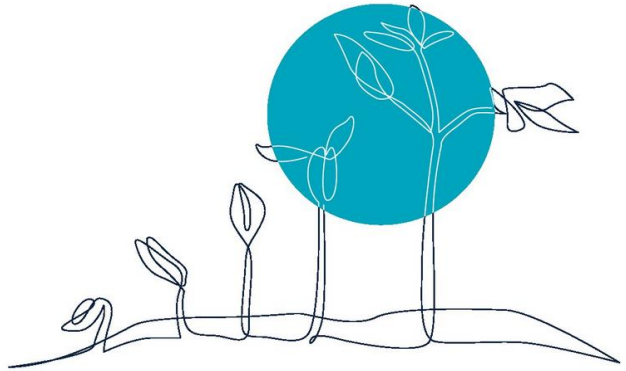
PRA-BC Centralized Orientation



Introduction to the Clinical Field Assessment (Part 2)

UBC CPD

PRA-BC
Practice Ready Assessment - Physicians for BC

UBC CPD
Continuing Professional Development
Faculty of Medicine

Conflict of Interests/Disclosure

Name	Conflicts
Dr. Anas Toweir •Associate Clinical Director, PRA-BC •Employee of PRA-BC	No conflicts to disclose
Dr. Nerine Kleinhans •Associate Clinical Director, PRA-BC •Employee of PRA-BC	No conflicts to disclose
Dr. Ghaida Radhi •Associate Clinical Director, PRA-BC •Employee of PRA-BC	No conflicts to disclose
Amanjot Bhandol •Lead – Clinical Field Assessments, PRA-BC •Employee of PRA-BC	No conflicts to disclose
Dr. Steven Yau •Physician at VCH •Medical Director, UBC CPD IMG Programs •Contractor to UBC CPD	No conflicts to disclose

Learning Objectives

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

1. Understand CFA sites selection
2. Understand the scope of practice for PRA-BC candidates during CFA
3. Practice sample assessment forms in evaluating clinical performance using demo videos

PRA-BC Centralized Orientation

Introduction to the Clinical Field Assessment – Part 2

CFA Sites and Candidates Scope of Practice

PRA-BC

PRA-BC Program

About the CFA

The 12-week Clinical Field Assessment (CFA) period: September 28 – December 18, 2026

- **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 to medical students**
    - **Required to be under continuous supervision at all times**
    - **Not registered/licensed as a Most Responsible Physician (MRP)**

PRA-BC Program

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 Underserviced Patients
7) Behavioural Medicine and Mental Health
8) Minor Surgical Procedures, Casts, Etc.

Exposure may be limited based on communities.

PRA-BC Program

PRA-BC Candidates Scope of Practice

Under a CPSBC Assessment Class License and at the discretion of the assessor, the candidate may:

- See patients independently in an office setting under supervision
- Act as "First On-Call Physician" in the ER, hospital, residential care or urgent care settings

ALL activities including prescriptions and investigations must be COUNTERSIGNED by the assessor or delegate in a timely fashion

For evaluation and feedback purposes, assessors will review all clinical interactions with patients at the time of interaction, or at the end of the day/shift at the discretion of the assessor

eLearning Reminder: More information about the CFA period scope of practice can be found in the Virtual Hub.

Candidate Scope of Practice

At the discretion of the assessor, the candidate may:

- **See patients <u>independently</u> 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)

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)

ALL activities including prescriptions and investigations 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)

For evaluation and feedback purposes, assessors will review all clinical interactions with patients at the time of interaction, or at the end of the day/shift at the discretion of the assessor

- 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

PRA-BC Centralized Orientation

Clinical Field Assessment – Decision Making

PRA-BC

PRA-BC CFA decision making and beyond

Decision-Making and Pathway Beyond PRA-BC

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

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 18, 2026

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!

Advice from ACDs for your CFA

PRA-BC Centralized Orientation

Introduction to the Clinical Field Assessment (Part 2)

CFA Assessors Responsibilities

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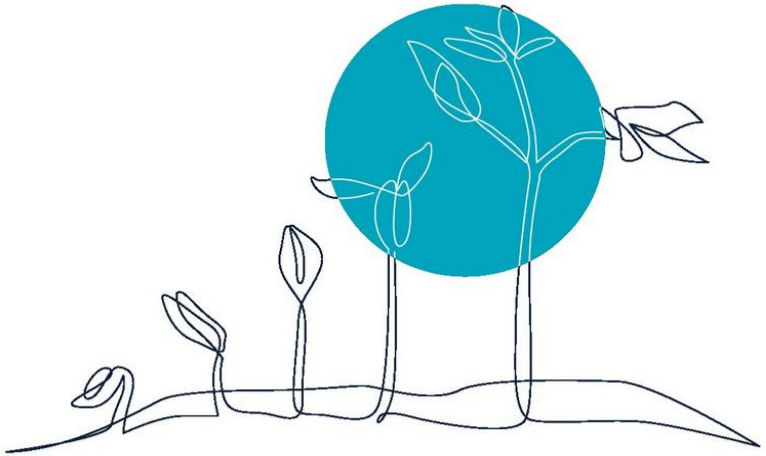

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Assessor Responsibilities

To determine if a PRA-BC candidate has demonstrated observable competence and is thought to be safe for independent practice as a Most Responsible Physician (MRP) on the Provisional class of registration in the province of British Columbia.

**All assessors have met criteria and approved by CPSBC

- Overseeing the **orientation** of candidates to the CFA site.
- Providing **daily observation**, **documents assessment** and **daily feedback** using PRA-BC-approved assessment tools.
- Adhering to the **CFA Reporting Schedule** to submit assessment forms weekly and report any concerns identified in a timely manner.
- **Countersigning** any orders, prescriptions or investigations initiated by the candidate.

CFA Reporting Schedule

- A minimum number of assessment forms overall must be completed and submitted by the end of week 12.
- The CFA Reporting Schedule lists specific forms and minimum number of submissions for each form per week.
- This schedule is incorporated into the online reporting system

PRA-BC
PRACTICE READY ASSESSMENT – PHYSICIANS FOR BC

CFA Reporting Schedule – Fall 2026

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 28	1	**Orientation week: no evaluation will take place during this time.**	
October 5	2	☐ 3 Field Notes ☐ 1 Procedure Skills Field Note ☐ 2 Mini-CEX ☐ 1 Chart Review Report	☐ 1 Non-MD Co-Worker Multisource Feedback (MSF) ☐ 1 Patient Multisource Feedback (MSF)
October 12	3	☐ 3 Field Notes ☐ 1 Procedure Skills Field Note ☐ 2 Mini-CEX ☐ 1 Chart Stimulated Recall (CSR)*	☐ 1 MD Colleague Multisource Feedback (MSF) ☐ 1 Patient Multisource Feedback (MSF)
October 19	4	☐ 3 Field Notes ☐ 1 Procedure Skills Field Note ☐ 2 Mini-CEX ☐ Telemedicine Assessment Form ☐ 1 Chart Review Report	☐ 1 Non-MD Co-Worker Multisource Feedback (MSF) ☐ 1 Patient Multisource Feedback (MSF)
October 26	5	☐ 3 Field Notes ☐ 1 Procedure Skills Field Note ☐ 2 Mini-CEX ☐ 1 Chart Stimulated Recall (CSR)*	☐ 1 MD Colleague Multisource Feedback (MSF) ☐ 1 Patient Multisource Feedback (MSF)
November 2	6	☐ Interim Clinical Field Assessment Report (CFAR) ☐ 1 Procedure Skills Field Note ☐ 1 Field Note ☐ 1 Mini-CEX	☐ 1 Non-MD Co-Worker Multisource Feedback (MSF) **(Optional)** ☐ Assessment of Spoken and Written Language Skills **(Optional)**
November 9	7	☐ 3 Field Notes ☐ 1 Procedure Skills Field Note ☐ 2 Mini-CEX ☐ 1 Chart Stimulated Recall (CSR)*	☐ 1 MD Colleague Multisource Feedback (MSF) ☐ 1 Patient Multisource Feedback (MSF)
November 16	8	☐ 3 Field Notes ☐ 1 Procedure Skills Field Note ☐ 2 Mini-CEX ☐ 1 Chart Review Report	☐ 1 Non-MD Co-Worker Multisource Feedback (MSF) ☐ 1 Patient Multisource Feedback (MSF)
November 23	9	☐ 3 Field Notes ☐ 1 Procedure Skills Field Note ☐ 2 Mini-CEX ☐ 1 Chart Stimulated Recall (CSR)*	☐ 1 MD Colleague Multisource Feedback (MSF) ☐ 1 Patient Multisource Feedback (MSF)
November 30	10	☐ 3 Field Notes ☐ 1 Procedure Skills Field Note ☐ 2 Mini-CEX ☐ 1 Chart Review Report	☐ 1 Non-MD Co-Worker Multisource Feedback (MSF) ☐ 1 Patient Multisource Feedback (MSF)

CFA Reporting Schedule *can be found in the eLearning Assessor Resources*

Submitting Online Forms

CFA Forms & Online System

- All assessment forms are submitted through PRA-BC's online system.

Primary and Secondary Assessors

- Submit forms from any device.
- Review submissions from external assessors, co-workers and patients.
- Track weekly form submissions.

Who submits forms?

- Primary & secondary assessors, external assessors, non-MD colleagues, patients, and candidates

Clinical Field Assessment (CFA) – What is the point?

The CFA is where **practice-related issues** may be identified:

- Application of knowledge in the clinical setting
- Communication with actual (vs. simulated) patients and colleagues
- Ability to provide comprehensive care utilizing appropriate support and resources
- Professional and ethical behaviours
- Patient-centred approach to care

Candidates Responsibilities during CFA

Work under supervision of their assessors:

- Office, hospital, facilities, ER/UPCC - as long as work is within Domains of Care and can provide opportunities for assessment

- Check with assessors re: on-call duties, how to contact each other, patients' results and follow-ups, EMR remote access, etc

**Your schedules during CFA will likely different than other candidates, try not to compare!

Example of clinic schedule at the beginning of CFA

Time	Patient schedule	Assessor Schedule	Candidate Schedule
9:00	Patient A, B	Patient A	Patient B
9:15	Patient C	Patient C	
9:30	Walk-In	Walk-In	
9:45		Review Patient B	
10:00	Patient D, E	Patient D	Patient E
10:15	Patient F	Patient F	
10:30	Walk-In/Phone	Walk-In/Phone	
10:45		Review Patient E	
11:00	Patient G/Phone	Phone calls	Patient G
11:15	Walk-In	Walk-In	
11:30	Patient	Wa	
11:45		Review Patient G	
12:00	Lunch		

Example of clinic schedule as CFA Progresses

Time	Patient schedule	Assessor Schedule	Candidate Schedule
9:00	Patient A, B	Patient A	Patient B
9:15	Patient C	Patient C	
9:30		Review Patient B	
9:45	Walk-in/Patient D	Walk-In	Patient D
10:00	Patient E	Patient E	
			Review Patient D
10:15	Patient F, G	Patient F	Patient G
10:30	Phone calls	Phone calls	
10:45		Review Patient G	
11:00	Patient H, I	Patient H	Patient I
11:15	Patient J	Patient J	
			Review Patient J
11:30	Patient K, L	Patient K	Patient L
11:45	Patient M	Patient M	
			Review Patient M
12:00	Lunch		

Remember from the first day...

For PRA-BC, "Practice Ready" means...

You consistently demonstrate competence in each of the **8 Sentinel Habits** across the **8 Domains of Care** in the 12-week assessment period.

Competence is…

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

If competence is about *"doing", then* we can observe these actions, document and assess them.

Competency Assessment in the PRA-BC context

1. Framework and principles – aligned with NAC PRA-FM

Over-time supervised workplace-based assessment program

2. Documentation of candidate performance and skills will be measured against the following criteria:

Clinical 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 underserviced
- Procedural skills

Sentinel Habits

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

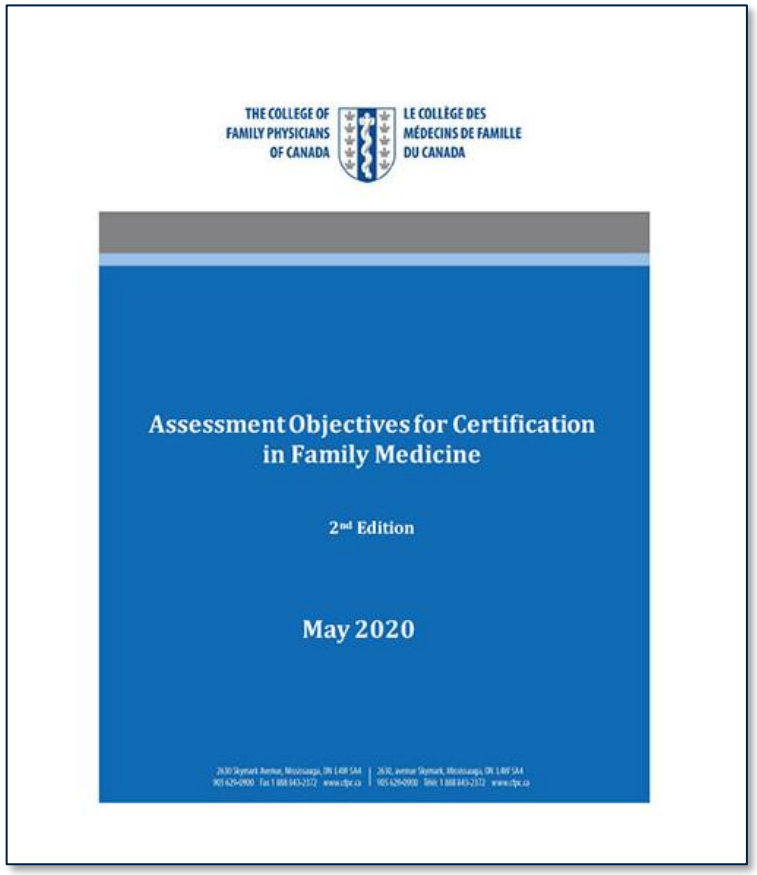
The Eight Sentinel Habits:

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

Assessment Objectives

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

- Assessment Objectives are helpful for articulating and describing sentinel habits.
- Assessment Objectives can be found on the CFPC website.

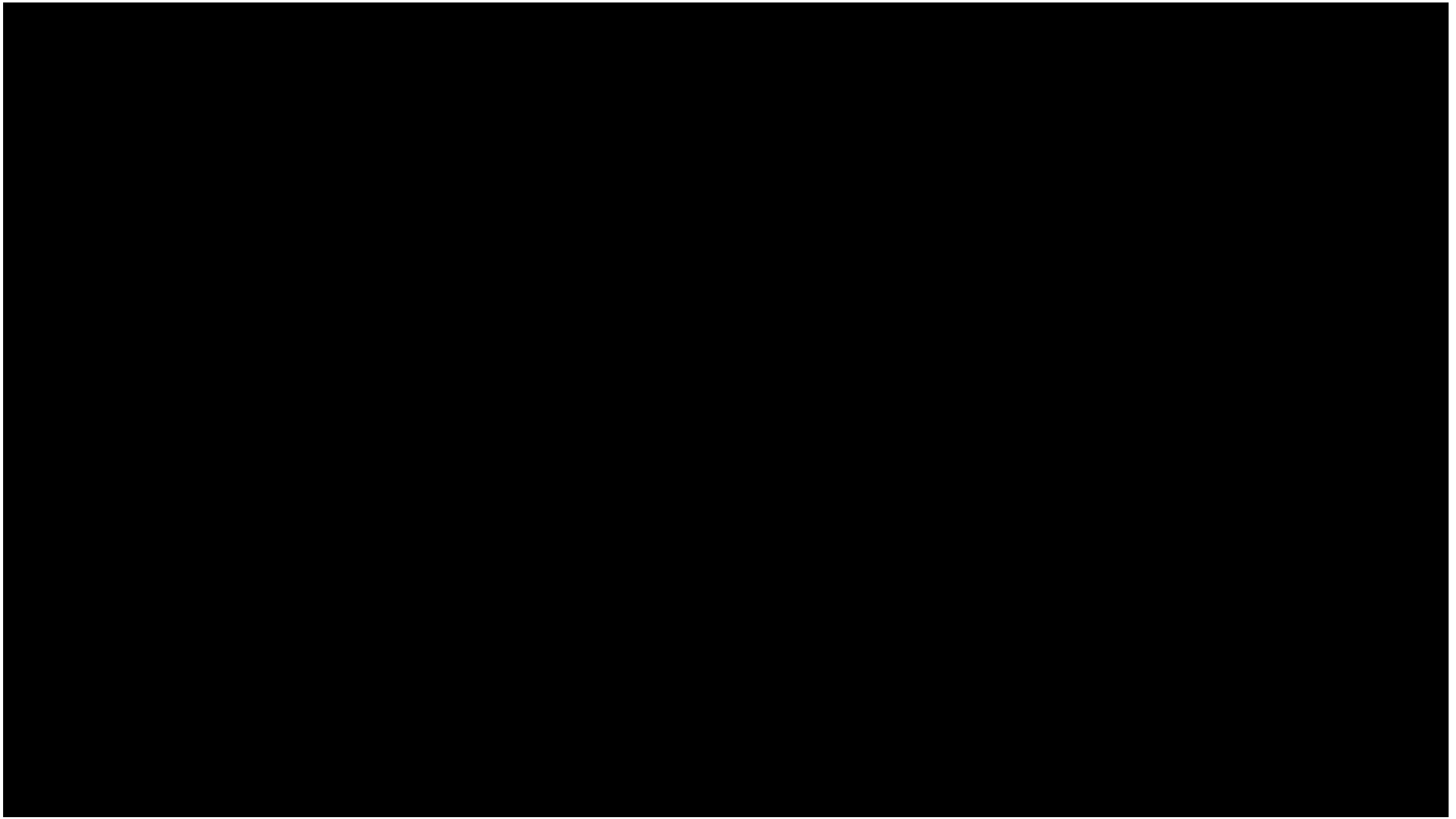


Video example

Let's watch this short video of a clinical encounter...

- An adolescent came to see you because her mother booked the appointment.

Check out the sample forms - https://www.prabc.ca/sample-forms and choose a Field Notes.



Video example

How would you assess this clinical performance?

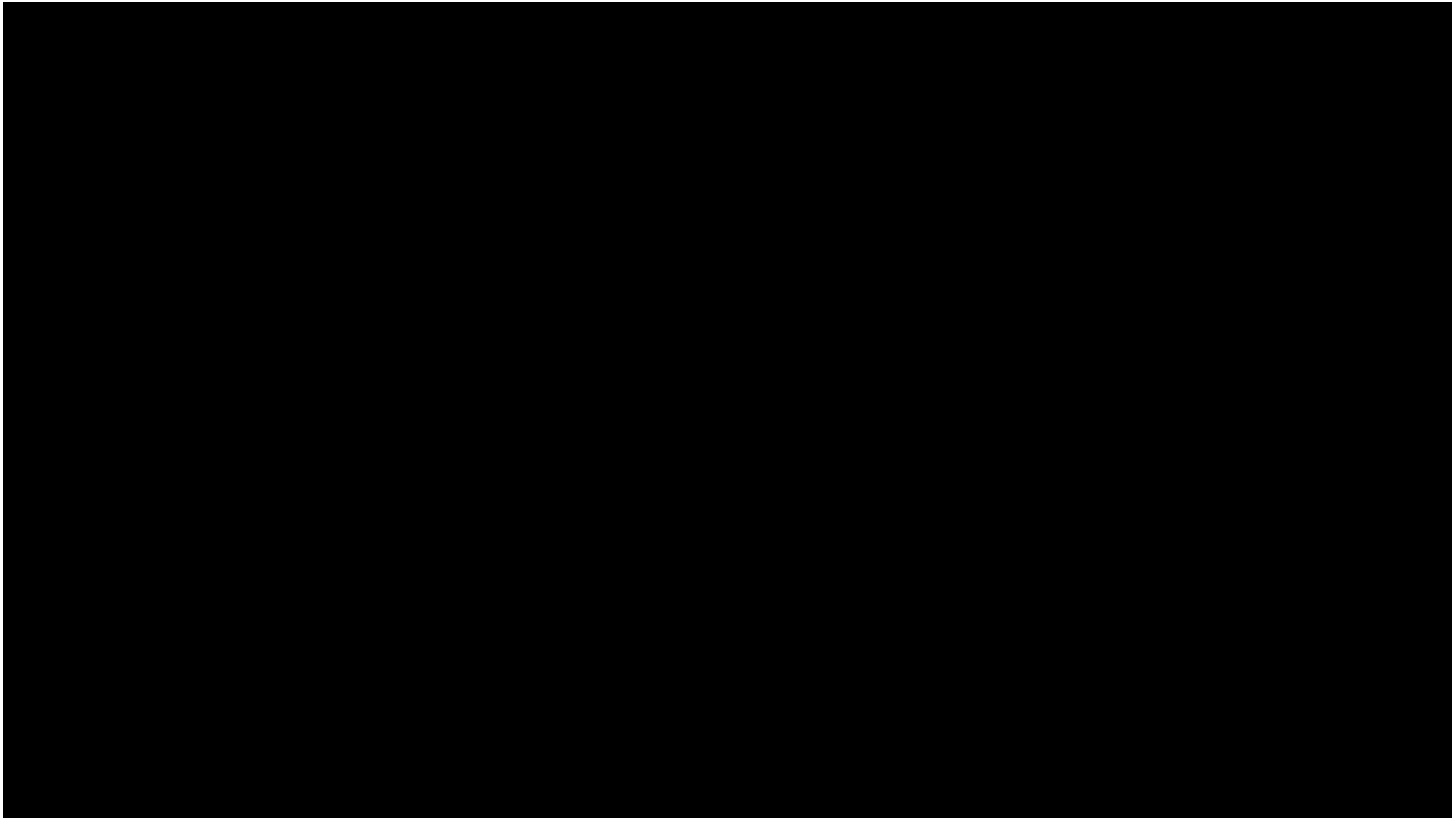
- Was it "good"? "Bad"?
- Why? What information helps you make that assessment?
- If you were to assess this performance, would you think this performance demonstrated competency?
  - Completely?
  - Partially?
  - Not at all?

Video example

Let's watch this short video of a clinical encounter...

- An elderly patient here to discuss about driving

Check out the sample forms - https://www.prabc.ca/sample-forms and choose Field Notes.

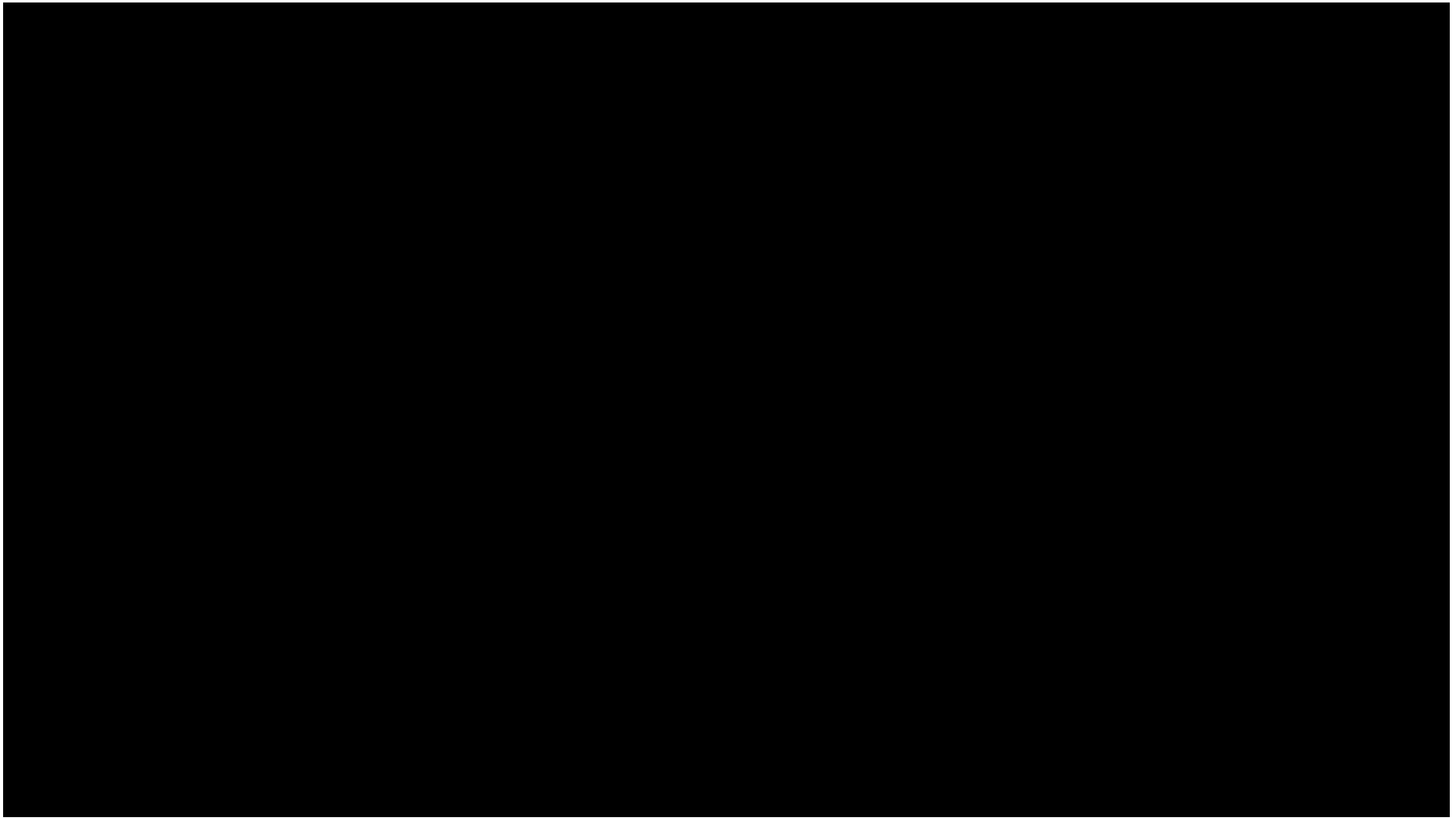


Video example

Let's watch another short video...

- A patient with a finger injury

Check out the sample forms - https://www.prabc.ca/sample-forms and choose Field Notes or Mini-CEX or patient MSF.

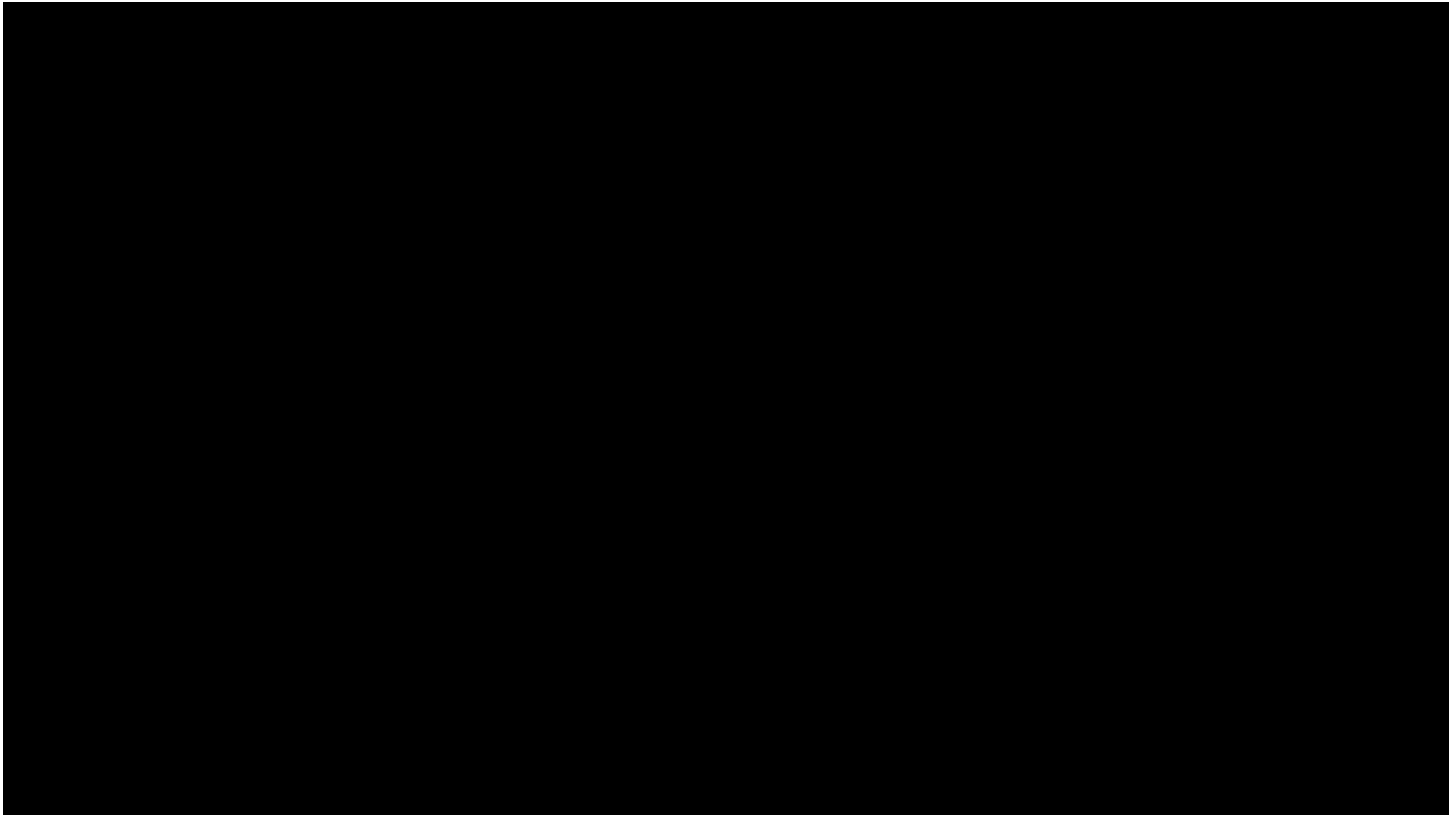


Video example

Let's watch another short video...

- A patient lossing balance and falling

Check out the sample forms - https://www.prabc.ca/sample-forms and choose Field Notes or Mini-CEX or patient MSF.

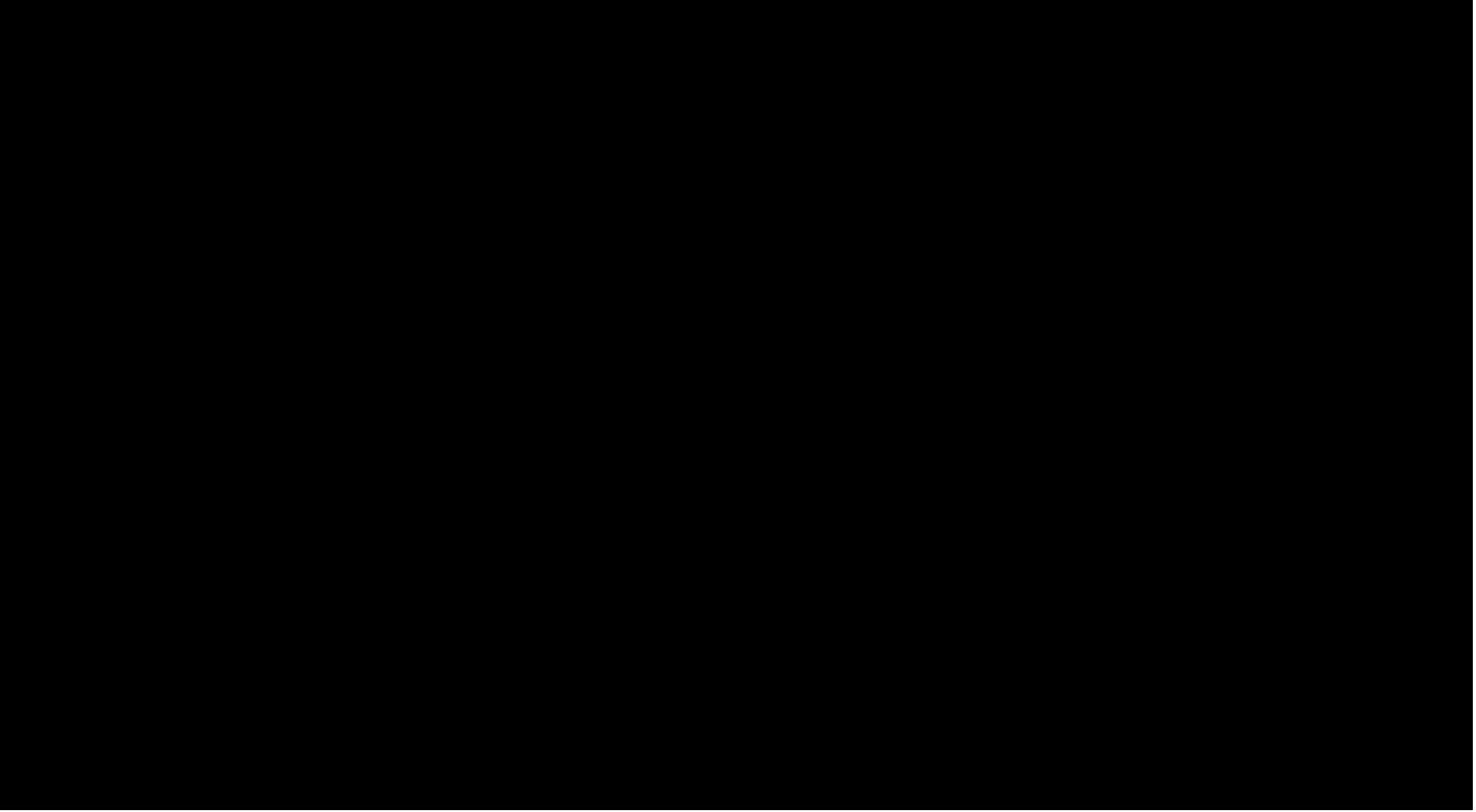


Video example

Let's watch another short video...

- A patient came in with some vague sexual health concerns

Check out the sample forms - https://www.prabc.ca/sample-forms and choose Field Notes or Mini-CEX or patient MSF.



🕮 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.

PRA-BC Centralized Orientation

Beyond the CFA

UBC CPD

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 demonstrated during your CFA, some of your practices may not be suitable for Canada anymore and it's best to adapt if you want to be successful.

This will make practicing medicine more enjoyable for you, your staff and your patients!

Stay Connected With Us!

Subscribe to the UBC CPD mailing list for learning opportunities for health professionals in BC and beyond — Accredited conferences, eLearning, workshops, webinars and more.

PRA-BC Successes

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

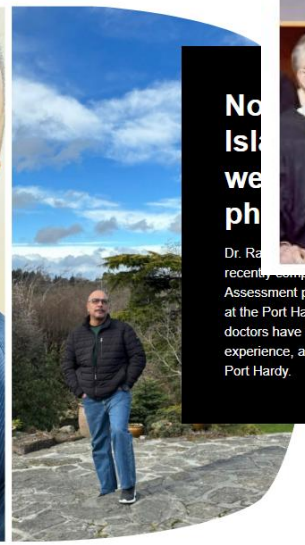
The Exceptional Teacher Honour was created to recognize and celebrate family physicians who are dedicated to teaching and mentorship.

Dr. Husni Abdala 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
other primary care

Williams Lake doctor gets top marks in Canada

Dr. Ghaida Radhi received the highest marks of all the practice-eligible candidates in Canada, earning her the Irwin Bean College of Family Physicians of Canada (CCFP) Examination Award. **(Williams Lake Tribune)**



No Isl we ph

Dr. Ra 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.

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.

LIFE IN RURAL BC

DR. JOSEPH OBANYE

Family and ER Physician

Quesnel, BC

PRA-BC

Practice Ready Assessment Physicians for BC


RAHMET
OBRIGADO
HVALA
GRAZIE
谢谢
KIITOS
DANKE
TAK
DANK JE
THANK YOU
SHUKRAAN
ευχαριστώ
GRACIAS
BARKA
MERCI
СПАСИБО
ARIGATO
TAKK
TACK