



* indicates a mandatory response

In-Training Assessment Report (ITAR) for Family Medicine

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.

In order to document satisfactory progress, all six skill dimensions should be assessed in a **sampling** of the following content of comprehensive family medicine.

PGY1 - with readily available supervision PGY2 - independently with back up

- **Care of Children**
 - o Newborn care
 - o Evidence based health promotion and prevention from infant to child
 - o Acute illness in infants
 - o Acute illness in school age children
 - o Chronic illness
- **Care of Adolescents**
 - o Evidence based health promotion and prevention
 - o Issues around sexuality and reproductive health
 - o Assessment of substance use/abuse
 - o Social problems
 - o Psychological/psychiatric problems
 - o Suicide risk
 - o Chronic illness (e.g. diabetes, asthma, IBD)
- **Care of Adults**
 - o Evidence based health promotion and prevention
 - o Chronic disease care (e.g. diabetes, CVD, arthritis, COPD etc)
 - o Complex patients with multiple diseases
 - o Benign self limited illnesses
 - o Undifferentiated problems
 - o Acute serious illness in ambulatory setting
 - o Acute illness needing urgent care or hospitalization
 - o Care of hospitalized patients
 - o Behavioral Medicine
 - o Life stages and transitions
 - o Cancer care
 - o Palliative care
 - o Care of Women including Maternity Care
 - o Care of Men
 - o Emergency Medicine
 - o Care of Underserved populations
 - o Care of the Elderly
- **Uncommon but serious and treatable conditions (red flags)**
- **Therapeutics**
- **Procedure Skills**

In order to be competent for the independent practice of Family Medicine, the resident should demonstrate the ability to practice in all of the above areas at the completion of residency training.

Selectivity

Definition

Residents who demonstrate selectivity are able to set priorities, focus on what is most important and avoid a routine or stereotypical approach (such as a medical student might use). They are selective and adapt to the situation and the patient. They gather the most useful information without losing time on less contributory data however they will explore a problem in detail when needed. They can distinguish urgent and non-urgent conditions and act appropriately for each.

[Click here to view the CFPC priority topics and key features.](#)

[Click here to view the CFPC description for Selectivity.](#)

Describe aspects of competence achieved in SELECTIVITY and developing competence including examples from field notes

Mandy's selectivity skills have been recognized as excellent by all who supervise her. She has demonstrated appropriate thoroughness in many ways; in therapeutics she has demonstrated this in her ability to give a thorough informed consent, she considers the most common and worst side effects of anti-hypertensives and anti-depressants including disruption of electrolytes and prolongation of QT interval respectively. She also demonstrated thoroughness in her follow-up of inconclusive ultrasound results. This allowed her to appropriately advise a grieving mother on the management of her missed abortion. Mandy's ability to be appropriately focused is impressive. She has field notes that document her ability to sift through multiple serious problems (hemoptysis, globus, and breast pain), safety net each one and prioritize them. She has also demonstrated focus in a patient with dry cough. She did not let the absence of heartburn draw her attention from a possible diagnosis of GERD. On the flip side, she was appropriately reassuring and did not focus on a patient with long standing palpitations after ruling out red flags.

Describe areas for focus and further development in SELECTIVITY including examples from field notes

Review Key Features and Priority Topics on Multiple Medical Problem and Chronic Medical Problems. If there is no improvement in a patient on HRT, consider another cause for the hot flashes. Consider keeping a note book on people you want to follow-up on for safety netting and your own learning..

	Significant concerns about progress - site level or program level remediation plan required. May need program support	Some concerns about progress. A plan has been established between the resident and the preceptor and will be implemented and assessed through ongoing clinical exposure	Progress as expected. No concerns.
Rate:	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Clinical Reasoning

Definition

Residents who demonstrate good clinical reasoning gather **the right information at the right time and interpret and synthesize** the information systematically. They consistently consider common and red flag conditions and organize their thinking to come to a reasonable problem list with short and long term management plans. They make appropriate decisions and set appropriate goals. [Click here to view the CFPC priority topics and key features.](#)

[Click here to view the CFPC description for Clinical Reasoning.](#)

Describe aspects of competence achieved in CLINICAL REASONING and developing competence including examples from field notes

Very good clinical reasoning skills are well documented in field notes. In particular Mandy has demonstrated an ability to make good decisions in the management of anxiety (increasing SSRI and addressing insomnia), management of menorrhagia (use of BCP and checking BP before starting), and jaundice in a newborn of Asian descent (did a bilirubin when in doubt). She also made good decisions in situations involving an abnormal cervix, IHD and suicidal ideation. In gathering data on an 80 yo with diarrhea, she considered overflow diarrhea as a possible diagnosis. When setting goals, she was appropriate and independent in managing hypertension, NIDDM, infertility, chest pain and neuropathic pain. Staff physicians have commented that Mandy has filled in some of their knowledge gaps.

Describe areas for focus and further development in CLINICAL REASONING including examples from field notes

When tapering SSRI's go slow. Consider use of the PHQ9. Reflect on transferring patients with suicidal ideation to hospital (accompanied or by ambulance). Look up the management of West Nile. Consider leaving a patient off a benzodiazepine if they have been off it for one week and are tolerating their anxiety. Do a weight check if PCOS suspected. Do blood pressure on patient with chest pain. Do flat plate on patient you are considering overflow diarrhea and have an empty rectum.

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Professionalism

Definition

Professionalism means reliability, trustworthiness, respect and responsibility to patients, to colleagues, to oneself, to the profession, and to society at large; it deals with honesty, ethical issues, lifelong learning and the maintenance of the quality of care. Important attitudinal aspects such as caring and compassion fall under professionalism. It includes knowing and expanding one's limits of competence, dealing with uncertainty in a clinically appropriate and patient-centered manner and the ability to evoke confidence without arrogance. Professionalism implies attention to boundaries, commitment to patient well being, respect for patients' culture and values (e.g. appropriate personal appearance) and willingness to assess one's own performance. It includes a commitment to reflective practice, evidence based medicine and learning from colleagues and patients as well as a commitment to personal health and seeking balance between personal life and professional responsibilities. The ability to behave professionally and collegially in difficult situations is essential. Professionalism means doing the right thing even when no-one else may ever know. [Click here to view the CFPC themes with their observable behaviours for Professionalism.](#)

Describe aspects of competence achieved in PROFESSIONALISM and developing competence including examples from field notes

Mandy exhibits many favourable professional attributes. She was kind and compassionate with a patient who had concerns about another primary care giver; she listened to the patient, validated the patient's concerns while giving the other physician the benefit of the doubt. She also demonstrated compassion in seeing a single mother who had severe pain and showed up late for her appointment. She has also demonstrated she can be firm with patients; for example, those who are on opioid agreements. She is evidence- influenced and demonstrated this by researching the benefit of completing a repeat SCAT2 on a patient with persistent concussion symptoms. She has been seen to evoke confidence in a patient with peri-oral dermatitis; she looked up pictures and literature to support the diagnosis and management and informed the anxious patient of the diagnosis and management plan. Mandy's collegiality speaks to her professionalism; this is seen in the manner and willingness to teach medical students and sees patients for a colleagues who have fallen behind schedule.

Describe areas for focus and further development in PROFESSIONALISM including examples from field notes Consider use of post -dated prescriptions when prescribing narcotics.

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Patient-Centered Approach

Definition

Residents who are patient centred demonstrate exploration of both the disease and the patient's personal experience of illness (e.g. FIFE). They show an active interest in their patients and over time are able to describe important details of their lives. They work to enhance the relationship and gather day to day contextual information that will help guide them in making appropriate decisions with their patients. They work with their patients to come to agreement on the problems, the priorities, the goals and approach to management. They regularly address prevention and health promotion in clinical encounters. They manage time and resources effectively. [Click here to view the CFPC themes with their observable behaviours for Patient-Centred Approach.](#)

Describe aspects of competence achieved in PATIENT CENTERED APPROACH and developing competence including examples from field notes

Mandy has very good patient- centred skills. Many of her field notes spoke to her ability to treat the whole person and to pay attention to "FIFE" in her history- taking. Some examples of her holistic approach includes: a systems review and HEADDs screen in a 21 year old with mild developmental disability and a good mobility assessment on a patient with CP. Her strength in "FIFE- ing" was seen in her ability to consider the patient's expectations when they were very resistant to change. Mandy does a good job at building relationships with patients. In breaking bad news, Mandy told a patient that her pap was not processed because Mandy had not put all the identifiers on the pap. Her forthright manner and honesty was well received.

Describe areas for focus and further development in PATIENT CENTERED APPROACH including examples from field notes

Once a year persons with developmental disabilities should have a full physical exam. Document positive pain posturing, this may help validate a patient you feel has credible pain. Consider bi-polar type 2 in a patient with fluctuating levels of motivation and engagement. Consider MS in a patient with a non-dermatomal sensory loss.

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Procedure Skills

Definition

Residents who have an effective approach to procedures can decide if it is appropriate for **them** to do **this** procedure on **this** patient on **this** day. They prepare thoroughly for the procedure including patient consent. They attend to the patient's comfort and safety throughout the procedure. If difficulties arise they demonstrate the ability to reevaluate and stop or seek assistance. They organize appropriate after care and follow up. They demonstrate appropriate technical skills. [Click here to view the CFPC general key features for Procedure Skills and a list of the core procedures.](#)

Describe aspects of competence achieved in PROCEDURE SKILLS and developing competence including examples from field notes

Good technique in injecting for Meralgic Parasthesia and treating an ingrown toenail with a wick. In performing an endometrial biopsy she attended to the patient's comfort, used gentle tone and ensured appropriate visualization.

Describe areas for focus and further development in PROCEDURE SKILLS including examples from field notes Practice counselling for endometrial biopsies.

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Communication Skills

With members of the health care team (colleagues)

Definition

Residents who communicate well with colleagues take enough time and demonstrate the ability to listen so they truly understand their colleague's point of view. They are able to communicate accurately and clearly, both verbally (face to face, over the phone, etc.) and in writing (e.g. chart notes, consult letters, orders, prescriptions etc.). They display effective non-verbal skills including attention to their own body language, responding to body language of a colleague, tone of voice, etc. They demonstrate respect for the opinions, values and ideas of their colleagues. [Click here to view the CFPC themes with their observable behaviours for Effective Communication with Colleagues.](#)

Describe aspects of competence achieved in COMMUNICATION SKILLS with colleagues and developing competence including examples from field notes

Mandy has very good communication skills and she is collegial with her peers. This is seen in her day to day interactions with them; she is friendly and inclusive and she casually shares medical information as part of day to day learning. All staff agree she is a very good communicator in writing (lists problems, documenting future plans, red flags and medical legal issues well documented); in conversation, she communicates well in person (hand over and follow up) and on the phone.

Describe areas for focus and further development in COMMUNICATION SKILLS including examples from field notes Continue to develop your communication skills. This is an excellent topic to reflect on. Remember to do and record weight, vitals and immunizations.

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Communication Skills

With patients

Definition

Residents who communicate well with patients demonstrate the ability to listen so that they truly understand the patient's needs. They are able to communicate clearly both verbally and in writing (e.g. letters, instructions). They display effective non-verbal skills including attention to their own body language, responding to the body language of a patient, use of silence, etc. Their communication is appropriate to the culture and age of the patient. They demonstrate a respectful, caring and compassionate attitude. [Click here to view the CFPC themes with their observable behaviours for Effective Communication with Patients.](#)

Describe aspects of competence achieved in COMMUNICATION SKILLS with patients and developing competence including examples from field notes

Mandy communicates well with patients. She is a natural patient educator. She is strong in her approach to informed consent. She speaks to realistic outcomes, side effects, and allows adequate time for questions. In a patient with newly diagnosed hyperthyroidism and a very complicated management plan she took the time to write out the plan for the patient. She uses the telephone appropriately to follow up on patients who have high risk situations (patient with threatening history of miscarriage and past history of PTSD).

Describe areas for focus and further development in COMMUNICATION SKILLS including examples from field notes Continue to develop all aspects of your physician-patient communication skills.

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OVERALL PROGRESS TO DATE

	Significant concerns about progress - site level or program level remediation plan required (must be brought to Residency Training Committee Executive meeting for discussion).	Some concerns about progress. A plan has been established between the resident and the preceptor and will be implemented and assessed through ongoing clinical exposure	Progress as expected. No concerns.
Rate:	○	○	●

Individual Objectives for Future Development with appropriate Learning Plan:

Pay attention to small items like vitals and weight. Work at remembering to take and document vitals. More exposure to acute care in the office. Approach staff who are attending to their own patients and ask to see any patients with acute presentations. More exposure to behavioral issues in children, look into attending school-based clinic.

The content of this form was adapted from: T Allen, C Bethune, C Brailovsky, T Crichton, M Donoff, T Laughlin, K Lawrence, S Wetmore (alphabetical). Defining competence in Family Medicine for the purposes of certification by the College of Family Physicians of Canada: The evaluation objectives in family medicine. Accessed February 7, 2011 at site below:

<http://www.cfpc.ca/uploadedFiles/Education/Definition%20of%20Competence%20Complete%20Document%20with%20skills%20and%20phases%20Jan%202011.pdf>