

# ASSESSMENT OF RESIDENTS

Prepared for the Basics Program for New Faculty

## CanMEDs-FM

How a family doctor should behave as they carry out their clinical activities

## 99 Priority Topics

What residents need to know

**Competency-Based Medical Education (CBME):** A shift from determination of level of training to level of competence

## Domains of Clinical Care

The lifecycles, clinical settings, spectrum of responsibilities and procedures that a family doctor is part of

## 6 Skill Dimensions

Patient-centred approach, communication skills, professionalism, clinical reasoning skills, selectivity, and procedural skills

## LOW STAKES ASSESSMENT

### ✓ FIELD NOTES:

- Serve as documented formative feedback
- Can be initiated by resident, faculty and allied health team members
- Based on entrustment scales (degree to which preceptors can “trust” the trainee to do the task)

- ✓ RESIDENT PRACTICE PROFILE: Documentation of all clinical encounters and procedures

- ✓ FM-MAP: Progress test completed by all residents twice yearly

- ✓ 6-MONTH PROGRESS REVIEWS: Review and discussion with site director of all assessments and self-assessment reflective questions

## HIGH STAKES ASSESSMENT

### ✓ IN-TRAINING ASSESSMENT REPORTS:

- 5-point Likert scale from not competent to competent to proficient
- Preceptor reviews all field notes to inform ITER

## PROMOTION DECISIONS

### ✓ COMPETENCE COMMITTEE:

- Site-based committee that meets regularly to determine promotion of each resident to next stage of training

## References:

[CFPC Continuous Reflective Assessment for Training \(CRAFT\)](#)  
[Dalhousie Family Medicine Residency Program: Characteristics of a Good Field Note](#)

