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
- 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:

<table>
<thead>
<tr>
<th>UPDATE/CLOSE PLETE</th>
<th>SUBMIT/PRESENT</th>
<th>ENTER IN VENTIS (yes/no)</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptors provide feedback following direct observation</td>
<td>Upon completion of 50% of horizontal experience, and at 6 monthly intervals for experiences greater than 12 months duration. Program Assistant collects Emergency End of Shift Reports and files in Resident Portfolio Binder.</td>
<td>No</td>
<td></td>
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</tbody>
</table>
# HORIZONTAL FAMILY MEDICINE
## EMERGENCY END OF SHIFT REPORT

**Date:**

**Resident:**

**Supervisor:**

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## Doing well implies doing it correctly at the level of a graduating PGY2

<table>
<thead>
<tr>
<th>Task</th>
<th>Unable to do this</th>
<th>Does not do this well</th>
<th>Is starting to do this well</th>
<th>Does this well</th>
<th>Can supervise</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize and provide initial management of common adult emergencies</td>
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<tr>
<td>Recognize and provide initial management of common pediatric emergencies</td>
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<tr>
<td>Determine when a patient requires admission and in-patient hospital care</td>
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<tr>
<td>Determine when a child or adolescent requires admission and in-patient hospital care</td>
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<tr>
<td>Perform common family medicine procedures</td>
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<tr>
<td>Plan and coordinate discharge of patients from hospital</td>
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</tr>
</tbody>
</table>

**Number of patients seen on this shift:**

**Procedures performed on this shift:**

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## Comments:

**What has been done well:**

- [ ] CanMEDS-FM 2017
  - FM Expert
  - Patient-centered
  - Selectivity
  - Clinical reasoning
  - Procedural skill
  - Communicator
  - Collaborator
  - Leader
  - Health Advocate
  - Scholar
  - Professional

**What could be done differently:**

- [ ] CanMEDS-FM 2017
  - FM Expert
  - Patient-centered
  - Selectivity
  - Clinical reasoning
  - Procedural skill
  - Communicator
  - Collaborator
  - Leader
  - Health Advocate
  - Scholar
  - Professional

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## Overall Performance

- [ ] Unable to do this (cannot practice this)
- [ ] Does not do this well (practice with full supervision)
- [ ] Is starting to do this well (practice with supervision on demand)
- [ ] Does this well (ready for “unsupervised” practice)
- [ ] Can supervise others to do this (ready to supervise junior learners)

## Action Plan

- [ ] Flag for review

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**Supervisor Signature**

**Resident Signature**

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⚠️ Please return the signed form to your program assistant