

Assessment of the Ten Patient Management Reports (PMR) for Membership examination in WACP, Faculty of Family Medicine**Date:** April/October 20 __ __ **Name of Candidate:**

Introduction: This is to enable the examiner capture the assessment of the preliminary pages of the PMR and any overall comments as well as identify the report(s) that are acceptable with modification or not. This will give a clear indication to the candidate for the work required at the next examination if this turns out to be the outcome. The examiners are to agree jointly after the candidate's defense on the reports they have jointly agreed should be retained or rejected as the case maybe.

Total number of pages in current PMR excluding introductory pages: 90-120 pages ()**Assessment of Preliminary Pages:**

Requirements for introductory pages		Not done	Needs improvement	Meets expectation
1	Title page (no page number on this page)	0	1	2
2	Declaration	0	1	2
3	Certification by Supervisors and HOD page (signatures dated)	0	1	2
4	Dedication	0	1	2
5	Acknowledgement	0	1	2
6	Table of contents	0	1	2
7	List of report titles which should specify and cover the approved spectrum	0	1	2
8	List of abbreviations and their meanings	0	1	2
9	Numeration in Roman notation	0	1	2
Conformation with WACP Formatting recommendation				
10	Used A4 paper?	0	1	2
11	Margins? (1½" on the L, ½" margin on the R and 1" margin top & bottom)	0	1	2
12	Double spacing? (Times New Romans)	0	1	2
13	Headings (Upper case, Size 12, Not bold)	0	1	2
14	Subheadings? (size 12, Not bold, each word capitalized)	0	1	2
15	Sentences do not start with figures.	0	1	2
16	Introduction: Describes the setting(s) of practice with the population served, facilities available for diagnosis and management?	0	1	4
17	Conclusion: Summarizes and captures the lessons learnt and the essence of writing up the reports in Family Medicine?	0	1	4
18	Spectrum of reports according to: Recommended guideline	0	1	3
Total __ __ / 41 (must score above 36)				

Please use this link to guide you on how to use this form in the PDF format: <https://www.windwardstudios.com/blog/pdf-how-to-guide>

General Comments:.....

Candidate 's Name:

Report 1. Thematic area:

Title of Report:

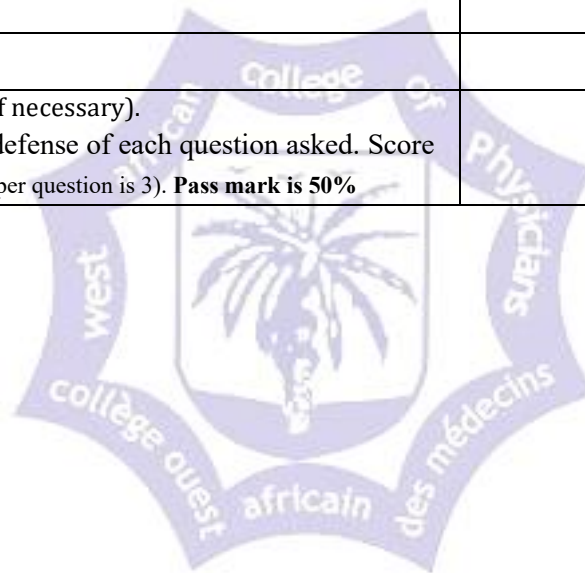
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Title of Report:

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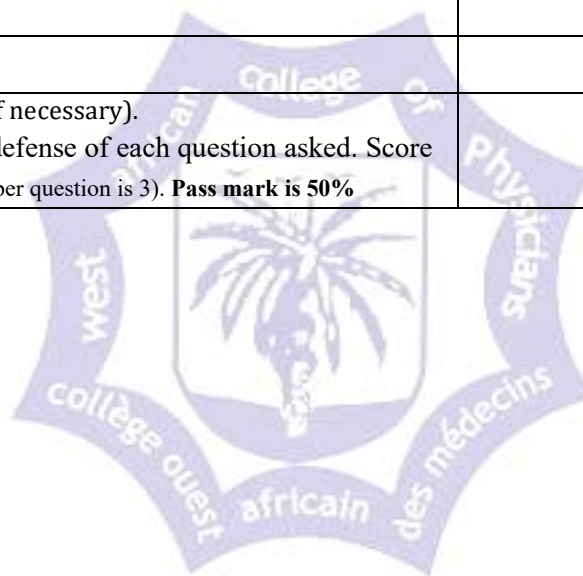
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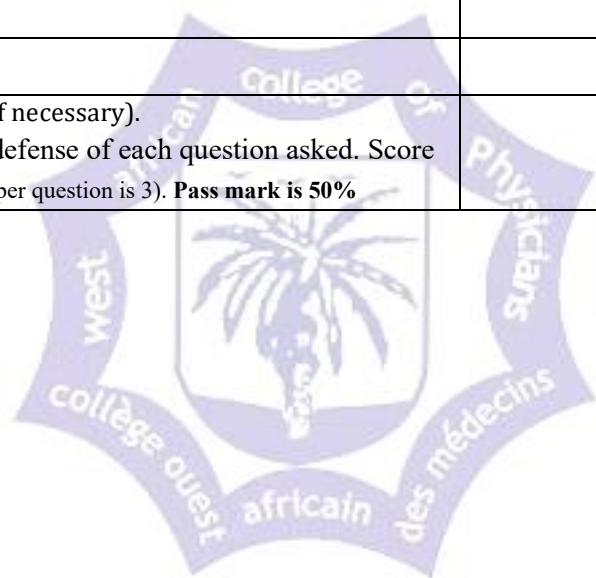
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Report 4. Thematic area:

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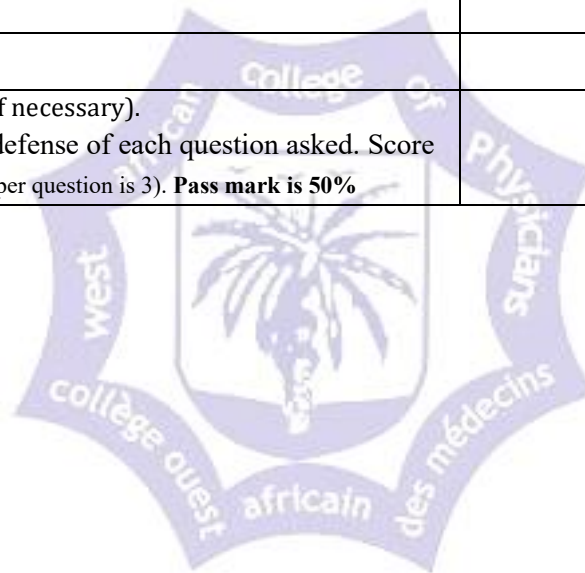
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Title of Report:

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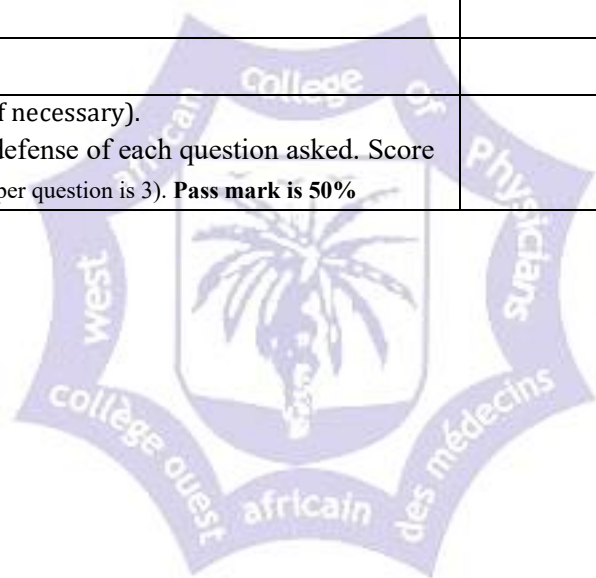
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Discussion (Biopsychosocial and systems approach)	Biopsychosocial and systems approach to discussion was not used. Only biomedical approach was used.	Biopsychosocial and systems approach to discussion was used but the skill was below expectation	Biopsychosocial and systems approach to discussion was used and the skill was as expected	Biopsychosocial and systems approach to discussion was used and the skill was beyond expectation
Scoring Criteria	Below mini acceptable standard (0 point)	Needs improvement (1point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
References	References are not relevant and do not support the discussion.	Less than 10 refs/more than one ref older than 10 years. References adequately support the discussion.	Ten or more references with none older than 10 years, which adequately support the discussion.	10 or more references with the majority in the last 5 years, including a systematic review article, which expertly support the discussion.
Grammar, Punctuation, Spelling, Formatting	Poor organisation and sentence structure impedes comprehension. Errors distract the reader.	Needs editing, several grammatical, punctuation and/ or formatting errors.	Only 2-3 minor errors in grammar, punctuation, and/or formatting.	Writing style and grammar are very high quality. Not more than 1 minor editing needed in punctuation or formatting.
Logical Sequencing	There are more than 2 errors in sequencing or more than 2 sections missing.	There 1 error in sequencing or 1 section missing.	No errors in sequencing. All relevant information is present.	Sequencing and relevant information is presented very clearly and concisely to international standard.
Total Score: -- -- /30. Multiply score by 3.33 to convert to percentage/100				Signature of Faculty:

Candidate's Name:

Defense of Report 5. Thematic area:

Title of Report:

	Questions/Clarification from the report write up for the candidate	Inadequate (0 point each)	Needs improvement (1 point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
1					
2					
3					
	(Please add more rows if necessary). Total Score = summation of scores awarded at defense of each question asked. Score should be converted to per cent (Max score per question is 3). Pass mark is 50%				



Candidate 's Name:

Report 6. Thematic area:

Title of Report:

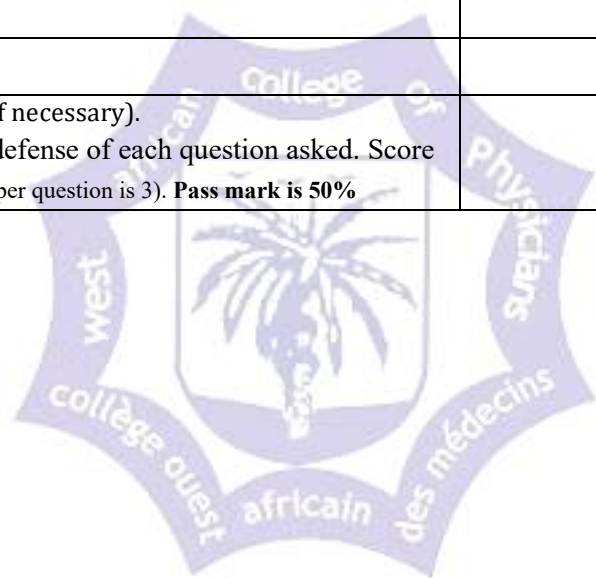
Scoring Criteria	Below minimum acceptable standard (0 point each)	Needs improvement (1point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
Relevance not below 2° level of care.	The patient was managed at a level of care below the competence of a family physician.	Is at 2° level of care but does not demonstrate the competency required of a Family Physicians.	Demonstrates the competency required of a Family Physicians.	Germane presentation that expertly demonstrates the skills and attitudes of a Family Physician.
Accuracy of diagnostic process & treatment.	Symptoms, systems and complications are incompletely explored. Treatment is suboptimal/potentially harmful.	Symptoms, systems and complications are incompletely explored.	Symptoms, systems & complications are explored leading to correct diagnostic differentials. Treatment follows best practice guidelines & consideration to control complications/non-adherence.	Merging best practice guidelines in clerkship, diagnostic process. Treatment follows best practice guidelines and incorporates social, structural and cultural considerations of practice-site for patient's optimal outcome.
Cost Considerations	No consideration of cost implication of medical intervention on patient or only mentions mode of payment and or total family income	Considers, applies and inadequately reports cost considerations in patient evaluation and treatment. Mentions mode of payment, total family income, health financing method and percentage of income used towards health care	Considers, applies and reports cost considerations in patient evaluation and treatment. Goes beyond the mode of payment method, financing method, percentage of income used towards healthcare to include effect of health financial burden on the family and vice-versa satisfactorily	Considers, applies and reports cost considerations in patient evaluation and treatment. Goes beyond the mode of payment method, financing method, percentage of income used towards healthcare to include effect of health financial burden on the family and vice-versa beyond expectation to include cost-effectiveness and optimization given the circumstances
Scoring Criteria	Below mini acceptable standard (0 point)	Needs improvement (0 point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
Demonstration of Procedural Skills and use of Family Medicine Tools	No evidence of direct hands-on management of the patient. No family medicine tool was used despite a clear need for one.	Evidence of hands-on skills in the management of the patient but the inappropriately reported. At least one family medicine tool was used for diagnosis or intervention, but the skill of usage is below expectation	Evidence of hands-on skills in the management and reporting of the patient. At least one family medicine tool was used for diagnosis and intervention and the skill of usage is as expected.	Demonstration of advanced skills set in both the management of the patient and reporting. At least one family medicine tool was used for diagnosis and intervention and the skill of usage is beyond expectation
Psycho-social Determinant of Health and Family Dynamics	Failed to identify nor apply psychological aspect of patient presentation to management. Case report is culturally insensitive. No mention made of how the family affected the presentation, course and outcome of illness and vice-versa	Identified, applied but inadequately reported at least one social and one psychological aspect of patient presentation and management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa but below expectation	Identified, applied and reports at least one social and one psychological aspect of patient presentation and management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa as expected	Identified, applied and reported more than one social and one psychological aspect of patient presentation and expertly used this to influence patient's management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa beyond expectation
Patient Cantered Clinical Method (PCCM)	Clinical encounter, management plan and execution of treatment is doctor centred.	Clerkship & execution of treatment is patient-centred and evidence of reaching common ground in the diagnosis. Only one PCCM component was used in the care of patient	Clerkship & execution of treatment is patient-centred and evidence of reaching common ground in the diagnosis (Component 3) is reported. Minimum of 2 PCCM components are used in the care of the patient	Captures patient centeredness in all aspects of the clinical encounter and reflects this in the discussion of the patient to impact care in the long term with at least 3 of the PCCM components used in the care of the patient
Discussion (Biopsychosocial and systems approach)	Biopsychosocial and systems approach to discussion was not used. Only biomedical approach was used.	Biopsychosocial and systems approach to discussion was used but the skill was below expectation	Biopsychosocial and systems approach to discussion was used and the skill was as expected	Biopsychosocial and systems approach to discussion was used and the skill was beyond expectation
Scoring Criteria	Below mini acceptable standard (0 point)	Needs improvement (1point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
References	References are not relevant and do not support the discussion.	Less than 10 refs/more than one ref older than 10 years. References adequately support the discussion.	Ten or more references with none older than 10 years, which adequately support the discussion.	10 or more references with the majority in the last 5 years, including a systematic review article, which expertly support the discussion.
Grammar, Punctuation, Spelling, Formatting	Poor organisation and sentence structure impedes comprehension. Errors distract the reader.	Needs editing, several grammatical, punctuation and/ or formatting errors.	Only 2-3 minor errors in grammar, punctuation, and/or formatting.	Writing style and grammar are very high quality. Not more than 1 minor editing needed in punctuation or formatting.
Logical Sequencing	There are more than 2 errors in sequencing or more than 2 sections missing.	There 1 error in sequencing or 1 section missing.	No errors in sequencing. All relevant information is present.	Sequencing and relevant information is presented very clearly and concisely to international standard.
Total Score: -- -- /30. Multiply score by 3.33 to convert to percentage/100				Signature of Faculty:

Candidate's Name:

Defense of Report 1. Thematic area:

Title of Report:

	Questions/Clarification from the report write up for the candidate	Inadequate (0 point each)	Needs improvement (1 point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
1					
2					
3					
	(Please add more rows if necessary). Total Score = summation of scores awarded at defense of each question asked. Score should be converted to per cent (Max score per question is 3). Pass mark is 50%				



Candidate 's Name:

Report 7. Thematic area:

Title of Report:

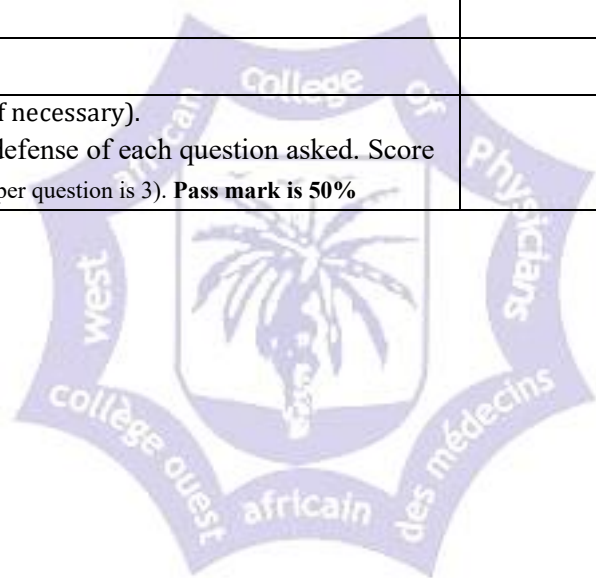
Scoring Criteria	Below minimum acceptable standard (0 point each)	Needs improvement (1point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
Relevance not below 2° level of care.	The patient was managed at a level of care below the competence of a family physician.	Is at 2° level of care but does not demonstrate the competency required of a Family Physicians.	Demonstrates the competency required of a Family Physicians.	Germane presentation that expertly demonstrates the skills and attitudes of a Family Physician.
Accuracy of diagnostic process & treatment.	Symptoms, systems and complications are incompletely explored. Treatment is suboptimal/potentially harmful.	Symptoms, systems and complications are incompletely explored.	Symptoms, systems & complications are explored leading to correct diagnostic differentials. Treatment follows best practice guidelines & consideration to control complications/non-adherence.	Merging best practice guidelines in clerkship, diagnostic process. Treatment follows best practice guidelines and incorporates social, structural and cultural considerations of practice-site for patient's optimal outcome.
Cost Considerations	No consideration of cost implication of medical intervention on patient or only mentions mode of payment and or total family income	Considers, applies and inadequately reports cost considerations in patient evaluation and treatment. Mentions mode of payment, total family income, health financing method and percentage of income used towards health care	Considers, applies and reports cost considerations in patient evaluation and treatment. Goes beyond the mode of payment method, financing method, percentage of income used towards healthcare to include effect of health financial burden on the family and vice-versa satisfactorily	Considers, applies and reports cost considerations in patient evaluation and treatment. Goes beyond the mode of payment method, financing method, percentage of income used towards healthcare to include effect of health financial burden on the family and vice-versa beyond expectation to include cost-effectiveness and optimization given the circumstances
Scoring Criteria	Below mini acceptable standard (0 point)	Needs improvement (0 point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
Demonstration of Procedural Skills and use of Family Medicine Tools	No evidence of direct hands-on management of the patient. No family medicine tool was used despite a clear need for one.	Evidence of hands-on skills in the management of the patient but the inappropriately reported. At least one family medicine tool was used for diagnosis or intervention, but the skill of usage is below expectation	Evidence of hands-on skills in the management and reporting of the patient. At least one family medicine tool was used for diagnosis and intervention and the skill of usage is as expected.	Demonstration of advanced skills set in both the management of the patient and reporting. At least one family medicine tool was used for diagnosis and intervention and the skill of usage is beyond expectation
Psycho-social Determinant of Health and Family Dynamics	Failed to identify nor apply psychological aspect of patient presentation to management. Case report is culturally insensitive. No mention made of how the family affected the presentation, course and outcome of illness and vice-versa	Identified, applied but inadequately reported at least one social and one psychological aspect of patient presentation and management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa but below expectation	Identified, applied and reports at least one social and one psychological aspect of patient presentation and management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa as expected	Identified, applied and reported more than one social and one psychological aspect of patient presentation and expertly used this to influence patient's management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa beyond expectation
Patient Cantered Clinical Method (PCCM)	Clinical encounter, management plan and execution of treatment is doctor centred.	Clerkship & execution of treatment is patient-centred and evidence of reaching common ground in the diagnosis. Only one PCCM component was used in the care of patient	Clerkship & execution of treatment is patient-centred and evidence of reaching common ground in the diagnosis (Component 3) is reported. Minimum of 2 PCCM components are used in the care of the patient	Captures patient centeredness in all aspects of the clinical encounter and reflects this in the discussion of the patient to impact care in the long term with at least 3 of the PCCM components used in the care of the patient
Discussion (Biopsychosocial and systems approach)	Biopsychosocial and systems approach to discussion was not used. Only biomedical approach was used.	Biopsychosocial and systems approach to discussion was used but the skill was below expectation	Biopsychosocial and systems approach to discussion was used and the skill was as expected	Biopsychosocial and systems approach to discussion was used and the skill was beyond expectation
Scoring Criteria	Below mini acceptable standard (0 point)	Needs improvement (1point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
References	References are not relevant and do not support the discussion.	Less than 10 refs/more than one ref older than 10 years. References adequately support the discussion.	Ten or more references with none older than 10 years, which adequately support the discussion.	10 or more references with the majority in the last 5 years, including a systematic review article, which expertly support the discussion.
Grammar, Punctuation, Spelling, Formatting	Poor organisation and sentence structure impedes comprehension. Errors distract the reader.	Needs editing, several grammatical, punctuation and/ or formatting errors.	Only 2-3 minor errors in grammar, punctuation, and/or formatting.	Writing style and grammar are very high quality. Not more than 1 minor editing needed in punctuation or formatting.
Logical Sequencing	There are more than 2 errors in sequencing or more than 2 sections missing.	There 1 error in sequencing or 1 section missing.	No errors in sequencing. All relevant information is present.	Sequencing and relevant information is presented very clearly and concisely to international standard.
Total Score: -- -- /30. Multiply score by 3.33 to convert to percentage/100				Signature of Faculty:

Candidate's Name:

Defense of Report 7. Thematic area:

Title of Report:

	Questions/Clarification from the report write up for the candidate	Inadequate (0 point each)	Needs improvement (1 point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
1					
2					
3					
	(Please add more rows if necessary). Total Score = summation of scores awarded at defense of each question asked. Score should be converted to per cent (Max score per question is 3). Pass mark is 50%				



Candidate 's Name:

Report 8. Thematic area:

Title of Report:

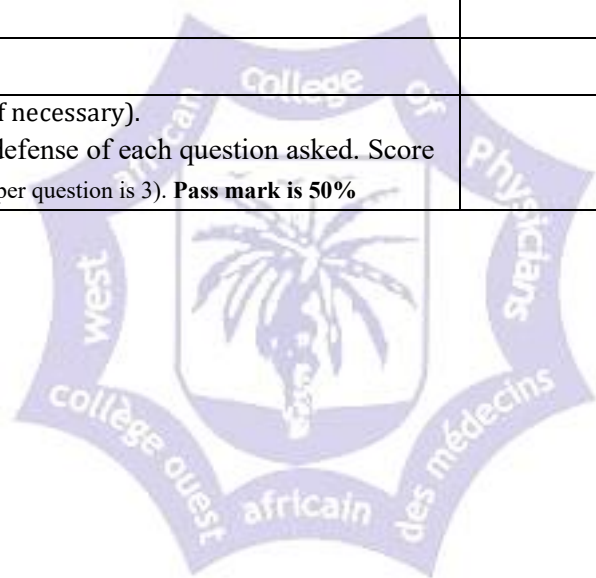
Scoring Criteria	Below minimum acceptable standard (0 point each)	Needs improvement (1point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
Relevance not below 2° level of care.	The patient was managed at a level of care below the competence of a family physician.	Is at 2° level of care but does not demonstrate the competency required of a Family Physicians.	Demonstrates the competency required of a Family Physicians.	Germane presentation that expertly demonstrates the skills and attitudes of a Family Physician.
Accuracy of diagnostic process & treatment.	Symptoms, systems and complications are incompletely explored. Treatment is suboptimal/potentially harmful.	Symptoms, systems and complications are incompletely explored.	Symptoms, systems & complications are explored leading to correct diagnostic differentials. Treatment follows best practice guidelines & consideration to control complications/non-adherence.	Merging best practice guidelines in clerkship, diagnostic process. Treatment follows best practice guidelines and incorporates social, structural and cultural considerations of practice-site for patient's optimal outcome.
Cost Considerations	No consideration of cost implication of medical intervention on patient or only mentions mode of payment and or total family income	Considers, applies and inadequately reports cost considerations in patient evaluation and treatment. Mentions mode of payment, total family income, health financing method and percentage of income used towards health care	Considers, applies and reports cost considerations in patient evaluation and treatment. Goes beyond the mode of payment method, financing method, percentage of income used towards healthcare to include effect of health financial burden on the family and vice-versa satisfactorily	Considers, applies and reports cost considerations in patient evaluation and treatment. Goes beyond the mode of payment method, financing method, percentage of income used towards healthcare to include effect of health financial burden on the family and vice-versa beyond expectation to include cost-effectiveness and optimization given the circumstances
Scoring Criteria	Below mini acceptable standard (0 point)	Needs improvement (0 point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
Demonstration of Procedural Skills and use of Family Medicine Tools	No evidence of direct hands-on management of the patient. No family medicine tool was used despite a clear need for one.	Evidence of hands-on skills in the management of the patient but the inappropriately reported. At least one family medicine tool was used for diagnosis or intervention, but the skill of usage is below expectation	Evidence of hands-on skills in the management and reporting of the patient. At least one family medicine tool was used for diagnosis and intervention and the skill of usage is as expected.	Demonstration of advanced skills set in both the management of the patient and reporting. At least one family medicine tool was used for diagnosis and intervention and the skill of usage is beyond expectation
Psycho-social Determinant of Health and Family Dynamics	Failed to identify nor apply psychological aspect of patient presentation to management. Case report is culturally insensitive. No mention made of how the family affected the presentation, course and outcome of illness and vice-versa	Identified, applied but inadequately reported at least one social and one psychological aspect of patient presentation and management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa but below expectation	Identified, applied and reports at least one social and one psychological aspect of patient presentation and management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa as expected	Identified, applied and reported more than one social and one psychological aspect of patient presentation and expertly used this to influence patient's management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa beyond expectation
Patient Cantered Clinical Method (PCCM)	Clinical encounter, management plan and execution of treatment is doctor centred.	Clerkship & execution of treatment is patient-centred and evidence of reaching common ground in the diagnosis. Only one PCCM component was used in the care of patient	Clerkship & execution of treatment is patient-centred and evidence of reaching common ground in the diagnosis (Component 3) is reported. Minimum of 2 PCCM components are used in the care of the patient	Captures patient centeredness in all aspects of the clinical encounter and reflects this in the discussion of the patient to impact care in the long term with at least 3 of the PCCM components used in the care of the patient
Discussion (Biopsychosocial and systems approach)	Biopsychosocial and systems approach to discussion was not used. Only biomedical approach was used.	Biopsychosocial and systems approach to discussion was used but the skill was below expectation	Biopsychosocial and systems approach to discussion was used and the skill was as expected	Biopsychosocial and systems approach to discussion was used and the skill was beyond expectation
Scoring Criteria	Below mini acceptable standard (0 point)	Needs improvement (1point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
References	References are not relevant and do not support the discussion.	Less than 10 refs/more than one ref older than 10 years. References adequately support the discussion.	Ten or more references with none older than 10 years, which adequately support the discussion.	10 or more references with the majority in the last 5 years, including a systematic review article, which expertly support the discussion.
Grammar, Punctuation, Spelling, Formatting	Poor organisation and sentence structure impedes comprehension. Errors distract the reader.	Needs editing, several grammatical, punctuation and/ or formatting errors.	Only 2-3 minor errors in grammar, punctuation, and/or formatting.	Writing style and grammar are very high quality. Not more than 1 minor editing needed in punctuation or formatting.
Logical Sequencing	There are more than 2 errors in sequencing or more than 2 sections missing.	There 1 error in sequencing or 1 section missing.	No errors in sequencing. All relevant information is present.	Sequencing and relevant information is presented very clearly and concisely to international standard.
Total Score: -- -- /30. Multiply score by 3.33 to convert to percentage/100				Signature of Faculty:

Candidate's Name:

Defense of Report 8. Thematic area:

Title of Report:

	Questions/Clarification from the report write up for the candidate	Inadequate (0 point each)	Needs improvement (1 point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
1					
2					
3					
	(Please add more rows if necessary). Total Score = summation of scores awarded at defense of each question asked. Score should be converted to per cent (Max score per question is 3). Pass mark is 50%				



Candidate 's Name:

Report 9. Thematic area:

Title of Report:

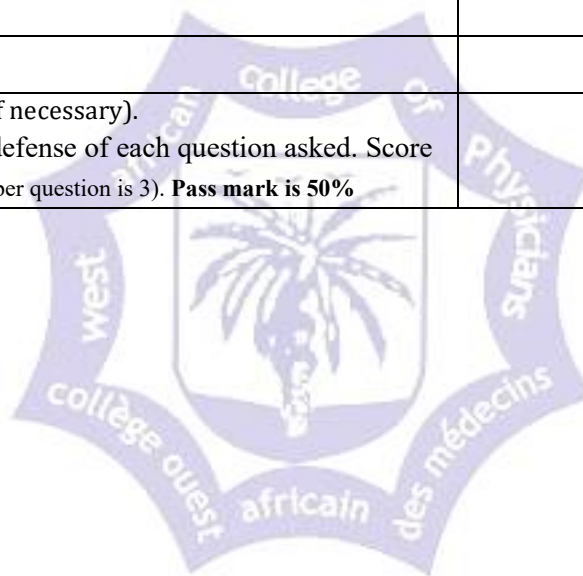
Scoring Criteria	Below minimum acceptable standard (0 point each)	Needs improvement (1point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
Relevance not below 2° level of care.	The patient was managed at a level of care below the competence of a family physician.	Is at 2° level of care but does not demonstrate the competency required of a Family Physicians.	Demonstrates the competency required of a Family Physicians.	Germane presentation that expertly demonstrates the skills and attitudes of a Family Physician.
Accuracy of diagnostic process & treatment.	Symptoms, systems and complications are incompletely explored. Treatment is suboptimal/potentially harmful.	Symptoms, systems and complications are incompletely explored.	Symptoms, systems & complications are explored leading to correct diagnostic differentials. Treatment follows best practice guidelines & consideration to control complications/non-adherence.	Merging best practice guidelines in clerkship, diagnostic process. Treatment follows best practice guidelines and incorporates social, structural and cultural considerations of practice-site for patient's optimal outcome.
Cost Considerations	No consideration of cost implication of medical intervention on patient or only mentions mode of payment and or total family income	Considers, applies and inadequately reports cost considerations in patient evaluation and treatment. Mentions mode of payment, total family income, health financing method and percentage of income used towards health care	Considers, applies and reports cost considerations in patient evaluation and treatment. Goes beyond the mode of payment method, financing method, percentage of income used towards healthcare to include effect of health financial burden on the family and vice-versa satisfactorily	Considers, applies and reports cost considerations in patient evaluation and treatment. Goes beyond the mode of payment method, financing method, percentage of income used towards healthcare to include effect of health financial burden on the family and vice-versa beyond expectation to include cost-effectiveness and optimization given the circumstances
Scoring Criteria	Below mini acceptable standard (0 point)	Needs improvement (0 point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
Demonstration of Procedural Skills and use of Family Medicine Tools	No evidence of direct hands-on management of the patient. No family medicine tool was used despite a clear need for one.	Evidence of hands-on skills in the management of the patient but the inappropriately reported. At least one family medicine tool was used for diagnosis or intervention, but the skill of usage is below expectation	Evidence of hands-on skills in the management and reporting of the patient. At least one family medicine tool was used for diagnosis and intervention and the skill of usage is as expected.	Demonstration of advanced skills set in both the management of the patient and reporting. At least one family medicine tool was used for diagnosis and intervention and the skill of usage is beyond expectation
Psycho-social Determinant of Health and Family Dynamics	Failed to identify nor apply psychological aspect of patient presentation to management. Case report is culturally insensitive. No mention made of how the family affected the presentation, course and outcome of illness and vice-versa	Identified, applied but inadequately reported at least one social and one psychological aspect of patient presentation and management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa but below expectation	Identified, applied and reports at least one social and one psychological aspect of patient presentation and management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa as expected	Identified, applied and reported more than one social and one psychological aspect of patient presentation and expertly used this to influence patient's management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa beyond expectation
Patient Cantered Clinical Method (PCCM)	Clinical encounter, management plan and execution of treatment is doctor centred.	Clerkship & execution of treatment is patient-centred and evidence of reaching common ground in the diagnosis. Only one PCCM component was used in the care of patient	Clerkship & execution of treatment is patient-centred and evidence of reaching common ground in the diagnosis (Component 3) is reported. Minimum of 2 PCCM components are used in the care of the patient	Captures patient centeredness in all aspects of the clinical encounter and reflects this in the discussion of the patient to impact care in the long term with at least 3 of the PCCM components used in the care of the patient
Discussion (Biopsychosocial and systems approach)	Biopsychosocial and systems approach to discussion was not used. Only biomedical approach was used.	Biopsychosocial and systems approach to discussion was used but the skill was below expectation	Biopsychosocial and systems approach to discussion was used and the skill was as expected	Biopsychosocial and systems approach to discussion was used and the skill was beyond expectation
Scoring Criteria	Below mini acceptable standard (0 point)	Needs improvement (1point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
References	References are not relevant and do not support the discussion.	Less than 10 refs/more than one ref older than 10 years. References adequately support the discussion.	Ten or more references with none older than 10 years, which adequately support the discussion.	10 or more references with the majority in the last 5 years, including a systematic review article, which expertly support the discussion.
Grammar, Punctuation, Spelling, Formatting	Poor organisation and sentence structure impedes comprehension. Errors distract the reader.	Needs editing, several grammatical, punctuation and/ or formatting errors.	Only 2-3 minor errors in grammar, punctuation, and/or formatting.	Writing style and grammar are very high quality. Not more than 1 minor editing needed in punctuation or formatting.
Logical Sequencing	There are more than 2 errors in sequencing or more than 2 sections missing.	There 1 error in sequencing or 1 section missing.	No errors in sequencing. All relevant information is present.	Sequencing and relevant information is presented very clearly and concisely to international standard.
Total Score: -- -- /30. Multiply score by 3.33 to convert to percentage/100				Signature of Faculty:

Candidate's Name:

Defense of Report 9. Thematic area:

Title of Report:

	Questions/Clarification from the report write up for the candidate	Inadequate (0 point each)	Needs improvement (1 point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
1					
2					
3					
	(Please add more rows if necessary). Total Score = summation of scores awarded at defense of each question asked. Score should be converted to per cent (Max score per question is 3). Pass mark is 50%				



Candidate 's Name:

Report 10. Thematic area:

Title of Report:

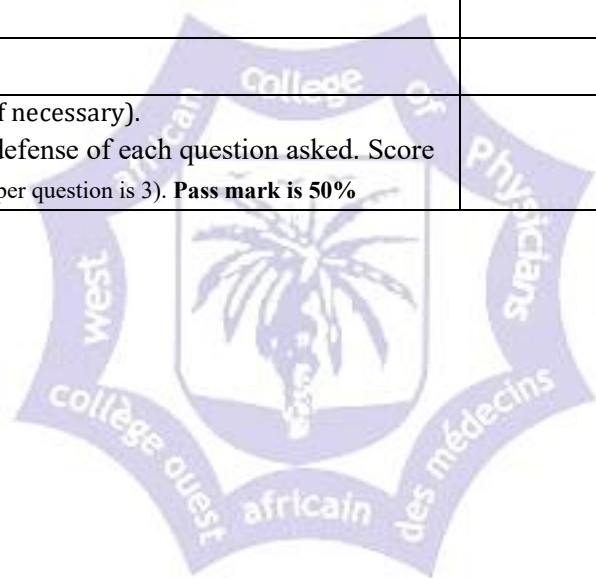
Scoring Criteria	Below minimum acceptable standard (0 point each)	Needs improvement (1point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
Relevance not below 2° level of care.	The patient was managed at a level of care below the competence of a family physician.	Is at 2° level of care but does not demonstrate the competency required of a Family Physicians.	Demonstrates the competency required of a Family Physicians.	Germane presentation that expertly demonstrates the skills and attitudes of a Family Physician.
Accuracy of diagnostic process & treatment.	Symptoms, systems and complications are incompletely explored. Treatment is suboptimal/potentially harmful.	Symptoms, systems and complications are incompletely explored.	Symptoms, systems & complications are explored leading to correct diagnostic differentials. Treatment follows best practice guidelines & consideration to control complications/non-adherence.	Merging best practice guidelines in clerkship, diagnostic process. Treatment follows best practice guidelines and incorporates social, structural and cultural considerations of practice-site for patient's optimal outcome.
Cost Considerations	No consideration of cost implication of medical intervention on patient or only mentions mode of payment and or total family income	Considers, applies and inadequately reports cost considerations in patient evaluation and treatment. Mentions mode of payment, total family income, health financing method and percentage of income used towards health care	Considers, applies and reports cost considerations in patient evaluation and treatment. Goes beyond the mode of payment method, financing method, percentage of income used towards healthcare to include effect of health financial burden on the family and vice-versa satisfactorily	Considers, applies and reports cost considerations in patient evaluation and treatment. Goes beyond the mode of payment method, financing method, percentage of income used towards healthcare to include effect of health financial burden on the family and vice-versa beyond expectation to include cost-effectiveness and optimization given the circumstances
Scoring Criteria	Below mini acceptable standard (0 point)	Needs improvement (0 point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
Demonstration of Procedural Skills and use of Family Medicine Tools	No evidence of direct hands-on management of the patient. No family medicine tool was used despite a clear need for one.	Evidence of hands-on skills in the management of the patient but the inappropriately reported. At least one family medicine tool was used for diagnosis or intervention, but the skill of usage is below expectation	Evidence of hands-on skills in the management and reporting of the patient. At least one family medicine tool was used for diagnosis and intervention and the skill of usage is as expected.	Demonstration of advanced skills set in both the management of the patient and reporting. At least one family medicine tool was used for diagnosis and intervention and the skill of usage is beyond expectation
Psycho-social Determinant of Health and Family Dynamics	Failed to identify nor apply psychological aspect of patient presentation to management. Case report is culturally insensitive. No mention made of how the family affected the presentation, course and outcome of illness and vice-versa	Identified, applied but inadequately reported at least one social and one psychological aspect of patient presentation and management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa but below expectation	Identified, applied and reports at least one social and one psychological aspect of patient presentation and management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa as expected	Identified, applied and reported more than one social and one psychological aspect of patient presentation and expertly used this to influence patient's management. Mention made of how the family affected the presentation, course and outcome of illness and vice-versa beyond expectation
Patient Cantered Clinical Method (PCCM)	Clinical encounter, management plan and execution of treatment is doctor centred.	Clerkship & execution of treatment is patient-centred and evidence of reaching common ground in the diagnosis. Only one PCCM component was used in the care of patient	Clerkship & execution of treatment is patient-centred and evidence of reaching common ground in the diagnosis (Component 3) is reported. Minimum of 2 PCCM components are used in the care of the patient	Captures patient centeredness in all aspects of the clinical encounter and reflects this in the discussion of the patient to impact care in the long term with at least 3 of the PCCM components used in the care of the patient
Discussion (Biopsychosocial and systems approach)	Biopsychosocial and systems approach to discussion was not used. Only biomedical approach was used.	Biopsychosocial and systems approach to discussion was used but the skill was below expectation	Biopsychosocial and systems approach to discussion was used and the skill was as expected	Biopsychosocial and systems approach to discussion was used and the skill was beyond expectation
Scoring Criteria	Below mini acceptable standard (0 point)	Needs improvement (1point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
References	References are not relevant and do not support the discussion.	Less than 10 refs/more than one ref older than 10 years. References adequately support the discussion.	Ten or more references with none older than 10 years, which adequately support the discussion.	10 or more references with the majority in the last 5 years, including a systematic review article, which expertly support the discussion.
Grammar, Punctuation, Spelling, Formatting	Poor organisation and sentence structure impedes comprehension. Errors distract the reader.	Needs editing, several grammatical, punctuation and/ or formatting errors.	Only 2-3 minor errors in grammar, punctuation, and/or formatting.	Writing style and grammar are very high quality. Not more than 1 minor editing needed in punctuation or formatting.
Logical Sequencing	There are more than 2 errors in sequencing or more than 2 sections missing.	There 1 error in sequencing or 1 section missing.	No errors in sequencing. All relevant information is present.	Sequencing and relevant information is presented very clearly and concisely to international standard.
Total Score: -- -- /30. Multiply score by 3.33 to convert to percentage/100				Signature of Faculty:

Candidate's Name:

Defense of Report 10. Thematic area:

Title of Report:

	Questions/Clarification from the report write up for the candidate	Inadequate (0 point each)	Needs improvement (1 point each)	Meets expectation (2 points each)	Merits Commendation (3 points each)
1					
2					
3					
	(Please add more rows if necessary). Total Score = summation of scores awarded at defense of each question asked. Score should be converted to per cent (Max score per question is 3). Pass mark is 50%				



- Kindly indicate which report(s) should be modified or replaced.
- **Please note that modifications that border on clinical management cannot ethically be enacted.**
- Please tick appropriately indicating the report number in the boxes below. Thank you for making this process more transparent.
- Please send an electronic copy of all the pages above to the Faculty Examination e-mail using the standard format

i.e.: **Candidate's Surname, First Name, Initial of Middle name, exam type {Patient Management Report}, examination month, and examination year**
 (e.g. Doe John PMR Oct2025) is sent to: fam-med@wac-physicians.org

	Thematic Area	Report Number	Accepted (Minor modification)	Accepted (Major modification)	Rejected (To be replaced)
1	Maternal Health- Obstetric 1				
2	Maternal Health – Gynaecology 1				
3	Internal Medicine-1				
4	Internal Medicine-2				
5	Child Health-1				
6	Child Health-2				
7	Surgery-1				
8	Surgery-2				
9	Mental Health-1				
10	Accident and Emergency-1				

Name & Signature of Faculty (dated):