

FAQ: on the SHORT ITAR how many roles do I choose?

Who chooses what roles I comment on?

- Your site may have specific suggestions of roles for each learning event, or leave it up to you and your resident to decide. Even for the shortest of electives, we would appreciate “**Family Medicine Expert**” and **one other role**.

Do I need to write a sentence for each role I choose?

- Yes! We appreciate that *multiple* CanMEDS-FM roles can be observed when you coach your resident. Please **name the Role(s) somewhere** in your sentence.

Why do we all have to use the same form?

- With 18 sites, the content and structure of learning events (rotations) are often unique to a site. Using the same form, and using roles or skills that are found in almost all that we do in clinical practice, allows us to **judge competence through the same set of lenses**. With competency based medical education, the program is held much more accountable to our accrediting bodies, thus to society, for the competence of our graduates, than when most of us trained. We need to be able to demonstrate a robust and defensible assessment process across the entire program. This would not be possible with a unique form for each learning event at each site.

Why is this step of choosing the number and type of role or skill dimension needed?

- Learning events (block or longitudinal rotations) vary from 1 week to 16 weeks across the 18 sites. It makes little sense for a preceptor or rotation coordinator for a short duration learning event to comment on all 7 CanMEDS-FM roles! (We listened to you on this!) There are **some roles that are much more relevant** to particular learning events than others. For example, it may be easier to assess and comment on Health Advocacy in a Psychiatry or Family Medicine Rotation, than in a Surgical Rotation. It makes a lot of sense for a Family Practice Preceptor to comment on all roles or skills, as they spend many months with an individual resident.

How does my assessment relate to any curricular goals or objectives, when I am commenting on a a “role”, instead of specific questions about the “objectives” of this learning event?

- We trust you know your context and will spontaneously comment on what was important! Please do look at the [UBC Curriculum Objectives](#) and linked in these objectives, the [Priority Topics and Key Features](#) for Family Practice. We also ask that **you comment on the goals and objectives from the Goal Setting form** you and your resident completed near the start of this learning event. Across **all 18 sites**, objectives vary widely for each learning event. Across all events **at any one site**, we capture most of the program level curricular objectives.
- Please comment on specific roles that the ***resident is either struggling with or, has yet to have any evidence to support competency*** - useful for their next learning plan. Residents as adult learners need to present evidence – Field Notes and ITARs, that they are being observed across all roles and skills. This is reviewed with the resident by their Site Director or designate.