| How \  | would you describe your p  | professional relationship with this physician?   |
|--|--|--|
|  | Peer (similar practice)<br>Consultant<br>Referring Physician<br>Other  |  |
| If Oth   | er, please explain where   | below:   |
|  |  |  |
|  |  |  |
| How r  | many patient encounters  | have you observed of this physician, either directly or indirec  |
|  | 1-5 times<br>6-10 times<br>11-15 times<br>16 to 20 times<br>>20 times  |  |
| How r<br>indire  |  | opportunities to observe this physician, either directly or  |
|  | 1-5 days<br>6-10 days<br>11-15 days<br>16 to 20 days<br>>20 days   |  |
| Settin   | g of the patient visit (che  | ck all that apply):  |
|  | Office<br>ER<br>Hospital Out-patient<br>Hospital In-patient  |  |
|  | ER   |  |
| If Oth   | ER<br>Hospital Out-patient<br>Hospital In-patient<br>UPCC/urgent care  | below:   |
| If Oth   | ER<br>Hospital Out-patient<br>Hospital In-patient<br>UPCC/urgent care<br>Other   | below:   |
|  | ER<br>Hospital Out-patient<br>Hospital In-patient<br>UPCC/urgent care<br>Other<br>er, please explain where   |  |
|  | ER<br>Hospital Out-patient<br>Hospital In-patient<br>UPCC/urgent care<br>Other   |  |
| How  | ER<br>Hospital Out-patient<br>Hospital In-patient<br>UPCC/urgent care<br>Other<br>er, please explain where   | ided?  |
| How we have a second se | ER<br>Hospital Out-patient<br>Hospital In-patient<br>UPCC/urgent care<br>Other<br>er, please explain where<br>was the patient care provided<br>In person<br>Telemedicine: Phone cal<br>Telemedicine: video conf<br>RUCTIONS: Please indic  | ided?  |
| How we have a second se | ER<br>Hospital Out-patient<br>Hospital In-patient<br>UPCC/urgent care<br>Other<br>er, please explain where<br>was the patient care prove<br>In person<br>Telemedicine: Phone cal<br>Telemedicine: video conf<br>RUCTIONS: Please indic   | ided?<br>I<br>ferences   |
| How N  | ER<br>Hospital Out-patient<br>Hospital In-patient<br>UPCC/urgent care<br>Other<br>er, please explain where<br>was the patient care provi<br>In person<br>Telemedicine: Phone cal<br>Telemedicine: video conf<br>RUCTIONS: Please indic<br>cale provided. Use "Does<br>icient information to respondent<br>physician: | ided?<br>I<br>ferences   |
| How N  | ER<br>Hospital Out-patient<br>Hospital In-patient<br>UPCC/urgent care<br>Other<br>er, please explain where<br>was the patient care provi<br>In person<br>Telemedicine: Phone cal<br>Telemedicine: video conf<br>RUCTIONS: Please indic<br>cale provided. Use "Does<br>icient information to respondent<br>physician: | ided?<br>I<br>ferences<br>ate the degree to which you agree with each statement using<br>not apply" if any item does <b>NOT</b> apply to you or you have<br>ond to it. Your individual responses will remain confidential. |

| Assessment scale | 9 |
|------------------|---|
|------------------|---|

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Indicate the degree to which you agree with each statement using the scale provided. Use "Unable to Assess" if any item does NOT apply to you or you have insufficient information to respond to it. Your individual responses will remain confidential.

| 1 | Strongly Disagree |
|---|-------------------|
|   | Disagree          |
|   | Agree             |
|   | Strongly Agree    |
|   | Does not apply    |
|   |                   |
|   |                   |

## Respects patient privacy and confidentiality.

| Strongly Disagree |
|-------------------|
| Disagree          |
| Agree             |
| Strongly Agree    |
| Does not apply    |
|                   |

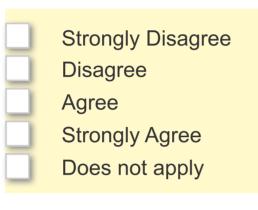
Communicates effectively with physician colleagues and other members of the health-care team.

| Strongly Disagree |
|-------------------|
| Disagree          |
| Agree             |
| Strongly Agree    |
| Does not apply    |

Communicates effectively in writing (e.g., charting, test requests, follow-up orders, referral letter).

|   | Strongly Disagree |  |
|---|-------------------|--|
|   | Disagree          |  |
|   | Agree             |  |
|   | Strongly Agree    |  |
| ٦ | Does not apply    |  |

Works well with physician colleagues.



Demonstrates respect for members of the health-care team at all levels.

| Otranski Dia a maa |
|--------------------|
| Strongly Disagree  |
| Disagree           |
| Agree              |
| Strongly Agree     |
| Does not apply     |
|                    |

Demonstrates appropriate clinical judgment.

| Strongly Disagree |
|-------------------|
| Disagree          |
| Agree             |
| Strongly Agree    |
| Does not apply    |

Accepts responsibility for care of ongoing health issues.

| Strongly Disagree |
|-------------------|
| Disagree          |
| Agree             |
| Strongly Agree    |
| Does not apply    |
|                   |

| Provides pertinent and timely  | information about patients when required.   |
|--|---|
| <ul> <li>Strongly Disagree</li> <li>Disagree</li> <li>Agree</li> <li>Strongly Agree</li> <li>Does not apply</li> </ul>               |   |
| Makes appropriate use of community resources for patient management (e.g., public hea<br>social services or mental health services). |   |
| <ul> <li>Strongly Disagree</li> <li>Disagree</li> <li>Agree</li> <li>Strongly Agree</li> <li>Does not apply</li> </ul>               |   |
| Recognizes and takes action  | when urgent intervention is required.   |
| <ul> <li>Strongly Disagree</li> <li>Disagree</li> <li>Agree</li> <li>Strongly Agree</li> <li>Does not apply</li> </ul>               |   |
| Takes responsibility for decisi  | ons, actions and errors.  |
| <ul> <li>Strongly Disagree</li> <li>Disagree</li> <li>Agree</li> <li>Strongly Agree</li> <li>Does not apply</li> </ul>               |   |
| Manages time effectively.  |   |
| <ul> <li>Strongly Disagree</li> <li>Disagree</li> <li>Agree</li> <li>Strongly Agree</li> <li>Does not apply</li> </ul>               |   |
| Documents care appropriately   | у.  |
| <ul> <li>Strongly Disagree</li> <li>Disagree</li> <li>Agree</li> <li>Strongly Agree</li> <li>Does not apply</li> </ul>               |   |
| Appropriately integrates clinic  | al practice guidelines into patient care.   |
| <ul> <li>Strongly Disagree</li> <li>Disagree</li> <li>Agree</li> <li>Strongly Agree</li> <li>Does not apply</li> </ul>               |   |
| Manages stressful situations   | constructively.   |
| <ul> <li>Strongly Disagree</li> <li>Disagree</li> <li>Agree</li> <li>Strongly Agree</li> <li>Does not apply</li> </ul>               |   |
| Recognizes the limits of his/h   | er clinical competence and consults appropriately.  |
| <ul> <li>Strongly Disagree</li> <li>Disagree</li> <li>Agree</li> <li>Strongly Agree</li> <li>Does not apply</li> </ul>               |   |
|  | ctively with physicians and other members of the health care propriately, provides appropriate continuity of care, transfers care |
| <ul> <li>Strongly Disagree</li> <li>Disagree</li> <li>Agree</li> <li>Strongly Agree</li> <li>Does not apply</li> </ul>               |   |
| Has the knowledge and skills   | to provide proper patient care.   |
| <ul> <li>Strongly Disagree</li> <li>Disagree</li> <li>Agree</li> <li>Strongly Agree</li> <li>Does not apply</li> </ul>               |   |
| Appears medically capable to health problems, drug, alcoho   | o practice medicine (i.e., unencumbered by physical or mental<br>of or substance abuse).  |
| <ul> <li>Strongly Disagree</li> <li>Disagree</li> <li>Agree</li> <li>Strongly Agree</li> <li>Does not apply</li> </ul>               |   |
| Is sufficiently proficient in Eng  | glish (or French, as appropriate) to practice safely.   |
| <ul> <li>Strongly Disagree</li> <li>Disagree</li> <li>Agree</li> <li>Strongly Agree</li> <li>Does not apply</li> </ul>               |   |
| Is someone I would recomme   | end to a friend or family member.   |
| <ul> <li>Strongly Disagree</li> <li>Disagree</li> <li>Agree</li> <li>Strongly Agree</li> <li>Does not apply</li> </ul>               |   |

Additional comments about this physician:

## Additional comments about this physician

Ensure that you are aware of the PRA-BC processes, and your roles and responsibilities as an assessor. Before completing the form, reflect and ensure that you have worked with the candidate adequately for an MSF form to be completed accurately and comprehensively.

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Thank you for providing your feedback.

This questionnaire was adapted from a questionnaire developed with funding from the Medical Council of Canada in a study led by Dr. Jocelyn Lockyer, University of Alberta.