

VIRTUAL CARE ASSESSMENT 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)

WHAT TYPES OF TELEMEDICINE HAVE YOU OBSERVED THIS CANDIDATE DELIVER? (CHECK ALL THAT APPLY)

☐ VIDEOCONFERENCES ☐ TELEPHONE CALLS ☐ EMAIL

BRIEF DESCRIPTION OF ENCOUNTER: _____

	N/A	SIGNIFICANT CONCERN	BELOW STANDARD	MEETS STANDARD
IDENTIFIES THEMSELF & EXPLAINS TELEMEDICINE LIMITATIONS/PRIVACY ISSUES WITH PATIENT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF THE PATIENT IS UNKNOWN TO THE CANDIDATE OR THERE IS NO ONGOING TREATING RELATIONSHIP: CONFIRMS PATIENT'S IDENTITY AND CARRIES OUT BRIEF, RELEVANT CONSENT AND CONFIDENTIALITY DISCUSSION WITH PATIENT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENSURES IDENTITIES OF OTHER PARTICIPANTS ARE DISCLOSED TO AND APPROVED BY THE PATIENT, AND DOCUMENTS THEM IN THE PATIENT RECORD.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ESTABLISHES RAPPORT QUICKLY TO ESTABLISH TRUST.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATES CLEARLY AND EFFECTIVELY WITH PATIENTS WHEN USING TECHNOLOGY.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASKS PROBING TRIAGE QUESTIONS TO DETERMINE WHETHER TELEMEDICINE AFFORDS ADEQUATE ASSESSMENT OF THE PATIENT PROBLEM. IF NOT, ARRANGES FOR A TIMELY IN-PERSON ASSESSMENT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROVIDES AN APPROPRIATE MEDICAL ASSESSMENT BASED ON CURRENT SYMPTOMS OR CONDITION, HISTORY, MEDICATIONS, AND LIMITED EXAMINATION POSSIBLE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATES AND MAINTAINS MEDICAL RECORDS OF THE CONSULTATION AND ENSURES PATIENTS AND OTHER HEALTH CARE PROFESSIONALS HAVE ACCESS AS REQUIRED.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATES CLEARLY AND EFFECTIVELY WITH REFERRING AND OTHER TREATING PHYSICIANS WHEN USING TECHNOLOGY.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXERCISES CAUTION WHEN PROVIDING PRESCRIPTIONS OR OTHER TREATMENT RECOMMENDATIONS FOR PATIENTS THEY HAVE NOT PERSONALLY EXAMINED.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USES TELEMEDICINE TECHNOLOGY SKILLFULLY AND ASSISTS PATIENTS WITH ITS USE AS NEEDED.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENSURES PATIENTS RECEIVE THE SAME STANDARD OF CARE AS REQUIRED FOR IN-PERSON ENCOUNTERS.	<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