

**PRE-ENTRY ASSESSMENT PROGRAM (PEAP)  
DETAILED ASSESSMENT FORM (RESIDENTS AND FELLOWS)  
May 2002**

Name of Candidate: \_\_\_\_\_

Names of Assessor(s): \_\_\_\_\_

Program: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

*Note: This Detailed PEAP Assessment Form is an internal department document to be used to assess PEAP candidates, including their communication skills: 1) at the end of the 2<sup>nd</sup> week of the PEAP, and 2) at the end of the 4-12 week PEAP period. Both assessments remain in the program/department files. This assessment information can also be used to complete the summary PEAP Evaluation Form, which the Program Director must sign and forward to the PGME Office at the end of the PEAP to complete the registration and licensing process.*

*for grading legend, see page 2*

CRITERIA	DESCRIPTON	U	BE	ME	AE	O
<b>1. CLINICAL SKILLS</b>						
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.					
<b>2. TECHNICAL SKILLS</b>						
	Displays experience with and knowledge of technical skills compatible with reported level of training in the specialty					
<b>3. KNOWLEDGE AND JUDGMENT</b>						
Synthesis	Accurately interprets history and physical findings					
Diagnosis	Establishes an appropriate problem list and differential diagnosis, based on information so far available					

CRITERIA	DESCRIPTION	U	BE	ME	AE	O
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					
<b>4. COMMUNICATION SKILLS</b>						
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 questions, felt that they were being both listened to and understood, comfortable with the professional relationship					
<b>5. PROFESSIONAL ATTITUDES</b>						
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					

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