

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](#)