

Final Clinical Field Assessment Report

Sentinel Habit: Incorporates the patient's experience and context into problem identification and management across all domains of care.

Definition: Candidates who demonstrate competence in this sentinel habit explore both the disease and the patient's personal experience of illness (e.g. FIFE). They show active interests in their patients and over time are able to describe important details of their lives. They work to enhance the relationship and gather day to day contextual information which will guide them in making appropriate decisions with their patients. They work with their patients to come to agreement on the problems, the priorities, the goals and the approach to management. They regularly address prevention and health promotion in clinical encounters. They manage time and resources effectively.

Does the candidate demonstrate competency in this sentinel habit across all domains of care?

YES
 NO
 Not assessed

Comments: Please give overall review of your opinion of candidate performance and enter examples of comments from chart review, Mini-CEX, MSF and field notes to provide narrative overall picture of candidate performance.

Index/Submit 1 of 6
 To quickly return to questions in the assessment or directly submit the report, use the Index/Submit button.

Organization 2 of 6
 The report is separated into eight Sentinel Habits. It is an overall evaluation of candidate competence against each of the Sentinel Habits. Click next to see the next Sentinel Habit page.

Selection 3 of 6
 For the final assessment, select either "Yes" or "No" to indicate if competence has been demonstrated. Use the CFPC Assessment Objectives to support your scoring and comments.

Comments 4 of 6
 Remember to include specific comments and examples to support CFAR scoring, especially where ethical or professional concerns exist.

Final Clinical Field Assessment Report

Assessor's Declaration and Sign-Off

Declarations by Assessor

This Final report includes documentation of the candidate's competence in all of the Sentinel Habits, sampled across all of the Clinical Domains of Care as established by the NAC-PRA FM standards for Family Medicine.

Behavioural Medicine/Mental Health

Yes
 No
 Not assessed

Care of Adults

Yes
 No
 Not assessed

Care of Children and Adolescents

Yes
 No
 Not assessed

Care of the Elderly

Yes
 No
 Not assessed

Care of vulnerable and underserved populations

Yes
 No
 Not assessed

Gyne/Maternity/Newborn Care

Yes
 No
 Not assessed

Palliative Care (if available)

Yes
 No
 Not assessed

Procedural Skills

Yes
 No
 Not assessed

The candidate completed a minimum of 10 full shifts, or equivalent, in an ER clinical setting.

Yes
 No

This Final Report includes documentation of the Candidate's competence to deliver patient care in person and via telemedicine:

Yes
 No

Do you have any concerns about the candidate's competence to deliver safe and effective telemedicine care in accordance with the College of Physicians and Surgeons of British Columbia *Practice Standard, Telemedicine* (revised April 1, 2020)?

Yes
 No

If yes, please document below.

Assessment of Spoken and Written Language Skills assessment form 5 of 6
 Refer to this page for more details on completing the Assessment of Spoken and Written Language Skills form.

Have **frequent, consistent, and significant** Candidate communication problems that may impact patient safety been identified, including communication with colleagues, administrative staff and patients (either in-person or via telemedicine)?
If yes, please complete an Assessment of Spoken and Written Language Skills assessment form and submit it with this Final Report. If no, no further action is required at this time.

Yes
 No

Has the candidate demonstrated immoral or unethical behaviour?

Yes
 No

If yes, please document below.

Final check 6 of 6
 Prior to submitting, ensure that you have enough properly completed field notes, Mini-CEX, and other assessment tools that support your CFAR decision. Also note: CFARs MUST be co-signed by the candidate prior to returning forms to PRA-BC offices.

Acknowledgement:

I acknowledge that this assessment is true and accurate.