

### Why use field notes?

- To provide the Preceptor and Resident a focus for observing performance and, most importantly, for recording the *specific* feedback provided to the Resident at the end of a clinical encounter, case discussion or chart review.
- To confirm for Residents what they did well.
- To identify areas requiring improvement and to help the resident find ways to achieve this.
- They are quick and easy to use.
- A way of documenting feedback provided even after a short exposure to the Resident.
- Collectively, field notes provide a method of “multiple sampling” of performance over time by different observers, this leads to more reliable assessment.
- Field notes are used as “evidence” of performance and help to conform or otherwise if the Resident is “on track” at a progress review.

### Who carries the pad of field notes?

- The Resident will carry a pad of blank field notes

### When and how often should a field note be completed?

- **During Family Medicine-based clinical experiences, a minimum of one field note** should be completed for each half day or call shift with a PGY1 Resident and one per full day or call shift with a PGY2 Resident.
- Completion of field notes is **NOT** currently expected during non-FM clinical experiences/rotations.

It is critically important that enough quality field notes recording feedback on a range of topics, key-features, EPAs and skill dimensions are collected *over the training period* to ensure there is sufficient good quality assessment data available at the time of each progress review as well as at the time of promotion and completion-of-training decisions. Where this is not the case, it may be necessary to extend training to ensure sufficient assessment data is available for this purpose.

Note that feedback on **procedural skills** is recorded using a Direct Observation of Procedures (DOPs) form (at the back of the field note pad) and feedback on **intra-partum** competencies is recorded on an intra-partum field note-IPFN).

### Upon what should the field note be based?

- Direct observation of a Resident encounter with a patient; patient's family member(s); other health care team members; colleagues and others; or
- Resident's case presentation of a patient and discussion around differential diagnosis, approach to management; investigations, interventions and/or follow-up; or
- Chart review; or
- Anything the Preceptor feels is important to provide feedback on.

### What should the content of a field note be and who completes the field note?

- Short (only in the space provided)
- A specific and meaningful, descriptive comment on what was observed, and what was discussed by the Preceptor with the Resident, with a focus **on recording the feedback provided.**
- The reference point for feedback, as much as possible, should be the Key Features listed for each of the CFPC Priority topics.
- Feedback can also be based on any additional program-specific competencies (listed on EPA templates)
- The Preceptor *or* Resident should complete the field note after feedback has been discussed and any follow-up agreed (must also be recorded).
- The field note should also include: setting; topic; skill dimension; phase of encounter, domain of clinical care (DOCC) and any relevant Entrustable professional Activity (EPA);

#### 1. Topic

E.g. Abdominal Pain, SOB, ETC -  
feedback should be focused on any  
Key Feature listed for the chosen  
priority topic

#### 2. Setting

E.g. FM Clinic, Urgent Care

#### 3. Phases of clinical encounter

- a) History (gather the appropriate information)
- b) Physical examination (gather the appropriate information)
- c) Hypothesis generation (or early differential diagnosis)
- d) Diagnosis (interpret information)  
(The term "diagnosis" is used in the general sense, and so includes problem identification.)
- e) Investigation (gather the appropriate information)
- f) Treatment (or management)
- g) Follow-up
- h) Referral

#### 4. Domains of clinical care (DOCC)

- a) Maternity care and care of newborn
- b) Care of child and adolescent
- c) Care of adult
- d) Care of elderly
- e) Palliative care and end of life care
- f) Behavioural medicine & Mental Health
- g) Care of indigenous populations
- h) Care of vulnerable and underserved populations

#### 5. Skill Dimensions

- a) Patient centered approach
- b) Communication skills
- c) Clinical Reasoning
- d) Selectivity
- e) Professionalism

#### 6. Entrustable Professional Activity (EPA)

See list at front of field note pad

### What about “level of supervision”?

Where the field note is based on the Resident’s management of a patient they have seen in clinic, or other clinical setting, that day, please indicate the level of supervision you provided or felt was appropriate for that Resident *for that encounter* only (**by circling the number at the bottom of the field note**) based on the following descriptors for each level:

- Level 1 – has acquired knowledge and skills, but insufficient to perform. May observe a more senior learner or preceptor, but is not allowed to perform the activity themselves.
- Level 2 – may perform an activity under full, proactive supervision: the supervisor decides about the intensity of supervision. The preceptor must also assess the patient in one of the following ways:
  - by observing the interaction between the resident and patient (directly in the examining room or by video monitor);
  - or by interacting directly with the patient, e.g., repeating or supplementing parts to the history and/or physical examination;
  - or by first hearing the resident’s case presentation and then seeing the patient.
- Level 3 – may perform an activity under qualified, reactive supervision: the Resident asks for the supervision. This assumes that the preceptor is comfortable with the Resident’s ability to judge their need for assistance. (If not, the Resident is at Level 2.)
- Level 4 – may perform an activity with “back stage” supervision, i.e. case discussion or chart review at the end of the day. This is threshold of competence. Once this level is reached, the activity may be safely entrusted to the resident – i.e. Independent practice.
- Level 5 – may provide supervision to others, i.e. is functioning at least at level 4, and has sufficient skill and experience to teach and supervise more junior learners.

Please note again that the supervision level chosen applies just to the specific patient that you based your feedback on. This is NOT an indication of the Resident’s supervision level in relation to any EPA.

### Who signs the field note?

- Both the Preceptor and Resident should sign the field note indicating the Resident has received the feedback provided and recorded.

### What should happen when the field note has been completed?

- The top copy of the field note is submitted to the Resident’s Program Division or site office by the Resident.
- The collected field notes are used by the Resident to show their progress in the Program at their 4 monthly Progress Review Meetings.
- Residents also use field notes to identify gap areas when constructing their draft Learning Plans ahead of their 4 monthly progress reviews.
- The Resident’s Primary Preceptor or Site Director/CCB Preceptor reviews samples of field notes ahead of the 4 monthly progress review as a way of confirming progress.

## Some helpful tips on completing a quality field note

### REMEMBER...

- Complete 'top' section of Field Note (Resident) for sorting/tracking
- Record the Feedback being given/received
- Circle the Level of Supervision for the encounter
- Sign the Field Note

BUT... What about QUALITY?  
You may have come across a Field Note like this...

Resident: <u>John Smith</u>	Date: <u>June 8, 2017</u>
Topic: <u>Depression</u>	Setting: <u>FM Clinic</u>
Phase: <u>History</u>	DOCC: <u>Adult/MH</u>
EPA (1-26) see pages 2-3: <u>#9</u>	
Skill dimension: <u>Communication</u>	
Circle: Direct observation <u>Case discussion</u> Chart review	
Feedback (1-2 sentences):	
Good History	
Follow up:	
Level of Supervision (if appropriate): 1 2 <u>3</u> 4 5	
Signed (Preceptor): _____ Name: _____	
Signed (Resident): _____	

NOT HELPFUL!

(But at least the top section is filled out!)

When the time comes for an overall assessment (at the 4-month Progress Review) – Field Note QUALITY is crucial!

### Writing a **GOOD** Field Note

- Be timely
- Be specific
- Be descriptive
- Be constructive

Sounds easy enough!

To help improve your field notes try also to include the following words<sup>1</sup>-

-suggest  
-try  
-consider  
-because  
-next time

1. Thanks to Dr's Shelley Ross, Shirley Schipper and Mike Donoff in the Department of Family Medicine, University of Alberta for this helpful tip.

The feedback provided should be as close in time to the encounter as possible (**timely**). Being **constructive** means noting resident's **specific** strengths, areas for improvement, and ways to improve. Being **descriptive** allows for easier tracking/recall of the field note down the road and the suggestions are more likely to be adopted.

#### Let's look at an example:

Not so helpful Field Note: "Good job on FIFE"

not descriptive

not constructive

Great but TOO detailed for a Field Note: "Good job exploring patient's thoughts and *ideas* on their back pain (she thought it was a muscle spasm or strain). Don't forget to explore patient's expectations for the visit – do they come to see you wanting medications, investigations, massage Rx?, etc. This will help you meet the patient's needs and find common ground during your management discussion."

**This feedback should be part of your discussion with the Resident, and the Field Note should be a SUMMARY of the discussion:**

**(NOTE – 'back pain', 'adult', and 'communication' or 'patient-centered approach' would already be documented in the TOP portion of the Field Note)**

Effective Field Note: "During FIFE - explored *ideas* well. Next time cover *expectations* when finding common ground."

### Let's look at another example:

Not so helpful Field Note: 'Be more selective during PE'

not specific

not descriptive

Great but TOO detailed for a Field Note: 'Need to be more focused and selective during your Physical Exam. If the patient is complaining of wrist pain you already suspect to be a sprain, why do a cranial nerve exam? Physical Exam should be used to rule in/out your differential.'

**REMEMBER - 'wrist pain' or 'MSK pain', 'child/MSK', 'physical exam' and 'selectivity' would already be documented in the TOP portion of the Field Note**

Effective Field Note: 'Good exam but overall PE needs to be more focused'

Even better: 'Good wrist exam [**more specific**] but overall PE needs to be more focused – don't need cranial nerve exam'. [**more descriptive**]

### Last example:

Not so helpful Field Note: 'DDx too broad'

not descriptive

not constructive

Great but TOO detailed for a Field Note: 'The Differential Dx you presented to me was too long and over-inclusive. Consider your DDx in the back of your mind as you take your history, and narrow it as you go. Use your physical exam to help narrow it further. When presenting the case, narrow to the 2-3 most likely choices and tell me what you've ruled out and why.'

**REMEMBER - 'DDx' and 'Clinical Reasoning' or 'Selectivity' as well as the topic (ie chest pain) would already be documented in the TOP portion of the Field Note**

Effective Field Note: 'DDx over-inclusive. Try to narrow to 2-3 most likely choices + why less likely are ruled out. Read around clinical presentation of costochondritis.'

### References and resources

1. Defining competence for the purposes of certification by the College of Family Physicians of Canada: The Evaluation Objectives in Family Medicine. <http://www.cfpc.ca/uploadedFiles/Education/Definition%20of%20Competence%20Complete%20Document%20with%20skills%20and%20phases%20Jan%202011.pdf> Accessed June 28th 2011.
2. Donoff M. Field Notes-Assisting Achievement and Documenting Competence. Canadian Family Physician 2009. 55:1260-1262
3. Encounter Cards. The CanMEDS Assessment Tools Handbook. Bandeira, G. Sherbino J. Frank J. Royal College of Physicians & Surgeons of Canada.
4. Dalhousie University Family Medicine "Using Field Notes-Video Tutorials" <http://fmr.medicine.dal.ca/resources.htm>