

# DOCUMENT GUIDE



## DOCUMENT NAME: HORIZONTAL FAMILY MEDICINE EMERGENCY END OF SHIFT REPORT

### DESCRIPTION:

To be completed by the clinical supervisor at the end of a clinical supervision period to contribute to MRAs and ITARs, and to specifically identify the number and nature of procedures completed on a clinical supervision period. This report is specific to horizontal experiences in Emergency Medicine during Family Medicine Block Time.

**NOTE: An MRA should be created upon completion of 50% of the horizontal experience, and at 6 monthly intervals for experiences greater than 12 months duration.**

### ACCESS TO DOCUMENT:

- Go to Family Medicine website - [http://umanitoba.ca/faculties/health\\_sciences/medicine/units/family\\_medicine/index.html](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/index.html)
- Click on “Documents and Forms”
- Form is available under “Assessments”

### AUTHORITY/RESPONSIBILITY:

- Program Assistant
- Site Medical Lead
- Site Education Director
- Primary Preceptor
- Alternate/Secondary Preceptor
- Faculty Lead
- Resident
- Postgraduate Director
- Associate Director, Enhanced Skills Program
- Assistant Director, Enhanced Skills
- Postgraduate Program Office

### SCHEDULE:

| UPDATE/COMPLETE  | SUBMIT/PRESENT  | ENTER IN VENTIS (yes/no) | COMMENTS |
|--|---|--------------------------|----------|
| Preceptors provide feedback following direct observation | Upon completion of 50% of horizontal experience, and at 6 monthly intervals for experiences greater than 12 months duration.<br>Program Assistant collects Emergency End of Shift Reports and files in Resident Portfolio Binder. | No                       |          |
|  |   |                          |          |

# HORIZONTAL FAMILY MEDICINE EMERGENCY END OF SHIFT REPORT



UNIVERSITY  
OF MANITOBA

Date:  
Resident:  
Supervisor:

| <i>Doing well implies doing it correctly at the level of a graduating PGY2</i>       | <i>Unable to do this</i>  | <i>Does not do this well</i> | <i>Is starting to do this well</i> | <i>Does this well</i> | <i>Can supervise</i> | <i>N/A</i> |
|--|---|------------------------------|------------------------------------|-----------------------|----------------------|------------|
| Recognize and provide initial management of common adult emergencies                 |   |                              |                                    |                       |                      |            |
| Recognize and provide initial management of common pediatric emergencies             |   |                              |                                    |                       |                      |            |
| Determine when a patient requires admission and in-patient hospital care             |   |                              |                                    |                       |                      |            |
| Determine when a child or adolescent requires admission and in-patient hospital care |   |                              |                                    |                       |                      |            |
| Perform common family medicine procedures  |   |                              |                                    |                       |                      |            |
| Plan and coordinate discharge of patients from hospital                              |   |                              |                                    |                       |                      |            |
| <b>Number of patients seen on this shift:</b>  |   |                              |                                    |                       |                      |            |
| <b>Procedures performed on this shift:</b>   |   |                              |                                    |                       |                      |            |
| <b>Comments:</b>   |   |                              |                                    |                       |                      |            |
| What has been done well:   | <b>CanMEDS-FM 2017</b><br><input type="checkbox"/> FM Expert<br><input type="checkbox"/> Patient-centered<br><input type="checkbox"/> Selectivity<br><input type="checkbox"/> Clinical reasoning<br><input type="checkbox"/> Procedural skill<br><input type="checkbox"/> Communicator<br><input type="checkbox"/> Collaborator<br><input type="checkbox"/> Leader<br><input type="checkbox"/> Health Advocate<br><input type="checkbox"/> Scholar<br><input type="checkbox"/> Professional |                              |                                    |                       |                      |            |
| What could be done differently:  | <b>CanMEDS-FM 2017</b><br><input type="checkbox"/> FM Expert<br><input type="checkbox"/> Patient-centered<br><input type="checkbox"/> Selectivity<br><input type="checkbox"/> Clinical reasoning<br><input type="checkbox"/> Procedural skill<br><input type="checkbox"/> Communicator<br><input type="checkbox"/> Collaborator<br><input type="checkbox"/> Leader<br><input type="checkbox"/> Health Advocate<br><input type="checkbox"/> Scholar<br><input type="checkbox"/> Professional |                              |                                    |                       |                      |            |
| <b>Overall Performance</b>   | <input type="checkbox"/> <b>Unable to do this</b> (cannot practice this)<br><input type="checkbox"/> <b>Does not do this well</b> (practice with full supervision)<br><input type="checkbox"/> <b>Is starting to do this well</b> (practice with supervision on demand)<br><input type="checkbox"/> <b>Does this well</b> (ready for "unsupervised" practice)<br><input type="checkbox"/> <b>Can supervise others to do this</b> (ready to supervise junior learners)                       |                              |                                    |                       |                      |            |
| <b>Action Plan</b>   | <input type="checkbox"/> <b>Flag for review</b>   |                              |                                    |                       |                      |            |
| Supervisor Signature   | Resident Signature  |                              |                                    |                       |                      |            |



**Please return the signed form to your program assistant**