

## PREAMBLE

The requirement for Pediatric residency training programs to perform and document by observation an assessment of each resident's history and physical examination (HPE) abilities is in response to the following:

- a) the major importance of HPE in the day-to-day activities of Pediatricians
- b) the necessity to insure that HPE skills are rigorously evaluated during Pediatric training
- c) the necessity of eliminating non-standardized patients from the Royal College of Physicians and Surgeons of Canada (RCPSC) Pediatric examination leading to Certification
- d) the impracticality and ethical difficulties of using young children as standardized patient
- e) the value of detailed information on HPE to be included with the specialty-specific Final In-Training Evaluation Report (FITER) and Core In-Training Evaluation Report (CITER)
- f) the need to have the same assessment and examination process for all residents (French and English)

## INTRODUCTION

By using standardized form the Pediatric residency programs will ensure that the resident's history and physical examination abilities are assessed in an organized manner. Each assessment will be observed and evaluated by two assessors which may be members of the Pediatric Examination Board or Examination Committee or its subcommittees, and/or should be familiar with the examination process (former examiner, completion of a RCPSC workshop or similar activity). Each Department of Pediatrics will be responsible for selecting, as assessors, a cadre of Pediatricians who will be appointed for a three-peat renewable term. One of the assessors will be familiar with the patient while the other will have no knowledge of the patient.

The complexity of patient problems should represent the type of patients that are under the care of consultant general Pediatricians. The standard to be used is the acceptable competency level expected of a consultant general Pediatrician functioning in a community setting such as a mid-sized city without a tertiary Pediatric centre.

## PROCESS

A period of 60 minutes will be allotted to the resident to perform an appropriately focused yet comprehensive history and physical examination. This will be followed by a five minute period to allow the resident to prepare a case presentation. The case summary and a prioritized patient problem list will be presented by the resident in a ten minute period.

Each assessor will independently evaluate by observation the resident's performance. The assessment form should be completed and signed by the two assessors and the resident. The assessment form will be submitted to the RCPSC with the Final In-Training Evaluation Report (FITER) will be retained in the resident's file.

## Pediatric History and Physical Examination

A mastery learning approach will be used in which a resident may repeat the assessment until a satisfactory performance is achieved. Assessments will occur in the second half of the third core year of training and must be successfully completed before the completion of the fourth and final year of required residency training.

Candidates not trained in Canada but whose training has been approved by the RCPSC will be assessed by their home program using the assessment forms which will later be included with the FITER.

### METHOD

#### 1. Patients must be:

- selected by the program
- having at least one major medical problem (no more than three major medical and/or social problems) of a complexity sufficient to require care by a consultant general Pediatrician
- known to only one of the assessors unknown (unfamiliar) to the resident
- able to provide a reliable history or be accompanied by an individual who may provide the patient history.

#### 2. Assessors must be:

- familiar with the assessment process and understand the acceptable competency level expected of a consultant general Pediatrician
- selected by the Department of Pediatrics in each University
- aware of the examination process leading to Certification
- appointed by the Department of Pediatrics for a three-year renewable term
- Pediatricians other than the Program Director.

#### 3. Residents will:

- be under observation by two assessors while taking the history and performing the physical examination
- have a maximum of 60 minutes to perform the history and physical examination (additional time may be allotted only if an interruption occurred during the 60 minutes)
- be given five minutes to prepare for the case presentation - present within a ten minute period a case summary and a prioritized patient problem list including a limited differential diagnosis, where applicable, for only the major problem.

#### 4. Standardized documentation forms will be:

- completed by the two assessors
- signed by the two assessors and the resident
- included with the FITER and/or CITER and submitted to the Royal College.

**5. Assessments will:**

- be scheduled in advance and, when possible, will occur at a prearranged time and place
- occur in the second half of the third core year of training and may be repeated until a satisfactory
- performance is achieved (mastery learning)
- be successfully completed before the completion of the fourth and final year of required residency training.

SAMPLE

(Please Print)

**Resident:** \_\_\_\_\_ **University:** \_\_\_\_\_

**Patient Characteristics (Age/Sex)** \_\_\_\_\_ **Start:** \_\_\_\_\_ **Finish:** \_\_\_\_\_

**Patent's Problem(s):** \_\_\_\_\_

## INTERVIEWING

	YES	BORDERLINE	NO	N/A
<u>Did the resident:</u>				
Introduce him/herself and explain the situation, use patient's name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attempt to establish rapport with parent and child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct questions when appropriate to child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use words that are easily understood; avoid medical jargon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask open-ended questions in history-taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask specific closed questions when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen attentively to patient/parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Display empathy and sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Display awareness of and respond to family's concerns / agenda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have acceptable non-verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close the interview appropriately: summary, parents' concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate this resident's interviewing skills "at the level of a consultant general pediatrician" :

- Satisfactory - meets expectations
- Borderline (\* comment required)
- Unacceptable - below expectations (\* comment required)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HISTORY-TAKING**

	<b>YES</b>	<b>BORDERLINE</b>	<b>NO</b>	<b>N/A</b>
<u>Did the resident obtain a pertinent history including the following:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Present Illness</i>				
Chief complaint(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Onset of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thorough description of chief complaint(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms associated with chief complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress through the course of the illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family's management of the illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Define current status of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with medical personnel: tests, treatment offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For an infectious disease: possible contacts, day care, travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Family History</i>				
Parents' age, consanguinity, health/illness relevant to child's illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings: sex, age, health and illness relevant to child's illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other extended family illness as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Mother's Pregnancy, Birth, Newborn Period</i>				
Mother's health during pregnancy, illness, drugs, alcohol, cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birth weight, gestational age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal problems: jaundice, cyanosis / respiratory problems, seizures, birth anomalies, low Apgar score	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Infancy</i>				
Infant feeding (breast, formula, solids)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping problems, colic, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Development</i>				
Gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Immunizations</i>				
Routine immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	BORDERLINE	NO	N/A
<i>Past Illness</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalizations/operations/injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Functional Inquiry /Review of Systems</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate and comprehensive review of systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organized review of systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Psycho-Social</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents' occupations, family living situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug or alcohol abuse, smoking in child / family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of the illness on the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of the illness on the child's activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School progress, physical and social activities, interests, peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk-taking, and sexual behaviours nutrition and eating habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific concerns of the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall History-taking** \* A **No** or **Borderline** rating in any of the following items in this section constitutes borderline/unacceptable, *PLEASE COMMENT BELOW.*

The primary concerns of the patient/family, prioritization of problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An overview of the problem in context to the child and family's life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient information to adequately manage the major problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate this resident's history-taking "**at the level of a consultant general pediatrician**":

- Satisfactory - meets expectations
- Borderline (\* comment required)
- Unacceptable - below expectations (\* comment required)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICAL EXAMINATION**

	YES	BORDERLINE	NO	N/A
<u>Did the resident perform a physical exam that included:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>General</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtain height/length, weight, head circumference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtain vital signs: pulse, respiratory rate, blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pause to observe the whole child: activity, appearance, hydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Head and Neck Exam</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head size, shape, fontanelles, scalp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye movements, abnormalities, ophthalmoscopic exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ears - otoscopic exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mouth, teeth, palate, pharynx, nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palpate neck for cervical lymph nodes, thyroid gland, masses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Respiratory System</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation of chest size, shape, movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auscultation of chest - comparing both sides; front and back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percussion of chest - diaphragm levels, both sides, front and back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Cardio- Vascular System</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral exam -femoral pulses, clubbing, capillary refill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palpate precordium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auscultate four areas of precordium and back when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Abdominal Exam</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe size, distention, shape and look for abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentle palpation for tenderness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific palpation for liver, spleen, kidneys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific palpation for other masses, ascites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auscultation of abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Percussion of abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation/examination of external genitalia, for herniae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicate the need for a rectal examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Extremities</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe for any deformities, obvious joint abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe gait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examine relevant joints for swelling, tenderness, range of movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examine hips for congenital dysplasia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test for scoliosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Skin Exam</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	BORDERLINE	NO	N/A
Observe overall skin for lesions or abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Neurologic Exam</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess cranial nerves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess level of consciousness and cognitive ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess appropriate motor power, tone, coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess reflexes / symmetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess vision, hearing, sensation as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe balance, stance, gait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Developmental Assessment</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess developmental and cognitive skills, to corroborate history from parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Overall Physical Examination** \* A **No** or **Borderline** rating in any of the following items in this section constitutes borderline/unacceptable, PLEASE COMMENT BELOW.

A focused, thorough, problem oriented physical exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunistic flexible approach in examining the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate exam for time, situation and parent/child comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful of child, age appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct physical examination maneuvers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate this resident's physical examination skills "**at the level of a consultant general pediatrician**":

- Satisfactory - meets expectations
- Borderline (\* comment required)
- Unacceptable - below expectations (\* comment required)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**PRESENTATION OF CASE SUMMARY AND PROBLEM - (10 minutes)**

	<b>YES</b>	<b>BORDERLINE</b>	<b>NO</b>	<b>N/A</b>
<u>Did the resident :</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present accurate data from history and physical examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present succinctly the important positive and negative points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present a complete problem list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present a prioritized problem list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present a good evaluation of the child's problem with a differential diagnosis of the major problem where applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rate this resident's presentation of case summary skills "**at the level of a consultant general pediatrician**":

Satisfactory - meets expectations

Borderline (\* comment required)

Unacceptable - below expectations (\* comment required)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Overall**

Did the resident demonstrate any errors of omission or commission that would:

- i. endanger the child or put the child at risk (i e being physically rough with the child or leave the child unattended)
- ii. compromise the relationship with the child (i e being rude or disrespectful, not paying attention to the modesty of the child)
- iii. compromise the relationship with the parent (i e being disrespectful of the parent, making inappropriate sexual, racial or judgmental comments)
- iv. lead to an incorrect or inadequate assessment of the child's pediatric problems (i e missing a major abnormality on history or physical examination)

**NO**

**Yes** (\*Comment required)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OVERALL EVALUATION**

Rate this resident's performance "at the level of a consultant general pediatrician":

Meets expectations

Below expectations

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

\_\_\_\_\_  
**Observer (1)**      *(Please Print)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
**Observer (2)**      *(Please Print)*

\_\_\_\_\_  
*(Signature)*

**This is to attest that I have read this assessment**

\_\_\_\_\_  
Resident (Signature)

\_\_\_\_\_  
Date

## OVERALL PERFORMANCE

Name: \_\_\_\_\_ University: \_\_\_\_\_

This resident completed the standardized assessment of history -taking, physical examination and synthesis of a patient's problems. A complete record is in the resident's file. The following is a summary of the overall performance with comments on strengths and weaknesses summarized by the program director.

Overall Performance       Satisfactory       Below Expectations

Strengths :

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Weaknesses :

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\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Program Director**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Resident**

\_\_\_\_\_  
**Signature**

**\* This is to be returned with the FITER**