

ORAL EXAM ASSESSMENT FORM

NAME OF RESIDENT:			NAME OF EVALUATOR:			
COMPLETED BY:	<input type="checkbox"/> EVALUATOR	<input type="checkbox"/> RESIDENT	<input type="checkbox"/> MIDPOINT EXAM	<input type="checkbox"/> END OF YEAR EXAM		

EDUCATIONAL OUTCOMES:

The oral exam focuses on the resident’s ability to provide evidence-based direct patient care as a member of inter-professional teams.

**\*Designated level of performance:** the resident is expected to independently manage moderately complex drug therapy problems. Moderately complex problems have either complex drug related knowledge required (e.g. Protease inhibitor dosing / TDM / resistance interpretation) or a complex situation (e.g. treatment failure, pregnancy).

	1	2	3	4	5	Case 1	Case 2
<b>1. ACADEMIC/CONTENT KNOWLEDGE</b>							
<b>Medication knowledge - pharmacology</b>	Inadequate fund of medication pharmacology knowledge to apply to the resolution of clinical problems at the designated level of performance.*	Superficial fund of medication pharmacology knowledge to apply to resolution of clinical problems at the designated level of performance.*	Satisfactory fund of medication pharmacology knowledge to resolve effectively most clinical problems at the designated level of performance.*	Substantial fund of medication pharmacology knowledge to resolve consistently and effectively all clinical problems at the designated level of performance.*	Exceptional fund of medication pharmacology knowledge to resolve consistently and perceptively all clinical problems at the designated level of performance.*		
<b>Medication knowledge – treatment guidelines</b>	Inadequate fund of treatment guidelines/standard practice knowledge to apply to the resolution of clinical problems at the designated level of performance.*	Superficial fund of treatment guidelines/standard practice knowledge to apply to resolution of clinical problems at the designated level of performance.*	Satisfactory fund of treatment guidelines/standard practice knowledge to resolve effectively most clinical problems at the designated level of performance.*	Substantial fund of treatment guidelines/standard practice knowledge to resolve consistently and effectively all clinical problems at the designated level of performance.*	Exceptional fund of treatment guidelines/standard practice knowledge to resolve consistently and perceptively all clinical problems at the designated level of performance.*		

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Case 1</b>	<b>Case 2</b>
<b>Medication knowledge – primary literature</b>	Inadequate fund of primary literature knowledge to apply to the resolution of clinical problems at the designated level of performance.*	Superficial fund of primary literature knowledge to apply to resolution of clinical problems at the designated level of performance.*	Satisfactory fund of primary literature knowledge to resolve effectively most clinical problems at the designated level of performance.*	Substantial fund of primary literature knowledge to resolve consistently and effectively all clinical problems at the designated level of performance.*	Exceptional fund of primary literature knowledge to resolve consistently and perceptively all clinical problems at the designated level of performance.*		
<b>Disease knowledge</b>	Inadequate fund of disease knowledge to define priorities and manage clinical problems at the designated level of performance.*	Superficial fund of disease knowledge to define priorities and manage clinical problems at the designated level of performance.*	Satisfactory fund of disease knowledge to define priorities and manage effectively most clinical problems at the designated level of performance.*	Substantial fund of disease knowledge to define priorities and manage consistently and effectively all clinical problems at the designated level of performance.*	Exceptional fund of disease knowledge to define priorities and manage consistently and perceptively all clinical problems at the designated level of performance.*		
<b>Justify your rating using concrete examples (MANDATORY):</b>							
<b>2. PATIENT CARE PROCESS</b>							
<b>Presentation of relevant data for the case</b>	Fails to discern relevant from irrelevant data; important information is not presented.	Presents some relevant data, but not enough to adequately resolve drug-therapy problems (DTPs) or understand his/her thought-process; and/or some important information is not presented.	Information presented is accurate and mostly relevant. Information could be presented more concisely or in more organized manner.	Information presented is accurate, comprehensive and relevant. Information is presented in a concise and organized manner.	Information presented is precise, perceptive, and appropriately detailed. Information is presented in a concise and organized manner.		
<b>Interpretation of diagnostic tests / physical findings / laboratory tests (including HIV resistance tests)</b>	Difficulty is experienced in interpreting the available data.	Significant data may be misinterpreted.	Most data are correctly interpreted.	All data are correctly interpreted.	Precisely and perceptively interprets all data.		

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Case 1</b>	<b>Case 2</b>
<b>Identification and prioritization of drug therapy problems (DTPs)</b>	Fails to identify the patient's real and/or potential DTPs.	Identifies some DTPs, but fails to identify some of the patient's major real and/or potential DTPs or is unable to prioritize them.	Identifies major DTPs but may not always prioritize them effectively and/or consistently distinguish between the patient's real and potential DTPs.	Identifies most real and potential DTPs and appropriately prioritizes the major DTPs.	Precisely synthesizes and integrates data to identify all real and potential DTPs, and appropriately prioritizes all of them.		
<b>Determining endpoints and outcomes.</b>	Unable to determine appropriate endpoints and/or outcomes.	Determines some appropriate endpoints and/or outcomes.	Determines most appropriate endpoints and outcomes.	Determines most appropriate endpoints and outcomes, considering most aspects of patient care.	Determines all appropriate endpoints and outcomes considering all aspects of patient care.		
<b>Clinical Decision making</b>	Often poor and/or not derived from the data; difficulty in arriving at decisions; fails to make use of content knowledge and all available information. Unable to make an informed clinical decision/ recommendation based on patient, disease, and drug-specific factors and guiding principles of practice when data are limited/absent, or when there is more than one potential solution or course of action.	Sometimes shows poor judgement; some difficulty in decision-making. Often requires guidance in order to make an informed clinical decision/ recommendation based on patient, disease, and drug-specific factors and guiding principles of practice when data are limited/absent, or when there is more than one potential solution or course of action.	Shows good judgement and usually makes sound clinical decisions; some difficulty in complex situations or when there is ambiguity/lack of data. Sometimes requires guidance in order to make an informed clinical decision/ recommendation based on patient, disease, and drug-specific factors and guiding principles of practice when data are limited/absent, or when there is more than one potential solution or course of action.	Good judgement and decision-making skills; exhibits good problem-solving skills including for complex situations. Recognizes situations of uncertainty/ ambiguity, and is usually able to make an informed clinical decision/ recommendation based on patient, disease, and drug-specific factors and guiding principles of practice when data are limited/absent, or when there is more than one potential solution or course of action.	Consistently arrives at right decision even on highly complex matters; analyzes available data; superb clinical judgement. Recognizes situations of uncertainty/ ambiguity, is consistently able to make an informed clinical decision/ recommendation based on patient, disease, and drug-specific factors and guiding principles of practice when data are limited/absent, or when there is more than one potential solution or course of action.		

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Case 1</b>	<b>Case 2</b>
<b>Identification of therapeutic options to resolve DTPs</b>	Fails to identify appropriate or relevant therapeutic options; options are not consistent with available scientific evidence.	Some therapeutic options are presented, but fails to identify some key options, and/or is unable to present any advantages or disadvantages of the proposed options. Some options are not consistent with available scientific evidence.	Most therapeutic options are presented; options reflect the current standards of practice and available scientific evidence. Some options presented are generic and not individualized to the specific patient. Presents some key advantages and disadvantages of the proposed options.	Most therapeutic options are presented; options are relevant and reflect the current standards of practice and available scientific evidence. Options are individualized to the specific patient. Presents most key advantages and disadvantages of the proposed options.	All therapeutic options are presented; options are relevant, appropriate, and reflect best in current practice and key scientific evidence. Options take into consideration patient, disease, and drug-specific factors. Presents all key advantages and disadvantages of the presented options.		
<b>Development of a therapeutic plan, choosing the most reasonable therapeutic option best suited for the patient for each DTP</b>	Plans are incomplete or inappropriate. The chosen therapeutic options for the DTPs are inappropriate for the patient. Plans do not include consideration of determinants of health such as disease prevention, health promotion and/or health surveillance.	Plans are frequently incomplete or superficial. Some chosen therapeutic options for the DTPs are inappropriate for the patient. Plans often lack consideration of determinants of health such as disease prevention, health promotion and/or health surveillance.	Plans are usually complete and the chosen therapeutic options are appropriate for the patient. Plans may include consideration of determinants of health such as disease prevention, health promotion and/or health surveillance.	Plans are complete and most of the chosen therapeutic options are optimal for the patient. Plans often include consideration of determinants of health such as disease prevention, health promotion and/or health surveillance.	Plans are consistently complete and all chosen therapeutic options are optimal for the patient. Plans consistently include consideration of determinants of health such as disease prevention, health promotion and/or health surveillance.		
<b>Establish a patient-centred monitoring plan (efficacy, safety and adherence parameters, time frame and expected degree</b>	Monitoring plans are incomplete or inappropriate; significant monitoring parameters are overlooked.	Monitoring plans are frequently incomplete or superficial; significant monitoring parameters may be overlooked.	Monitoring plans are usually complete, appropriate, and reflect the current standards of practice.	Monitoring plans are complete, appropriate, and reflect the current standards of practice.	Monitoring plans are consistently complete, appropriate, and reflect best current practice, strategically considering all aspects of patient		

	1	2	3	4	5	Case 1	Case 2
of change)					care.		
<b>Justify your rating using concrete examples (MANDATORY):</b>							
<b>3. COMMUNICATION SKILLS, PROFESSIONAL AND INTERPERSONAL BEHAVIOUR</b>							
<b>Communication skills – case presentation</b>	Often incomplete and/or inaccurate, difficult to follow and/or hard to understand and/or inappropriate for the audience.	Sometimes incomplete and/or inaccurate, superficial, rambling and not always understandable or inappropriate for the audience.	Usually complete and accurate, adequately organized, and understandable and appropriate for the audience.	Appropriately, comprehensively and effectively focused, accurate, organized and delivered; consistently clearly expressed and appropriate for the audience.	Precisely focused, coherently organized, accurate, clearly and succinctly expressed and always appropriate for the audience.		
<b>Justify your rating using concrete examples (MANDATORY):</b>							

## Grading

Evaluation Domain	Max Score	Case 1		Case 2	
		Evaluator 1	Evaluator 2	Evaluator 1	Evaluator 2
1) Academic / Content Knowledge	20				
2) Patient Care Process	40				
3) Communication Skills, Professional and Interpersonal Behaviour	5				
<b>Total</b>	<b>65</b>				
<b>FINAL SCORE (average)</b>	<b>65</b>				

### **PASS:**

**MIDPOINT ORAL EXAM:** The resident must have  $\geq 45.5/65$  ( $\geq 70\%$ ) for each case.

**FINAL ORAL EXAM:** The resident must have  $\geq 48.8/65$  ( $\geq 75\%$ ) for each case.

The final score for each case is the mean of the total scores of the evaluators.

RESIDENT COMMENTS (MANDATORY)	EVALUATOR COMMENTS (MANDATORY)
Strengths:	Strengths:
Areas of improvement:	Areas of improvement:
Resident's detailed action plan (if resident does not meet minimum score, or identifies significant areas of improvement):	

<b>Resident signature:</b>	<b>Evaluator signature:</b>
<b>Date:</b>	<b>Date:</b>

Please forward copies of completed & signed oral exam assessment forms to [alice.tseng@uhn.ca](mailto:alice.tseng@uhn.ca) and [nancy.sheehan@umontreal.ca](mailto:nancy.sheehan@umontreal.ca).

Adapted with permission from Clinical Rotation Assessment Form, HIV Advanced (Year 2) Residency Program.

Last reviewed May 2023.