

**PRACTICE  
READY  
ONTARIO**



# **Guide to Clinical Field Assessment**

A Resource for Assessors and Candidates



**Prepared by Touchstone Institute**

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# 1. Welcome to Practice Ready Ontario

This document is a practical reference for candidates and assessors involved in the Practice Ready Ontario clinical field assessment. It includes guidance and information for establishing and maintaining assessment setting, conditions, and processes. A list of key contacts is included at the end of the guide as a quick reference.

The content was developed in April 2024 with information current at this time and will be updated as necessary. The latest version will be maintained on the assessor and candidate portals. Nothing in this document is intended to limit any obligation of the candidate under the PRO Candidate Agreement.

Practice Ready Ontario is part of a Government of Ontario initiative to expand the healthcare workforce and connect people to care in high need, rural communities across Ontario.

The program includes this 12-week clinical field assessment. Candidates who successfully complete the clinical field assessment may proceed to a three-year return of service in a similar community, upon fulfilling all conditions required for entering such return of service phase.

## About Program Partners

The program is facilitated by Touchstone Institute in collaboration with the Government of Ontario, Ontario Health, College of Physicians and Surgeons of Ontario (CPSO) and other health sector partners. Clinical field assessors and their colleagues are essential to the program's success.

The primary roles of key partners across the program are described as follows:

- **Touchstone Institute:** Screens candidates from application through to the Clinical Field Assessment phase of the program.
- **College of Physicians and Surgeons of Ontario:** Approves and issues applicable (restricted) licences for the clinical field assessment and again for the return of service when CPSO determines a candidate is ready to practice.
- **Clinician assessors:** Observe and evaluate candidates according to structured assessment processes.
- **Practice Ready Ontario Assessment Committee:** Reviews data submitted by assessors to determine readiness to practice.
- **Ontario Health:** Manages the three-year return of service.

The clinical field assessment is supported by several key individuals and roles:

- **Primary Assessor:** Physician responsible for planning and overseeing the clinical assessment process; this includes assessing candidates, assigning assessment responsibilities to secondary assessors, and inviting multisource input from co-workers, including other physicians and allied health professionals.
- **Secondary Assessors:** Physicians to whom primary assessors refer candidates for clinical assessments in different care settings. Secondary assessors also complete assessment forms when interacting with candidates.
- **Colleagues and Co-Workers:** Additional physicians, allied health professionals, administrators and others on the team who provide feedback through the multi-source feedback form.
- **Touchstone Institute PRO Clinical Director:** Oversees all aspects of Touchstone Institute's components of the program, including clinical field assessments; supported by a clinical advisory committee and a research and analysis team.
- **Clinical Field Assessment Platform Technical Team:** Support on digital forms for assessors and candidates is provided by A Willock Information Systems (AWIS).
- **Touchstone Institute PRO Support Team:** Support to candidates and assessors throughout the assessment is provided by Touchstone Institute staff.

## Overview of Assessor and Candidate Responsibilities

A successful assessment period is supported by a clear understanding of the responsibilities of the candidate and assessor. The chart below provides an overview of these distinct roles. Additional information about responsibilities is detailed throughout this guide.

Assessor Responsibilities	Candidate Responsibilities
<ul style="list-style-type: none"> <li>→ Establish an environment conducive for the clinical field assessment</li> <li>→ Schedule varied exposures to patient encounters over assessment period</li> <li>→ Conduct direct observations of candidates</li> <li>→ Ensure secondary assessors conduct direct observations of candidates during varied exposures and assessments</li> <li>→ Document assessments in the program’s digital forms platform daily</li> <li>→ Facilitate case-based discussions either during day or at end of day with candidates</li> <li>→ Review chart and documentation completed by candidates</li> <li>→ Get feedback from patients on candidate performance</li> <li>→ Facilitate end-of-day discussions and feedback with candidates</li> <li>→ Submit interim &amp; final assessments at 6 and 12 weeks</li> </ul>	<ul style="list-style-type: none"> <li>→ Establish housing, hospital credentialing and other requirements to prepare for local practice</li> <li>→ Participate in orientation and training on administration procedures at assessment site(s)</li> <li>→ Participate in patient encounters as assigned by assessor</li> <li>→ Embody assessment criteria and sentinel habits</li> <li>→ Demonstrate medical professionalism in all encounters</li> <li>→ Complete all documenting and charting</li> <li>→ Be receptive and open to feedback</li> <li>→ Review and acknowledge assessment forms completed by primary and secondary assessors (daily) colleagues/co-workers (weekly)</li> <li>→ Demonstrate feedback is being integrated into practice</li> <li>→ Log all encounters in the program’s digital form platform at the end of the week</li> <li>→ Submit interim &amp; final self-assessments at 6 and 12 weeks</li> </ul>

## 2. Getting Ready for the Clinical Field Assessment

This section outlines important information to guide advance planning and preparation. The sub-heads note if the information is primarily intended for the **candidate**, **assessors** or **both**. The information may be useful to all involved in a clinical field assessment.

### Candidate: Moving to the Clinical Field Assessment Community

Candidates are fully responsible for planning the move to the clinical field assessment site community; this includes accommodations, housing, and transportation.

Candidates are encouraged to begin planning as soon as the clinical field assessment site is assigned. As outlined in the PRO Candidate Agreement, the Government of Ontario stipend is intended to offset related costs, including travel and accommodation.

Recommendations for planning settlement into an assessment community:

- Assess transportation needs for assessment activities, including the need for a valid Canadian or international driver's license.
- Secure housing for the three-month period.
- Learn about the weather and prepare outdoor clothing accordingly.
- Check out recreation opportunities in the area; Ontario is beautiful!

If candidates have questions regarding their move, they should contact the Touchstone Institute PRO Support Team at [PRO.cfa@tsin.ca](mailto:PRO.cfa@tsin.ca).

### Candidate: Preparing for Clinical Practice

Prior to starting the clinical field assessment, candidates must receive a restricted certificate from CPSO. See page 8 for more details about the restricted certificate. Additional requirements may include:

- **Canadian Medical Protective Association (CMPA) membership (required):** Use membership category/code "TOW code 12" to apply [online](#) for membership.
- **Other certifications (may be required):** Confirm with your assessor which additional certifications are required by the site, local hospital, and other practice environments. These may include Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS).
- **Hospital credentialing (required):** Each hospital associated with the clinical field assessment site has specific requirements that may include:
  - Immunization Status for:
    - Tuberculosis
    - Tetanus, diphtheria, and polio
    - Pertussis
    - Measles, mumps, rubella, varicella
    - Hepatitis B
    - HIV and hepatitis C
    - Covid-19
  - Clean Criminal Reference Check with Vulnerable Sector
  - Copy of your medical degree
  - Headshot photo (for badge or identification card)
  - Other settings, such as long-term care, may have additional requirements.

Candidates are responsible for all associated costs.

Another requirement for candidates as they prepare for the start of the clinical field assessment is to share their CV with the assessment team before or upon arrival.

## **Clinical Assessor: Onboarding your Candidate**

This checklist can help to ensure a smooth onboarding of the assessment candidate:

- Confirm all required candidate documentation is received by the site/organization, including CPSO and CMPA certificates and vulnerable sector screening.
- Apply for candidate's hospital privileges, as needed. Please see this [template letter](#) to support your request.
- Plan clinic space, including phone, computer, name plate, and desk supplies.
- Arrange administrative support, including IT setup and access to appropriate files, email distribution lists, electronic medical record (EMR) account and training.
- Create or order identification badges, access cards, and pager.
- Plan administrative and clinical orientation meetings.
- Create a first-day itinerary, which may include a social meet-and-greet and a tour of the clinic and/or hospital.
- Introduce the candidate to hospital CEO and Chief of Staff.
- Broadly introduce the candidate to all staff by email announcement. This [welcome poster](#) can be posted in clinic.
- Confirm candidate's clinic and on-call start dates and organize the candidate's schedule and bookings with the clinical manager.
- Ensure completion of assessor training and orientation to prepare for the role. Modules can be accessed and reviewed on the [learning portal](#).

## **Clinical Assessor: Planning Considerations**

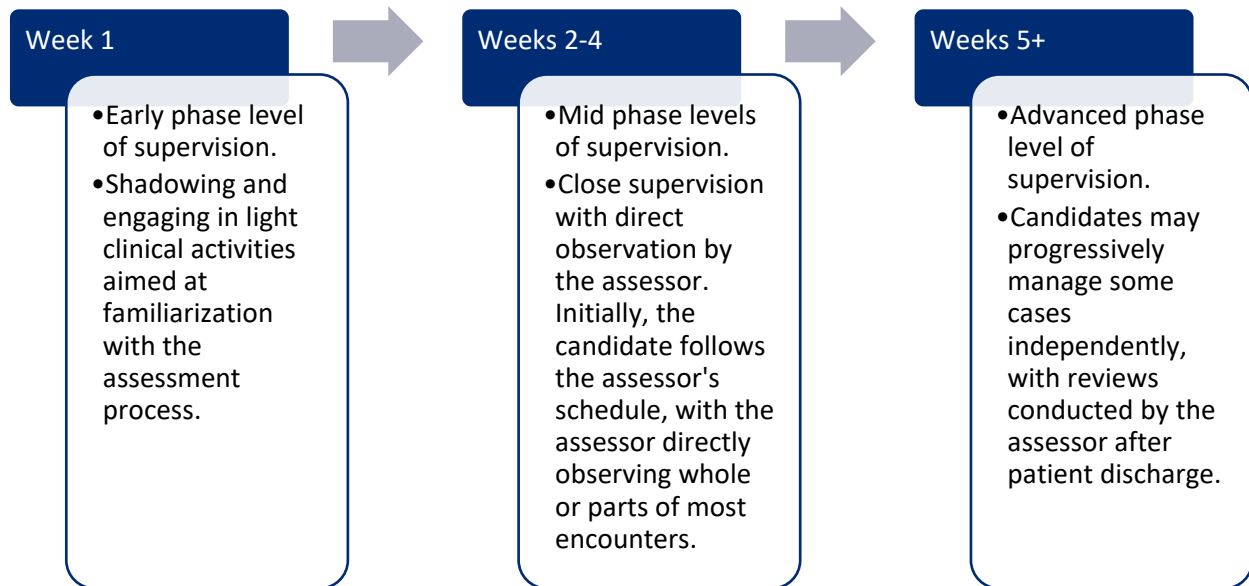
Primary assessors are responsible for planning, coordinating, and conducting the assessment process for the assigned candidate(s), including ensuring exposure to all aspects of family medicine. Primary assessors may enlist secondary assessors to support certain aspects of the assessment process and to ensure variety in candidate observations and evaluations.

Some considerations for setting the 12-week clinical field assessment schedule:

- Ensure candidates have opportunities to demonstrate competence in a broad range of patient presentations that are common in family practice.
- Organize assessments in time blocks by competency and location, supervised by different clinical assessors if necessary.
- Allocate the first week for shadowing and orientation; follow with close supervision and direct observation during weeks 2 to 4 (see below).
- Ensure candidates have time to get used to the assessment environment.
- Ensure candidates have opportunities to incorporate feedback into their practice.

## Clinical Assessor: Scheduling and Progression of Candidate Independence

The schedule should ensure supervision by either a primary or secondary assessor. The assessment period should be structured to support a gradual increase of candidate independence. From week 5 onwards, candidates should start managing cases independently and writing prescriptions with the review and approval of their assessor.



There are two recommended structures for scheduling:

- **Block-based Scheduling:** Assessment settings are organized in blocks over periods of time, with a minimum of 3-4 weeks for each block. For example, the 5-3-3 model allocates 5 weeks to outpatient family practice with home care from weeks 2-6, followed by 3 weeks in the emergency department and then 3 weeks in a hospital ward.
- **Longitudinal Integrated Scheduling:** A certain number of days per week are planned in each setting. For example, daily morning hospital rounds, 3 days a week of clinic plus 1 shift per week in the emergency department and weekly house calls or long-term care visits.

### Scheduling Week 1

The first week should be focused on an orientation to various practice settings, procedures, staff, and work environment. This time should include time for the assessors and candidates to learn about each other's backgrounds. Shadowing and engaging in light clinical activities support familiarization with the assessment process.

Sample schedule for week 1:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Meet with primary assessor Tours of facilities Meet other team members	Community and referral resources Tour of community	EMR orientation (clinic, hospital, LTC) Shadowing /working	Shadowing /working	Shadowing /working
PM	Candidate shadows assessor	Candidate shadows assessor	Shadowing /working	Shadowing /working	Debrief with primary assessor

## Scheduling Weeks 2 to 4

These weeks consist of close candidate supervision with direct observation by assessors. Initially, candidates follow their assessor's schedule, with assessors directly observing whole or parts of most encounters. Candidates can observe the assessors and serve as scribes to practice writing notes.

## Scheduling Weeks 5 to Week 12

Candidates progressively manage some cases independently, with reviews conducted by assessors after patient discharge. During this time, wave scheduling likely still works; but candidates may have parallel schedules, do in-patient rounds independently, and staff ER independently with immediate support available.

## Candidate and Assessor: Terms of Restricted Certificate

Clinical assessors and candidates must understand and adhere to specific terms, conditions, and limitations of the CPSO Practice Ready Assessment Restricted Certificate during the 12-week assessment period.

Details are determined by CPSO and can be expected to include:

- **Most Responsible Physician (MRP):** Candidates are not designated as Most Responsible Physicians (MRPs) and may only practice within the scope defined by the Practice Ready Ontario program and to the extent required to complete the practice ready assessment.
- **Supervision:** Candidates are supervised by clinical assessors who have a full license in good standing with the CPSO and are designated by the Touchstone Institute PRO Clinical Director of Practice Ready Ontario program.
- **Billing:** Candidates do not have an OHIP number and do not charge fees for medical services. Services rendered are billed under the assessor's OHIP. Billing can be completed only if the assessor has also seen the patient. This is like working with a physician assistant or a clinical assistant.
- **Prescribing:** Responsibilities for prescribing medications are graduated over time at the discretion and observation of the assessor. The goal is for candidates to gain autonomy over time. Candidates can independently write prescriptions, subject to clinical assessor review and approval, until competency is established.
- **Tests Ordering:** Responsibilities for ordering tests are graduated over time at the discretion and observation of the assessor. The goal is for candidates to gain autonomy over time. Ordering of tests must be conducted under the supervision of the Most Responsible Physician (MRP), following hospital policy. Some hospitals may allow candidates to order tests under specific criteria.

### Note:

The Restricted Certificate expires exactly 12 weeks from date of issue or earlier if the candidate leaves the Practice Ready Ontario program before completion.

### 3. Clinical Field Assessment Process

This section is intended for clinical assessors to help plan the assessment and for the candidate to understand the process. It outlines information about the assessment process and criteria, required assessment exposures, assessment methodology, assessment criteria and candidate rating.

The assessment process is as follows:

- Primary assessors submit daily clinical observations about candidates using standardized online forms.
- Secondary assessors submit clinical observations about candidates using standardized online forms whenever they have an interaction with a candidate.
- Observation forms are shared and acknowledged by candidates daily.
- Over the 12-week assessment, period primary and secondary assessors must submit a minimum of 110 observations for each candidate being assessed.
- In addition to the assessors' observations, a minimum of 11 multi-source feedback forms are to be submitted by colleagues and co-workers to support the assessment.
- Primary assessors are responsible for completing interim (6 week) and final (12 week) candidate assessments. In the final 12-week assessment report, primary assessors make a recommendation regarding their candidate's practice readiness.
- Touchstone Institute Practice Ready Ontario Support Team collects and collates the interim and final reports for each candidate and provided to the PRO Assessment Committee for final determination of a candidate's readiness for independent practice.

Criteria for primary and secondary assessor clinical observations is as follows:

- **Clinical observation:** Criteria are established according to NAC PRA standards. See full [NAC Family Medicine PRA Standards](#).
- **Required exposures:** Relevant aspects of generalist practice in family medicine (clinic, hospital, emergency department, house calls, long-term care, minor surgical procedures).
- **Domains of care:** Based on CPFC Evaluation Objectives and includes behavioural medicine/mental health, care of adults, care of children/adolescents, care of elderly, care of vulnerable/underserved, maternity/newborn, palliative, procedure skills.
- **Competencies:** Based on sentinel habits derived from CFPC skills dimensions and CanMeds Family Medicine roles.
- **Skills:** A set of clinical procedural skills based on NAC PRA standards.

It is also recommended to review the [Clinical Field Assessment Policies and Procedures](#).

#### Details of the Assessment Exposures (Rotations)

##### Practice Settings

Exposures and experience across various practice settings ensure candidates possess the necessary competencies required for generalist family medicine in a rural context.

Required assessment exposures include rotations in:

- Clinic-based family medicine
- Hospital in-patient work
- Hospital emergency department
- Minor surgical procedures

Assessments may occur in time blocks organized by competency, either in the same or different locations, and may be supervised by different clinical assessors.

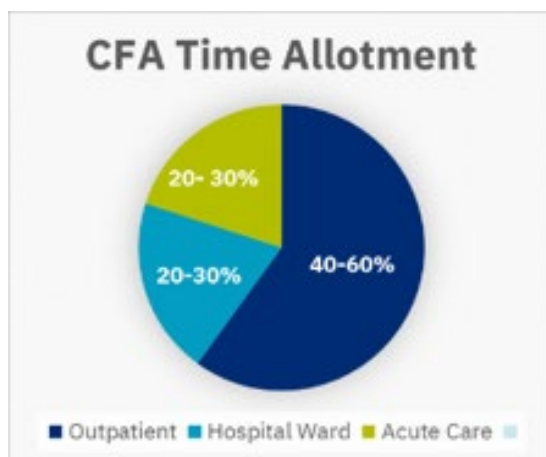
Note that **virtual care** is now integrated into clinical care by family physicians. It is considered a component of the exposures within the clinical field assessment and candidates should be assessed in the same way they are for in-person visits, using established forms and criteria.

## Clinical Domains of Care

The 12-week assessment covers the following domains of care which serve as a framework for ensuring the assessment of competence across the breadth of family medicine practice:

- Behavioural medicine/Mental health
- Care of adults
- Care of children or adolescents
- Care of elderly
- Care of vulnerable and underserved
- Maternity/newborn care
- Palliative care
- Procedure skills

## Time allotment



Week 1 is focused on introduction to various practice settings, processes, technology, and resources in the community.

For weeks 2 and onwards, the candidate's time should be divided as follows:

- 40-60% in outpatient family practice including house-calls and long-term care
- 20-30% in hospital wards where the Most Responsible Physician (MRP) is the family physician
- 20-30% in acute care in the emergency department or comparable setting

## Details on Assessment Methodology

Assessors gather assessment data using:

- direct observation of history taking, physical exams, procedures
- case/chart-based discussions
- chart reviews
- patient feedback

Patient presentations chosen for assessment should be opportunistic yet informative, reflecting real-world scenarios encountered in family practice. As necessary, observations during work may be complemented by structured or semi-structured assessments for specific purposes (e.g., charting, a few procedures, case-based discussions.) Assessors are expected to:

- observe candidate performance across various settings and domains
- document observations
- provide timely feedback

### Summary of Assessment Methodology

Observations are recorded using a daily assessment form on the Practice Ready Ontario assessment platform. The form enables assessors to note the method of observing patient encounters and record the nature of the encounter:

- Clinical domain
- Sentinel habits
- Patient demographics
- Clinical presentation

Candidates are required to review and acknowledge daily and weekly forms submitted by assessors. A schedule summarizing all forms and the submission schedule is available to keep track of form submission requirements. A self-assessment by candidates takes place at weeks 6 and 12.

More details included in [Section 4: Online Assessment Platform, Forms and Reports](#).

## Assessment Criteria

### Clinical Competencies and Domains of Care

Practice ready assessments are based on competency, as described by sentinel habits, which are considered the essential skills of a good family physician. They include higher-order skills, approaches, and attitudes. The following table maps sentinel habits to the College of Family Physicians of Canada’s [Essential Skill Dimensions of Family Medicine](#) and the [CanMEDS-FM roles](#).<sup>1</sup>

Sentinel Habits	Skills Dimension(s)	CanMEDS Roles
1. Incorporates patient’s experience and context into problem identification and management	Patient-Centred Approach	Family Medicine Expert, Health Advocate
2. Generates relevant hypotheses resulting in a safe and prioritized differential diagnosis	Clinical Reasoning Skills, Selectivity	Family Medicine Expert
3. Manages patients using available best practices	Clinical Reasoning Skills, Selectivity	Family Medicine Expert
4. Selects and attends to appropriate focus and priority in a situation	Selectivity	Family Medicine Expert
5. Uses generic key features when performing a procedure (knowing indications and contraindications etc.)	Procedure Skills* (see next page)	Family Medicine Expert
6. Demonstrates respect and/or responsibility to patients, colleagues, and staff	Professionalism Professional	Health Advocate
7. Verbal or written communication is clear and timely	Communication Skills	Communicator
8. Seeks and responds appropriately to guidance and feedback	All Skill Dimensions	All Roles

<sup>1</sup> University of British Columbia Continuing Professional development, Faculty of Medicine (March 17, 2017) Practice Ready Assessment: Connecting Sentinel Habits with CFPC & CanMEDS Objectives

\* Procedure skills recommended to be assessed for procedural competencies:

- Injections (subcutaneous, subdermal, intramuscular, intralesional)
- Injection and aspiration of joints and bursae
- Removal of cerumen
- Pap smear
- Treatment of skin lesions by electrocautery, cryotherapy, or chemical means
- Insertion of sutures (simple, mattress, and subcuticular)
- Shave, punch, and excisional skin procedures (biopsy, treatment)

## Candidate Rating | Feedback to Candidate

### Understanding the Rating Scales

The [Entrustability Scale](#) is used for evaluation in the assessment process. The scale ranges from 1 to 6 to reflect the candidate's level of independence and readiness for practice. Candidates who are practice-ready are expected to meet program standards of levels 4 and 5.

Candidates are expected to progress along the scale towards levels 4 and 5 during the clinical field assessment. Assessor feedback is essential to help candidates improve their performance to meet the clinical competencies being observed and evaluated.

Consider these statements when filling out clinical field assessment daily form:

Entrustability Scale	
<b>1</b>	I had to do – requires my action for completion
<b>2</b>	I had to talk them through – requires frequent or substantial guidance and support
<b>3</b>	I had to prompt them from time to time – requires occasional guidance and support
<b>4</b>	I needed to be available just in case – requires minimal guidance and support, mostly independent
<b>5</b>	I did not need to be there – does not require guidance and support, practice ready
<b>6</b>	Like a peer, role model

When the candidate is working in an **emergency medicine setting**, assessors apply the following [Canadian Triage and Acuity Scale](#) (CTAS) in conjunction with the [Entrustability Scale](#):

Canadian Triage and Acuity Scale (CTAS)		Entrustable Scale Expected in PRA (Comparison to Average Graduating Resident Entering Practice)	
1	severely ill, requires resuscitation	1	I had to do, OR
		2	I had to talk them through
2	requires emergent care and rapid medical intervention	1	I had to do, OR
		2	I had to talk them through, OR
		3	I had to prompt them from time to time
3	requires urgent care	3	I had to prompt them from time to time, OR
		4	I needed to be available just in case
4	requires less-urgent care	4	I needed to be available just in case, OR
		5	I did not need to be there
5	requires non-urgent care	4	I needed to be in available just in case, OR
		5	I did not need to be there

When completing **the 6-week interim and 12-week final assessments**, assessors apply this global scale:

Summary Reports Scale	
<b>1</b>	I don't feel comfortable or confident that the candidate can manage my patients safely.
<b>2</b>	I don't feel comfortable or confident that the candidate can manage my patients independently without significant support. There are safety concerns occasionally.
<b>3</b>	I feel comfortable and confident that the candidate can manage some of my patients independently with minimal or no support. There are some situations when they need more support, but they are safe.
<b>4</b>	I feel comfortable and confident that they can manage most of my patients independently with minimal or no support.

## Structuring Feedback to Candidates

Practice ready assessments are not training programs. However, actionable feedback supports candidates in making practice improvements. Feedback from assessors and other colleagues and co-workers throughout the field assessment is considered when determining a candidate's readiness for independent practice in Ontario.

Constructive feedback should be:

- directly relevant to the observations and ratings
- pertaining to areas that require attention, including specific details
- steps/structures to support candidates to feel more confident in their ability to deliver care to patients independently

Feedback mechanisms:

Primary Assessor	Secondary Assessor(s)	Colleagues and Co-workers
<ul style="list-style-type: none"> <li>• Lead assessor responsible for clinical field assessment for candidate.</li> <li>• Independent family practitioner</li> <li>• Provides feedback through CFA Daily forms</li> <li>• Completes CFA interim and final reports</li> </ul>	<ul style="list-style-type: none"> <li>• Supports primary assessor in exposure to required domains and settings of care during the clinical field assessment</li> <li>• Independent family practitioner</li> <li>• Provides feedback through CFA daily forms</li> </ul>	<ul style="list-style-type: none"> <li>• Co-workers that work alongside the candidate and assessor(s)</li> <li>• Can be administrative staff, physician colleagues, interprofessional team, etc.</li> <li>• Provides feedback through Multi-Source Feedback (MSF) Form</li> </ul>

See the next section for more information.

## 4. Online Assessment Platform, Forms and Reports

The purpose of this section is to outline tools, required forms and reports throughout the assessment period. Information should be reviewed by the assessor, and assessment colleagues and the candidate.

### Online Platform

Over the course of daily interactions and supervision, the primary and secondary assessors observe several patient and other workplace encounters. Assessors select two of these encounters for formal observation, then record the assessment and feedback through the online assessment forms. Additionally, weekly observations and feedback are to be provided by colleagues and co-workers, and other physicians.

All assessments are recorded and tracked on a secure online platform which also features a messaging system that enables communication among candidates, assessors and program administrators.

Using the platform:

- Assessors record and submit their observations of candidate competence, including therapeutic decision making, clinical procedures, communication, and overall professionalism.
- Colleagues and co-workers complete feedback forms.
- Candidates review and acknowledge the daily assessment forms from all sources and complete their self-assessments and log procedures each week.

### Daily and Weekly Assessments: Process and Forms

Completed assessment forms serve to document the Practice Ready Ontario Clinical Field Assessment process and support valid and reliable assessment decisions.

Access to the digital assessment forms is facilitated by the Touchstone Institute Practice Ready Ontario Support Team, with login credentials provided to candidates and assessors via email. [Samples of the forms](#) are available to view and complete.

The team also monitors daily and weekly entries to ensure the assessments are on track, and in case of delays in completing the forms, will contact assessors and candidates.

Through monitoring and tracking over the course of the program, the Touchstone Institute PRO Clinical Director identifies any emerging gaps in assessment sampling and works with the assessor and/or candidate to develop an action plan to address them.

## Assessor Forms

- **CFA Daily Assessment:** To be completed by primary and secondary assessors, these assessments incorporate direct observations, chart reviews, and patient feedback. Each week, candidates undergo 10 clinical daily assessments, totaling a minimum of 110 assessments from weeks 2 to 12. Primary and secondary assessor assessments must be based on direct observations (history, physical exams, procedures), case/chart-based discussions, chart reviews or patient feedback.
- **Multi-Source Feedback (MSF):** To be shared by primary assessors with colleagues, including other physicians and allied health professionals who work with the candidates. On a weekly basis, primary assessors obtain feedback from colleagues and co-workers through the multi-source feedback form. Over the course of the assessment period a minimum of 11 multi-source feedback entries should be made.

## Candidate Forms

- **Weekly Candidate Log:** To be completed by candidates on a weekly basis throughout the assessment period. The candidates note activities and feedback received during the week, including from history taking, physical exams, procedures, case/chart-based discussions, chart review and patient feedback.
- **Daily acknowledgement:** Candidates are to acknowledge the CFA Daily Assessment.
- **Candidate Interim and Final Self-Assessments:** To be completed by candidates at week 6 and week 12, respectively, as a record of the candidate's progress and self-assessment.

## Interim and Final Reports

Primary assessors are responsible for completing interim and final candidate report forms. The online reporting system automatically generates a summary of assessments. The Practice Ready Ontario Assessment Committee reviews these combined inputs (report and summary) to help inform the final determination of each candidate's readiness to practice.

### Week 6: CFA Interim Assessment

- The primary assessor completes the **CFA Interim Assessment** reflecting mid-point observations of the candidate's competency based on the [Entrustability Scale](#).
- A summary report is auto generated with assessment data collected from all assessment forms to date.
- The candidate completes the **CFA Interim Self-Assessment** reflecting on their progress and performance.
- The Touchstone Institute PRO Clinical Director tracks assessments and helps primary assessors to identify gaps in assessment sampling and develop an action plan to address them.

### Week 12: CFA Final Assessment

- The primary assessor completes the **CFA Final Assessment**, evaluating the candidate's overall competency and readiness for practice.
- A summary report of assessment data collected from all assessment forms throughout the 12-week period is generated by the online system.
- The candidate completes the **CFA Final Self-Assessment**, reflecting on their journey through the assessment program and their level of confidence moving into independent practice.
- In the final assessment report, the primary assessor makes a recommendation regarding their candidate's practice readiness. This information is considered by the Assessment Committee when they review the candidate's results.

**Tips for Assessors:**

- ❑ For daily forms, schedule end-of-day discussions and de-brief with candidate.
- ❑ For weekly multi-source feedback forms, remind selected co-worker(s) to complete the form.
- ❑ Aim to gather observations from different assessors over the 12-week period.

**Tips for candidates:**

- ❑ Carefully review feedback contained in the daily and weekly multi-source feedback and acknowledge receipt.
- ❑ Share any questions with your assessor through the online platform or in person.
- ❑ Complete the self-assessment at week 6 (interim) and week 12 (final)

## Review by Practice Ready Ontario Assessment Committee

- The Practice Ready Ontario Assessment Committee reviews each candidate's profile and assessment reports, and then makes a final determination of whether the candidate passed.
- Assessors can make a recommendation regarding the candidate's practice readiness, but the final pass or fail decision is made by the assessment committee.
- This recommendation is then submitted for each candidate to the CPSO regarding the candidate's readiness for medical practice in Ontario.
- It is important to remember that CPSO determines whether the restricted certificate is granted for the three-year return of service.

## 5. Responding to Issues and Incidents

Issues and incidents may arise over the course of the assessment. The Touchstone Institute PRO Support Team are available to guide candidates and assessors to the appropriate [policies and procedures](#).

If issues arise, candidates and assessors are to adhere to the following protocol:

- Communicate openly and clearly about the issue, to find a resolution and path forward.
- Consult with the Touchstone Institute PRO Clinical Director if the issue remains unresolved.
- Record an incident report on the online assessment platform.
- Work with the Touchstone Institute PRO Support Team to appropriately escalate the issue.
- Address issues according to the Practice Ready Ontario Policies and Procedures.
- Follow the program withdrawal or termination policy if, at any time, they decide it is necessary to exit or pause the program.

Candidates and assessors are governed by their professional responsibilities as registered professionals through the CPSO and should refer to the CPSO's [Practice Guide](#).

Candidates and assessors should also refer to the Canadian Medical Protective Association (CMPA) website information on [good practices](#).

## 6. Concluding the Assessment

At the end of the 12-week assessment, assessors and candidates must ensure they have completed the CFA Final Assessment, and have uploaded any outstanding daily, weekly or self-reflections. These must all be completed before a candidate can receive an assessment committee decision.

### Key processes and timing for decisions on the Clinical Field Assessment:

- Candidates will receive their PRA Result Letter from Touchstone Institute, uploaded through [www.physiciansapply.ca](http://www.physiciansapply.ca) within four weeks of the end of the CFA.
- Recommendations on each candidate's practice-readiness are made by Touchstone Institute's PRO Assessment Committee and shared with the CPSO. Recommendations are communicated to the CPSO within four weeks of the end of the CFA.
- CPSO determines whether a candidate is granted the restricted certificate to proceed to a return of service site. Once recommendations are communicated to the CPSO and all pending documents for the change in restricted certificate application are submitted, applications go to the next eligible CPSO Registration Committee meeting for review.
- Once CPSO issues the restricted certificate for the return of service period, candidates work with Ontario Health, Ministry of Health, and the receiving community to plan a move.

A few additional tips for assessors when concluding the assessment:

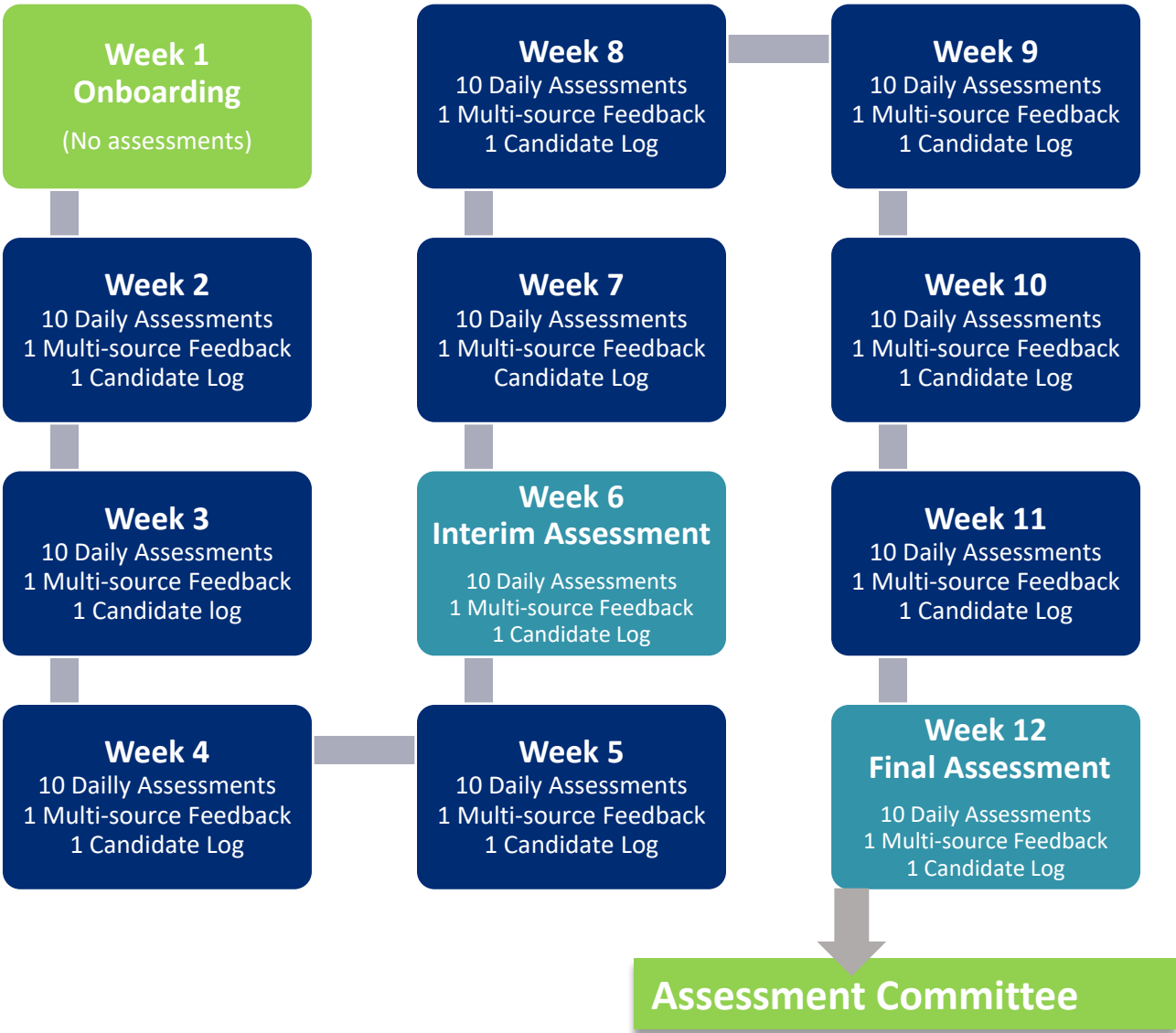
- Assessors may take the opportunity to promote their community and/or practice as a potential practice location for the candidate **following** their three-year return of service.
- If appropriate, assessors may want to encourage the candidate to refer the community to other Practice Ready Ontario candidates who may be seeking a return of service location.
- An in-person meeting may be appreciated by the candidate to wrap up the assessment process.

## 7. Additional support

- **General inquiries and support:** Email the Touchstone Institute PRO Support Team: [PRO.cfa@tsin.ca](mailto:PRO.cfa@tsin.ca). The team is available Monday to Friday, 9 am to 4 pm ET.
- **Questions about the assessment process:** Use the messaging function on the Clinical Field Assessment online platform. The platform is monitored closely for messages Monday to Friday, 9 am to 4 pm ET.
- **Technical support for using online assessment forms:** A Willock Information Systems (AWIS): Phone: 1-866-558-5339 | Email: [support@awinfosys.com](mailto:support@awinfosys.com)

**Please send feedback and input for improving the experience of assessors and candidates and anyone supporting the assessment process. Feedback can be provided, and any questions or concerns raised, through the online assessment platform messaging system, or by email at [PRO.cfa@tsin.ca](mailto:PRO.cfa@tsin.ca)**

# Appendix A: Summary of Clinical Field Assessment Model and Reporting Schedule



## Appendix B: Clinical Field Assessment Reporting Schedule

Week	Assessment Forms or Reports	Instructions
<b>Week 1</b>	<b>No assessments</b>	A week for onboarding to the assessment
<b>Weeks 2 to 5</b>	10 Daily Assessment Forms	Completed by primary or secondary assessors
	1 Multi-source Feedback Form	Completed by other MDs, professionals, or staff
	1 Candidate Log	Completed by the candidate
<b>Week 6</b>	10 Daily Assessment Forms	Completed by primary or secondary assessors
	1 Multi-source Feedback Form	Completed by other MDs, professionals, or staff
	1 Candidate Log	Completed by the candidate
	Interim 6-week Report	Completed by primary assessor with lead assessor
<b>Weeks 7 to 11</b>	10 Daily Assessment Forms	Completed by primary or secondary assessors
	1 Multi-source Feedback Form	Completed by other MDs, professionals, or staff
	1 Candidate Log	Completed by the candidate
<b>Week 12</b>	10 Daily Assessment Forms	Completed by primary or secondary assessors
	1 Multi-source Feedback Form	Completed by other MDs, professionals, or staff
	1 Candidate Log	Completed by the candidate
	Final 12-week Report	Completed by primary assessor.

## Keeping Up to Date

The **Guide to Clinical Field Assessment** is intended to help clinical assessors and candidates navigate the clinical field assessment phase of Practice Ready Ontario. The Guide contains information that assessors and candidates need to know about requirements, timelines, and other key processes.

This Guide was developed in April 2024 with information current at this time and will be updated as necessary. The latest version will be maintained on the assessor and candidate portals. Nothing in this Guide limits any obligations of candidates under their PRO Candidate Agreement.

Practice Ready Ontario is facilitated by Touchstone Institute.

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