

Characteristics of a Good Field Note

Purposes of a Field Note:

1. For the Learner: support further development
2. For the Clinical and Academic Coach: provide evidence to support assessment, judgement around competency development and a prescription for future growth
3. For the Program: document the learners' path to support program summative decisions concerning program extension, enrichment, completion or termination

Principles:

1. Field Notes do not replace feedback*, they only document it.
2. In general terms there are parts of clinical encounters that require thinking/problem solving (higher order skills**) beyond basic knowledge. Focusing on these areas better support competency development and assessments.
3. Not all Field Notes require direct observation of the patient encounter but all Field Notes do require direct involvement and reflective discussion with the resident. Think broadly for sources of feedback and Field Notes... i.e. a Field Note could be based on their clinical reasoning following a discussion and/or chart review, witnessing their collaboration with AHC, professional behaviours, leadership skills.....
4. Competency-based assessment requires looking for patterns of performance and trajectory. If there is a previously identified area needing improvement, follow up on this to ensure that improvement/growth has occurred.
5. Field Notes alone are not sufficient. They must be part of an assessment system that collates, summarizes and interprets the data to make decisions. As such they should cover a broad range of identified desired competencies, pick up on past performance to follow trajectory and be numerous enough to provide a high resolution picture of competency.

Characteristics of a Good Field Note:

- Has a date (for trajectory)
- Identifies a topic and a competency
- Is behaviourally specific and uses clear unambiguous language
- Is detailed enough to paint a picture of the performance being commented on
- Is focussed on the individual (not a comparator to others)

- Is focussed on a manageable amount of information
- Is focused on higher order skills
- Includes an application of the assessment standards***
- Has a judgement about the performance
- Identifies things to continue doing, things for further growth
- Promotes reflection

*The characteristics of good feedback include:

- a) Ensuring the discussion is timely (at least the same day)
- b) Ensuring it is frequent (at least daily)
- c) Being specific and commenting on behaviours, not intentions or personal attributes
- d) Having reflective discussions that focus on challenging/discerning case characteristics
- e) Stimulating learning through making a judgement and documenting and discussing pertinent coaching points with each case
- f) Focusing on one take-home message each for the behaviours to continue and the behaviours to modify
- g) Making judgements based on standards, not comparators to others
- h) Using the CFPC Evaluation Objectives to help identify key messages

** Higher Order Skills: Consider focusing on:

- a) History vs Physical Exam
- b) Diagnosis vs Treatment—(although higher order skills could go into treatment decisions if the focus is on patient centeredness and/or acuity rather than just knowledge)
- c) Data gathering vs Data interpretation
- d) Analytic Diagnosis vs Pattern Recognition
- e) Differential Diagnosis (and why), vs Diagnosis
- f) Undifferentiated Cases vs Clear Cut Cases

***http://www.cfpc.ca/uploadedFiles/Education/Certification_in_Family_Medicine_Examination/Definition%20of%20Competence%20Complete%20Document%20with%20skills%20and%20phases.pdf