MAX RADY COLLEGE OF MEDICINE

DEPARTMENT OF FAMILY MEDICINE

RESIDENT EDUCATIONAL SUPPORT AND ASSESSMENT FRAMEWORK

2020-2021

Rady Faculty of Health Sciences | University of Manitoba

Educational Support

Providing comprehensive educational support optimizes the learning environment for residents and can identify early on residents who need additional supports. The elements of the Department of Family Medicine's residency educational support strategy include:

Resident orientation

Each new resident receives an orientation to the residency program and to its components. As part of this process, residents complete a self-assessment questionnaire, which provides the basis for an initial education plan.

Assignment of a primary preceptor

At the start of the residency program, each resident will be assigned a primary preceptor. The primary preceptor also plays the role of faculty advisor, and is responsible for professional coaching over the two years of his/her residency.

Professional coaching activities include:

- Orientation to the discipline of family medicine
- Reviewing program objectives and assisting residents in setting personal learning objectives and education plans
- Helping residents understand assessment feedback
- Assisting in defining career plans

This is achieved through regular planned meetings (every 6 months) over the course of the residency program.

Residents may request assignment of a faculty advisor who is not directly responsible for their assessment.

Clinical supervision

Preceptors within teaching sites will ensure the supervision of clinical activities of residents.

In each teaching site:

- A preceptor is assigned to supervise a resident each time the resident does clinical work.
- Feedback is provided on a continual basis, and preceptors and residents will document feedback using Field Notes, Procedural Skills Field Notes, Direct Observation Forms or End-of-Shift Reports.
- To ensure reliability of assessments, and to ensure residents are exposed to different practice approaches, multiple family medicine preceptors provide supervision to the same resident.

Reflection in practice

Residents are encouraged to participate in their assessment by reflecting on their clinical activities and are expected to document their reflections on resident-triggered field notes or procedural skills field notes.

Education plan

To support residents in achieving short- and long-term learning goals, all residents will have a documented education plan, which will be reviewed at least twice yearly.

Assessment

Residents are responsible to review rotation objectives and in-training assessment reports (ITARs) prior to the start of rotations. These are available in Entrada.

The resident assessment approach includes 2 components:

- Assessment of performance of individual rotations and other learning activities (such as PEARLS exercises, QI project, etc.…)
- A longitudinal assessment of the acquisition of Entrustable Professional Activities (EPAs) and required competencies through the meeting of specific milestones while progressing through the program

Residents are assessed not only on knowledge and skills but also on attitudes and professional behaviors.

Assessment includes both formative and summative approaches.

To maximize validity, overall assessment is based on the collection of observations from multiple preceptors, in multiple settings or contexts, and provides a representative sample of the abilities of the resident.

The assessment process on individual rotations

On rotations, all resident are assessed:

- **Daily:** all residents receive verbal feedback on a daily basis. Ideally, on a daily basis (or at minimum twice per week) feedback will be documented on Field Notes, Procedural Skills Field Notes, Direct Observation Forms or End-of-Shift Reports.
- **Mid-rotation**: formative assessment occurs at the midway point of each rotation. For all rotations less than 4 weeks duration, a face-to-face discussion is acceptable unless there is a borderline or unsatisfactory performance. For rotations longer than 4 weeks, formative assessment must also be in written format.
- **End-rotation:** a summative assessment occurs at the end of each rotation.

During family medicine block time, the primary preceptor is responsible for collecting information and completing the ITAR on behalf of the group of supervising preceptors.

Longitudinal assessment & progression in the program

In a competency-based program, residents must participate in the assessment of their own competence.

Reflection and self-assessment are critical skills for lifelong learning, which in turn is critical for continued success in practice. To assist in the development of the critical skills of reflection and self-assessment, progress review meetings are completed with the primary preceptor at 6-month intervals over the family medicine residency.

As part of the 6-month progress review, residents will reflect on their achievements and identify areas for further development. The primary preceptor meeting with the resident will monitor progress in achieving educational program requirements and, together with the resident, update the resident's education plan.

Following the meeting, the Education Directors will report on progress at the Department's Resident Progress Subcommittee. The Resident Progress Subcommittee is responsible for the oversight of resident progress, and makes recommendations to Post-graduate Medical Education on promotion, eligibility for the certification exam and confirmation of completion of training.

Consistent with Post-graduate Medical Education policy, the Resident Progress Subcommittee reviews requests for accommodation, appropriate disclosure of learner needs and provides oversight of resident remediation plans. These processes are guided by the following policies:

Accommodation for Postgraduate Medical Residents with Disabilities
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/media/Accommodation_PolicyPGME.SENATE.Nov2014.pdf

Appropriate Disclosure of Learner Needs (Educational Handover) - Residents
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/media/Appropriate_Disclosure_of__Learner_Needs_Policy.pdf

CPGME Resident Assessment, Progression/Promotion, Remediation, Probation, Suspension and Dismissal/Withdrawal Policy for Competency-Based Medical Education Residency Programs
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/media/CPGME_Resident_Assessment_CFPC_Family_Medicine_Assessment_Policy.pdf

U of M Family Medicine Residency Educational Program Requirements

All residents are required to be on the **educational register** with the **College of Physicians and Surgeons of Manitoba** (CPSM) at all times while in active training in the residency. In addition, **Canadian Medical Protective Association** (CMPA) coverage is mandatory for all residents.

Educational Program Requirement	Documentation
Clinical experiences: All residents successfully complete all clinical experiences (block rotations and longitudinal), attaining associated competencies to the satisfaction of the Resident Progress Committee.	Mid-rotation Assessment Reports (MRAs) are completed at the mid-point of each rotation of 4 weeks in length or longer. In-training Assessment Reports (ITARs) of each block rotation submitted to the Department within one month of completion of the rotation, through the Entrada. ITARs on Family Medicine block time are completed every 2 blocks. In-training Assessment Reports (ITARs) of each longitudinal clinical experience submitted to the Department within one month of completion.
Resuscitation courses: All residents are to successfully complete: • **Advanced Cardiac Lifesaving** (ACLS) prior to start and end PGY2 • **Advances in Labour and Risk Management** (ALARM) PGY1 • **Neonatal Resuscitation Program** (NRP) PGY1 Residents in the Bilingual, Northern/Remote, and Rural Streams must also successfully complete: • **Advanced Lifesaving Trauma** (ATLS) PGY2 • **Pediatric Advanced Lifesaving** (PALS) PGY2 • **Procedural sedation** PGY2 • **Airway course** PGY2	Proof of completion of required resuscitation courses.
Core College of Medicine PGME courses: All residents shall successfully complete the following core PGME courses: • **Teaching Development Program 0 (online)** annually • **Teacher Development Program 1 (online)** PGY1 • **Foundations of Professionalism** PGY1 *(formerly Resident & learning environment)* • **Professional Boundaries (online)** PGY1 • **Resource Stewardship (online)** PGY1 • **Conflict Management (online)** PGY1 • **Diversity in Medical Education (online)** PGY1 • **Teacher Development Program 2 (online)** PGY2 • **Practice Management *** PGY2 • **Drug Prescribing Safety** PGY2 • **CMPA Resident Symposium** PGY2	Documentation of attendance and satisfactory completion of any required assignments. * For family medicine residents, Practice Management course requirements are covered in the practice management academic day sessions.
Core Family Medicine PGME courses: All residents shall successfully complete the following FM PGME course: • **Indigenous Cultures Awareness Course** PGY1	Documentation of attendance and satisfactory completion of any required assignments.
Academic Day All residents are expected to attend all academic days except if on vacation/leave	Sign in sheets at Academic days.

Scholarly activity: All residents will successfully complete PEARLS exercises in PGY-1 years. **PGY1- Patient based questions:** Guideline Systematic Review Randomized Control Trial Synthesis	PEARLS submissions
All residents shall complete and present results a Quality Improvement Project to the satisfaction of the program.	Project submission and presentation
All residents shall present a minimum of once per year at a journal club to the satisfaction of the program.	Journal club feedback (Scholar Field Note)
All residents shall present at least twice a year at guideline review to the satisfaction of the program.	Guideline review feedback (Scholar Field Note)
Practice exams: All residents shall complete at minimum of 3 Simulated Office Orals in PGY1 and 3 in PGY2 years.	Completed score sheets for each Practice SOO
All residents will complete a practice SAMP exam in PGY2	Documentation of attendance
Observation & Feedback in the clinical setting: **Clinical skills:** During clinical experiences, residents shall demonstrate competence in assessing and managing a variety of clinical presentations (core topics) across clinical domains and clinical settings	Documentation with field notes (triggered by either the supervising faculty or by the resident) or end-of-shift reports, ideally daily (minimum of twice weekly) A minimum of 2 **complete** patient interviews will be directly observed per year. Ideally, these will be recorded for review with the resident.
Procedural skills: All resident must demonstrate competence in performing family medicine procedures.	Procedural Skills Field Notes Procedural Skills Log
Periodic Progress Review: All residents shall demonstrate expected progress in achieving defined **Competency Milestones** and **Entrustable Professional Activities (EPAs)**. See Appendix 1 – Projected Development of EPAs. Attainment of competence will be reviewed regularly during the residency (every 6 months). Ultimate decisions about resident acquisition of competence and decisions for promotion are made by the Resident Progress Sub-committee.	Residents are responsible for building a portfolio, which demonstrates they are acquiring the expected competencies, and receiving ongoing feedback. Adequate field notes (and other formative and summative assessments) are required to document achievement of competency milestones and independent performance of all EPAs by the end of the residency. Documentation is completed on Periodic Review of Resident Progress forms every 6 months.
The maximum length of training may not exceed 4 years. This includes leaves of absences.	

Appendix 1: Projected Development of Entrustable Professional Activities

Pre-Entrustable ⇒⇒⇒⇒⇒ Entrustable

2. practice with full supervision 3. practice with supervision on demand 4. "unsupervised" practice

			6	12	18	24
		Community-based Primary Care & Across Settings				
F1		Provides recommended preventative care to adults				
	C1	Assesses, manages, and follows up adults presenting with undifferentiated symptoms or common (key) conditions				
	C2	Manages and follows up adults with common chronic conditions and Multiple comorbidities				
F2		Provides recommended preventative care to infants, children, adolescents				
	C3	Assesses, manages, and follows up infants, children, and adolescents Presenting with undifferentiated symptoms of common (key) conditions				
	C4	Manages and follows up elderly patient with multiple comorbidities				
	C5	Identifies, diagnoses, evaluates, and manages patients with common mental ssues				
	C6	Provides palliative and end-of-life care				
	C7	Performs common family medicine procedures				
	C8	Provides expert advice and obtain consultation for patients				
F3		Facilitates care transitions				
		Emergency & Urgent Care				
	C9	Recognizes and provides appropriate management of common emergencies				
		Hospital Care				
	C10	Determines when an adult patient requires admission and in-patient hospital care				
	C11	Assesses and appropriately manages patients in hospital				
	C12	Recognizes and provides initial management of the medically unstable patient in the hospital setting				
		Maternal and Newborn Care				
F4		Provides pre-conception and prenatal care				
	C13	Provides intra-partum care and performs low-risk deliveries				
	C14	Recognizes and manages common intra-partum emergencies				
	C15	Provides postpartum care and breast feeding support				
F5		Provides family-centred care to newborns in their first weeks of life				
		Leadership, Advocacy & Scholarship				
	C16	Provide leadership within interprofessional and healthcare teams				
	C17	Provides care to vulnerable and underserved populations				
	C18	Provides care to First Nation, Inuit, and Métis peoples				
	C19	Optimizes the quality and safety of health care through use of best practices and application of Quality Improvement				
	C20	Provides clinical teaching				