

UBC Family Medicine Residency Program – Resident Assessment Glossary of Terms

Competency Based Medical Education (CBME)

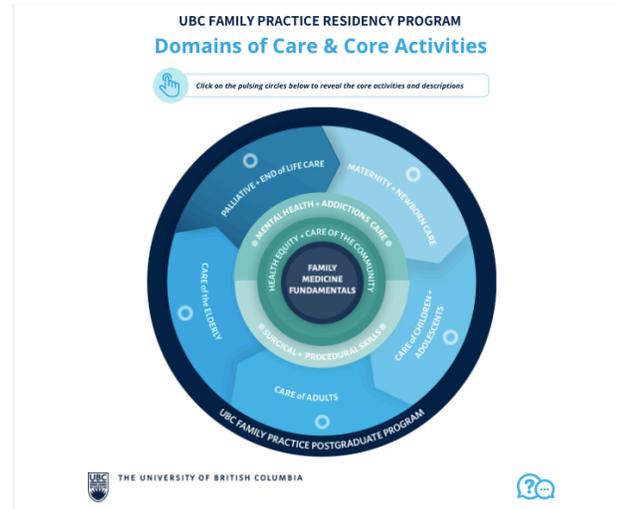
Is an “outcomes-based” style of education, where you start with the end in mind. Our program uses the “UBC Family Medicine Core Learning Outcomes” (CLO aka Domains of Care & Core Activities) as our description of the “end we have in mind”. As well, specific competencies are essential to the practice of medicine; the CanMEDS-FM roles, and the Assessment Objective’s 6 Essential Skill Dimensions describe these competencies. Performance is assessed in these competencies across many Domains of Care.

Domains of Care and Core Activities (the core learning outcomes)

Describe the tasks and scope of work for a Family Physician that is ready for independent practice. Educational experiences (rotations) give residents opportunity to learn, experience and demonstrate their competence through the Resident Assessment System. Residents are not expected to have been assessed in every activity in the **9 Domains of Care and Core Activities**, rather to have sufficiently demonstrated their habitual use of the 6 Essential Skill Dimensions and their ability to take on the professional Roles defined by CanMEDS-FM, in a sufficient breadth of each Domain of Care to give confidence that they can take on all of these activities independently. We know they will polish these skills and roles during their first five years of practice.

Domains of Care: Are the clinical and general domains in which residents need to demonstrate competence.

Core Activities: Specific activities in which residents attain competence, described in each of the Domains of Care.

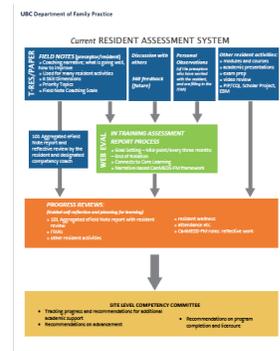


Resident Assessment System

Describes how all the component parts – from Field Notes through to the Periodic Review process fit together, and are utilized to inform decisions on progress and advancement.

Progress: following an expected trajectory of acquiring competence during the program. In family medicine residency these trajectories are quite bespoke to site and to resident. Common points are those of “advancement”.

Advancement: this describes the transition from PGY1 to PGY2 and from PGY2 to graduate or PGY3. Candidacy for the Certification Examination in Family Medicine is another point of advancement.



CanMEDS-FM

Competencies for Family Medicine articulated as specific roles and objectives within those roles. The 2017 version applies to postgraduate medicine and in to full practice for continuing medical education. UBC Domains of Care & Core Activities are linked to CanMEDS-FM 2017.



Assessment Objectives

Consists of 6 Essential Skill Dimensions and many Priority Topics. These describe focused targets for assessment of performance. UBC uses this target as well as CanMEDS-FM Roles, to assess resident performance in the workplace.

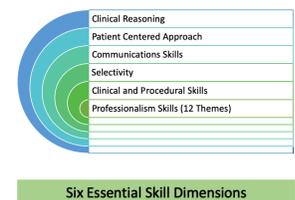
Skill Dimensions

6 specific skills in which residents must become competent across a variety of situations.

Priority Topics

Common topics in Family Medicine. The CFPC Board of Examiners uses all but the Rural and Remote Care, and the Maternity and Newborn Care Priority Topics to inform the Certification Examination.

Here is a link: <https://www.cfpc.ca/en/education-professional-development/educational-frameworks-and-reference-guides/assessment-objectives-for-certification-in-fm> to the Assessment Objectives.



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Key Features

A Key Feature for any Priority topic is a specific consideration or management aspect that is critical to do, difficult to do or where clinicians may make errors. The Key Features provide a precise way to assess resident's performance, and are mapped to the Skill Dimension(s) you most utilize for the specific activity. *These are worth looking at and we encourage residents to share relevant Priority Topics with their Preceptors.*

Field Notes (FN)

Field Notes at UBC are done on the T-Res 2 electronic app. A Field Note is a form for residents and preceptor to document coaching on resident's performance. Field Notes are aggregated in to a single report on T-Res. Residents and competency coaches use FN to identify gaps and strengths in preparation for residents Periodic Review. Field notes should inform the In-Training Assessment Report (ITAR). Field notes are not part of resident's permanent record.

T-Res

Is the Electronic platform that UBC Postgraduate Family Medicine uses to create, store and manage all residents Field Notes.

Field Note Scale

Is a low-stakes assessment of the single activity that you coached, documented in a Field Note. See the Field Note page on UBC FP Program website for detailed information.

In Training Assessment Report (ITAR)

Is a written assessment of resident's performance over a whole rotation. The ITAR does form part of a resident's permanent record. Use the Goal Setting Form on a residents first day to plan for the rotation and discuss residents learning goals with them. Many rotations require a written Mid-Point ITAR. All rotations that are more than 1 week long require an end of Rotation ITAR

One45/Web Eval

Is the electronic platform for distribution and storage of residents ITARs

Resident Assessment Portfolio

Is the collection of all a resident's Field Notes, ITARs, Scholar activity, Academic presentations, modules, mock SOO and SAMP performance and written reflective essays. The Resident Assessment Portfolio is reviewed at the Periodic Review of Progress.

Periodic Review

Is a scheduled collaborative, guided reflective review of each resident's progress. The competency coach and resident review the assessment portfolio to form an impression of resident's progress, and check in on resident's professional development and wellness.

Video Review

Is a recording of a resident interviewing a patient. Often this is reviewed by a preceptor or site faculty member to coach the resident on the Patient Centred Approach and many other skills.

Site Level Competency Committee (SLCC)

The SLCC makes decisions on Resident progress and advancement. Decisions on advancement to R2 and program completion are ratified by the Program Director.

Program Level Competency Committee (PCC)

The PCC assists when a Resident is in academic difficulty and may need the support of Remediation. The PCC makes decisions on need for Remediation, and completion of Remediation, and more.

Performance Support Team (PST)

When a Resident is in academic difficulty for any reason, the Performance Support team assists the Site and Resident to identify issues, modify learning plans and or Remediation plans.

Focused Learning Plan:

This is a written plan instituted to assist a resident who is a bit "off-track" with their progress, to address the performance concerns. Preceptors involved with a resident on an FLP should receive a copy and discuss this with the Site and the Resident. This way, assessment of performance can directly address the concerns.

Remediation Plan:

This is a written formal contract and associated Remediation Plan developed with a resident who is in significant academic difficulty. As with the FLP, any preceptor directly involved in coaching and supervision of a resident on Remediation should have a copy of the Remediation Plan. This way, assessment of performance can directly address the concerns noted in the Plan.