



Department of Family Medicine Periodic Review of Resident Progress

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 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 primary preceptor 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 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, as this is the final meeting, to establish action for their continuing professional development (CPD) goals for their first year in practice, which will be documented in **Part 2**.

After the meeting:

Following the meeting, the primary preceptor will report on progress at the Resident Progress Sub-Committee (SRPC) meeting.



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.
Do you feel comfortable in performing all of the EPAs?

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 gaps 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 <input checked="" type="checkbox"/>	CLINICAL DOMAINS	COMMENTS/PLAN FOR FUTURE LEARNING EXPERIENCES
<input type="checkbox"/> <input type="checkbox"/>	Maternal Care Obstetrics Maternity care in Family Medicine	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Children/Adolescents Neonatology Pediatrics Emergency Pediatrics Inpatient Pediatrics Outpatient Children/Adolescents in Family Medicine	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Care of Adults Emergency Medicine Hospital Medicine ICU/CCU Surgery + Procedural Skills Family Medicine	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Care of the Elderly Geriatrics Personal Care Home Elderly in Family Medicine	
<input type="checkbox"/> <input type="checkbox"/>	Palliative Care Palliative Care End of life care in Family Medicine	
<input type="checkbox"/>	Care of First Nations, Inuit and Métis peoples Indigenous Health	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Care of Vulnerable & Underserved Populations Addictions Disabled patients Newcomers Rural/Remote LGBTQI	
<input type="checkbox"/> <input type="checkbox"/>	Behavioural Medicine Shared-care psychiatry/Psychiatry Exposure Mental health in Family Medicine	



OTHER ACTIVITIES

Aside from your academic involvement, what other activities have you been involved with?
(CaRMS, committees, groups, volunteer/community involvement, self-care initiatives, other pursuits)

RESIDENT WELLNESS

Have you experienced or perceived harassment or abuse?

Yes

No

If Yes, was it discussed with the appropriate faculty resource?

Yes

No

Are there safety concerns?

Yes

No

Do you have any wellness concerns?

Yes

No

FUTURE PRACTICE PLANS

Describe your future practice plan:



Part 2: ASSESSMENT OF RESIDENT PROGRESS
PRIMARY PRECEPTOR TO COMPLETE

SUMMARY OF OVERALL AREAS OF STRENGTH

SUMMARY OF AREAS FOR DEVELOPMENT/IMPROVEMENT

ENTRUSTABLE PROFESSIONAL ACTIVITIES

Is Entrustment Professional Activity development on track? <i>If no, which EPAs are of concern?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PROGRAM REQUIREMENTS

Are program requirements for stage of training met? <i>If no, which areas are of concern?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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TRANSITION TO PRACTICE CONTINUING PROFESSIONAL DEVELOPMENT PLAN

Review previous educational plan and set new goals for the first year in practice.
 Consider the practice setting, the scope of practice, and target populations.

<input type="checkbox"/> N/A will be starting at 3 rd year residency program

GLOBAL ASSESSMENT OF PROGRESS				
Well behind the expected trajectory and requires an extension of training	Behind the expected trajectory, will require extension of training if not improved	Is meeting the expected trajectory of training	Is somewhat ahead of the expected trajectory	Is significantly ahead of the expected trajectory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Resident

Date

Primary Preceptor (or Education Director)

Date