

CLINICAL FELLOWS PRE-ENTRY ASSESSMENT PROGRAM (PEAP)
- DETAILED ASSESSMENT REPORT -
 DEPARTMENT OF MEDICINE - UNIVERSITY OF TORONTO

Revised May 2015

This assessment form is a Department of Medicine internal document for assessing PEAP Clinical Fellows. A **minimum of 2 Detailed Assessment Reports must be completed** during the PEAP - at the end of the 2nd week of the PEAP and at the end of the PEAP period. A 3rd report may be completed if needed. These reports will be used by the Program Director, or Director of Fellowship Programs, of your Division to complete the Final PEAP Assessment report.

IMPORTANT! Do not begin PEAP without CMPA coverage & a valid CPSO Registration #.

Name of Candidate	
CPSO #	
Name of Assessor(s)	
Location of Assessment (Hospital)	
Program	
Assessment Period	<i>From</i> _____ <i>to</i> _____

Grading Legend: **U**= Unsatisfactory **BE**= Below Expectations **ME**= Meets Expectations **AE**= Above Expectations
O= Outstanding Please place checkmark or "x" in the appropriate box.

CRITERIA	DESCRIPTION	U	BE	ME	AE	O
1. CLINICAL SKILLS						
Compre-hensiveness	Explores leads, obtains relevant past, family and personal history, reviews all systems, those related to problem(s) in detail. Explores social history. Completes examination as appropriate for time and situation					
Problem Definition and Orientation	Obtains full description of main problem; picks up cues (verbal or non-verbal); directs examination towards problems elicited in history; examines relevant areas thoroughly					
Flexibility	Is able to vary approach to history to adapt to physical and emotional state of parent or patient. Gets most out of time available for interview					
Technique	Procedure correct and efficient, but takes account of patient's age, physical and emotional condition. Interacts with patient. Appropriately drapes patient. Doesn't hurt patient. Washes hands before and after examination.					
2. TECHNICAL SKILLS						
	Displays experience with and knowledge of technical skills compatible with reported level of training in the specialty					
3. KNOWLEDGE AND JUDGMENT						
Synthesis	Accurately interprets history and physical findings					
Diagnosis	Establishes an appropriate problem list and differential diagnosis, based on information so far available					
Investigation	Appropriate, taking into account probable yield, risks, costs and whether it can be done as out-patient or in-patient					
Therapy	Appropriate for problems; involves health care team as necessary; patient education planned, emotional and socioeconomic considerations included; long term care considered					
4. COMMUNICATION SKILLS						
Introduction	Introduces self, uses patient's name, makes sure patient is aware of reason for encounter					

CRITERIA	DESCRIPTION	U	BE	ME	AE	O
Vocabulary	Uses vocabulary which is easily understood, avoids medical jargon, asks clarification of historian's terms					
Technique	Expresses self clearly, mixes open and closed questions, controls interview, facilitates patient response, uses allotted time well					
Interaction	Gives appropriate attention and respect to patient, puts at ease, establishes a sensitive and compassionate relationship					
Attentiveness	Listens attentively, picks up leads, avoids repetitious questions					
Patient's Response	Understood the questions, felt that they were being both listened to and understood, comfortable with the professional relationship					
5. PROFESSIONAL ATTITUDES						
Management	Establishes priorities in approach to investigation and management as to urgency, or otherwise					
Consultation	Utilizes consultants appropriately, after due consideration to difficulty of patient's problems, own expertise and what is expected of consultant					
Interpersonal Relationships	Maintains acceptable and workable coworker relationships and respectful of roles of other team members					
Sense of Responsibility	Completes assigned tasks, dependable, appropriate patient follow-up					

1. Has the candidate successfully completed the first 2 weeks of the Pre-Entry Assessment Program? Yes ___ No ___
2. Has the candidate successfully completed the Pre-Entry Assessment Program? Yes ___ No ___ N/A ___

Comments:

Supervisor: _____ Date: _____
Name Signature

By providing my signature below, I attest that I have read this assessment.

Candidate: _____ Date: _____
Name Signature

Return completed, signed reports to your Division's Fellowship Director and email the Department of Medicine Fellowship Coordinator at fellowships.medicine@utoronto.ca for further instructions if necessary.