

PROCEDURE FIELD NOTE

CANDIDATE NAME: _____

ASSESSOR: _____

LOCATION OF ASSESSMENT: _____

DATE OF ASSESSMENT: _____

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

BRIEFLY DESCRIBE PATIENT ENCOUNTER, EVENT OR ACTION: _____

	CFD	CPD	CND	N/A
LISTS THE INDICATIONS FOR AND CONTRAINDICATIONS TO THE PROCEDURE				
ASSESSES OWN SKILLS IN THE CONTEXT OF AN INDIVIDUAL PATIENT, INCLUDING PATIENT CHARACTERISTICS, COMPLEXITY OF THE TASK, TIME NEEDED, NEED FOR ASSISTANCE, APPROPRIATE LOCATION, AND PERSONAL READINESS (LEVEL OF FATIGUE, OTHER DISTRACTORS)				
REVIEWS / DISCUSSES THE PROCEDURE WITH THE PATIENT, INCLUDING A DESCRIPTION OF THE PROCEDURE, AND POSSIBLE OUTCOMES, BOTH POSITIVE AND NEGATIVE (AS PART OF OBTAINING CONSENT)				
ASSURES THAT THE NECESSARY EQUIPMENT IS AVAILABLE AND READY				
DESCRIBES THE ANATOMIC LANDMARKS NECESSARY FOR PROCEDURE PERFORMANCE				
DESCRIBES, IN SEQUENTIAL FASHION, THE TECHNICAL STEPS OF THE PROCEDURE, INCLUDING ANY PRELIMINARY EXAMINATION				
DESCRIBES THE PROCEDURE'S POTENTIAL COMPLICATIONS AND THEIR MANAGEMENT				
PERFORMS THE PROCEDURE APPROPRIATELY (TECHNICAL ABILITY, ASEPSIS, ETC.)				
DURING THE PERFORMANCE OF THE PROCEDURE, THE CANDIDATE KEEPS THE PATIENT INFORMED				
DURING THE PERFORMANCE OF THE PROCEDURE, THE CANDIDATE ENSURES THE PATIENT'S COMFORT AND SAFETY				
RECOGNIZES AND RE-EVALUATES THE SITUATION AND STOPS TO ASK FOR ASSISTANCE WHEN FACED WITH COMPLICATIONS / DIFFICULTIES				
DEVELOPS A PLAN FOR AFTERCARE AND FOLLOWS-UP WITH THE PATIENT FOLLOWING A PROCEDURE				

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