

Based on this interaction, please rate *this candidate's performance in the following competencies* (for rating scale anchors, refer to RATING SCALE CRITERIA page).

<b>UNACCEPTABLE</b> as compared to a recent Canadian graduate accepted into postgraduate training	<b>BORDERLINE UNACCEPTABLE</b> as compared to a recent Canadian graduate accepted into postgraduate training	<b>BORDERLINE ACCEPTABLE</b> as compared to a recent Canadian graduate accepted into postgraduate training	<b>ACCEPTABLE</b> as compared to a recent Canadian graduate accepted into postgraduate training	<b>ABOVE</b> the level expected of a recent Canadian graduate accepted into postgraduate training
○	○	○	○	○

**QUALITY OF HISTORY TAKING**

Acquires from the patient, family or other source a chronologic, medically logical description of pertinent events, including questioning about onset, location, duration, character, severity, etc. as appropriate to the case. Gathers information efficiently in sufficient breadth and depth to permit a clear definition of the patient's problem(s).

**DIAGNOSIS**

Discriminates important from unimportant information and reaches a reasonable differential diagnosis and/or diagnosis.

**MANAGEMENT**

Discusses therapeutic management, including but not limited to pharmacotherapy, adverse effects and patient safety, disease prevention and health promotion when appropriate. Selects appropriate treatments (including monitoring, counselling, follow-up); considers risks and benefits of therapy and instructs the patient accordingly. Identifies medication classes, except when specific drugs and dosages would reasonably be expected in the context of the clinical problem.

**COMMUNICATION SKILLS**

Uses a patient-centered approach: establishes trust and respect and shows sensitivity to the patient's needs. Provides clear information and confirms patient's understanding: encourages questions and uses repetition and summarizing to confirm and/or reinforce understanding. Respects confidentiality when appropriate. Avoids use of jargon/slang and uses tone and vocabulary appropriate to the patient. Demonstrates appropriate non-verbal communication (e.g., eye contact, gesture, posture and use of silence).

**QUALITY OF PHYSICAL EXAMINATION**

Elicits physical findings in an efficient logical sequence that documents the presence or absence of abnormalities and supports a definition of the patient's problem(s). Sensitive to the patient's comfort and modesty; explains actions to the patient.

**INVESTIGATIONS**

Selects suitable laboratory or diagnostic studies to elucidate or confirm the diagnosis; takes into consideration associated risks and benefits.

**DATA INTERPRETATION**

Interprets investigative data appropriately in the context of the patient's problem(s).