

Mandatory Educational Requirements

Effective: July 1 2018. At any given time, the resident's progress will be determined based on the current policy (not be applied retroactively).

Educational Requirement	Method of Documentation	Completed?
<p>Rotations: Successful completion of all rotational requirements and attainment of associated competencies. Each rotation evaluation should be submitted to the Department within 28 days of completion of the rotation, through the web-evaluation tool (one45).</p>	<p>In Training Evaluation of Resident (ITER) to show satisfactory completion of each rotation (as ultimately determined by the DFM's Resident Promotion committee).</p>	<p style="text-align: center;"><input type="checkbox"/></p>
<p>Benchmarks: Documentation of acquisition of the Core FM Benchmarks for PGY1 and PGY2 defined by the program.</p> <p>This includes satisfactory competence in all clinical domains including:</p> <ul style="list-style-type: none"> • Maternity Newborn Skills*, • Care of Children and Adolescents*, • Care of Adults, • Care of the Elderly, • Palliative Care*, • Procedural Skills* • Behavioural Medicine, Mental Health and Ethics* • Care of Special Populations* <p><i>*See other focused requirements described below.</i></p>	<p>Residents are responsible for building a multisource portfolio of Field Notes that demonstrate they are acquiring the expected competencies, and receiving ongoing feedback.</p> <p>Daily documentation with field notes is recommended.</p> <p>A minimum of 32 field notes during core FM rotations and half days back is required per year. This must include a minimum of 25 direct observations of resident performance with a patient.</p> <p>Field notes (and other formative and summative assessments)¹ are required to document attainment of competence in all the expected:</p> <ul style="list-style-type: none"> • Clinical domains • CanMEDS-FM roles • Core FM Benchmark Educational Categories 	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p>Maternity & Newborn skills: Demonstrate competence in the DFM's 21 core maternity & newborn skills including:</p> <ul style="list-style-type: none"> • Intrapartum, including managing obstetrical emergencies. • Antepartum and post-partum skills in order to satisfy the "FM Obstetrics Evaluation policy". 	<p>Demonstrate sufficient² attainment of competence on Maternity Newborn Field Notes to indicate the resident is "fully competent" in a minimum of:</p> <ul style="list-style-type: none"> • 80% (8 of the 10) of intra-partum skills AND • 70% (8 of the 11) ante-partum and post-partum skills 	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>

¹ Attainment of competence will be reviewed regularly during the residency (including at the Structured Progress Reviews). Ultimate decisions about resident acquisition of competence, and decisions for promotion are made by the Departmental Resident Promotion Committee.

² Attainment of competence will be reviewed regularly during the residency (including at Structured Progress Reviews). Ultimate decisions about resident acquisition of competence and determination of whether performance is satisfactory (including decisions about promotion) are made by the departmental Resident Promotion Committee (dRPC). The dRPC will review any deficiencies of the mandatory educational requirements and determine the necessary requirements for remediation to determine eligibility for promotion or graduation. Certification in Family Medicine requires successful completion of the Family Medicine Residency training program in addition to passing the CFPC Certification examination

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<p>Care of Children and Adolescents: Demonstrate competence in the Care of Children and Adolescents in clinical environments and using electronic learning tools.</p>	<p>a) Demonstrate sufficient¹ attainment of competence on field notes and rotation evaluations.</p> <p>b) Complete 10 iLearnPeds electronic learning modules</p> <ul style="list-style-type: none"> • 5 accomplished during Pediatric emergency room rotation • 5 additional modules (minimum) of the resident's choice <p><i>Monthly report sent from Pediatrics</i></p>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p>Palliative Care: Demonstrate competence in End-of-Life skills as defined by the performing the DFM's core End-of-Life competencies.</p>	<p>Demonstrate sufficient¹ attainment of competence on Palliative Care Field Notes and rotation evaluations (as required).</p>	<p style="text-align: center;"><input type="checkbox"/></p>
<p>Procedural Skills: Demonstrate adequate procedural skills competence in all the Department's "Procedural Skills Common Features" "High Priority Procedures" and "Low Priority Procedures" (defined in the Procedural Skills Curriculum)</p>	<p>Demonstrate sufficient¹ attainment of competence on Procedural Skills field notes (or other documentation of procedural skills competence including rotation evaluations) to indicate the resident is "fully competent" in a minimum of:</p> <ul style="list-style-type: none"> • 90% (11 of the 12) "Procedural Skills Common Features" • 70% (15 of the 21) "High Priority Procedures" • 30% (8 of the 28) "Low Priority Procedures" 	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>
<p>Behavioural Medicine, Mental Health, Ethics: Demonstrate the following: Effective therapeutic relationships with patients including patient-centred communication skills, and ability to communicate effectively with patients from across the lifespan. Diagnosis and management of health behaviour and mental health issues commonly seen in primary care across the lifecycle including focused family medicine counseling skills. Identify and resolve ethical issues</p>	<p>Demonstrate sufficient¹ attainment of competence on Field Notes and rotation evaluations including:</p> <ul style="list-style-type: none"> • Behavioural medicine, specifically patient-centred communication. • Diagnosis and management of mental health conditions • Identification and resolution of ethical issues <p>Note: resident attendance at the Department of Family Medicine Behavioural Medicine educational sessions is mandatory².</p>	<p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;"><input type="checkbox"/></p>

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²We strive for 100% timely and continuous attendance at these sessions. Residents are required to attend 100% of these sessions to complete the requirements of the program. The only legitimate absence is approved absence for vacation, conference leave, and illness, post-call if released from service after 23:00 hrs. and out of town rotations/rural rotations (more than 150km one way).

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<p>Scholarly Project, Evidence Based Medicine and Quality Improvement: Residents will develop skills required to: complete an evidence-based practice assessment and to develop and plan a practice quality improvement project in a primary care setting bring evidence to patient interactions demonstrate the creation, dissemination, application and translation of knowledge</p>	<ul style="list-style-type: none"> • Completion of acceptable written Quality Improvement reports (the Practice Audit Report and the Final Quality Improvement Report) in the first year of residency • Documentation of acceptable participation in the EBM site-specific required activities (i.e. presentation of the case of the week, EBM rounds or journal club) • Completion of an acceptable written Resident Scholarly Project report and presentation of the project at RIO day in the second year of residency 	<p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </p>

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Approved by PG Executive Committee June 2, 2016