



WAAIP FAMILY MEDICINE EVALUATION REPORT

NAME OF REGISTRANT: _____ Interim Final
 REPORT COVERS PERIOD: _____ TO: _____
 SITE: _____ ASSESSOR: _____

Appendix B

BASIC COMMUNICATION ABILITY		
1. Understanding	Does this registrant easily understand English?	Yes <input type="checkbox"/> Uncertain <input type="checkbox"/> No <input type="checkbox"/>
2. Expression	Have patients reported difficulty in understanding this registrant?	Yes <input type="checkbox"/> Uncertain <input type="checkbox"/> No <input type="checkbox"/>
	Have you or other team members experienced difficulty understanding this registrant?	Yes <input type="checkbox"/> Uncertain <input type="checkbox"/> No <input type="checkbox"/>
	Did the quality of the registrant's spoken English impede his/her ability to communicate?	Yes <input type="checkbox"/> Uncertain <input type="checkbox"/> No <input type="checkbox"/>
3. Non-verbal	Is the registrant's non-verbal communication (e.g. respect for social norms, eye contact, gestures, postures, engaging the patient, empathy) appropriate for a Canadian medical environment?	Yes <input type="checkbox"/> Uncertain <input type="checkbox"/> No <input type="checkbox"/>

	UNSATISFACTORY	NOT SATISFACTORY BUT REMEDIABLE	SATISFACTORY	VERY GOOD	EXCELLENT	NOT OBSERVED
1. THE FAMILY PHYSICIAN IS A SKILLED CLINICIAN						
1.1 Basic Science Knowledge	<input type="checkbox"/> Inadequate fund of knowledge; difficulty in applying it to patient care.	<input type="checkbox"/> Superficial fund of knowledge and some difficulty in applying it to patient care.	<input type="checkbox"/> Satisfactory fund of basic science knowledge and is able to relate it appropriately to patient care	<input type="checkbox"/> Substantial fund of knowledge and usually uses it in the provision of patient care.	<input type="checkbox"/> Exceptional fund of knowledge and applies it consistently in the provision of care.	

1.2 Clinical Knowledge	<input type="checkbox"/> Lacks appropriate clinical knowledge to define priorities in diagnosis and management of clinical problems.	<input type="checkbox"/> Superficial fund of knowledge with some difficulty solving common clinical problems because of it.	<input type="checkbox"/> Usually shows adequate fund of clinical knowledge to resolve common clinical situations.	<input type="checkbox"/> Substantial fund of knowledge and ability to resolve common & some difficult problems.	<input type="checkbox"/> Exceptional knowledge base consistently applied to solving clinical problems.	
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1.3 Data Gathering: (History taking)	<input type="checkbox"/> Information is incomplete or inaccurate; important information is missing.	<input type="checkbox"/> History is superficial and unfocused; some information is missing.	<input type="checkbox"/> History is usually complete, orderly accurate and systematic.	<input type="checkbox"/> Data are complete, relevant and collected in a coherent and systematic way.	<input type="checkbox"/> Consistently comprehensive; information is complete and precise; thorough, focused and detailed history.	
1.4 Physical Examination	<input type="checkbox"/> Examination is usually incomplete; deficiencies in technical quality; inaccurate data.	<input type="checkbox"/> Examination sometimes incomplete; findings missed or false positives.	<input type="checkbox"/> Conducts complete, systematic examination; recognizes most significant findings.	<input type="checkbox"/> Thorough examination, and usually detects most findings.	<input type="checkbox"/> Thorough, technically sound examination, including subtle findings; obtains accurate data.	
1.5 Problem Formulation and Differential Diagnosis	<input type="checkbox"/> Registrant fails to discern relevant from irrelevant data; fails to identify the patient's real and potential problems.	<input type="checkbox"/> Registrant discerns some relevant data but not enough for consistently accurate problem identification; superficial or simplistic differential diagnosis.	<input type="checkbox"/> Registrant discerns sufficient relevant data to identify major problem(s), but may not always prioritize options effectively and/or consistently arrive at an acceptable differential diagnosis.	<input type="checkbox"/> Registrant discerns sufficient relevant data to identify major problem(s), to prioritize options, and arrive at an accurate differential diagnosis in most cases.	<input type="checkbox"/> Registrant precisely discerns relevant data, weighs alternatives, justifies choices, synthesizes and integrates data to identify major and minor problems.	
1.6. Diagnostic/Therapeutic Planning	<input type="checkbox"/> Plan is incomplete or inefficient; important tests are overlooked; difficulty interpreting test results.	<input type="checkbox"/> Plan frequently incomplete or inappropriate; some difficulty interpreting test results.	<input type="checkbox"/> Plan appropriate and reflects current standards of practice. Most studies are logically ordered and interpreted correctly.	<input type="checkbox"/> Plan is usually efficient; can often interpret unusual test results with facility. Considers most aspects of patient care.	<input type="checkbox"/> Plan is complete, appropriate and efficient; interprets results correctly and precisely; considers all aspects of patient care.	

1.7 Clinical Judgement and Decision-Making	<input type="checkbox"/> Often poor and/or not derived from the data; difficulty in arriving at decisions. Fails to make use of theoretical knowledge and all information available.	<input type="checkbox"/> Sometimes shows poor judgement; some difficulty in decision making.	<input type="checkbox"/> Shows good judgement and usually makes sound clinical decisions; some difficulty in complex situations.	<input type="checkbox"/> Very good judgement and decision making in routine & often complex situations. Very good problem solving skills.	<input type="checkbox"/> Consistently arrives at right decisions even on highly complex matters without delay; analyzes available data; concise, substantive problem list; superb clinical judgement.	
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1.8 Performance Under Emergency Conditions	<input type="checkbox"/> Frequently shows poor judgement; inability to assess emergency situations independently.	<input type="checkbox"/> Some difficulty with judgement and assessing emergency situations appropriately.	<input type="checkbox"/> Usually shows appropriate assessment skills and decision-making in emergency conditions.	<input type="checkbox"/> Strong assessment and decision-making skills; often able to accurately solve complex problems.	<input type="checkbox"/> Consistently makes appropriate, rapid, reliable, independent assessments and decisions, even in complex emergency situations.	
1.9 Procedural Skills	<input type="checkbox"/> Demonstrates insufficient understanding of procedures; task cannot be completed without assistance; disorganized, may disregard patient-related issues, such as comfort and risk factors.	<input type="checkbox"/> Sometimes demonstrates unsatisfactory satisfactory understanding of procedural techniques and patient-related issues; usually completing tasks in a reasonable manner.	<input type="checkbox"/> Demonstrates good understanding of procedural techniques and patient-related issues, completing most procedures well.	<input type="checkbox"/> Demonstrates ease and technical accuracy with most techniques, requiring only minimal assistance; is sensitive to all patient-related issues.	<input type="checkbox"/> Demonstrates expertise and creativity in procedural matters and an exceptional awareness of patient-related issues.	
1.10 Self-Assessment Ability (Insight)	<input type="checkbox"/> Unaware of own limitations; does not seek feedback; unable to request required assistance; unable to take advice gracefully	<input type="checkbox"/> Inconsistent awareness of own limitations; some difficulty seeking feedback and taking advice gracefully.	<input type="checkbox"/> Usually aware of own limitations; often seeks feedback and/or assistance to overcome deficiencies.	<input type="checkbox"/> Aware of own limitations; seeks feedback regularly.	<input type="checkbox"/> Well aware of own limitations; raises constructive questions; seeks feedback to excel.	

2. THE DOCTOR – PATIENT RELATIONSHIP IS CENTRAL TO THE ROLE OF THE FAMILY PHYSICIAN

2.1 English Expression and Pronunciation	<input type="checkbox"/> Level of English expression and/or pronunciation often interferes with and prevents being understood.	<input type="checkbox"/> Level of English expression and pronunciation sometimes interferes with being understood.	<input type="checkbox"/> Control of English expression and pronunciation is at a level that does not interfere with understanding.	<input type="checkbox"/> Control of English expression and pronunciation is sufficient to participate actively and productively in professional interactions.	<input type="checkbox"/> Command of English expression and pronunciation facilitates professional interactions.	
2.2 Physician/Patient Relationships	<input type="checkbox"/> Lacks communication skills; does not listen to patients; discourteous or inappropriate.	<input type="checkbox"/> Inconsistent communication and interpersonal skills.	<input type="checkbox"/> Communicates his/her concern for the patient; establishes good rapport with the patient.	<input type="checkbox"/> Establishes very good rapport; empathetic and caring.	<input type="checkbox"/> Establishes exceptional rapport. Puts patient at ease. Excellent listening skills and concern for patients.	
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2.3 Patient – Centred Care	<input type="checkbox"/> Dictates management to patients. Does not explain medical conditions or medical decisions to patients. Does not listen to or answer patient questions.	<input type="checkbox"/> Rarely checks with the patient about their understanding of their condition or medical decisions. Rarely involves the patient in management planning. Inconsistently answers patient questions appropriately.	<input type="checkbox"/> Often takes a patient-centred approach. Involves the patient in planning investigations and management if the patient expresses an interest. Answers patient questions appropriately.	<input type="checkbox"/> Usually takes a patient-centred approach, involves the patient in planning investigations and management, educates the patient about their condition.	<input type="checkbox"/> Consistently takes a patient-centred approach, involves the patient in planning investigations and management, educates the patient about their condition.	
2.4 Sense of Responsibility	<input type="checkbox"/> Not responsible; does less than prescribed work; needs repeated reminders.	<input type="checkbox"/> Cannot always be depended upon; needs reminders sometimes.	<input type="checkbox"/> Dependable; reliable; honest; prompt; appropriate follow-up of patients.	<input type="checkbox"/> Takes initiative; always completes assigned tasks; reliable.	<input type="checkbox"/> Very conscientious; consistently displays exceptional attention to duties. Prepared to give extra time willingly.	

3. FAMILY MEDICINE IS COMMUNITY BASED

3.1 Use of Community Resources / Use of Consultants	<input type="checkbox"/> No attempt to learn about or use community resources. Inappropriate referral to consultants. Nonexistent or inappropriate referral letters.	<input type="checkbox"/> Inconsistent use of community resources and consultants. Poor referral letters.	<input type="checkbox"/> Makes an effort to learn about community resources. Usually refers appropriately and appropriate referral letters.	<input type="checkbox"/> Usually considers community resources. Consistently refers appropriately.	<input type="checkbox"/> Consistently seeks out resources that may be helpful. When referring to consultants, takes extra effort to seek out the best consultant for the patient.	
3.2 Team Relationships	<input type="checkbox"/> Behavior interferes with the working of the team; discourteous to other members of team; undermines team; may be condescending, patronizing, aggressive.	<input type="checkbox"/> Poor team player; difficulty communicating with team members; may be condescending.	<input type="checkbox"/> Active member of the team who works well with other members, but whose leadership skills are not well developed	<input type="checkbox"/> Good, active team player with leadership qualities.	<input type="checkbox"/> An active member of the team whose leadership qualities are recognized by others; able to achieve best results in difficult situations without antagonizing others.	

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4. THE FAMILY PHYSICIAN IS A RESOURCE TO A DEFINED PRACTICE POPULATION						
4.1 Life – long Learning / Critical Appraisal Skills / Information Management	<input type="checkbox"/> No attempt to read about patient problems. Little or no understanding of evidence-based practice.	<input type="checkbox"/> Rarely refers to books or literature. Inconsistent consideration of evidence-based management.	<input type="checkbox"/> Frequently refers to books or literature to learn more about patient problems. Considers evidence-based management most of the time.	<input type="checkbox"/> Explores clinical questions in depth. Demonstrates use of literature and understanding of critical appraisal. Solid understanding of evidence-based practice.	<input type="checkbox"/> Extra-ordinary use of information resources. Takes initiative in researching clinical questions.	
4.2 Oral Presentation	<input type="checkbox"/> Often incomplete, difficult to follow, and hard to understand.	<input type="checkbox"/> Sometimes incomplete, superficial, rambling and not always understandable.	<input type="checkbox"/> Usually complete, adequately organized, and understandable.	<input type="checkbox"/> In most cases appropriately and effectively focused, organized and comprehensive; clearly expressed.	<input type="checkbox"/> Precisely focused, coherently organized, clearly and succinctly expressed.	

4.3 Written Skills, Reports and Records	☐ Often not completely accurate, incomplete, disorganized and/or confusing; not clearly expressed in English.	☐ Sometimes inaccurate, incomplete, disorganized and/or confusing; not consistently presented in clear, understandable English.	☐ Usually accurate, complete, adequately organized, and presented in clear, understandable English.	☐ In most cases, accurate, comprehensive, well developed, organized, and consistently presented in clear, understandable English.	☐ Consistently accurate, comprehensive, coherently organized; excellent command of English expression.	
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Please comment on professional and interpersonal behaviours which need improvement: _____

ASSESSOR: Please estimate the following:

How many hours per week have you and other assessors spent with the registrant in medically-related activities? _____ hours/week

How many of the registrant's charts have you reviewed? _____ charts

How many assessments performed by the registrant did you (or other assessors) personally witness? _____ assessments

How many lab tests have you reviewed with the registrant? _____ lab tests

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OVERALL EVALUATION OF REGISTRANTS COMPETENCE OR ABILITY	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Has the registrant demonstrated immoral or unethical behaviour? (If yes, please document below.) Yes No

Extent of contact with registrant: Daily Occasionally Seldom

This evaluation was done by: A committee One individual

Names of evaluators: _____

* Please describe below the reasons for your evaluation.

OTHER COMMENTS: _____

REGISTRANT'S STRENGTHS

REGISTRANT'S WEAKNESSES

THIS IS TO ATTEST THAT I HAVE READ THIS DOCUMENT. (Signature does not necessarily mean agreement.)

(Signature of Registrant)

(Date)

COMMENTS OF REGISTRANT (optional)

(Signature of Assessor)

(Date)