

# **Viewing All of Your e-Field Notes: Preceptors**

# To see all of the field notes on which you’ve been identified as the feedback-provider, generate a report using the T-Res website ([www.t-res.net](http://www.t-res.net)).

1. Log into your T-Res account
2. Select the *Reports* tab
3. Select *Report 101 - UBC Family Practice Aggregated Field Note*
4. Select filter options, as desired, and *View Report*
5. View online or export as CSV, pdf, or Excel file

# What to do with your field note report?

* *Get curious*
* How does the resident appear to be doing, overall?
* Are there any areas (Domains of Care, CanMEDS-FM roles, Skill Dimensions) in which s/he still needs to demonstrate competency?
* Has the resident redressed all issues where learning gaps were identified and/or “follow up” steps were required?
* *Support a summative assessment*
* Use the information to help complete an In-training Assessment Report (ITAR) – if multiple preceptors are involved, you may share this information with the head evaluator for the resident.
  + Does the data suggest that the resident has achieved stated goals and met expectations for this learning event?
  + What specific anecdotal comments could you consider to communicate what was done well and what areas still need addressing?
* Do my impressions jive with what others who are working with this resident say?
* *Reflect*
* Does my feedback follow best practices for fostering resident learning (ie. mainly based on direct observations, behavioural feedback, concrete suggestions for improvement, etc.)?
* Are there any areas where I could improve my feedback-giving skills?

# Any questions?

* Contact T-Res at (604) 693-2323 or 1 (866) 694-2323 (toll free) or

[support@t-res.net](mailto:support@t-res.net)

* Contact your Site Faculty for Assessment and Evaluation

Name: Email:

* Email Dr. Theresa van der Goes (Lead Faculty for Assessment and Evaluation) at [ewetopia56@me.com](mailto:ewetopia56@me.com) .

UBC Family Practice Program

**101 - UBC Family Practice Sample Aggregated Field Notes Report**

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| **Sample Resident** | | | | | **R1** |  | | | **9/1/2014 to 9/15/2014** | | |
| **Domain of Care** | **Skill Dimensions** | **CanMEDS-FM Roles** | **Activity Observed** | **Continue (what was done well)** | | | **Consider**  **(what to improve)** | **Supervision Required** | | **Follow-Up (Optional)** | **Direct Observation** |
| Children and Adolescents | Patient Centred Method | Professional | History and exam of back pain in an adolescent | Very sensitive and professional approach | | | Continue to work on organization of the exam sequence. Test toe strength, Planters, SLR. | Distant | |  | Yes |
| Maternity and Newborn | Clinical Reasoning Skills | FM Expert | Complete prenatal physical examination | Well explained purpose of examination and ensures patient comfort | | | Focus on even more comprehensive examination (more detailed head/neck, lymphadenopathy, optimal positioning for cardio exam) | Close | |  | Yes |
| Children and Adolescents | Communication Skills | FM Expert | Assessment of acne | Good clinical assessment | | | Improve knowledge of appropriate acne Rx | Distant | | Prepare 2 minute oral summary on acne Rx | No |
| Scholar |
| Maternity and Newborn | Procedural Skills | FM Expert | Vaginal delivery | Well controlled delivery | | | Apply pointers on suturing vag tear, delivery of shoulders, delivery of placenta. | Close | |  | Yes |
| Care of the Underserved | Patient Centred Method | Health Advocate | Interview with very difficult patient | Exceptional ability to manage the interview with empathy and health advocacy. | | | Time did not really permit but management of his COPD needs to be addressed. | Only for Refinement | |  | Yes |
| Communicator |
| Care of Adults | Clinical Reasoning Skills | FM Expert | Case presentation for LLQ pain in woman >50. | Appropriate recommendations for further investigations. | | | Important to explicitly list DDx to ensure all relevant diagnoses are considered. | Only for Refinement | |  | No |
| Care of the Elderly | Communication Skills | Communicator | Referral letter composition | Both referral letters good: you included a clear question, relevant PMHx, med list, and copies of relevant investigations | | | Include allergy information | Only for Refinement | |  | No |
| Children and Adolescents | Patient Centred Method | Collaborator | History and examination of a child with a rash | Very professional approach to grandmother and child. Good rapport. | | | Don't forget to ask about immunization status | Distant | |  | Yes |
| FM Expert |

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| Yellow = Preceptor-written field note | Blue = Resident-written field note |

**Who sees what?**

**Residents:**Using the reporting function of T-Res, you may view all field notes with your name attached (either written by you, or written by a preceptor). Your Site Director, Site Coordinator, Site Assessment & Evaluation faculty, and the Program Director may view all your Field notes. The Lead Assessment and Evaluation faculty may view your field note data with the goal of improving the quality of the program's assessment system.

**Preceptors:** Using the reporting function of T-Res, you may view all the resident field note data that you have entered, yourself, as well as any field notes on which you have been identified as the feedback-provider. When multiple preceptors work with a single resident during a learning event/rotation, the resident will provide a designated head evaluator with a summary collection of field note data, including those entered by all preceptors involved in the specified learning event/rotation, to help the head evaluator complete a summative assessment (Web-Eval ITAR form). There are no other times where one preceptor may view field notes created by others.

**Site Directors:** Using the reporting function, you may view all field note data for any resident assigned to your site.