

# SUMMARY EVALUATION REPORT

CANDIDATE NAME: \_\_\_\_\_ LEAD ASSESSOR NAME: \_\_\_\_\_

DATE OF ASSESSMENT: ☐ BLOCK 1 ☐ BLOCK 2 ☐ ER ☐ EXTRA ASSESSMENT

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? \_\_\_\_\_

COMMUNICATION	SIGNIFICANT CONCERN	BELOW STANDARD	MEETS STANDARD
DOES THIS CANDIDATE EASILY UNDERSTAND INFORMATION GIVEN BY PATIENTS AND COLLEAGUES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE PATIENTS BEEN ABLE TO UNDERSTAND THE CANDIDATE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WERE YOU AND/OR OTHER HEALTHCARE TEAM MEMBERS ABLE TO UNDERSTAND THE CANDIDATE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAS THE QUALITY OF THE CANDIDATE'S SPOKEN ENGLISH APPROPRIATE FOR COMMUNICATION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THE CANDIDATE'S NON-VERBAL COMMUNICATION WAS APPROPRIATE FOR A CANADIAN MEDICAL ENVIRONMENT (E.G. RESPECT FOR SOCIAL NORMS, EYE CONTACT, GESTURES, POSTURES, ENGAGING THE PATIENT, EMPATHY)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONALISM	SIGNIFICANT CONCERN	BELOW STANDARD	MEETS STANDARD
EXHIBITS PROFESSIONAL BEHAVIOURS IN PRACTICE, INCLUDING HONESTY, INTEGRITY, RELIABILITY, COMPASSION, RESPECT, ALTRUISM, AND COMMITMENT TO PATIENT WELL-BEING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEMONSTRATES RESPECT FOR COLLEAGUES AND TEAM MEMBERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAINTAINS APPROPRIATE PROFESSIONAL BOUNDARIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPRECIATES THE PROFESSIONAL, LEGAL AND ETHICAL CODES OF PRACTICE, INCLUDING KNOWLEDGE OF THE CMA CODE OF ETHICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCEPTS AND INCORPORATES FEEDBACK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF SIGNIFICANT CONCERNS FOR COMMUNICATION OR PROFESSIONALISM, PLEASE ADD COMMENTS:

HAVE YOU NOTIFIED SIPPA OF THESE CONCERNS: ☐ YES ☐ NO

# SUMMARY EVALUATION REPORT

## CLINICAL FIELD ASSESSMENT COMPETENCY STANDARD:

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

### 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

**N/A:** NOT APPLICABLE/NOT ASSESSED

CLINICAL DOMAIN OF CARE	N/A	SIGNIFICANT CONCERN	BELOW STANDARD	MEETS STANDARD
GENERAL FAMILY MEDICINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MENTAL HEALTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARE OF ADULTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARE OF CHILDREN AND ADOLESCENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARE OF THE ELDERLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERNITY / NEWBORN CARE (NOT INCLUDING INTRAPARTUM OBSTETRICS BUT INCLUDING PRENATAL CARE, CARE IN THE POSTPARTUM PUERPERIUM PERIOD AND WELL-BABY EXAM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARE OF VULNERABLE AND UNDERSERVED PATIENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PALLIATIVE CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHRONIC DISEASE MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROCEDURAL SKILLS (AS APPROPRIATE FOR CFA SITE CONTEXT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF SIGNIFICANT CONCERNS, PLEASE ADD COMMENTS:

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## SUMMARY OF CANDIDATE'S PROCEDURAL COMPETENCE

PRIMARY CARE PROCEDURES	N/A	SIGNIFICANT CONCERN	BELOW STANDARD	MEETS STANDARD
ASPIRATION OF JOINT FOR DIAGNOSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRYOTHERAPY FOR BENIGN LESIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAR SYRINGING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EKG INTERPRETATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCISION BIOPSY/LUMP REMOVAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INGROWN TOENAIL TREATMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTRA-ARTICULAR INJECTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTRADERMAL, IV, IM AND SC INJECTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCAL ANESTHETIC INFILTRATION AND DIGITAL BLOCKS, LOCAL AND REGIONAL BLOCKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAPANICOLOU SMEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PELVIC EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUNCH BIOPSY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMOVAL OF CERUMEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMOVAL OF FOREIGN BODY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCRAPING OF SKIN, NAILS, SCALP FOR DIAGNOSIS OF FUNGUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEBACEOUS CYST REMOVAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKIN LESION REMOVAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TREFINE OF SUBUNGAL HEMATOMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WART MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

ER PROCEDURES	N/A	SIGNIFICANT CONCERN	BELOW STANDARD	MEETS STANDARD
ABGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ANTERIOR NASAL PACKING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BAG AND MASK VENTILATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARDIAC DEFIBRILLATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASTING OR SPLINTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAUTERY FOR ANTERIOR EPISTAXIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CODE BLUE ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENDOTRACHEAL INTUBATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOREIGN BODY REMOVAL FROM EYE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INCISION AND DRAINAGE ABSCESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LACERATION REPAIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LUMBAR PUNCTURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NASOGASTRIC TUBE INSERTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORAL AIRWAY INSERTION, CONSCIOUS SEDATION, RAPID INDUCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERIPHERAL INTRAVENOUS LINE; ADULT AND CHILD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REDUCTION OF DISLOCATED SHOULDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REDUCTION OF MINOR DISLOCATIONS/SUBLUXATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SLIT LAMP EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUTURING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
URINARY CATHETERIZATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENIPUNCTURE — ANTECUBITAL AND FEMORAL VEIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CANDIDATE STRENGTHS:**

OTHER: \_\_\_\_\_

**RECOMMENDATIONS FOR FURTHER DEVELOPMENT BASED ON OBSERVED CLINICAL PRACTICE:**

OTHER: \_\_\_\_\_

**RECOMMENDATIONS FOR CONTINUING MEDICAL EDUCATION:**

OTHER: \_\_\_\_\_

**ADDITIONAL RECOMMENDATIONS OR COMMENTS:**

OTHER: \_\_\_\_\_

**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**

**\*COMMENTS REGARDING SIGNIFICANT CONCERN:**

**\*HAVE YOU NOTIFIED SIPPA OF THESE CONCERNS?**   ☐ **YES**   ☐ **NO**