Clinical Field Assessor Reference Sheet

Emergency Room (ER) and Urgent and Primary Care Centre (UPCC)

Your Role

- Make observations each shift
- Document the assessment
- Provide feedback each shift

How?

- Using PRA-BC approved assessment tools

Why?

- To round out overall competency assessment of each candidate for safe independent practice as a Most Responsible Physician (MRP) by exposure to a higher level acuity setting.

Competency-Based Assessment

- Applying medical knowledge through sound clinical reasoning,
- Communicating effectively verbally and in writing,
- Demonstrating professionalism, and
- Prioritizing a patient-centered care approach.

Competency is inferred through multiple documented observations of performed competencies over time.

PRA is for assessment, not training: Feedback can and should be provided but assessors should not be teaching competencies.

Scope of Practice

Candidates hold an assessment class registration with CPSBC. **Equivalent autonomy level of 4th year medical students.**

- See patients independently (when patient is informed and with assessor on-site)
- Act as "First On-Call Physician" in the ER, hospital, residential care or urgent care settings (assessor may be off-site but available for consultation and able to be on-site in 15 mins)
- Order basic investigations (with assessor countersigned)
- Write prescriptions (with assessor countersigned)
- Give written orders to hospital for the care and treatment of patients (with assessor countersigned)

Candidates may NOT be designated as Most Responsible Physician (MRP).

8 Sentinel Habits

1. Incorporates the patient's experience and context into problem identification and management.
2. Generates relevant hypotheses resulting in a safe and prioritized differential diagnosis.
3. Selects and attends to the appropriate focus and priority in a situation.
4. Manages patients using available best practices.
5. Demonstrates respect and/or responsibility to colleagues, staff, and patients.
6. Verbal or written communication is clear and timely.
7. Uses generic key features when performing a procedure.
8. Seeks and responds appropriately to guidance and feedback.

Be Aware of Potential Bias

Conscious bias:

The assessor is aware of this bias and feels it is justified or stems from "experience".

Unconscious bias:

Unaware; a "knee jerk" reactions to certain characteristics or behaviours.

Stereotyping:

Based on the perception that a candidate belongs to a particular group, and stems from the assumption or prejudice about the group.

Confirmation bias:

Interpreting all subsequent information through a lens of confirming a pre-existing belief.

Expediency bias:

Early decision about a candidate, and failure to collect further evidence.

Contrast bias:

Judging a candidate's performance in comparison to another (rather than against PRA-BC standards).

Similarity effect:

The assessor sees aspects of themselves in the candidate which influence how they interpret the candidate's performance.

Halo/Horns effect:

When one positive/negative trait results in the tendency to view all aspects of a performance through a positive/negative lens.

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Formative Feedback

Ensure that feedback is clear, informative, about specific behaviours, and framed in a way that allows candidates to self-evaluate first. See examples below:

"I see how hard you have been working on your communication skills (recognition of effort). We both want you (mutual, overt goal) to be good at the patient centered approach, what strategy are you considering in approaching this?"

"You communicated well with Mrs. Smith. She really responded to your attentive eye contact and speaking to her at eye level, rather than standing and looking down at her."

Reminders

1. Focus on observing sentinel habits. Other skills, like EMR use and typing, are not indicators of competence.
2. Competency can be demonstrated despite lower throughput. Speed is not a direct indicator.
3. Candidates are expected to perform at the level of graduated family medicine residents, not CFPC-EM or RCPSC residents/ specialists.
4. All patients must be informed that the candidate is part of an assessment program and may decline to be seen by candidate without penalty.
5. You are not expected to independently determine a candidate's fitness for practice as an MRP.

Assessor Tools

Ideally, complete a minimum of:

- 1-2 Field Notes and 1 Mini-CEX form per shift
- 1 MSF MD colleague questionnaire per week
- 1 MSF non-MD colleague questionnaire per week, completed by an ER nurse or other worker (optional)

PRA-BC Program Overview

Candidate Selection

International Medical Graduates (IMGs) with an MD degree, min. 2 years of independent general/family practice, two years of postgraduate training within Family Medicine. English language proficiency and more.

Centralized Orientation

Candidates are familiarized with the requirements for the clinical field assessment (CFA) and prepared for practice of Family Medicine in BC. This is a 9 day orientation with no clinical training, only orientation to Canadian settings (policies, guidelines, etc.).

Clinical Field Assessment (CFA)

You are here

12-week CFA period of which ~2 weeks (~80 hours) is in a higher acuity setting of an ER/ UPCC. It is designed as a comprehensive summative assessment of readiness for independent practice, where practice-related issues may be identified.

Recommendation to CPSBC for Licensure

The Exams and Evaluations Committee reviews and discusses every candidate's performance. Successful candidates recommended to CPSBC for Provisional License and begin practice in BC.

For more info and practical examples, refer to UBC CPD eLearning:
PRA-BC Clinical Assessor Training for ER/UPCC Assessments

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Continuing Professional Development
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PRA-BC
Practice Ready Assessment - Physicians for BC

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