# **RESIDENT BENCHMARKS - Year 1**

# **BEGINNING 1ST YEAR - GOALS**

- » Consult preceptor on each case
- » Step-wise approach to investigations not all at once
- » Getting comfortable with uncertainty
- » Becoming aware of long-term relationship with patients
- » Acquiring effective communication skills
- » Time for interviewing: 30-45 minutes
- » Resident to explain thinking patterns and to make a most likely diagnosis.
- » Resident to use SOAP record keeping
- » Resident to read around cases
- » Acquisition of a professional approach

# **BEGINNING 1ST YEAR - ABILITIES**

- » "Hospital-based" style: History & examination prolonged, unfocussed
- » Large gaps in knowledge
- » Limited deductive ability
- » Scant knowledge of therapeutics
- » Often does not articulate awareness of psychosocial issues of patients or education may have focused on psychosocial approach to the neglect of other competencies
- » Interacts mainly with Preceptor in office setting - no consistent communication (re management issues) with office staff yet.
- » Does not yet manage own cohort of patients

# **END OF 1ST YEAR - ABILITIES**

- » Very comfortable with Fam. Practice setting
- » Good rapport with patients
- » Interview within 30 minutes
- » Prioritize patient needs/issues
- » Cues into "red flag" symptoms & signs
- » Able to formulate a reasonable management plan
- » Still tends to over-investigate
- » Much better grasp of therapeutics
- » Respectful relationships with office/ hospital staff
- » Able to confidently and reliably deal with lab results, phone calls, consultation with colleagues/ specialists
- » Consistently aware of need for office communication: schedule, lieu days, vacations etc.
- » Starts to schedule and manage own cohort of patients.

Supported by direct observation, feedback (field notes), reflection



# **RESIDENT BENCHMARKS - Year 2**

#### **BEGINNING 2ND YEAR - GOALS**

- » Identify and address gaps in knowledge base and organize appropriate electives.
- » Identify an evidence informed approach to information management
- » Work gradually towards autonomy in handling patients.
- » Be clear about when to involve your preceptor in patient care.
- » Aim to see most patients within 15 minutes for a regular appointment
- » Ensure integration in to the practice "on-call" system
- » Continue solicitation of constructive feedback from preceptor.
- » Incorporate practice management skills in to learning activities.

#### **BEGINNING 2ND YEAR - ABILITIES**

- » Able to appreciate limitations
- » Able to see patients independently and make therapeutic decisions in most cases.
- » Able to and wants to assume responsibility for decision making related to patient visit as much as possible.
- » Continue to review selected cases by the end of the day
- » Distinguish patient problems that require timely consultation with the preceptor
- » Able to prioritize patient concerns and rebook when time is insufficient
- » Independent in managing most "call" situations.
- » Able to confidently identify when to contact preceptor.
- » Able to incorporate feedback and demonstrate change.
- » Practice management abilities are nascent.

# **END OF 2ND YEAR - ABILITIES**

- » Able to address knowledge and skills gaps sufficient for independent practice
- » Reliably find relevant and quality sources of information to answer clinical questions.
- » Investigates appropriately, not excessively.
- » Manages the majority of patients independently
- » Consults only on difficult cases.
- » Able to schedule and manage full patient load within the Office context.
- » Competent to locum in your practice.
- » Interacts comfortably with clinic physicians and preceptors on a collegial basis
- » Able to demonstrate basic practice management skills.

Supported by direct observation, feedback (field notes), reflection