Sask MPAS Program

Emergency Medicine Rotation | Physician Assistant Trainee SHIFT Assessment Form

PART 1 *(Learner completes Part 1)*:

LEARNER & ROTATION INFORMATION

Learner Name:		**Rotation:**	Emergency Medicine
Preceptor Name:		**Clinical Site:**	Choose: RUH; SCH; SPH; RGH; PH; VH
Shift Date:		**Shift Time:**	

Learning goal for THIS shift (determined at start of shift): _____

Patients Seen (age, gender, symptom/presentation/diagnosis)**:**

1_____ **4**_____ **7**_____

2_____ **5**_____ **8**_____

3_____ **6**_____ **9**_____

Procedures *please indicate if Discussed (D), Observed (O), Assisted (A), or Performed (P):

1_____ **(D O A P)** **4**_____**(D O A P)**

2_____ **(D O A P)** **5**_____**(D O A P)**

3_____ **(D O A P)** **6**_____**(D O A P)**

LEARNING TOPICS – Please select all topics that were discussed / seen / managed on this shift:		
Resuscitation	**Approach to Undifferentiated Patients**	**Emergency Medicine Specific Topics**
Airway Obstruction / Management	Chest Pain	Burns
Anaphylaxis	Abdominal Pain	Trauma
Respiratory Distress / Failure	Shortness of Breath	Poisoned Patient / Overdoses
Shock	Headache	Intoxicated Patient
Cardiac Arrest (ACLS)	Sore Throat	Hypothermia
Altered Mental Status	Vaginal Bleeding	Cold injuries
Seizures	Back Pain	Capacity / SDM
	Nausea / Vomiting	Goals of Care Discussion
	Fever	Stroke
	Syncope / Vertigo	ECG
		Xray or Lab Interpretation
Other Topics Discussed / Seen / Managed (Please List): _____		

PART TWO *(Preceptor completes this section)*

ASSESSMENT SCALE

1	2	3	4
Requires Direct Instruction Continuous guidance; cannot proceed without step-by-step prompting	**Developing** Frequent prompting needed; tasks started but often incomplete	**Progressing** Handles routine situations; may struggle with complexity	**Meeting** Minimal prompting; safe and efficient; appropriate help-seeking for level of training

IMPORTANT: PA Students are NEVER expected to work independently. Ratings reflect the level of supervision and trust required — not independence. A score of 4 means Practice Ready at this stage under CPSS Level I/II supervision.

SECTION 1 — EPA RATING SUMMARY (All 12 EPAs)

Rate each EPA observed. N/O = Not Observed.

#	EPAs	CanMEDS-	1	2	3	4	N/O	Brief Note
1	Professional, Ethical & Culturally Safe Care	Professionalism & Advocacy	☐	☐	☐	☐	☐	
2	History-Taking & Physical Examination	Medical Expert	☐	☐	☐	☐	☐	
3	Diagnostic Investigations & Evidence Gathering	Medical Expert	☐	☐	☐	☐	☐	
4	Differential Diagnosis	Medical Expert	☐	☐	☐	☐	☐	
5	Management Planning	Medical Expert	☐	☐	☐	☐	☐	
6	Clinical Documentation	Communication	☐	☐	☐	☐	☐	
7	Team Collaboration & Transitions of Care	Collaboration	☐	☐	☐	☐	☐	
8	Recognition of Urgent / Emergent Patients	Medical Expert	☐	☐	☐	☐	☐	
9	Procedures (complete only if observed)	Medical Expert	☐	☐	☐	☐	☐	
10	Patient Education & Health Promotion	Communication, Leadership	☐	☐	☐	☐	☐	
11	Advocacy & Social Determinants of Health	Professionalism & Advocacy	☐	☐	☐	☐	☐	
12	Lifelong Learning & Quality Improvement	Scholarship	☐	☐	☐	☐	☐	

Please CHOOSE ONE of the above EPAs and provide specific feedback about the Learner's demonstration of this EPA.

SECTION 2 — GLOBAL ASSESSMENT

Given this learner's overall performance DURING THIS SHIFT, this learner's performance is:

☐ Below Expectations	☐ Beginning to Meet Expectations	☐ Meets Expectations

Please provide feedback on the Learner's <u>overall performance</u> during this shift and provide examples, if possible. **Consider:** *Did the learner meet or exceed expectations today? How so?* *What can the Learner do to continue to improve?* If the Learner's performance is Below Expectations or borderline, please provide specific examples.
NOTE: If you have significant concerns about a PA Trainee's performance, please discuss this with the Emergency Medicine Rotation Coordinator as soon as possible.

**Note: Comments from this Daily Shift Eval may be part of the PA Trainee's Summative Evaluation for this Rotation.*

Preceptor Name:		**Learner Name:**	
Preceptor Signature:		**Learner Signature:**	