

RESIDENT INSTRUCTIONS

for completing a **FIELD NOTE**

- 1 Think of some feedback you wish to receive from your preceptor
- 2 Take a couple of minutes to verbally discuss the feedback
- 3 Enter this feedback into the eFN app
(either you or your preceptor can write the field note)

➔ Look inside for more instructions & helpful hints!



HOW *to fill out a* FIELD NOTE

1. **Open** T-Res App and start a new FN
2. **Add** preceptor and resident names from the drop down list (*some info will pre-populate*)
3. **Enter** Activity Observed (*eg. taking a history, doing a PAP*)
4. **Select** most relevant:
 - » Domain of Clinical Care
 - » Skill Dimension
 - » CanMEDS-FM role
5. **Document** feedback given
 - » **CONTINUE**: specifically, what you did well
 - » **CONSIDER**: specifically, what to improve. ('next time try...', 'I recommend...', 'you can also...')
 - **HINT**: Ask your preceptor to use language that is **descriptive, specific, and constructive**

Examples

Effective feedback: *You grasped Mrs. Wright's situation well, and made a good reflective statement. Next time move a little closer to her so she can hear you better!*

Not effective: *Nice job on that exam.*

6. Select Level of Supervision Required

- » **Select** the level of supervision your preceptor has indicated that you need for this activity (eg. *how nearby would they want to be next time?*)
 - **Direct:** in room with patient
 - **Close:** case review +/- checking significant findings
 - **Distant:** discussing a case with the preceptor at the end of the day
 - **Only for Refinement:** chart review at a later time without you (*your preceptor is confident that you can safely and effectively manage this activity*)

OPTIONALS (if relevant to activity)

- » **Add** procedure: the CFPC list is available as a dropdown menu.
- » **Specify** follow-up steps and set reminder:
 - eg. *Read around a certain topic for discussion next time*
 - eg. *Consult with pharmacist and then call patient to clarify instructions*
- » **Enter** a Private Note: write yourself a memory aid (this information will not be seen by anyone else)

Six Skill Dimensions

There are six essential skills that enable the family physician to deal competently with problems in the domain of family medicine.

Clinical Reasoning Skills

- » Efficiently use the hypothetico-deductive model in a manner adapted to the patient's needs, the problem at hand and the context of the encounter.

Communication

- » Consistently use good communication skills (listening, reflection, verbal, nonverbal, written) in a culturally and situationally aware manner.

Patient Centred Approach

- » Incorporate the patients feelings, ideas, function and expectations smoothly in to a medical history.

Procedural and Clinical Exam Skills

- » Employ best practice in your appropriate examination of the patient and in doing procedures.

Selectivity

- » Makes choices that lead to efficient and effective patient care and mindful use of resources.

Professionalism Skills

- » Demonstrate the habits and behaviors of a professional practicing physician.

CanMEDS-FM

The CanMEDS-FM framework is similar to the Royal College CanMEDS and describes the various roles of the family physician.

Family Medicine Expert

- » What you know and how you apply your knowledge to patients and community in a patient-centered way.

Manager

- » Running your office, making a living, getting through a busy day efficiently!

Collaborator

- » Your inter/intraprofessional encounters and your ability to work in a team.

Communicator

- » How you communicate with your patients, their families, and your staff.

Health Advocate

- » How you promote health and wellbeing for your patients and community.

Scholar

- » Your ability to practice evidence-based medicine and to answer important clinical questions.

Professional

- » Your behaviour, resilience, and wellbeing.

Domains of Care

Graduates need to be competent in providing care across the lifecycle, in a variety of care settings and to a broad base of patients.

Maternity and Newborn

Children and Adolescents

Care of Adults

Care of Elderly

Palliative Care

Care of the Underserved

FIELD NOTE FAQs

1. *What is a Field Note?*

- » A Field Note is a recording device used in a clinical setting to document feedback from Preceptors to Residents

2. *What is the purpose of Field Notes in UBC's Family Medicine Program?*

- » Field Notes serve two purposes:
 - To provide meaningful, ongoing formative assessment to enhance the learning of Residents
 - To provide data to help inform summative assessments such as ITARs and Periodic Reviews

3. *Is the Field Note a validated tool?*

- » Literature on feedback has shown that brief feedback sessions, if written down, are shown to be effective to drive learning
- » A collection of Field Notes from multiple observers is considered to be valid and reliable as an assessment tool; therefore it can safely inform a summative assessment

4. *Who should write the Field Note?*

- » Either a Preceptor or Resident can actually write a Field Note. If a Resident writes the Field Note, Preceptors should confirm the Resident's record of the situation.

- » Other observers of the Resident (i.e. office staff, other medical professionals, patients) can also complete a Field Note, if desired

5. *Does my preceptor have to directly observe me in order to write a Field Note?*

- » No, although the most accurate and powerful learning reinforcement and correction comes from directly observing Residents at work and providing specific feedback on what your preceptor actually saw and heard in your behaviour
- » You may also write a field note based on a case presentation you make or on feedback you receive from another source (i.e. patient or colleague)

6. *Does my preceptor have to watch an entire Resident/patient interaction to write a Field Note?*

- » No. As long as your preceptor witnesses something worth commenting on, he/she may write a Field Note that provides you with concrete, behavioural feedback

7. *When should a Field Note be completed after an observation?*

- » As soon as possible. Feedback recorded directly following an observation is less subject to memory shift compared with that recorded subsequently

8. *How long should a Field Note feedback session take?*

- » This is flexible but most Preceptors can provide concise verbal feedback and record this concretely on a Field Note within 2-3 minutes
- » Some Preceptors prefer to write Field Notes immediately following an observation and then schedule a longer session with the Resident at another time to discuss multiple observations and related Field Notes.

9. *Who can see my Field Notes?*

- » You can see all field notes on which you are identified as the resident
- » Preceptors can see any field notes on which they are identified as the preceptor
- » Site Directors can see all field notes on the residents at their site (they may choose to share this information with certain site faculty)
- » The Program Director can see all field notes for the residents in the program

10. *How can my completed Field Notes be used?*

- » Create a "101 Aggregated Field Note Report" through the t-res.net website to identify accomplishments and gaps in your learning
- » Preceptors can use field notes to help inform the completion of In-Training Assessment Reports (ITARs)

11. How often should I be writing a Field Note?

- » Residents are expected to receive 1 Field Note per day during their residency period

12. What does the “Level of Supervision Required For This Activity” field mean?

- » This is an indication of the level of confidence that the preceptor has in the resident to complete the activity identified on the Field Note, based on how nearby and directly involved the preceptor feels s/he needs to be to ensure patient safety at this time

13. If a preceptor records “negative” feedback, will it go on a Resident’s permanent record?

- » No. Field Notes are not part of a Resident’s permanent file
- » Preceptors and Residents are encouraged to “flag” a Field Note that needs follow up and to ensure that a subsequent Field Note documents improvement in the area of concern

14. Are other Family Practice residency programs using Field Notes?

- » Yes, most programs use a version of a Field Note or are currently developing one.
- » Some examples of those with well-developed Field Note programs are the University of Alberta, Dalhousie, and the Northern Ontario School of Medicine

for more **INFORMATION**

We hope you have found this information to be useful, and welcome “coaching” to improve as well!

PLEASE SEND COMMENTS TO:

Your Site Faculty for Assessment & Evaluation

or email: postgrad@familymed.ubc

FOR MORE RESOURCES, VISIT:

postgrad.familymed.ubc.ca/resources/

T-RES SUPPORT:

t-res.net

support@t-res.net

Toll-free: 1 (866) 694-2323

Local (Vancouver): (604) 693-2323

UBC FAMILY PRACTICE **RESIDENCY PROGRAM**

Suite 300 - 5950 University Boulevard

Vancouver, BC

POSTGRAD.FAMILYMED.UBC.CA