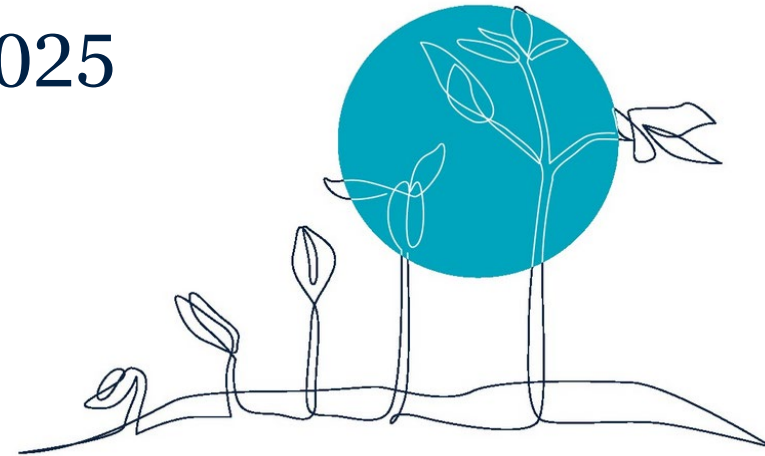


# Intro to the CFA (Part 2)

Centralized Orientation – Spring 2025

September 26, 2025



# Conflict of Interest Disclosure

Dr. Anas Toweir has no conflicts to declare

- Associate Clinical Director, PRA-BC
- Employee of PRA-BC

Dr. Nerine Kleinhans has no conflicts to declare

- Associate Clinical Director, PRA-BC
- Employee of PRA-BC

Mary Chinni has no conflicts to declare

- Program Manager, PRA-BC
- Employee of PRA-BC

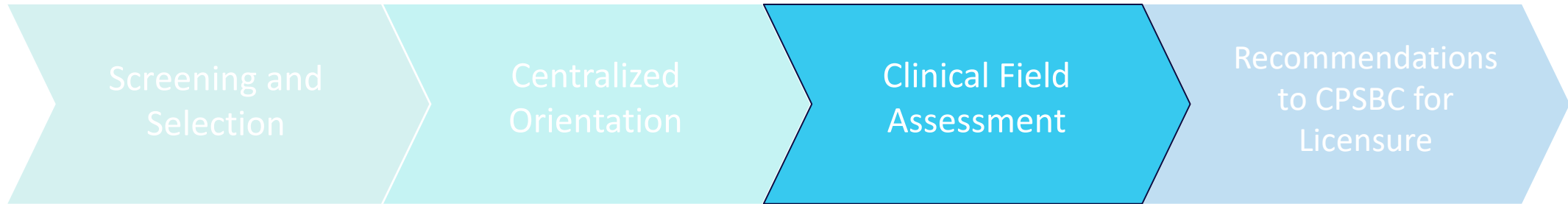
Dr. Steven Yau has no conflicts to declare

- Physician at VCH
- Medical Director – UBC CPD IMG Programs
- Contractor to UBC CPD

# Learning Objectives

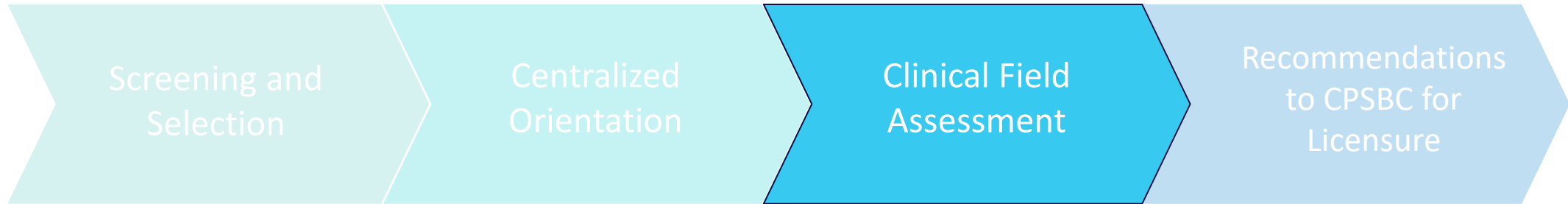
**By the end of this session, participants will be able to:**

- Identify tools used during the clinical field assessment (CFA) period
- Understand how the CFA Assessors and Sites are selected and the standards they are meant to uphold
- Understand the CFA evaluation process



## About the CFA

- The 12-week Clinical Field Assessment (CFA) period: **September 29 – December 19, 2025**
- **Comprehensive workplace-based summative assessment** of readiness for independent practice
- A candidate's CFA **WILL NOT** occur in the same community as their return-of-service (ROS) community (exceptions can be made in urban communities)
- Candidates are granted **Assessment Class** registration from the CPSBC
  - **Equivalent autonomy level of 4th year medical students**
  - **Required to be under continuous supervision at all times**
  - **Not registered/licensed as a Most Responsible Physician (MRP)**

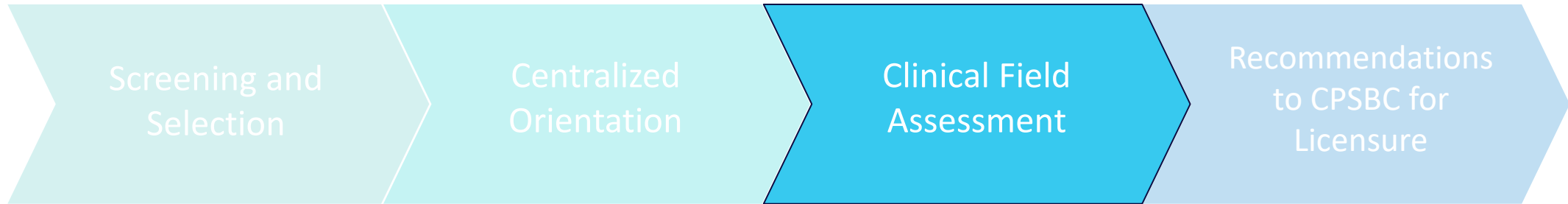


## CFA Sites must offer the 8 Domains of Care in Family Medicine

*\*as identified by the College of Family Physicians of Canada (CFPC):*

- 1) **Maternity/Gynecology/Newborn care\*** - Intrapartum care not part of PRA-BC
- 2) Care of Children and Adolescents
- 3) Care of Adults
- 4) Care of Elderly
- 5) **Palliative Care**
- 6) **Care of Vulnerable and Underserved Patients**
- 7) Behavioural Medicine and Mental Health
- 8) Minor Surgical Procedures, Casts, Etc.

Exposure may be limited  
based on communities.



## PRA-BC Candidates Scope of Practice

*At the discretion of the assessor, the candidate may:*

1. See patients independently in an office setting under supervision
2. Act as “First On-Call Physician” in the ER, hospital, residential care or urgent care settings
3. ALL of the above must be COUNTERSIGNED by the assessor or delegate in a timely fashion.
4. For evaluation and feedback purposes, assessors will review all clinical interactions with patients at the time of interaction

# Candidate Scope of Practice

*At the discretion of the assessor, the candidate may:*

## 1. See patients independently in an office setting

- Assessor or delegate being available and on-site at all times
- Each patient must be reviewed with the Assessor before the patient leaves the clinic

# Candidate Scope of Practice (continued)

## 2. Act as “First On-Call Physician” in the ER, hospital, residential care or urgent care clinical settings

- Assessor or delegate must be available on-site OR if off-site, immediately available for consultation AND able to be on-site within 15 minutes at all times
- All patients seen in ER/urgent care setting must be reviewed by assessor (either on-site or via chart review next morning)
- Assessors can also delegate PRA candidates to be first to call for after-hour contact as per their usual office practice coverage.



# Candidate Scope of Practice (continued)

3. ALL of the following must be COUNTERSIGNED by the assessor or delegate in a timely fashion:

- May order basic investigations (lab, imaging, etc.)
- May write prescriptions
- May give written orders to hospital for the care and treatment of patients

# Candidate Scope of Practice (continued)

## 4. For evaluation and feedback purposes, assessors will review clinical interactions with patients at the time of interaction

- Candidates are responsible for recording all interactions with patients as per provincial standards
- Candidates are responsible for reviewing all investigations they order and responding to the results appropriately, with support of their assessor

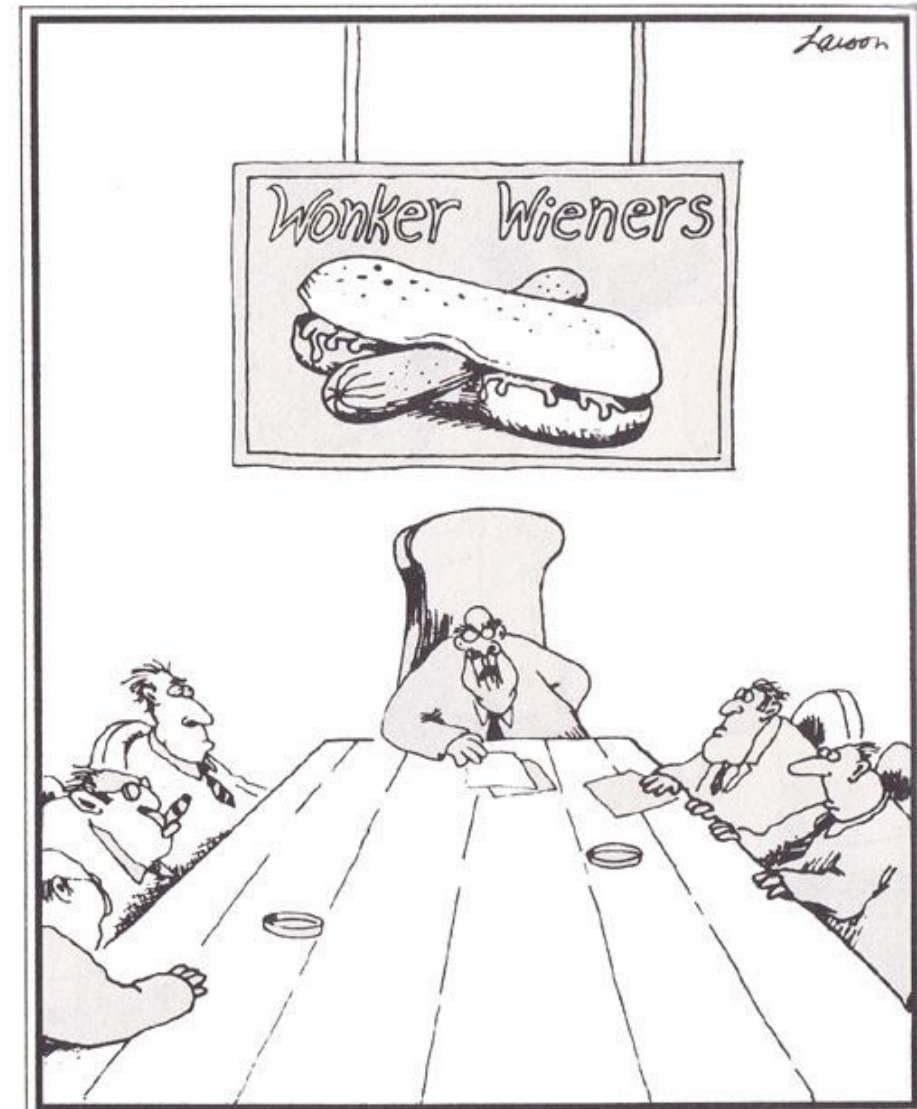
So how are you being assessed  
for competence?

... But first, what even is  
competence?

# A more practical way to put it...

## Competence is...

- ✓ Doing the right thing
- ✓ At the right time
- ✓ In the right way
- ✓ For the right reasons



# What are you expected to display competence in by the end of your CFA?

Domains of Care	Sentinel Habits	Assessment Objectives
The various areas of family medicine that portray the scope of care in Family Medicine	The features of a safe and effective physician's practice that encompasses workplace competencies.	Essential skills and observable competencies expected of a resident or candidate.

So now, how is competency being measured and assessed?

# CFA Reporting Schedule

- No assessments scheduled for week 1
- Ensure you are meeting minimum reporting requirements as per this schedule



## CFA Reporting Schedule – Fall 2025

For each CFA candidate a minimum number of assessment forms must be completed and submitted each week to ensure adherence to PRA-BC evaluation policies.

**PLEASE NOTE:** Candidates are required to complete two weeks (10 shifts) in an ER setting. For each ER shift, one Mini-CEX, and one Field Note must be submitted and will count towards the minimum number of Mini-CEX and Field Note forms in the table below.

Week of	Week	Reports to Complete	
September 29	1	Orientation week: no evaluation will take place during this time.	
October 6	2	<input type="checkbox"/> 3 Field Notes <input type="checkbox"/> 1 Procedure Skills Field Note <input type="checkbox"/> 2 Mini-CEX <input type="checkbox"/> 1 Chart Review Report	<input type="checkbox"/> 1 Non-MD Co-Worker Multisource Feedback (MSF) <input type="checkbox"/> 1 Patient Multisource Feedback (MSF)
October 13	3	<input type="checkbox"/> 3 Field Notes <input type="checkbox"/> 1 Procedure Skills Field Note <input type="checkbox"/> 2 Mini-CEX <input type="checkbox"/> 1 Chart Stimulated Recall (CSR)*	<input type="checkbox"/> 1 MD Colleague Multisource Feedback (MSF) <input type="checkbox"/> 1 Patient Multisource Feedback (MSF)
October 20	4	<input type="checkbox"/> 3 Field Notes <input type="checkbox"/> 1 Procedure Skills Field Note <input type="checkbox"/> 2 Mini-CEX <input type="checkbox"/> Telemedicine Assessment Form <input type="checkbox"/> 1 Chart Review Report	<input type="checkbox"/> 1 Non-MD Co-Worker Multisource Feedback (MSF) <input type="checkbox"/> 1 Patient Multisource Feedback (MSF)
October 27	5	<input type="checkbox"/> 3 Field Notes <input type="checkbox"/> 1 Procedure Skills Field Note <input type="checkbox"/> 2 Mini-CEX <input type="checkbox"/> 1 Chart Stimulated Recall (CSR)*	<input type="checkbox"/> 1 MD Colleague Multisource Feedback (MSF) <input type="checkbox"/> 1 Patient Multisource Feedback (MSF)
November 3	6	<input type="checkbox"/> Interim Clinical Field Assessment Report (CFAR) <input type="checkbox"/> 1 Procedure Skills Field Note <input type="checkbox"/> 1 Field Note <input type="checkbox"/> 1 Mini-CEX	<input type="checkbox"/> 1 Non-MD Co-Worker Multisource Feedback (MSF) (Optional) <input type="checkbox"/> Assessment of Spoken and Written Language Skills (Optional)
November 10	7	<input type="checkbox"/> 3 Field Notes <input type="checkbox"/> 1 Procedure Skills Field Note <input type="checkbox"/> 2 Mini-CEX <input type="checkbox"/> 1 Chart Stimulated Recall (CSR)*	<input type="checkbox"/> 1 MD Colleague Multisource Feedback (MSF) <input type="checkbox"/> 1 Patient Multisource Feedback (MSF)
November 17	8	<input type="checkbox"/> 3 Field Notes <input type="checkbox"/> 1 Procedure Skills Field Note <input type="checkbox"/> 2 Mini-CEX <input type="checkbox"/> 1 Chart Review Report	<input type="checkbox"/> 1 Non-MD Co-Worker Multisource Feedback (MSF) <input type="checkbox"/> 1 Patient Multisource Feedback (MSF)
November 24	9	<input type="checkbox"/> 3 Field Notes <input type="checkbox"/> 1 Procedure Skills Field Note <input type="checkbox"/> 2 Mini-CEX <input type="checkbox"/> 1 Chart Stimulated Recall (CSR)*	<input type="checkbox"/> 1 MD Colleague Multisource Feedback (MSF) <input type="checkbox"/> 1 Patient Multisource Feedback (MSF)
December 1	10	<input type="checkbox"/> 3 Field Notes <input type="checkbox"/> 1 Procedure Skills Field Note <input type="checkbox"/> 2 Mini-CEX <input type="checkbox"/> 1 Chart Review Report	<input type="checkbox"/> 1 Non-MD Co-Worker Multisource Feedback (MSF) <input type="checkbox"/> 1 Patient Multisource Feedback (MSF)
December 8	11	<input type="checkbox"/> 3 Field Notes <input type="checkbox"/> 1 Procedure Skills Field Note	<input type="checkbox"/> 1 MD Colleague Multisource Feedback (MSF) <input type="checkbox"/> 1 Patient Multisource Feedback (MSF)

Updated: August 12, 2025

# Brief Overview of CFA Tools

## 1. Field Notes (incl. Procedure Skills Field Note)

- Foundation of competency assessment for PRA-BC
- Assessment of one sentinel habit and one domain of care during patient/candidate encounters
- Procedure Skills Field Note assesses basic office-based and emergency procedure skills

## 2. Mini-CEX (Clinical Evaluation Exercise)

- Direct observation of patient/candidate interaction

## 3. Chart Reviews

- Indicates quality and content of medical record keeping
- Can be used to stimulate a clinical encounter recall



# Brief Overview of CFA Tools

## 4. Multi Source Feedback (MSF)

- Reports from medical colleagues, allied health care professionals and patients

## 5. Interim Clinical Field Assessment Report (CFAR)

- Indicates progress in achieving competence in all field of sentinel habits

## 6. Final CFAR

- Indicates final judgement as to presence or lack of competence

## 7. Telemedicine Assessment Form

- To be completed by primary assessor at end of Week 4 and Week 11

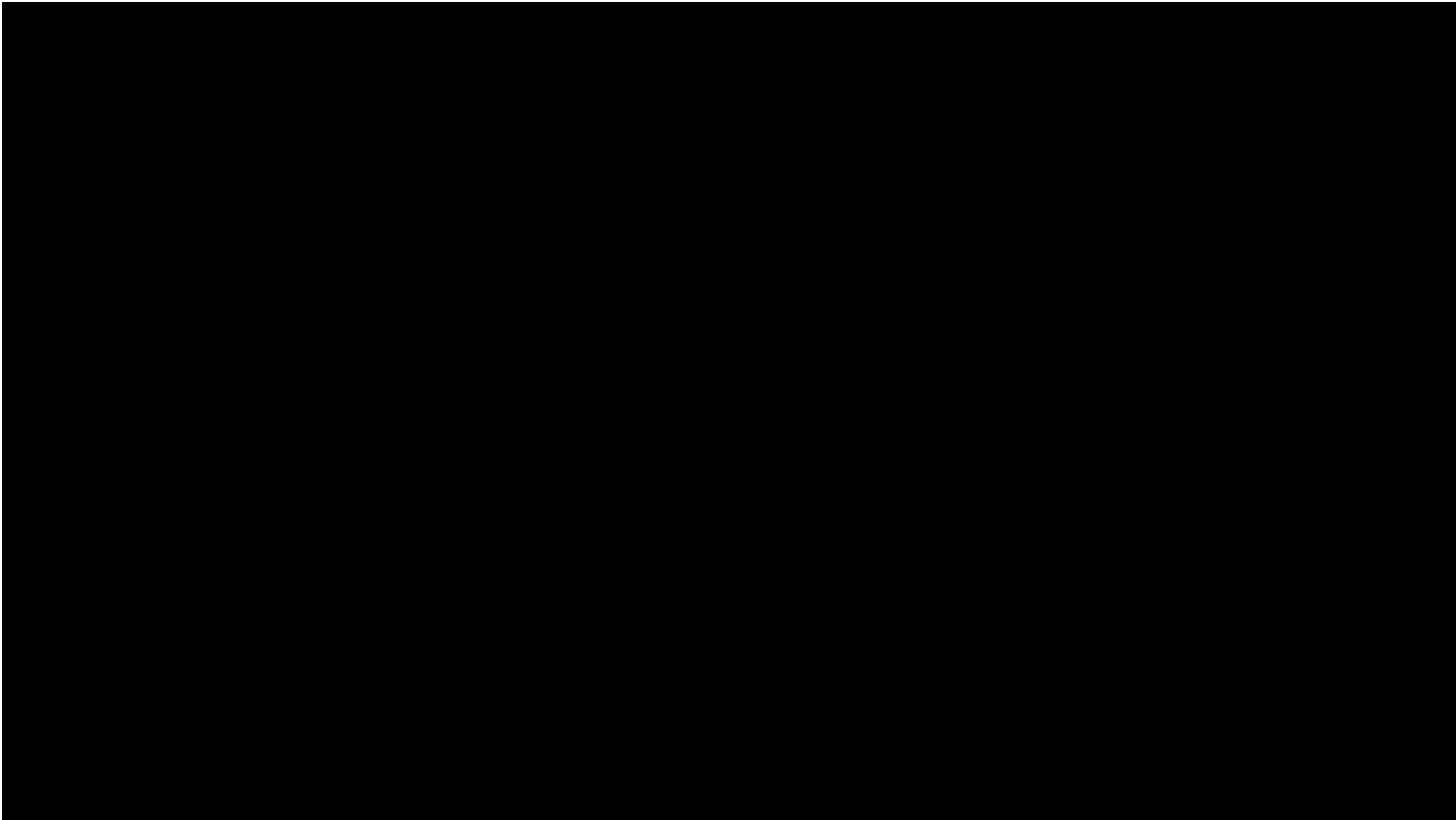
# Brief Overview of CFA Tools

**\**OPTIONAL*\* Assessment of Spoken and Written Language Skills: report to Program only if concerns identified**

- Assess if and how spoken language affect the clinical encounter
- Are patients confused due to language used? Jargon? Accent?

# Let's Practice!

- **By the end of this activity, participants will be able to:**
  - Define Domains of Care, Sentinel Habits, and Assessment Objectives and explain their role in assessing clinical performance
  - Identify examples of behaviours that demonstrate Sentinel Habits in a real-world clinical encounter, as modeled in videos
  - Explain how competency is observed and evaluated in the context of the Clinical Field Assessment



# Assessment Frameworks

Domains of Care	Sentinel Habits	Assessment Objectives
The various areas of family medicine that portray the scope of care in Family Medicine	The features of a safe and effective physician's practice that encompasses workplace competencies.	Essential skills and observable competencies expected of a resident or candidate.

# Domains of Care

*The various areas of family medicine that portray the scope of care in Family Medicine.*

## Examples of Domains of Care:

- Maternity/newborn care
- Care of children and adolescents
- Care of adults
- Care of the elderly
- Palliative care
- Behavioural medicine & mental health
- Care of vulnerable and underserved
- Procedural skills



# Sentinel Habits

*The various areas of family medicine that portray the scope of care in Family Medicine.*

## **The Eight 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
- 6) Verbal or written communication is clear and timely
- 7) Uses generic key features when performing a procedure
- 8) Seeks out and responds appropriately to feedback



# Principles of Good Assessment

The structure and tools used for the CFA have ensured the assessment is:

- ✓ Valid
- ✓ Reliable
- ✓ Feasible
- ✓ Transparent

So assessors should focus on ensuring the assessment is **FAIR**:

- **Process** → follow reporting schedule, policies, transparent programming
- **Content** → assessment based on objective, observable, specific clinical behaviours; equitable opportunities





# What is an unfair assessment?

Unfairness in an assessment would constitute...	Mitigation
<b>Inequality/inequity</b> of opportunities, resources and appropriate teaching and learning approaches	12-week assessment, multiple sources of information (settings and assessors)
<b>Lack of clarity</b> in terms of what is being assessed.	Centralized Orientation; CFA orientation; daily review of candidates' performance using structured feedback and assessment forms.
<b>Lack of due process</b> when assessing candidates	Familiarize and follow the PRA-BC Policies, ask when you are in doubt.

# What is an unfair assessment? (continued)

Unfairness in an assessment would constitute...	Mitigation
<b>Bias</b> in respect of ethnicity, gender, age, disability, social class and race	Assessors attend accredited training workshop. Recognize and self-reflect on own inherent values and attitudes.
<b>Comparison of learners' work with other learners</b> , particularly in terms of diversity of learning styles, home language, values, gender, race, life experiences, etc.	Use of Evaluation Objectives allow for objective assessment based on direct observations of candidates' behaviours; Assessors' own self-reflection/awareness.

# eLearning Reminder

Refer to the **Field Assessment & Next Steps** section of the Virtual Hub course to review the overview of the CFA discussed today, including sample assessment forms.

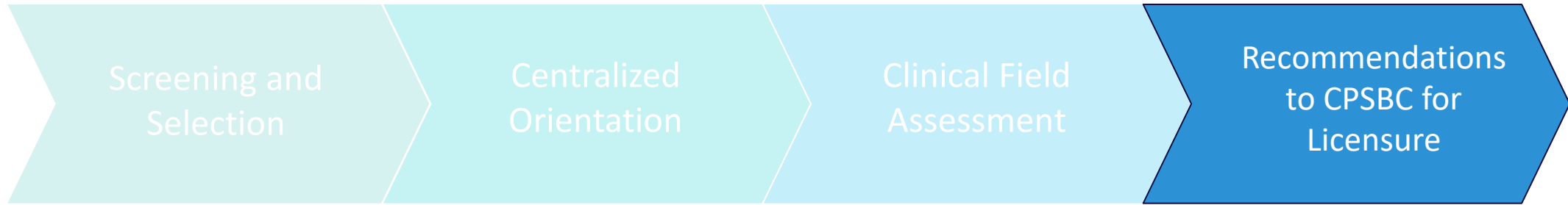


Visit our eLearning course at:  
<https://elearning.ubccpd.ca/course/view.php?id=597>  
or scan the QR code to the left.



# CFA: Decision Making

Centralized Orientation- Spring 2025



## **PRA-BC Exams and Evaluations Committee (EEC)**

- Meet after half-way and end of CFA to review every candidate's performance
- Successful candidates at the completion of the program will be recommended to CPSBC for Provisional Registration
- Physicians can commence supervised practice in BC under Return of Service

# Extending the CFA Period

## Policy on Candidates requiring an extension to their Clinical Field Assessment:

- Intended to be for only very ***rare*** occurrence when the EEC is unable to determine Pass/Fail decision at completion of 12-week CFA
- Ideally, supplemental CFA should occur in a new CFA community site with new assessors
- **Not a period for remediation**

# CFA Extension: The Process

- **Who's involved?**
  - Exams and Evaluations Committee
  - Psychometrician
  - CPSBC
- **How is it determined?**
  - Psychometrician will review all CFA documents and provide a detailed report
  - Exams and Evaluations Committee members collectively determine if further assessment is warranted
  - New assessor/assessment site determined



# CFA Extension: The Process (continued)

**If granted by the EEC, the following conditions apply:**

- Extension will be for a maximum of 4-6 weeks
- Ideally must take place at a different assessment site
- EEC decision will be conveyed to the CPSBC
- CPSBC must approve an extension of their Assessment class license
- CMPA coverage must be extended to include the new CFA extension time period

# Failing the CFA

- Must re-apply to PRA-BC and be re-selected for sponsorship by a health authority
- Minimum of **12 months must elapse** from receipt of a final Fail program standing and reapplying to PRA-BC
- Must meet PRA-BC pre-screening eligibility requirements in effect at the time of re-application

# CFA Wrap Up

**Your CFA and assessment will officially end on December 19, 2025**

- Names forwarded to CPSBC for consideration for provisional licensure
  - If approved, no need to come to CPSBC again for registration
- Begin your ROS within months
- And your hard work is paid off!

# It's just the beginning...

- **Much is still to be learned on the job and through self learning.**
- The PRA-BC Virtual Hub will remain available to you throughout your CFA
- Refer to the Hub at anytime to access pre-work content and slides and resources from the Centralized Orientation.

## PRA-BC Virtual Hub



Visit our eLearning course at:  
<https://elearning.ubccpd.ca/course/view.php?id=597>  
or scan the QR code.

# Some Practical Advice

- Be punctual, respectful, affable and available
- Be nice to other allied health professionals
- CFA is the time to demonstrate that you are a competent physician
  - Ask your assessors how much/little they want to know about the history
  - Provide a working diagnosis, and then differential diagnoses, why and why not?
  - Come up with your treatment/management plan with Canadian standards

# Some Practical Advice (continued)

- How to say “I don’t know?”
  - Don’t just say “I don’t know”, explain your thinking process, do you have ANY idea what’s going on? What you don’t think it’s happening is as important as what you think is happening.
  - Admitting that you may not know isn’t going to fail you on some occasions, only if it happens frequently.
- Be proactive – if you can see the next day’s schedule, read up
- “Read around the cases” – review cases you have seen

# Some Practical Advice (continued)

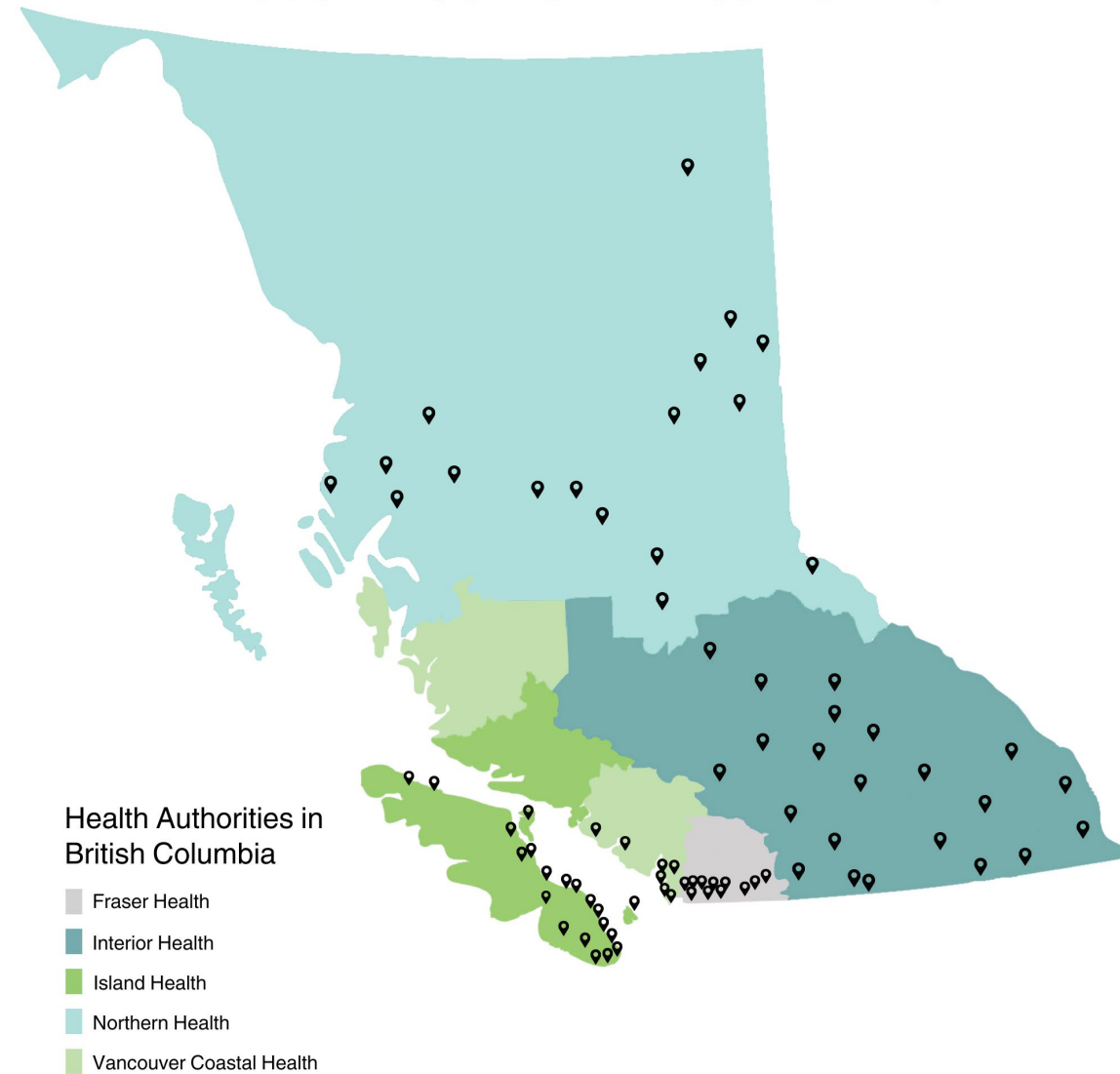
- Disagreement with your assessors on clinical issues
  - They are the Most Responsible Physician (MRP), ultimately decision is up to the assessor
  - Provide your rationale and have a constructive discussion about why disagreement happens
    - Different guidelines, different interpretations?
  - Don't argue or get defensive, gets you nowhere

# Final Advice

- Continue to maintain the standards you attained during your CFA, some of your practices may not be suitable for Canada anymore and it's best to lose them.
- This will make practicing medicine more enjoyable for you, your staff and your patients!



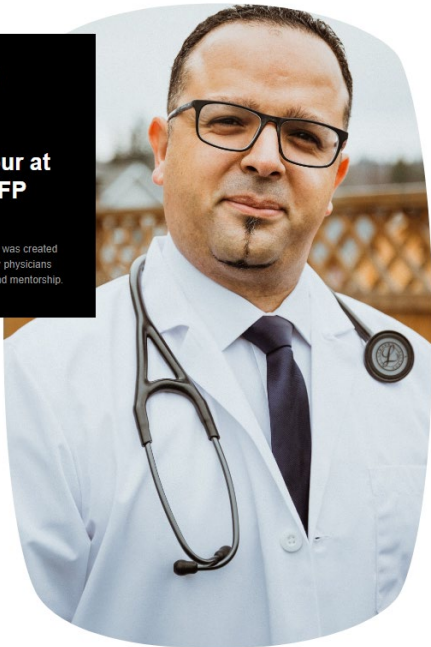
## 319 PHYSICIANS IN 77 COMMUNITIES



# PRA-BC Successes

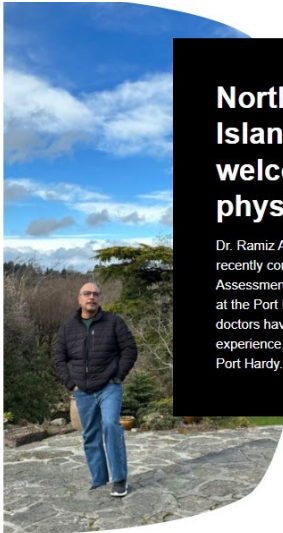
**PRA-BC Grad awarded the Exceptional Teacher Honour at the 2023 BCCFP Awards!**

The Exceptional Teacher Honour was created to recognize and celebrate family physicians who are dedicated to teaching and mentorship.



**Dr. Husni Abdalla joins Enderby's healthcare team**

Interior Health Authority celebrated the arrival of Dr. Husni Abdalla, an internationally trained family physician, to the Enderby Community Health Centre. Dr. Abdalla joins three other primary care providers and is expected to take on over 1,000 patients, addressing the province-wide doctor shortage.



**North Vancouver Island Health has welcomed two new physicians**

Dr. Ramiz Alhadi and Dr. Hadi Hmoud, having recently completed the Practice Ready Assessment program in BC, are currently working at the Port Hardy Primary Health Care. Both the doctors have a wealth of knowledge and experience, and have embraced the lifestyle in Port Hardy.

**Clearwater welcomes another Family Physician and E.R.-certified doctor**

Starting his journey in Nigeria, Dr. Stephen Ayosanmi is now a part of the beautiful community of Clearwater. Dr. Ayosanmi and his family love the warmth of the people and the scenic beauty that Clearwater has to offer.





# Congratulations!