

Extra references

Looking for extra tools to reinforce your assessment skills?

Here are some other tools that might help you assess a physician’s clinical reasoning, patient interaction and professionalism.

1) Is the physician a “Medical Expert”?

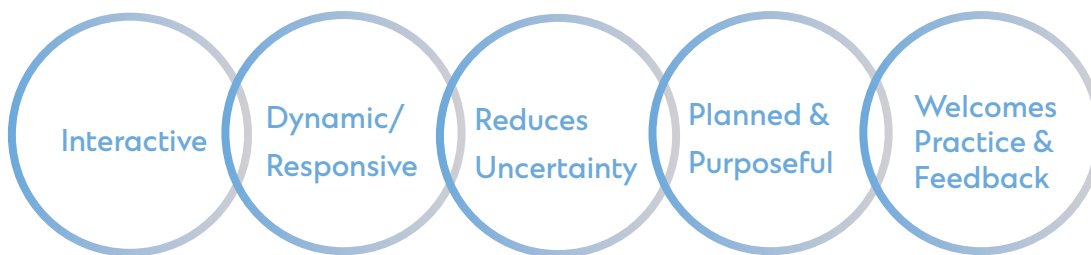
- Medical Experts practise medicine within their defined scope and expertise.
- Medical Experts perform patient-centred clinical assessments and create management plans.
- Medical Experts plan and perform procedures and therapies to assess and/or manage patient care.
- Medical Experts create plans for ongoing care and timely consultation.
- Medical Experts actively contribute to the continuous improvement of health care quality and patient safety – as individuals and as members of a team.

A Medical Expert also demonstrates:

Psychomotor Skills	<ul style="list-style-type: none"> • voluntary muscular movements • visual perceptual processing (e.g., visual discrimination, visual memory, visual sequential memory, visual spatial relationships and visual-motor integration)
Metacognitive Skills	<ul style="list-style-type: none"> • planning, predicting, monitoring, regulating, evaluating, revising strategies

Cognitive Skills	<ul style="list-style-type: none"> • factual, conceptual and procedural processes for comprehension, judgment, and memory
Non-Cognitive Skills	<ul style="list-style-type: none"> • persistence, self-control, curiosity, conscientiousness, grit, self-confidence

2) Is the physician a “Communicator”?



- Communicators establish professional therapeutic relationships with patients and their families.
- Communicators elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families.
- Communicators share healthcare information and plans with patients and their families.
- Communicators engage patients and their families in developing plans that reflect the patient’s healthcare needs and goals.
- Communicators document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy.

A good Communicator will:

- 1. Initiate the session:** Establish initial rapport & identify the reason for the visit.
- 2. Gather information:** Explore the problem & conduct physical exams from both a biomedical (disease) and patient (illness) perspective.
- 3. Explain & plan:** Provide the correct type and level of information to the patient, help the patient understand and include the patient in decision-making/planning.
- 4. Close the session:** Find the right time to end the session and plan for the next one.
- 5. Manage their non-verbal communication:** Body posture, facial expressions, eye contact, gestures, touch, space, smell and clothing.
- 6. Manage their paraverbal skills:** Tone, pitch, pace, volume of speech, articulation, use of pauses.

3) Is the physician a “Collaborator”?

- Collaborators ask questions, accommodate, build trust, communicate, contribute, cooperate, compromise and share.
- Collaborators embrace diversity, engage, help, promote understanding and respect, and build relationships.
- Collaborators display good skills in conflict resolution, managing disruptive behaviour, team development and reflective practice.

4) Are the physician's referral/consultation letters up to standard?

Referral/consultation letters should be clear and meet the information requirements outlined in CPSA's Referral Consultation standard of practice. **Here's what to look for in a referral letter:**

- patient's name, Personal Health Number and contact information;
- candidate's name and contact information;
- name and contact information of the consultant or consulting service;
- date of referral;
- purpose of the referral, including but not limited to specifying if the referral is solely for the purpose of a third-party request;
- pertinent clinical information, including but not limited to the relevant investigation results; and
- expected consultation outcomes (e.g., medical opinion only, possible transfer of care, other).

Here's what to look for in a consultation letter (report):

- identity of the consultant;
- identity of the patient;
- identity of the referring healthcare provider and, if known, the identity of the patient's primary care physician;
- the date of the consultation;
- the purpose of the referral as understood by the consultant;
- information considered, including history, physical findings and investigations;
- diagnostic conclusions; what was assessed and what was not assessed (and why) is clear
- treatments initiated, including medications prescribed;
- recommendations for follow-up by the referring healthcare provider;
- recommendations for continuing care by the consultant;
- recommendations for referral to other consultants; and
- advice given to the patient.

Patient charts should show consideration of:

1. **Content:** What is considered essential to include?
2. **Style:** Is the visual layout coherent?
3. **Opening statement:** Is the reason for the patient's referral identified, as applicable?
4. **Presentation of findings and physical exams:** Are these elements clearly documented?
5. **Opinion, rationale, recommendations and planning:** Is sound clinical reasoning evident?
6. **Closing Statement:** Are next steps identified?