

#DFCMReady2020

Assessment in Postgraduate FM Residency: One pager What do I need to know? How do I do it?

FIELD NOTES:

- Aim for one completed note per half day supervision
- Can be initiated by preceptor OR Resident. **NEW!**
- Complete Field Notes on Elentra (<https://meded.Utoronto.ca>)
- For info to complete on a mobile device **NEW!**
 - iPhone: https://www.youtube.com/watch?v=lqjn4no_X_M&feature=youtu.be
 - Android: <https://www.youtube.com/watch?v=KtbUYEEDgm4&feature=youtu.be>
- For more info see the user guide: <http://cbme.postmd.utoronto.ca/u-of-t-cbme-faculty-resident-resources/references-resources/elentra-user-guides/>

Steps to Field Note Completion:

1. Sign in to Elentra, using UTORid and password.
2. Ensure "Post MD Faculty" is chosen at top right of home screen
3. Click on Start Assessment (Top of page)
4. Select Assessee name (trainee) from drop down menu
5. Select Program: DFCM Field Note should populate as default
6. Select Entrustable Professional Activity (EPA)/CanMEDS role
7. Verify the Rotation: Default is FM, but it can change to ER or Palliative
8. Site: choose site. This should save for you after first use
9. For Areas of Observation: choose from drop down options
10. Assessment: Choose one of the **"Entrustment scales" shown here:**

- Intervention**
Requires others' action for completion
- Direction**
Requires supervision and others' guidance for completion
- Support**
Requires minimal supervision or guidance for completion
- Autonomy**
Does not require guidance or supervision for completion
- Excellence**
Demonstrates excellence; is a good role model

Most residents should be at intervention and direction in the first few months of residency, and will progress throughout the 2 years

11. Complete the 2 narrative boxes regarding Strengths and Suggestions for improvement.
 - Comment on observed, specific behaviours and steps for improvement

Samples of feedback for the narrative fields:

Collaborator	<i>Good skills of collaboration in coordinating care for patient with recent stroke. Ordered test that was missed at the hospital, and arranged F/U with patient</i>	<i>Try to pick up on pt.'s mood or affect during the visit- affect was noted to be flat, can always ask about mood, supports, feelings about recent stroke and possible cardiac conditions.</i>
Communicator	<i>Established excellent rapport as confirmed by patient's wife Ascertained all concerns were addressed Patient centered, nonjudgmental, sensitive to \$ issues</i>	<i>You spent a fair amount of time discussing the vaccines and the psychotherapy options. His request to then take meds for alcohol avoidance takes time for assessment and counselling, you may have wanted to defer that to a next appointment</i>

Micro/Meso/Macro Levels of Assessment

Micro: 1:1 feedback in the form of field notes

Meso: Feedback from field notes, ITERs, ResPro, Competency meetings informs progress reviews
6-month review with Program Director includes above plus FM-MAP, PGCorEd

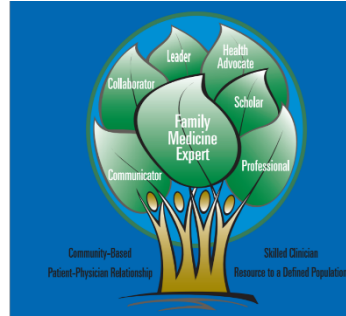
Macro: Collective feedback from above sources informs promotion from PGY1 to PGY2 and exit from residency

License to Practice includes successful ITERs, PGCorEd, CCFP exams, MCCQE exam

Glossary:

EPA: Entrustable Professional Activity-skills derived from CanMEDS roles

- FM Expert
 - Clinical Reasoning skills
 - Patient Centered
 - Procedures
 - Selectivity
- Health Advocate
- Professional
- Collaborator
- Scholar
- Communicator
- Manager (Leader)



ITE(A)R: In Training Evaluation/Assessment Report- preceptors are prompted by email to login to POWER to complete on a resident's general performance.

- Structured in CANMEDS roles. Benchmarks are included on ITER form
- Scaled from 1-5 i.e. Not competent (1) Competent (3) Proficient (5)
- Any score of <=2 is flagged for Program Director review

PGCorED: Self- learning modules completed by all UofT Postgraduates. Consists of Pre-test, 4-5 seminars and a Post-test with a grade requirement of 70% or higher. For 2020 required modules are:

- Teaching in Residency (To be completed by September 30th of PGY1 year of training)
- Collaborator
- Communication with and For Patients
- End of Life Care
- Patient Safety
- Professionalism
- Leader
- Health Advocacy and Health Systems

Res-Pro (Resident practice profile)- individual resident generated database for logging patient encounters. Includes data on number of patients seen, gender, age, main diagnosis and procedures completed

FM-MAP: Family Medicine Mandatory Assessment of Progress

Formative progress testing for FM residents completed every 6 months

- Case-based questions as if they were practicing physicians
- Provides formative feedback to resident based on specialty
- Program Director receives report of overall score (ie Lowest 2 deciles)

Resources

1. CFPC, Guide to Effective Feedback in Family Medicine Residency

https://www.cfpc.ca/uploadedFiles/Directories/Sections/Section_of_Residents/GIFT%20Handout%20May%202020%20English.pdf

2. Dalhousie: Characteristics of a good field

note https://cdn.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/department-sites/family/Education%20Documents/resident_resources/forms/Characteristics%20of%20a%20good%20Field%20Note%20%202015.pdf