERATES RELEVANT HYPOTHESES RESULTING IN A SAFE AND PRIORITIZED DIFFERENTIAL DIAGNOSIS				
	MANAGES PATIENTS USING AVAILABLE BEST PRACTICES				
	DEMONSTRATES RESPECT AND / OR RESPONSIBILITY				
	SELECTS AND ATTENDS TO THE APPROPRIATE FOCUS AND PRIORITY IN A SITUATION				
	VERBAL AND WRITTEN COMMUNICATION IS CLEAR AND TIMELY				
CARE OF VULNERABLE AND UNDERSERVICE PATIENTS	INCORPORATES THE PATIENT'S EXPERIENCE AND CONTEXT INTO PROBLEM IDENTIFICATION AND MANAGEMENT				
	GENERATES RELEVANT HYPOTHESES RESULTING IN A SAFE AND PRIORITIZED DIFFERENTIAL DIAGNOSIS				
	MANAGES PATIENTS USING AVAILABLE BEST PRACTICES				
	DEMONSTRATES RESPECT AND / OR RESPONSIBILITY				
	SELECTS AND ATTENDS TO THE APPROPRIATE FOCUS AND PRIORITY IN A SITUATION				
	VERBAL AND WRITTEN COMMUNICATION IS CLEAR AND TIMELY				
PALLIATIVE CARE <i>(OPTIONAL)</i>	INCORPORATES THE PATIENT'S EXPERIENCE AND CONTEXT INTO PROBLEM IDENTIFICATION AND MANAGEMENT				
	GENERATES RELEVANT HYPOTHESES RESULTING IN A SAFE AND PRIORITIZED DIFFERENTIAL DIAGNOSIS				
	MANAGES PATIENTS USING AVAILABLE BEST PRACTICES				
	DEMONSTRATES RESPECT AND / OR RESPONSIBILITY				
	SELECTS AND ATTENDS TO THE APPROPRIATE FOCUS AND PRIORITY IN A SITUATION				
	VERBAL AND WRITTEN COMMUNICATION IS CLEAR AND TIMELY				
PROCEDURAL SKILLS <i>(AS APPROPRIATE FOR CFA SITE CONTEXT)</i>	INCORPORATES THE PATIENT'S EXPERIENCE AND CONTEXT INTO PROBLEM IDENTIFICATION AND MANAGEMENT				
	GENERATES RELEVANT HYPOTHESES RESULTING IN A SAFE AND PRIORITIZED DIFFERENTIAL DIAGNOSIS				
	MANAGES PATIENTS USING AVAILABLE BEST PRACTICES				
	DEMONSTRATES RESPECT AND / OR RESPONSIBILITY				
	SELECTS AND ATTENDS TO THE APPROPRIATE FOCUS AND PRIORITY IN A SITUATION				
	VERBAL AND WRITTEN COMMUNICATION IS CLEAR AND TIMELY				

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SUMMARY OF CANDIDATE'S PROCEDURAL COMPETENCE

PROCEDURE	CFD	CPD	CND	N/A
LOCAL ANESTHETIC INFILTRATION AND DIGITAL BLOCKS, LOCAL AND REGIONAL BLOCKS				
INCISION AND DRAINAGE ABSCESS				
SUTURING				
LACERATION REPAIR				
PUNCH BIOPSY				
SEBACEOUS CYST REMOVAL				
SKIN LESION REMOVAL				
CRYOTHERAPY FOR BENIGN LESIONS				
REMOVAL OF FOREIGN BODY				
WART MANAGEMENT				
SCRAPING OF SKIN, NAILS, SCALP FOR DIAGNOSIS OF FUNGUS				
TREFINE OF SUBUNGAL HEMATOMA				
INGROWN TOENAIL TREATMENT				
SLIT LAMP EXAMINATION				
FOREIGN BODY REMOVAL FROM EYE				
EAR SYRINGING				
REMOVAL OF CERUMEN				
CAUTERY FOR ANTERIOR EPISTAXIS				
ANTERIOR NASAL PACKING				
NASOGASTRIC TUBE INSERTION				
PAPANICOLOU SMEAR				
PELVIC EXAMINATION				
URINARY CATHETERIZATION				
CASTING OR SPLINTING				
REDUCTION OF MINOR DISLOCATIONS/SUBLUXATIONS				
REDUCTION OF DISLOCATED SHOULDER				
ASPIRATION OF JOINT FOR DIAGNOSIS				
INTRADERMAL, IV, IM AND SC INJECTIONS				
VENIPUNCTURE – ANTECUBITAL AND FEMORAL VEIN				
PERIPHERAL INTRAVENOUS LINE; ADULT AND CHILD				
ORAL AIRWAY INSERTION, CONSCIOUS SEDATION, RAPID INDUCTION				
BAG AND MASK VENTILATION				
ENDOTRACHEAL INTUBATION				
CARDIAC DEFIBRILLATION				
LUMBAR PUNCTURE				
CODE BLUE ATTENDANCE				
ABGs				
EKG INTERPRETATION				

CFD (COMPETENCE FULLY DEMONSTRATED) CPD (COMPETENCE PARTIALLY DEMONSTRATED) CND (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

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CANDIDATE'S STRENGTHS: _____

RECOMMENDATIONS FOR FURTHER DEVELOPMENT (OPTIONAL):

ASSESSOR COMMENTS: _____

OVERALL EVALUATION OF CANDIDATE'S COMPETENCE TO ENTER PRACTICE:

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

