UBC Family Practice Residency Program – Program Benchmarks

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The UBC Family Practice Residency Program – Program Benchmarks ("Benchmarks") are designed primarily for use with program and site-level competency committees to provide a reference trajectory for resident development and assessment benchmarks. We recognize resident growth and development are often individualized and contextualized to the rotations available at each site, and the opportunities made available. Use of these benchmarks should therefore consider the context in which the resident was exposed to, and whether they can be expected to perform at these levels. Preceptors can also use these benchmarks to inform assessment narratives and to plan clinical opportunities for resident learners based on their stage of training.

These benchmarks were created taking into consideration the Family Practice Office context, as well as general behaviours across the CanMEDs roles. It intentionally does not specify specific clinical tasks or procedures to be performed. Reference can be made to the UBC Family Practice Domains of Care and Core Activities, as well as the CFPC Residency Training Profile for the scope and breadth of exposures anticipated.

*****FM Expert**: The assessment of Family Medicine expertise is tailored to each resident's rotation schedule and site-specific experiences. Expectations outlined in this document are general and should be adapted based on individual resident experiences and rotations. For example, a resident's specific order of rotations within a site may affect the times in which they demonstrate competencies at different times, based on their exposure to specific clinical settings.
****Timing of Visits:** The timing of visits should focus on and address ability to develop therapeutic relationships with patients and recognizing the value of longitudinal care, rather than clinical productivity and efficiency. It is expected that with development of these longitudinal relationships with patients that the time required for each visit will gradually decrease accordingly.

References for further information and adapted from:

1) Lacasse, M., Théorêt, J., Tessier, S., & Arsenault, L. (2014). Expectations of clinical teachers and faculty regarding development of the CanMEDS-Family Medicine competencies: Laval developmental benchmarks scale for family medicine residency training. *Teaching and learning in medicine*, *26*(3), 244–251. https://doi.org/10.1080/10401334.2014.914943
2) McGill University Department of Family Medicine. Evaluation Benchmarks (Website). https://www.mcgill.ca/familymed/education/postgrad/curriculum-overview/evaluation-benchmarks
3) Queen's University Department of Family Medicine (2019). PGY1-2 Benchmarks (Website). https://familymedicine.queensu.ca/sites/familymedicine/files/inline-files/Milestones.pdf
4) UBC Family Practice Residency Program. Residency Benchmarks. https://postgrad.familypractice.ubc.ca/resident-resources/assessment-and-evaluation/benchmarks/

PGY1 Months 1-6

Training Context

- Family Practice Resident learns a new health care system alongside its expectations and adapts to new clinical office setting and colleagues.
- New responsibilities as a "doctor" and a resident employee in the health care system. This represents a change from the medical school and/or clerkship context.

Overarching Principles in this Stage of Training

- Residents may be rigid or rely on analytic thinking at this stage to inform decision-making, with early consideration to individualization based on patient factors.
- Demonstrates critical thinking and considers different approaches.
- Starts to engage in self-reflective learning.

Red Flags

- Significant professionalism and/or patient safety concerns.
- Inability to accept ambiguity or avoidance of venturing beyond rigid or concrete framework, leading to inaccurate diagnosis and/or management.
- Inability to accept feedback
- Inability or avoidance of practicing reflective learning.
- Clinical knowledge or skill clearly below what is normally expected at this phase.

Role	Benchmarks
FM Expert*	• Reviews recent charts and investigations, conducts reliable, structured assessments. • Initiates a broad differential diagnosis based on information gathered from history and physical through clinical reasoning. • Begins to develop management plans that may include broad-based investigations, with potential limited knowledge and experience in therapeutics (e.g., medication doses, differences between medication classes, etc.). • Recognizes the value of continuity in family medicine for ongoing care. • Knowledge gaps are expected to be present to be filled with reading around cases.
Communicator	• Initiates agenda discussion with patients, understanding their expectations. • Maintains respectful communication (verbal & non-verbal) with all, including preceptors, patients, and staff. • Ensures timely and accurate charting, integrating preceptor feedback for improvement.
Professional	• Maintains punctuality and appropriate attire based on workplace norms. • Communicates absences responsibly per program policies. • Honest, reliable, and completes delegated tasks promptly. • Acknowledges limitations, seeks help, and integrates feedback into daily practice. • Respects patient confidentiality according to CPSBC standards, as well as other practice standards and Code of Ethics. • Actively engaged in learning, including with assessment and feedback processes (e.g., field notes, preceptor/rotation evaluations).
Collaborator	• Recognizes the role of allied health professionals in clinic (where applicable) and specialists in patient care. • Considers referrals judiciously based on indications or necessity. • Communicates clearly, tailoring messages to the audience in collaborations (verbal or written consults, handovers).
Health Advocate	• Considers health determinants (social, ethnic, planetary health, etc) and psychosocial factors affecting patient care. • Recognizes the importance of the patient's illness experience, context, and expectations and their impact. • Explores local resources in the community and facilities. • Utilizes preventive health screening and promotion guidelines, occasionally needing reminders and guidance.
Scholar	• Identifies learning needs and reads around clinical cases, potentially with prompting. • Initiates discussions on Continuous Quality Improvement (CQI) with preceptor/supervisor.
Leader/Manager	• Completes most visits within 30-45 minutes**, with anticipated review with preceptor after each case. • Starts to develop some continuity with a few patients through repeated patient encounters. • Considers systemic implications (e.g., cost, planetary health implications, access, equity) of treatments and investigations.

PGY1 Months 7-12

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Training Context

- The resident has fully transitioned from medical student to resident and should display evolving critical thinking skills.

Overarching Principles in this Stage of Training

- Residents develop improved reflective and critical thinking skills, although there might still be gaps in advanced clinical knowledge.
- Smoothly shifts between analytical and intuitive problem-solving methods, guided by their evolving expertise.
- Understands the broader context—how diseases and treatments impact individuals and society.

Red Flags

- Significant professionalism and/or patient safety concerns.
- Struggles in analyzing diverse data for diagnosis and treatment.
- Inaccurate application of clinical decision tools.
- Lack of evident reflection and self-directed learning.
- Disengagement from learning or clinical practice.

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<tr><td>FM Expert*</td><td>
• Gathers patient background information effectively including review of prior documentation (charts & investigations).
• Presentations to preceptors focus on pertinent positives and negatives from history and physical exam, leading to a more refined differential diagnosis/provisional diagnosis.
• Comfort with common presentations in family medicine without significant knowledge gaps.
• Selects more targeted investigations and therapeutic options with increasing experience and exposures.
• Manages patient care with a longitudinal focus (e.g., staged management plans, planned follow-up, etc.).
• Cues into and rules out red flags on a regular basis.
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<tr><td>Communicator</td><td>
• Effectively sets agenda of patient encounters, balancing medical urgency and patient preferences.
• Maintains respectful communication (verbal & non-verbal) with all, including preceptors, patients, and staff.
• Engages with patient families and obtains collateral information (where indicated).
• Ensures timely and accurate charting, with appropriate details for medicolegal and continuity purposes.
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<tr><td>Professional</td><td>
• Professional responsibilities as in PGY1 Months 1-6
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<tr><td>Collaborator</td><td>
• Engages allied health professionals and specialists appropriately in patient care.
• Considers referrals judiciously based on indications or necessity.
• Communicates clearly, tailoring messages to the audience in collaborations (verbal or written consults, handovers).
• Engages in smooth handover for patient safety and continuity, where applicable.
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<tr><td>Health Advocate</td><td>
• Incorporates health determinants and psychosocial factors in patient care.
• Begins to incorporate patient's illness experience, context, and expectations in developing management plans.
• Familiar with local resources in community and incorporates them in care.
• Utilizes preventive health screening and promotion guidelines.
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<tr><td>Scholar</td><td>
• Identifies learning needs and seeks information with some prompting.
• Completes a Continuous Quality Improvement (CQI) project by the end of R1.
• Incorporates the use guidelines and evidence-based information in clinical encounters.
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<tr><td>Leader/Manager</td><td>
• Completes most visits within 30-45 minutes** with flexibility adapting schedule for patient needs.
• Reviews patient cases with preceptor multiple times daily, based on resident independence and support required.
• Plans patient follow-ups independently where applicable with increased repeat visits with a group of patients.
• Incorporates considerations to systemic implications (e.g., cost, planetary health implications, access, equity) of treatments and investigations.
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PGY2 Months 13-18

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Training Context

- The resident should aim for independence, knowing their strengths and weaknesses and seeking help as they work towards it.

Overarching Principles in this Stage of Training

- The resident actively seeks ways to enhance and build on critical thinking skills.
- Demonstrates ability to navigate ambiguity and address new, unfamiliar problems.
- Builds rapport with patients and seeks their feedback on their delivery of care.

Red Flags

- Significant professionalism and/or patient safety concerns.
- Over-reliance on analytical skills, lacking clinical reasoning skills and pattern recognition.
- Low emotional engagement in clinical practice and learning.
- Struggles with managing ambiguity and evolving complex clinical problems.
- Recurrent patient dissatisfaction with provided care noted to preceptors/site.

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<tr><td>**FM Expert***</td><td>

- Gathers reliable histories, physical examinations, and review of prior chart documentation to arrive at assessment.
- Strong clinical reasoning demonstrated consistently with presentations for review of pertinent points and red flags.
- Refined differential diagnoses with provisional diagnosis derived from sound clinical reasoning, acknowledging medical uncertainty.
- Proficient in common family medicine presentations, with general ability to navigate investigations and early treatment of complex cases independently; recognizes limitation of scope and consults preceptor and specialists as appropriate.
- Embraces longitudinal focus of care in actively planning follow-up and staged investigations where appropriate.

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<tr><td>**Communicator**</td><td>

- Skillfully manages, patient interactions by adapting communication to diverse situations and needs.
- Demonstrates empathetic listening, adjusts communication styles appropriately, and involves families when needed.
- Handles challenging situations sensitively, effectively delivers information, and communicates risks clearly.
- Maintains accurate and organized charting and written communication.

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<tr><td>**Professional**</td><td>

- Professional responsibilities as in PGY1

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<tr><td>**Collaborator**</td><td>

- Engages in team-based care between allied health professional and specialists based on local resources.
- Makes referrals judiciously based on indications or necessity.
- Communicates clearly, tailoring messages to the audience in collaborations (verbal or written consults, handovers).

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<tr><td>**Health Advocate**</td><td>

- Consistently incorporates health determinants and psychosocial factors in patient care.
- Consistently incorporates patient’s illness experience, context, and expectations in developing management plans.
- Familiar with local resources in community and incorporates them in management plans.
- Consistently practices preventive health screening and promotion guidelines, occasionally needing reminders and guidance.

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<tr><td>**Scholar**</td><td>

- Identifies learning needs and seeks information independently with minimal prompting required.
- Begins discussion and initial plans for R2 Scholar Project.
- Consistently incorporates guidelines-based and evidence-based information in clinical encounters.

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<tr><td>**Leader/Manager**</td><td>

- Completes most visits within 15-30 minutes**, with flexibility adapting schedule for patient needs
- Reviews patient cases with preceptor generally once- or twice-daily, based on resident independence and support required.
- Develops continuity with increased numbers of patients through repeated patient encounters; has a “panel” that is regularly followed.
- Plans for independent practice and diverse communities. Acknowledges and reflects on differences between different primary care settings (e.g., different primary care clinics, rural setting, etc.).
- Participates in leadership activities within primary preceptor’s clinics or community where applicable.

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PGY2 Months 19-24

Training Context

- The resident should be operating at or near the level of an independent Family Physician, striving for independence, understanding strengths and weaknesses.

Overarching Principles in this Stage of Training

- The resident consistently refines problem-solving and clinical reasoning skills.
- Develops an intuitive recognition of common cases, adaptability to the unexpected, and adeptness in identifying anomalies.
- Engages in self-directed, reflective learning as an integral part of their professional identity.

Red Flags

- Significant professionalism and/or patient safety concerns.
- Clinical reasoning below independent practice level.
- Struggles with timely clinical care and administrative tasks.
- Mishandling staff or patient interactions.

Role	Benchmarks
FM Expert*	• Independently manages patients effectively with minimal need for course correction. • Excels in patient-centered care, integrating psychosocial aspects and finding common ground with patients and/or family members. • Demonstrates strong clinical reasoning and individualizes management plans based on patient contexts. • Navigates complex cases across the full scope of Family Medicine (see Domains of Care, Outcomes of Training Project) with appropriate initial investigations and treatment. • Proficient in therapeutics in a primary care setting, considers various patient medical and psychosocial factors. • Navigates medical uncertainty and able to make clinical judgments despite incomplete information with information possible.
Communicator	• Sets patient encounter agendas effectively and adaptable to unpredictable changes. • Recognizes cues, uses questions aptly, and shows empathy consistently in patient interactions. • Ensures patient comprehension and adjusts communication as needed to match that of the patient. • Handles complex interactions sensitively and maintains professionalism. • Effectively communicates risks, benefits, and maintains accurate documentation in a timely manner.
Professional	• Professional responsibilities as in PGY1 • Complies with program completion and provincial college registration requirements.
Collaborator	• Engages regularly in team-based care between allied health professional and specialists based on local resources. • Makes referrals appropriately based on indications or necessity, explaining to patient proficiently when same is declined. • Communicates clearly, tailoring messages to the audience in collaborations (verbal or written consults, handovers).
Health Advocate	• Consistently incorporates health determinants and psychosocial factors in management plans. • Integrates patient's illness experience, context, and expectations in developing management plans. • Integrates management plans with local available resources where applicable. • Integrates preventive health screening and promotion guidelines in patient care, even when chief concern is unrelated.
Scholar	• Completes R2 Scholar Project and presents to a broad audience. • Consistently incorporates guidelines-based and evidence-based information in clinical encounters, with justified deviances where applicable.
Leader/Manager	• Completes most visits within 15-20 minutes**, with flexibility; managing a full patient load at primary preceptor office. • Participates as best possible in leadership activities and practice management within primary preceptor's clinics or in community. • Generally able to operate independently at the level of a locum in the practice.