Postgraduate Medical Education
UNIVERSITY OF TORONTO

Temerty Medicine

PRE-ENTRY ASSESSMENT PROGRAM (PEAP) FOR RESIDENTS AND CLINICAL FELLOWS
DETAILED PEAP ASSESSMENT FORM

Clear Form

The detailed PEAP assessment form is an internal program document to be used to assess PEAP learners (including their communication skills). The detailed assessment form should be completed throughout the PEAP (at the initial [4th week] and mid-point [8th week] period).

All detailed assessment forms DO NOT need to be submitted to the PGME office: the assessments are to remain in the program learner files. These assessments should also be used to complete the final PEAP assessment form, which the program director must sign and forward to the PGME office at the end of the PEAP period to complete the College of Physicians and Surgeons of Ontario (CPSO) registration and licensing process.

IMPORTANT: Enrolment in the PEAP can begin only after the CPSO has issued a PEAP certificate of licensure and the learner has registered with the Postgraduate Medical Education (PGME) office for the PEAP. It is an offence under the Regulated Health Professions Act for a person to practice medicine in Ontario until they are registered and authorized by the CPSO.

SECTION 1 *[TO BE COMPLETED BY THE PROGRAM]*

Name of Learner:	
Assessor/Supervisor's Name:	
Assessor/Supervisor's E-mail:	
Residency or Clinical Fellowship Program:	
Date of Assessment:	DD/MM/YYYY
Detailed Assessment Form Period:	Initial (4th week) ☐ Mid-Point (8th week) ☐ Other ☐

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SECTION 2 *[TO BE COMPLETED BY THE ASSESSOR/SUPERVISOR]*

Grading Legend:

U *– Unsatisfactory,* ***BE*** *– Below Expectations,* ***ME*** *– Meets Expectations,* ***AE*** *– Above Expectations,* ***O*** *– Outstanding,* ***NA*** *- Not Applicable*

1. CLINICAL SKILLS

CRITERIA	DESCRIPTION	U	BE	ME	AE	O	NA
Comprehensiveness	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 nonverbal); 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 is 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

CRITERIA	DESCRIPTION	U	BE	ME	AE	O	NA
Technical Skills	Displays experience with and knowledge of technical skills compatible with reported level of training in the specialty.	○	○	○	○	○	○

3. KNOWLEDGE AND JUDGMENT

CRITERIA	DESCRIPTION	U	BE	ME	AE	O	NA
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

CRITERIA	DESCRIPTION	U	BE	ME	AE	O	NA
Introduction	Introduces self, uses patient's name, makes sure patient is aware of reason for encounter.	○	○	○	○	○	○
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 question, felt that they were being both listened to and understood, comfortable with professional relationship.	○	○	○	○	○	○

5. PROFESSIONAL ATTITUDES

CRITERIA	DESCRIPTION	U	BE	ME	AE	O	NA
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 co-worker relationships and respectful of roles of other team members.	○	○	○	○	○	○
Sense of Responsibility	Completes assigned tasks, dependable, appropriate patient follow-up.	○	○	○	○	○	○

ASSESSOR/SUPERVISOR'S COMMENTS: