

CHART REVIEW FIELD NOTE

CANDIDATE NAME: _____ ASSESSOR NAME: _____

LOCATION OF ASSESSMENT: _____ DATE OF ASSESSMENT: _____

(CLINIC, SATELLITE CLINIC, ER, INPATIENT, OUTPATIENT/AMBULATORY CARE, LONG TERM CARE, HOME VISIT, OPERATING ROOM, OTHER – NOT DESCRIBED)

BRIEFLY DESCRIBE CLINICAL ENCOUNTER OR EVENT: _____

CLINICAL DOMAIN OF CARE:

- ☐ CARE OF ADULTS
 ☐ CARE OF CHILDREN AND ADOLESCENTS
 ☐ MENTAL HEALTH
 ☐ CARE OF THE ELDERLY
 ☐ PROCEDURAL SKILLS
☐ PALLIATIVE CARE
 ☐ CARE OF VULNERABLE AND UNDERSERVED
 ☐ CHRONIC DISEASE MANAGEMENT
 ☐ MATERNITY AND NEWBORN

	N/A	SIGNIFICANT CONCERN	BELOW STANDARD	MEETS STANDARD
NOTE IS ORGANIZED, HAS CLEAR SECTIONS AND IS EASY TO FIND RELEVANT INFORMATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERTINENT POSITIVES AND NEGATIVES FROM HISTORY & EXAM ARE INCLUDED IN NOTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HISTORY IS SYNTHESIZED AND CLEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASSESSMENT OF CASE LINKED TO DATA RECORDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLAN REFLECTS ASSESSMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDICATIONS GIVEN/CHANGED ARE DOCUMENTED APPROPRIATELY AND EXISTING MEDICATIONS REVIEWED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLAN INCLUDES DIRECTION FOR FUTURE CARE INCLUDING FOLLOW-UP & NEXT STEPS IN INVESTIGATION OR MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTE IS LEGIBLE AND SIGNED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AVOIDS CONFUSING ACRONYMS OR ABBREVIATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIONS/CHANGES ARE CLEARLY INDICATED AND DATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESULTS OF INVESTIGATIONS ARE DOCUMENTED, INCLUDING FOLLOW-UP ACTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEW INFORMATION ABOUT PATIENT IS UPDATED ON FLOW SHEETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRITICAL THINKING PROCESS IS SEEN IN THIS NOTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANOTHER PHYSICIAN WOULD BE ABLE TO KNOW THE NEXT STEPS TO ASSUME CARE FOR THE PATIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT IS POSSIBLE TO SEE CLEARLY FROM THIS NOTE WHY THE PATIENT CAME TO SEE THE PHYSICIAN, WHAT WAS DONE AND WHY, AND WHAT FOLLOW-UP PLAN HAS BEEN MADE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSOR COMMENTS:

CLINICAL FIELD ASSESSMENT COMPETENCY STANDARD:

DEMONSTRATES APPROPRIATE KNOWLEDGE, SKILLS AND SUITABILITY TO PRACTICE SAFELY AS A FAMILY PHYSICIAN.

☐ MEETS STANDARD ☐ BELOW STANDARD ☐ SIGNIFICANT CONCERN

RATING GUIDE:

MEETS STANDARD: PERFORMANCE SIMILAR TO OR ABOVE THE LEVEL OF A CANADIAN-TRAINED FAMILY PHYSICIAN ENTERING PRACTICE

BELOW STANDARD: PERFORMANCE BELOW THE LEVEL OF A CANADIAN-TRAINED FAMILY PHYSICIAN ENTERING PRACTICE

SIGNIFICANT CONCERN: PRACTICE SAFETY ISSUE IDENTIFIED – PLEASE DESCRIBE IN COMMENTS

THIS EVALUATION HAS BEEN REVIEWED WITH THE CANDIDATE.

☐ YES ☐ NO