# Assessment Tool 2 – Encounter Form

CanMEDS Collaborator

## Collaborator Role encounter form[[1]](#endnote-1)

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### Instructions for Assessor:

* Collaborator competencies can be developed over time. Using the form below, please help this learner gain insight into his/her skills by completing this form
* Share your assessment and feedback in a timely manner

|  |  |
| --- | --- |
| Name: | PGY: |
| Inter/Intra professional communication |
| 1 | 2 | 3 | 4 | 5 | n/a |
| Borders on rude. Authoritarian or differential in approach. Overly passive. Debates or is dismissive of feedback. |  | Respectful, clear and timely communication. Responsive to others requests and feedback. |  | Skilfully works with others to coordinate patient’s care.  |  |
| Collaboration with patient/family |
| 1 | 2 | 3 | 4 | 5 | n/a |
| Does not inform patient/family of plans. Does not elicit patient/family perspective. Provides misinformation. |  | Recognizes when to organize patient. Recognizes when to organize patient/family meetings. Encourages shared decision-making. Provides clear patient information patient/family meetings. Shared decision-making. Provides clear patient information. |  | Independently coordinates and leads patient/family meetings. Confidently negotiates and manages patient/family difference. |  |
| Discharge planning |
| 1 | 2 | 3 | 4 | 5 | n/a |
| Passive. No initiative. Lacks awareness of appropriate team and community resources. |  | Actively seeks out appropriate resources and consults with patient/team/community resources. Formulates a d/c plan. |  | Independently facilitates and coordinates a comprehensive discharge plan, including follow-up. Delegates responsibility. |  |
| Team meeting |
| 1 | 2 | 3 | 4 | 5 | n/a |
| Consistently late or absent. Behaviour disruptive or non-contributory to team process. |  | Actively participates and contributes. Reliably performs assigned tasks. Able to co-chair or co-lead meetings. |  | Independently able to facilitate and coordinate meetings and follow-up. Actively moves meeting forward. Builds consensus, resolves differences, and provides direction.  |  |
| Management of difference and conflict |
| 1 | 2 | 3 | 4 | 5 | n/a |
| Argumentative. Lacks awareness of own personal contributions to difference or conflict. Debates feedback. Does not listen. |  | Identifies and manages differences constructively. Listens to understand and for common ground. Demonstrates a willingness to act upon feedback. |  | Proactively assists in subverting and resolving conflict with other team/family members. Recognizes own role in contributing to differences and acts to professionally resolve. |  |
| Handover |
| 1 | 2 | 3 | 4 | 5 | n/a |
| Disorganized or incomplete handover. Not attentive in giving and receiving patient information, does not clarify. Not efficient or effective in teamwork.  |  | Provides needed patient information Competent approach or use of structured tool. Understands role of team members and competently collaborates in handover.  |  | Attentive in giving and receiving patient info. Uses structured approach/tools with ease and efficiency. Is attentive to and enables effective team handover assisting if/as needed. |  |

|  |
| --- |
| OVERALL EVALUATION |
| 1 | 2 | 3 | 4 | 5 |
| Unsatisfactory |  | Solid performance |  | Superior |
| Below the minimally acceptable level for a trainee at specified training level.  |  | Demonstrates a solid ability to perform competently. Does what is expected at the specified training level. |  | Significantly exceeds the benchmark for competence at the specified training level.  |

|  |  |
| --- | --- |
| Describe STRENGTHS  | Actions or areas for Improvement  |

Comments:

1. Adapted from Glover Takahashi S, Martin D, Richardson D. Chapter 5 In *The CanMEDS Toolkit for Teaching and*

*Assessing the Collaborator Role*. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2012. Reproduced with permission. [↑](#endnote-ref-1)