

Department of Family Medicine Periodic Review of Resident Progress Form

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. The literature however, quite clearly show that people have a limited ability to self-assess their own competence and their learning needs. Guided self-assessment, which integrates external sources of information and interpretation of performance to guide one's self- assessment, is more reliable in this regard, and is also a skill that can be learned.

To assist in the development of the critical skills of reflection and self-assessment, Residents and their Primary Preceptor (or Education Director) will schedule progress review meetings at 6-month intervals over the 2-year family medicine residency. This document is designed as a guide to sorting feedback received in the preceding 6 months and to plan future learning.

Prior to the meeting:

Prior to the 6-month progress review meetings, the Resident will complete **Part 1** of the guide, in order to present to their designated faculty member an opinion/self-assessment about progress made in the past 6 months.

Residents should consider what documented evidence they will present to support the discussion regarding progress across CanMEDS roles, and achievement of EPAs. The program provides tools for teachers and learners to capture and organize documented observations (such as Field Notes, MRAs, ITARs). The quality of evidence for progress depends less on the total number of documented observations and more on appropriate sampling (mix of Core Topics, Core Procedures, across Domains and Care Settings) and the usefulness of the feedback.

Residents should also consider their clinical and educational exposures during residency to date. It is expected that residents have exposure to all domains of practice during the course of their residency.

The Site Program Assistant will ensure that information in **Residency Program Requirements Tracking Form** is updated.

The Primary Preceptor (or Education Director) shall complete the **Entrustable Professional Activities (EPA) Tracking Form**.

At the meeting:

In addition to reviewing information prepared by the resident (Part 1), the resident and primary preceptor (or site director) can discuss topics such as continuity with patients, communication from other preceptors, follow up on previous action plans, or the status of program requirements.

The goal of the discussion is to reach consensus regarding progress in the program and to establish action plans for the next time period of the resident's program, which will be documented in **Part 2**.

After the meeting:

Following the meeting, and at six month intervals, the Resident Progress Sub-Committee will monitor resident's progress within the program based on the information received.



Department of Family Medicine SIX-MONTH PROGRESS REPORT

Resident Name: Site:

Reporting period: Start Mo/Yr - End Mo/Yr

Part 1: RESIDENT REFLECTION AND SELF-ASSESSMENT

RESIDENT TO FILL OUT BEFORE REVIEW

ENTRUSTABLE PROFESSIONAL ACTIVITIES

Review your progress on achieving Entrustable Professional Activities in your Entrada dashboard. Which ones are you not on target in achieving?	

CANMEDS COMPETENCIES

Review field notes and ITARs, consider your performance across the CanMEDS roles. Describe strengths and weaknesses in each area.

CanMEDS Role	Feedback
FM-EXPERT	
FM-Expert: Patient-centered	
Incorporates the patient's experiences and context	
FM-Expert: Selectivity	
Demonstrates ability to be selective, prioritize	
FM-Expert: Clinical reasoning	
Demonstrates clinical reasoning	
FM-Expert: Procedural Skills	
Demonstrates development of clinical (psychomotor) skills	
COMMUNICATOR	
Demonstrates <u>communication</u> skills	
COLLABORATOR	
Demonstrates skills in <u>collaboration</u>	
LEADER	
Demonstrates skills in the <u>leading and managing</u>	
HEALTH ADVOCATE	
Demonstrates skills in <u>advocacy</u>	
SCHOLAR	
Demonstrates skills in the <u>scholar</u> role	



Professional	
Demonstrates <u>professionalism</u>	

CONTINUITY, PATIENT CARE & PROCEDURES			
Have you had the opportunity to develop a group of patients for whom you experience continuity?	Yes 🗌	No 🗌	
Do you feel responsibility for this group of patients or patients within a community?	Yes 🗌	No 🗌	
Have you had the opportunity to develop continuity maternity care, including ante, intra and postpartum care of individual women?	Yes 🗌	No 🗌	
Have you had an adequate volume of patients?	Yes 🗌	No 🗌	
Core Topics: Consider the CFPC 106 priority topics. Identify specific ga	ps in your	exposure.	
Core Procedures: Consider the Core procedures list. Identify specific gaps.			



DOMAINS OF CARE

Comment on feedback you have received relating to any of the Clinical Domains in the last 6 months:

Received Feedback	CLINICAL DOMAINS	COMMENTS/PLAN FOR FUTURE
✓		LEARNING EXPERIENCES
	Maternal Care Obstetrics Maternity care in Family Medicine	
	Children/Adolescents Neonatology Pediatrics Emergency Pediatrics Inpatient Pediatrics Outpatient Children/Adolescents in Family Medicine	
	Care of Adults Emergency Medicine Hospital Medicine ICU/CCU Surgery + Procedural Skills Family Medicine	
	Care of the Elderly Geriatrics Personal Care Home Elderly in Family Medicine	
	Palliative Care Palliative Care End of life care in Family Medicine	
	Care of First Nations, Inuit and Métis peoples Indigenous Health	
	Care of Vulnerable & Underserved Populations Addictions Disabled patients Newcomers Rural/Remote LGBTOI	

	Behavioural Medicine		
	Shared-care psychiatry/Psychiatry Exposure Mental health in Family Medicine		
	Wenta hearth in Family Wedterne		
	OTHER ACTIVIT	IES	
Aside fron	n your academic involvement, what other activitie		1?
(CaRMS, cor	mmittees, groups, volunteer/community involvement, self-	care initiatives, other pursuits)	
	RESIDENT WELLN	IESS	
Наув уоц	experienced or perceived harassment or abuse?	Yes □	No 🗍
riave you	experienced or perceived narassiment or abuse:	163 🗀	140 🗀
If Yes, w	as it discussed with the appropriate faculty resour	rce? Yes 🗌	No 🗌
Are there	safety concerns?	Yes 🗌	No 🗌
Do you ha	ve any wellness concerns?	Yes □	No 🗌



Part 2: ASSESSMENT OF RESIDENT PROGRESS

DESIGNATED FACULTY MEMBER TO COMPLETE

SUMMARY OF OVERALL AREAS OF STRENGTH				
SUMMARY OF AREAS	FOR DEVELOPMENT/IN	IPROVEMENT		
	COLONIAL ACTIVITIES			
ENTRUSTABLE PROFES	SSIONAL ACTIVITIES			
	Is Entrustement Professional Activity development on track? Yes \(\scale= \) No \(\scale= \) If no, which EPAs are of concern?			
PROGRAM REQUIREM	1ENTS			
	nents for stage of traini	ng met? Yes 🗌	No 🗌	
If no, which areas are	of concern?			
EDUCATION PLAN Povious provious aduct	ational plan and set nev	y goals for novt 6 mor	ath c	
Review previous educa	ational plan and set her	w goals for flext offici	itiis.	
GLOBAL ASSESSMEN	IT OF PROGRESS			
Well behind the expected	Behind the expected	Is meeting the expected	Is somewhat ahead of the	Is significantly ahead of
trajectory and requires an extension of training	trajectory, will require extension of training if not	trajectory of training	expected trajectory	the expected trajectory
	improved			

(NOTE: A formal educational plan needs to be developed for unsatisfactory progress)



Resident	Date
Primary Preceptor (or Education Director)	Date