

COUNCIL OF
**ONTARIO FACULTIES
OF MEDICINE**

An affiliate of the Council of Ontario Universities

**ASSESSMENT VERIFICATION PERIOD (AVP)
DETAILED ASSESSMENT FORM for IMGs**

Updated May 2010

Name of Candidate: _____

Name of Assessor(s): _____

Program: _____ Date of Assessment: _____

Note: This Detailed AVP Assessment Form is an internal program document to be used to assess IMG candidates seeking entry into Ontario postgraduate residency training programs.. This form will be used to assess the candidates, including their communication skills: 1) at the end of the 2nd week of the AVP, and 2) at mid-rotation by the end of the 8th week, and 3) at the end of the 12 week AVP period. All assessments remain in the program/department files. This assessment information will be used to inform the summary AVP Evaluation Form, which the Program Director must sign and forward to the PGME Office at the end of the AVP to complete the registration and licensing process.

for grading legend, see page 2

CRITERIA	DESCRIPTION	U	BE	ME	AE	O
1. CLINICAL SKILLS						
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 and 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. Does not 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.					

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CRITERIA	DESCRIPTION	U	BE	ME	AE	O
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.					
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						
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.					
Overall Assessment	Unsatisfactory, Below Expectations, Meets Expectations, Above Expectations, Outstanding.					
6. ASSESSOR'S COMMENTS: _____ _____ _____						
Signature Trainee: _____			Signature Assessor: _____			

- **Grading Legend:** Please place checkmark or "x" in the appropriate box.
 U = Unsatisfactory
 BE = Below Expectation
 ME = Meets Expectation
 AE = Above Expectation
 O = Outstanding
- Report performances rated Unsatisfactory or Below Expectation to the PGE Office.