| | Extremely deficient | Acceptable | Exemplary |
|---|--|---|--|
| Data Acquisition (i.e. History Taking) | Did not inquire about/ identify critical information. | Some gaps in data acquisition and/or identification, but the information that was missed was not critical. | Inquired about and or identified all the information/ findings required. |
| Physical Examination | Demonstrated poor technique and poor interpretation. Missed essential items. | The technique and interpretation were adequate. | Demonstrated thorough and flexible examination skills. Shared understanding of relevant physical findings. |
| Data Interpretation | Inaccurate identification/descript ion of findings. | Some gaps in described findings but the information that was missed was not critical. | Described the information required. Accurate identification and descriptions of all findings. |
| Clinical Reasoning / Judgement (Synthesis / Integration of Data) | Demonstrated severe deficiencies in the ability to synthesize information and come up with appropriate decisions. | Appropriately synthesized information to come up with reasonable decisions most of the time. | Accurately synthesized information to come up with appropriate and comprehensive decisions all of the time. |
| Diagnosis | Did not come up with the appropriate diagnosis based on the information gathered. | Used the information gathered to come up with the appropriate diagnosis with some consideration of alternatives. | Used the information gathered to come up with an entirely accurate diagnosis with careful consideration of alternatives. |
| Differential Diagnosis | Was not able to offer an adequate list. Missed many key differential diagnoses. | Offered an appropriate list of differential diagnoses, although not entirely complete. | Offered a complete and relevant differential diagnosis. |
| Knowledge | Demonstrated major gaps in knowledge. | Demonstrated adequate knowledge with some gaps. | Demonstrated comprehensive knowledge that was accurate and detailed. |

| | | Identified all critical | |
|---|---|---|---|
| Investigations | Did not identify critical investigations. Little concern for risk/benefit. | investigations, missed some noncritical. Some consideration of risk/benefit. | Identified all investigations (critical and noncritical). Risk/benefit carefully considered. |
| Clinical / Patient Management | Management approach was significantly lacking and inattentive to detail resulting in major management errors. | Appropriately synthesized information to come up with reasonable decisions most of the time. | Management approach was complete and prioritized. Attentive to detail. |
| Surgical Maturity | Demonstrated severe deficiencies in ability to synthesize information and come up with appropriate decisions. | Set most of the important priorities. Appropriately synthesized information to come up with reasonable decisions; avoided complications. | Set appropriate priorities with confidence; accurately synthesizes information to come up with appropriate and comprehensive decisions all of the time; anticipated complications. |
| Intrinsic CanMEDS Roles – Scholarly Knowledge | No knowledge of evidence. | Aware of evidence. Uncertain of specific trial or guidelines but knows conclusion. | Showed specific knowledge of trials and or guidelines. |
| Intrinsic CanMEDS Roles – Professional / Health Advocate | Did not identify/suggest professional advice/identify problems or make recommendations. | Identified/suggested most important professional problems or made recommendations but missed some noncritical. | Identified/suggested all professional advice/identified problems (critical and noncritical). |
| Intrinsic CanMEDS Roles – Collaborator | Did not seek input from colleagues resulting in potential harm to the patient. | Advice from colleagues was considered, but the appropriate priority for seeking the advice was not demonstrated. | Appropriately recognized and acted on need for multidisciplinary input. |
| Intrinsic CanMEDS Roles – Leader | Wasteful of health resources. | Appropriate use of health resources taking into account most aspects of the case. | Optimal use of health resources taking into account all aspects of the case. |

| Safety | Demonstrated unsafe behaviors that would likely result in harm. | Uncertain at times, but followed principles. | Anticipated and avoided, reacted appropriately. |
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| Intrinsic CanMEDS Roles – Communication #1 – Clarity of Expression | Unable to convey concepts or reasoning in a coherent manner. | Able to convey concepts in a coherent manner. | Articulate/excellent communication skills; conveyed concepts in a clear coherent manner. |
| Intrinsic CanMEDS Roles – Communication #2 – Rapport Building (role play, patient encounter) | Was insensitive and unprofessional towards the patient. | Sensitive to and responded to patient's needs and cues but not always effectively. | Displayed a non- judgmental, respectful demeanor (verbally and with body language). Expressed empathy when appropriate. |
| Intrinsic CanMEDS Roles – Communication #3 – Information Delivery / Counselling Skills (role play, patient encounter) | Did not provide explanations to patients nor encourage questions. | Provided explanations to patients and encouraged questions. | Gave clear explanations at appropriate times, encouraged questions and confirmed patient's understanding of information given. |
| Organization, Logic, and Flow | Haphazard and completely disorganized approach. | Some problems in organization and approach. | Superb organization, flexibility and approach. |