

Complete all the sections of CPSA’s PRA-AB SPA Report below. The form outlines your assessment of the applicant’s Primary Competency Categories (PCC). Please discuss the completed report with the applicant, before you each sign and date this report on page 10.

**Type of assessment:** Interim OR Final

**Assessed from:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Applicant’s name:** \_\_\_\_\_

**Supervisor’s name:** \_\_\_\_\_

**PCC: History taking**

#	Component	Satisfactory	Needs Improvement	Unsatisfactory
1	Key historical features of the presenting complaint are documented.			
2	Problem labels or diagnoses are documented. Those with ongoing implications for future care are readily identifiable at future visits.			
3	Significant past medical history (e.g., major diseases, major surgical procedures, results of significant investigations) is available.			
4	Allergies are readily identifiable.			
5	A list of active medications is available.			

#	Component	Satisfactory	Needs Improvement	Unsatisfactory
---	-----------	--------------	-------------------	----------------

- 6 Relevant prevention and health promotion issues are documented.

General comments:

### PCC: Physical examination & techniques

#	Component	Satisfactory	Needs Improvement	Unsatisfactory
---	-----------	--------------	-------------------	----------------

- 1 Physical findings are documented.
- 2 Evidence of examining patients in a manner which is focused on determining the presence or absence of relevant clinical signs, and which is appropriate to the context of the visit.

General comments:

### PCC: Diagnostic & problem definition

#	Component	Satisfactory	Needs Improvement	Unsatisfactory
---	-----------	--------------	-------------------	----------------

- 1 Evidence is documented of a search for the root cause.

#	Component	Satisfactory	Needs Improvement	Unsatisfactory
2	Evidence of appropriate clinical reasoning.			
3	Evidence of a differential diagnosis that is based on an interpretation and prioritization of related history, physical examination and investigation.			
4	Considerations of relevant psychological, social and lifestyle issues are evident.			
General comments:				

**PCC: Communication & relationship skills**

#	Component	Satisfactory	Needs Improvement	Unsatisfactory
1	Communicates clearly and is easily understood by patients and their families, office staff and colleagues.			
2	Demonstrates respect for patients and their families, office staff and colleagues.			
3	Demonstrates an understanding of the key components of patient/family communication.			
4	Interacts collaboratively with other physicians.			

#	Component	Satisfactory	Needs Improvement	Unsatisfactory
---	-----------	--------------	-------------------	----------------

General comments:

### **PCC: Investigation & management**

#	Component	Satisfactory	Needs Improvement	Unsatisfactory
---	-----------	--------------	-------------------	----------------

- 1 Investigations, referrals and treatment (including name, dosage and quantity of prescriptions) are documented.
- 2 Uses diagnostic and treatment resources appropriately.
- 3 Advises on/prescribes medications appropriately.
- 4 Makes appropriate use of consultants and allied personnel.
- 5 Evidence of providing education to patients and families, and of enlisting their participation in the management plan.

General comments:

### PCC: Medical knowledge

#	Component	Satisfactory	Needs Improvement	Unsatisfactory
---	-----------	--------------	-------------------	----------------

- 1 Management choices adhere to practice standards or variance is explained.
- 2 Ongoing and preventative care can be referenced to specific sources of information (e.g. evidence-based literature) when asked.

General comments:

### PCC: Public health, medico-legal & ethical

#	Component	Satisfactory	Needs Improvement	Unsatisfactory
---	-----------	--------------	-------------------	----------------

- 1 Evidence of compliance with the CMA Code of Ethics.
- 2 Documented awareness of, and attention to public health and social issues.
- 3 Evidence of informed consent obtained where appropriate.
- 4 Demonstrates evidence of "duty to report" in circumstances that present a danger to others (communicable diseases, child abuse, etc.).

General comments:

### PCC: Follow-up

#	Component	Satisfactory	Needs Improvement	Unsatisfactory
1	Arrangements for follow-up are documented (for all chronic problems and for acute problems, when necessary).			
2	A system is in place to ensure follow-up of critical issues, results and/or reports.			
General comments:				

### PCC: Professionalism

#	Component	Satisfactory	Needs Improvement	Unsatisfactory
1	Demonstrates the ability to recognize own limitations and gaps and seek out appropriate resources-reading, electronic, consultation.			
2	Demonstrates responsibility for continuing care of patients and, when appropriate, for transfer of care of patients to another physician.			
3	Day to day behavior reassures that the physician is responsible, reliable and trustworthy.			
4	The physician demonstrates a flexible, open-minded approach that is resourceful and deals with uncertainty.			
5	The physician evokes confidence without arrogance, and does so even when needed to obtain further information or assistance.			

#	Component	Satisfactory	Needs Improvement	Unsatisfactory
6	The physician demonstrates a caring and compassionate manner.			
7	The physician demonstrates respect for patients in all ways, maintains appropriate boundaries and is committed to patient well-being. This includes time management, availability and a willingness to assess performance.			
8	The physician demonstrates respect for colleagues and team members.			
9	Day to day behaviors and discussion reassures that the physician is ethical and honest.			
10	The physician practices evidence-based medicine skillfully. This implies not only critical appraisal and information-management capabilities, but incorporates appropriate learning from colleagues and patients.			
11	The physician displays a commitment to societal and community well-being.			
12	The physician displays a commitment to personal health and seeks balance between personal life and professional responsibilities.			
13	The physician demonstrates a mind-full approach to practice by maintaining composure and equanimity, even in difficult situations, and by engaging in thoughtful dialogue about values and motives.			

#	Component	Satisfactory	Needs Improvement	Unsatisfactory
---	-----------	--------------	-------------------	----------------

General comments:

**Please select all the resources you used to assess the applicant:**

- |                    |                                     |
|--------------------|-------------------------------------|
| Chart audit        | Interviews with physician peers     |
| Formal discussion  | Interviews with physician coworkers |
| Direct observation | Other:                              |

**Overall evaluation rating:**

'Needs improvement' can only be selected for interim assessments

Satisfactory                      Needs Improvement                      Unsatisfactory



**Complete this section for a final assessment only:**

Please list the applicant's top 3 strengths you noticed while supervising them:

Please list the applicant's top 3 weaknesses you noticed while supervising them:

Please list 3 suggestions for professional development for the applicant:

**Continue to next page to [sign and date](#)**

Both the Supervisor and Applicant must sign and date below before submitting the completed form to CPSA. Your signatures indicate you have both seen all the information on this form.

**Signing instructions:**

Supervisor: Once you and the applicant sign the form below, you'll be prompted to save a copy of this document to your computer. Once saved to your computer, hit 'Submit' below. This will automatically open an email to CPSA with the signed document attached. Make sure you also attach any other assessment documents, like Chart Stimulated Recall Forms, Narrative Report (for specialists) & Invoice Forms, etc.

\_\_\_\_\_  
Supervisor name

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant name

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**If you are unable to sign electronically and use the submit function please email us the signed documents at [RegistrationAssessments@cpsa.ab.ca](mailto:RegistrationAssessments@cpsa.ab.ca).**