

HOW TO COMPLETE FIELD NOTES AND ITARS

FOR DALHOUSIE FAMILY MEDICINE RESIDENTS

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Evaluation of Competence



Multiple Observations by Multiple Observers

+

Real Clinical Practice

=

Valid and Reliable

Assessment

of

Competence

Assessment vs. Evaluation

- Assessment comes from s'asseoir (to sit).
 - ▣ Requires you to sit down with resident and give feedback on what you observed, what they told you
- Evaluation is about making a judgment about competency at a particular point in time

(slide from Dr Fiona Bergin)

Competence

“Competence is determined through a **process of continuous sampling, observation, and reflection of learner performance** with respect to key features and observable behaviours for a series of problems (priority topics, procedures, themes) throughout the phases of the clinical encounter, **until evaluators are satisfied that the physician is competent in all the skill dimensions.**”

(CFPC Evaluation Objectives)

(slide from Dr Fiona Bergin)



Field Notes



Field Note

- A brief document used in a clinical setting to provide and document specific behaviour-based feedback
- Intended to precipitate structured timely sharing of your experience with common reflection
- Provides documentation
 - This encourages feedback on a wider spectrum of essential skills

Purpose of a Field Note

For the Learner: support further development

For the Clinical and Academic Coach: provide evidence to support assessment, judgement around competency development and a prescription for future growth

For the Program: document the learners' path to support program summative decisions concerning program extension, enrichment, completion or termination

(Working Group on the Certification Process, College of Family Physicians of Canada August 2014)

Direct Observation vs. Direct Involvement

- 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

(Working Group on the Certification Process, College of Family Physicians of Canada August 2014)

- Think broadly for sources of feedback and Field Notes.
For example, could be based on:
 - Learner's clinical reasoning following a discussion
 - On a chart review
 - Witnessing their collaboration with other team members
 - Professional behaviours, such as handover or follow up; courteousness to staff
 - Leadership or teaching skills
 - Response to feedback

Characteristics of a Good Field Note

- Has a date (for trajectory)
- Identifies a topic and a competency
- Is behaviourally specific
- 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
- Has a judgement about the performance
- Identifies things to continue doing, things for further growth
- Promotes reflection

(Working Group on the Certification Process, College of Family Physicians of Canada August 2014)

When to Complete a Field Note and What to include

- Daily in Actual Clinical Setting
- Discuss what is being written down, ideally promoting discussion with reflection
- Focus on a behaviour or learning point rather than on multiple issues
- Is not a comparison with other learners

Who Fills in Field Note and How?

- Ideally the resident takes the initiative to get a field note completed
- Field note may be filled in by resident or staff
- Negotiate with the resident what you are going to discuss
- Be open to their suggestions, but don't neglect your agenda
- Can flag verbal feedback and suggest “lets do a field note on that”

Field Notes – What goes Where

- **Problem:** the clinical issue upon which the field note is being based
 - e.g. if field note is on communication and was for a patient encounter where had to break bad news the problem might be “breaking bad news” or could be “metastatic cancer”

- **Phase:** 8 phases of clinical encounter:
 - *History; Physical; Hypothesis; Investigation; Diagnosis; Management/Treatment ; Referral ; Follow-up*

- **Skill:** 6 skill dimensions:
 - *Selectivity; Clinical reasoning ; Professionalism ; Patient Centered Approach; Procedural Skills; Communication*
 - These skill dimensions are well described at: <http://www.cfpc.ca/EvaluationObjectives>

- **Domain:** Office, Consult Service, Inpatient, ER, LTC, Home visit, etc.
 - **May also include:** adult, peds, elderly, teen, etc.

The logo consists of a solid orange square on the left, followed by a blue horizontal bar. The word "ITARS" is written in white, uppercase, sans-serif font within the blue bar.

ITARS

What is an ITAR?

- ITAR= In-Training Assessment Report
- The ITAR is designed to **document competence and promote learning.**
- It is formatted using the CFPC Evaluation Objectives, as is our Field Note.
- The intent is to populate the ITAR with cumulative credible information from field notes.

“The purpose of this in-training assessment report is to provide clear documentation of the resident's progress towards competence in the six essential family medicine skills. Each skill is defined. Please add specific comments about resident performance to outline where the resident has achieved competence, where they are progressing satisfactorily, areas to focus on for future development and any concerns. Please provide examples from field notes that support your narrative.”

Completing ITARs

1. Use general, over arching statement with examples
2. You do NOT need to have a field note on everything you put in an ITAR nor do you need to use all of the field notes
 - a) ITARs are much more than a summary of field notes
 - b) Don't be afraid to rely on other input not just from field notes
 - c) Don't have to use every field note in the ITAR

Completing ITARs-continued

3. Get team input
4. Be careful on the ITARS what you list as the “to work on”
 - Don’t put one-off comments unless egregious, look for trends
5. Include patient feedback into ITAR
6. Procedure field notes – “competency achieved” is a helpful statement if you feel this is true

Preparing the ITAR

- ❑ Have resident organize field notes according to skill dimensions
- ❑ Preceptor to review field notes
 - ❑ Note areas of strength/weakness/concerns
 - ❑ Note which skill dimensions have been sufficiently addressed, and which require further attention
 - ❑ This review will provide the basis for your discussion with the resident
- ❑ Extract comments from field notes that may be useful to put in ITAR

Using Field Notes for ITARs

- Don't need to list every field note
- If “not progressing as expected” may need more examples from field notes
- Field notes should support your overall assessment but not dictate it.
 - ▣ Remember they are formative not summative but can inform your summative assessment (i.e. ITAR).

CCFP Objectives

- Each domain has themes with observable behaviours
- Example of a Theme in Professionalism:
 - ▣ “Day-to-day behaviour reassures one that the physician is responsible, reliable, and trustworthy.”
- Observable Behaviours:
 - ▣ Comes to clinic when expected
 - ▣ Answers pages when on call
 - ▣ Sets up systems for follow-up of patients
 - ▣ Does not lie
- <http://www.cfpc.ca/EvaluationObjectives/>

Best Practice ITARs

- Summative, overarching statement(s)
- Use field notes as examples/evidence
- Input from team
- Use patient feedback
- Avoid listing all comments from field notes



CCFP Evaluation Objectives:

<http://www.cfpc.ca/EvaluationObjectives>