Residency Program Intra-Partum Care Field Note (Guidance)

The intra-partum field note is designed to be only completed by a supervising Preceptor. For Preceptor completing the field note-please provide a specific description of the feedback provided to this Resident based on your observation of his/her performance.

Please complete all relevant sections of the field note.

Guidance for Preceptors and Residents

Why use field notes?

Intra-partum field notes are designed to document the feedback provided to a Resident by their supervising Preceptor in relation to their observation of a Resident’s performance around intra-partum care, based on a set of specified competencies and expected knowledge.

The completed field notes, along with other assessments, are then used towards the end of training, to make a decision about whether or not a Resident has reached the required competency level around intra-partum care to graduate from the Program.

In addition, a supervising Preceptor may wish to review previous completed field notes to gain an understanding of the Resident’s experience and skill level at the start of any shift.

When can these intra-partum field notes be used?

Any time a Resident is involved in the labour and delivery of a patient ...at any time during the Resident’s 2 year Program. This includes during;

- Low-risk maternity care call shifts
- Any Obstetrics/Maternity Care rotation
- Any rural Family Medicine rotation
- Any elective experience

Who should complete the field note?

For intra-partum field notes only, the field note should be completed by the supervising Preceptor (unlike the regular field notes used in the Program which can be filled in by either Preceptor or Resident).

When should the field note be completed?

Ideally, the supervising Preceptor should provide feedback to the Resident and complete the field note at the end of any shift or labour & delivery experience where the Resident has been observed in providing care for a patient during their labour and delivery.

How many field notes should be completed?

A minimum of one field note per shift or labour & delivery experience should be completed, but there is no maximum to this.
What is an Entrustable Professional Activity (EPA)?

The Program has developed a set of “EPA’s” which the Resident must demonstrate competency in at the level of unsupervised practice, before graduating from the Program. These EPAs can be accessed at:

https://www.ucalgary.ca/familymedicine/residency/urban/fm-urban-epas

The relevant EPA for intra-partum care is “Perform a low risk, spontaneous, term, vertex, vaginal delivery”.

Completion of field note

At the end of the shift or labour & delivery experience the Preceptor records on the field note any of the following:

- Demonstrated knowledge of any of the 8 listed competencies
- The supervision level (Level1-4; see below) felt to be appropriate around any of the 8 listed competencies
- Demonstrated knowledge of any of the additional triage, labour & delivery topics listed

NB.

The supervision level on the field note is that felt to be appropriate for the shift or labour & delivery experience completed for the identified competencies, not an overall assessment of the Resident in relation to the EPA listed above. (This decision is made based on the collected field notes, the Resident’s Ob ITERs, and the completion of ALARM/ALSO, NRP and the Resident’s performance in the written SCT test on intra-partum clinical reasoning when this is used.)
LEVELS OF SUPERVISION

PLEASE NOTE;

The description of these levels helps to guide you in deciding how much supervision you felt the Resident needed at the end of a labour & delivery shift/ experience in relation to each of the competencies listed.

These supervision levels are therefore an indication of your comfort level with how much you felt you could trust the Resident to apply his/her intra-partum skills independently, including his/her clinical reasoning skills.

The chosen supervision level should simply reflect your assessment of this for the shift/labour & delivery experience completed. These levels are NOT intended to be used as an indication of your assessment of the Resident’s overall competency around the intra-partum EPA. (The decision about this is made by the Resident’s Division Director at the end of his/her training based on multiple assessment data, including all of the Resident’s intra-partum filed notes).

N/A = Unable to assess/not appropriate

Level 1 = has acquired knowledge and skills, but insufficient to perform. May observe a more senior learner or preceptor, but is not allowed to perform the activity themselves

Level 2 = may perform an activity under full, proactive supervision: the supervisor decides about the intensity of supervision. The preceptor must also assess the patient in one of the following ways:

- by observing the interaction between the resident and patient (directly in the examining room or by video monitor);
- or by interacting directly with the patient, e.g., repeating or supplementing parts to the history and/or physical examination;
- or by first hearing the resident’s case presentation and then seeing the patient.

Level 3 = may perform an activity under qualified, reactive supervision: the Resident asks for the supervision. This assumes that the preceptor is comfortable with the Resident’s ability to judge their need for assistance. (If not, the Resident is at Level 2.)

Level 4 = may perform an activity with “back stage” supervision, i.e. case discussion or chart review at the end of the day. This is the threshold of competence. Once this level is reached, the activity may be safely entrusted to the resident – i.e. Ready for independent practice.