

FAMILY MEDICINE RESIDENCY PROGRAM EXPECTATIONS TOOL

This tool is intended to guide residents and preceptors. It was written with the typical resident and preceptor in mind. However, we understand that there is variability in every individual resident, as well as the preceptor's practices, including practice style, patient volume, patient complexity etc. Please adapt the suggestions below to your situation.

OVERARCHING THEMES

Continuity of Care:

Continuity of care is a mindset involving a longitudinal lens in which residents develop skills in key areas, including direct and indirect patient care, working with teams, and professionalism. Teaching these skills is a joint responsibility where the resident takes ownership and the preceptor allows independence. It is our job as educators to tailor the level of professional responsibility of our residents over two years to best prepare them for independent practice.

Increasing Professional Responsibility:

Feedback and Assessment:

Consistent, candid verbal feedback and written assessment with Field Notes, ITARs, and Benchmarking are essential in the growth of our learners.

Wellness:

A resident's well-being and psychological safety are prerequisites for effective learning and patient care. The learner should be encouraged to reach out to the program so that proper support can be organized if there are concerns about their wellbeing.

RESIDENT MONTHLY SELF-REFLECTIVE CHECK-IN:

- *What are my areas of strength and areas for improvement? How am I going to work on my areas for improvement?*
- *Am I seeking and getting feedback? How am I incorporating this feedback into my ongoing learning?*
- *Does my level of responsibility match my level of training? Am I getting more responsibility over time?*
- *Are there any barriers to my learning/wellness? How am I addressing these?*

PRECEPTOR MONTHLY SELF-REFLECTIVE CHECK-IN:

- *Is this resident at/above/below their expected level?*
- *Are they showing progress? Is it at a rate slower/faster than you would expect?*
- *Am I giving the resident feedback regularly? Is there anything I am worried about for this resident that I haven't communicated to them?*
- *Am I documenting feedback in a Field Note at least 3x/week?*
- *Am I giving the resident more responsibility over time?*

	Resident Abilities	Resident Responsibilities	Preceptor Responsibilities
Start of Program	Entering residents come from varied backgrounds, however, they should have basic skills in history and physical exams. Professionalism is expected.	• Meet with preceptor • Familiarize self with clinic processes, administrative and allied staff, and EMR • Determine initial learning goals and develop a learning plan with the preceptor. Identify opportunities for improvement	• Establish expectations re: professional conduct - clinic start time, dress code, call etc. • Have a conversation with the resident about previous learning experiences and learning goals • Direct observation of history and physical examinations right away to establish starting point/ baseline
Early R1	• Sample number of patients seen: ~3-4 per ½ day clinic (Note: residents may take longer with patient encounters at the beginning of their training) • Knowledge: May have minor gaps in knowledge, with respect to common family medicine problems • History: Working on developing a focused history • Physical exam: May need refinement in exam skills e.g. MSK, ophtho, neuro, GU • Management: Proposing management plans for preceptor feedback • Communication: Case presentations and chart notes are thorough, but may not be succinct	• Day-to-day clinic responsibilities: ◦ Reviews patient list prior to clinic start ◦ Obtains thorough and accurate histories ◦ Consults preceptor on each case, and suggests appropriate investigation and management plans ◦ Proper and timely documentation including chart notes, referral letters • Reading/studying: Familiarize self with common FM complaints and point of care resources. • Key Reflective Questions: ◦ <i>Do I consider a broad differential diagnosis?</i> ◦ <i>Am I able to build rapport with most patients?</i> ◦ <i>How is my relationship with my preceptors? Are there ways we can improve communication with each other?</i> ◦ <i>Who are the communities I am serving and how am I building skills to better serve them?</i>	• Day-to-day clinic responsibilities: ◦ Review each case with the resident ◦ Encourage resident to explain their thinking process ("What else did you consider?") ◦ Ask the resident to commit to their most likely diagnosis • Observation: May directly observe select history taking and physical exams until the resident demonstrates appropriate and consistent skills • Key Reflective Questions: ◦ <i>Do I trust this resident to give me an accurate picture of the patient's presentation?</i> ◦ <i>Can this resident determine sick vs not sick?</i> ◦ <i>Do I trust this resident to form a positive relationship with most of my patients?</i> ◦ <i>Do I trust this resident to complete their charts/referral letters accurately and timely?</i> ◦ <i>How is my relationship with this resident? Are there ways we can improve communication with each other?</i>



Resident Abilities		Resident Responsibilities	Preceptor Responsibilities
Late R1	- Sample number of patients seen: ~5-6 patients per ½ day clinic Knowledge: Has fewer gaps in knowledge; able to recognize gaps and is working to improve them History: History is efficient and effective Physical exam: Skillful, focused, respectful, aware of most special tests Differential diagnoses: Prioritizes safety and common diagnoses; Less likely to consider esoteric diagnosis at first contact. Management: Considers pt context when formulating plans. Demonstrates rational use of investigations. Communication: Case presentations and chart notes contain appropriate detail and are mostly succinct	Day-to-day clinic responsibilities: - Reviews patient list prior to clinic start - Utilizes point of care resources appropriately - Reviews labs/investigations while on blocktime and handles patient phone calls - Participating in virtual care opportunities - Becomes aware of knowledge gaps and organizes learning opportunities/electives to remedy gaps - Reading/studying: Familiarize self with common and less common FM complaints Key Reflective Questions: <i>Am I considering FIFE in the encounter?</i> <i>Do I consider patient context in developing a differential diagnosis and plan?</i> <i>Am I comfortable interacting with most patients?</i> <i>Have I increased my efficiency during patient encounters?</i>	Day-to-day clinic responsibilities: - Discusses each case, but keeps interactions briefer, more focused. - Reviews record keeping with the expectation of exemplary records - Allows resident to increase role in decision making - Probes for understanding and appreciation of psychosocial aspect of patient's illness experience Observation: Should be done for any new procedures or for patients with concerning presentations Key Reflective Questions: <i>Do I trust this resident's management plans?</i> <i>How am I teaching this resident about non-direct patient facing tasks (e.g. reviewing investigations, completing forms)?</i> <i>Do I trust this resident to recognize their own limitations?</i>
Early R2	- Sample number of patients seen: ~6-8 patients per ½ day clinic - Increased confidence; comfortable in a family medicine setting - Demonstrates behaviors that indicate patient "ownership" - Able to discuss in a respectful and knowledgeable fashion with preceptor regarding diagnosis and management when opinions differ History and Physical: Consistently cues into "red flag" signs or symptoms Prioritization: Able to prioritize patient needs/issues Management: Creates and commits to therapeutic decisions while considering the patient's desires and context.	Day-to-day clinic responsibilities: - Begins seeing patients independently - Handles a common patient encounter from start to finish with little input from preceptor - May participate in teaching other learners - Explore career options and the community they wish to serve and ensure they have the skills/exposures to be able to achieve those goals - Reading/studying: Preparing for CCFP exam Key Reflective Questions: <i>Am I employing a continuity mindset by planning ahead for future visits?</i> <i>Am I comfortable interacting with challenging or undifferentiated patients?</i> <i>Am I approaching clinical independence?</i> <i>Am I beginning to think about how I will approach things in my own future practice?</i>	Day-to-day clinic responsibilities - Allows increasing autonomy and less supervision as merited - Allows for some variations in approaches to patient care and decision making as long as patient safety is not compromised - Keeps time available for resident to discuss cases - Ongoing chart review either case-by-case or at end of the day Key Reflective Questions: <i>Do I trust this resident to independently manage simple presentations in the clinic?</i> <i>Can I see this resident safely and effectively practicing independently <1 year from now?</i> <i>How am I teaching this resident about non-direct patient facing tasks (e.g. billing, managing paperwork)?</i> <i>What are this resident's goals and career interests?</i>
Late R2	- Sample number of patients seen: ~8-10 patients per ½ day clinic - Able to manage partial scope of family medicine practice without preceptor assistance (e.g. seeing patients, reviewing labs, completing documentation) - Demonstrates a good appreciation of limitations - Consults preceptor in difficult cases	- Reading/studying: Preparing for CCFP exam - Identifies deficiencies and seeks skills to rectify them - Identifies special interests and seeks further training - Ensure that all program requirements are going to be completed (Resident Project, QI Project, One45 evaluations etc.) - Recognizes and integrates other healthcare team members in patient care Key Reflective Questions: <i>Am I ready for clinical independence?</i> <i>How will I approach things in my own future practice?</i> <i>What supports/relationships would I like to foster while in independent practice?</i>	Day-to-day clinic responsibilities - Is comfortable in allowing the resident to manage care of patients in office independently - Engage the resident in indirect patient care activities (lab review, forms, billing) - Keeps time available for resident to discuss cases as needed Key questions to ask yourself: <i>Can I see this resident safely and effectively practicing independently <6 months from now?</i> <i>Would I feel comfortable with this resident covering my practice as a locum?</i> <i>Would I entrust my friends/family to the care of this resident?</i>