



DEPARTMENT OF FAMILY MEDICINE FIELD NOTES

Overview

- Guided Self Reflection exercise
- Resident must write one daily and review with a preceptor
- DFM policy
- Opportunity for specific feedback time
- Do not be defensive
- Opportunity to fine tune and expand your skills
- Venture beyond clinical reasoning as a feedback topic
- Give to your Education Director weekly (yellow copy)
- Keeping a list of what you have covered identifies learning holes

Getting Started

- Every resident receives a personal field note pad
- Resident chooses a case, daily. Preceptor may direct this choice
- Choose your lens to limit discussion breadth
- Phase of the encounter
- Skill Dimension
- Lens come from the CCFP evaluation document
- Reflect upon your performance in the phase/skill dimension
- Identify what you will do differently the next time
- Rx: Repeat daily

Reflection Content

- Continue:
- What you would like to keep doing
- We do not want to lose what we do well
- Suggestions for improvement:
- Often how to improve what you do well
- Revisit what did not go well
- Consider other approaches
- Follow up: often reading opportunities, try approaches with subsequent patients



Assessment & Tracking

- Resident's Global Impression: RIME
- Reporter Interpreter Manager Educator
- Change to CanMedsFM Roles likely in next iteration
- Competency Stack
- File by 99 Topic
- Track Phase of Encounter and Skill Dimension
- Put a check beside each element as you tear out your yellow sheet
- Identifies holes in your learning

Preceptor Input

- Preceptor Comments
- After a short discussion, usual comment will be Agree
- Encouragement if resident too hard on themselves
- Limits placed if resident is overconfident

Future Plans For Field Notes

- Computerization planned in VENTIS.