



\* indicates a mandatory response

## University of Calgary Department of Family Medicine

### Family Medicine Overall Rotation ITER (ORITER) Internal Medicine

This report is to be completed ONLY by the named Lead Preceptor for the Resident on this rotation or the named Physician Lead for the rotation, who has been identified as having the responsibility.

The form must be completed only after the Preceptor completing the form has gathered feedback from those involved in the teaching of this Resident during the rotation so far. This can be face-to-face and/or email discussion and/or by reviewing any completed encounter cards or field notes that have been submitted.

If the overall assessment of the Resident indicates that the resident 'fails' (significant concerns identified), then the Resident will have failed the rotation and arrangements will be made for appropriate action, as per PGME and Family Medicine Residency policies. If the assessment indicates that the Resident has 'some concerns identified (pass)', then the Resident ORITER will be 'flagged' to the Division Director and the Resident's Primary Preceptor. Remediation may be required.

As per PGME policy, there must be ongoing dialogue with the Resident about his/her performance and recommendations for improvement and correction of minor deficiencies are part of this process.

Preceptors must provide documentation of informed feedback in the case of significant performance deficiencies and/or repeated pattern of minor deficiencies.

**\*Site:**

**\*Contributors to this assessment:**

For the following in-hospital conditions, the Resident is expected to demonstrate the required competencies for the following presentations. (It is recognized that the Resident may not be exposed to ALL conditions below in a 1-month rotation):

Abdominal Pain  
ACLS  
Anemia  
Asthma  
Atrial fibrillation  
Cancer  
Cardiac failure  
Chest pain  
COPD  
Dehydration  
Diabetes  
Diarrhea  
DVT  
Dyspnoea  
Elderly  
GI bleed  
Hepatitis  
Hematological malignancies  
Hypertension

Infections  
 Ischemic heart disease  
 Joint disorders  
 Loss of consciousness  
 Meningitis  
 Multiple medical problems  
 Pneumonia  
 Poisoning  
 Seizures  
 Stroke  
 Trauma  
 UTI

## Expected Competencies

At the end of the rotation please assess the Residents performance in meeting the following rotation objectives

		1	2	3	4	5
	Unable to Assess	Rarely Meets Expectations	Inconsistently Meets Expectations	Almost Always Meets Expectations	Sometimes Exceeds Expectations	Consistently Exceeds Expectations
*1. Demonstrate an understanding of the natural history and prognosis of the established diagnosis when treated and untreated. <b>CanMEDS - ME</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*2. Demonstrate skilled interviewing and physical examination techniques in gathering clinical data. <b>CanMEDS - ME, COM</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*3. Formulate a differential diagnosis that includes the most likely diagnosis, possible alternatives, and the most serious or life-threatening possibility. <b>CanMEDS - ME</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*4. Recommend therapies within the context of the medical evidence, considering benefits, risks, and patient/family preferences. <b>CanMEDS - ME, S, COM</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*5. Recognize a patient with a potentially life-threatening condition and act promptly to deliver immediate care and/or referral as indicated. <b>CanMEDS - ME</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*6. Demonstrate appropriate procedural skills in the care of patients in hospital. <b>CanMEDS - ME</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*7. Maintain clear, accurate, and appropriate records (e.g., written and electronic) of clinical encounters and plans. <b>CanMEDS - COM, COLL</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*8. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care. <b>CanMEDS - COM, COLL</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*9. Collaborate with allied health professionals within in the hospital and community to provide integrated, continuous care. <b>CanMEDS - COM, COLL</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## **With reference to the above, how has the Resident performed within the Skill Dimensions**

For descriptions of the Skill Dimensions, and corresponding observable behaviours, refer to [Evaluation Objectives](#)

### **Skill Dimension #1 - Patient-Centred Approach**

Explores & integrates patients' illness experience, understands context, works with patient to achieve shared understanding, finds common ground, considers prevention/health promotion, adopts a realistic & longitudinal approach while considering resources

[Patient-Centred Approach](#)

\*Comments:

### **Skill Dimension #2 - Communication Skills**

Listening skills; verbal, non-verbal, written communication; cultural sensitivity; attitudinal; communication with colleagues (verbal and written)

[Communication Skills](#)

\*Comments:

### **Skill Dimension #3 - Professionalism**

Responsible, reliable, trustworthy behaviours; flexible & open-minded approach; caring & compassionate approach; respectful of patients & colleagues; receives feedback and strives to improve.

[Professionalism](#)

\*Comments:

### **Skill Dimension #4 - Clinical Reasoning**

Critical thinking in history taking & physical exams, hypothesis & DDx generations, case presentations, investigation & management plans

[Clinical Reasoning](#)

\*Comments:

### **Skill Dimension #5 - Selectivity**

Areas to consider:

- Sets priorities and focuses on the most important
- Knows when to say something and when not to
- Gathers the most useful information without losing time on less contributory data
- Does something extra when it will likely be helpful

- Distinguishes the emergent from the elective and intervenes in a timely fashion
- Acts when necessary, even though information may be incomplete
- Determines the likelihoods, pertinence, and priorities in his or her differential diagnoses
- Distinguishes the sick from the not sick
- Selects and modifies a treatment to fit the particular needs of a patient and a situation

Selectivity

\*Comments:

**Skill Dimension #6 - Procedural Skills**

Procedural Skills

\*List of Procedures Completed/Observed:

\*Comments:

**Overall Assessment of Rotation**

	Fail	Pass	
	Significant Concerns Identified <i>please provide comments below</i>	Some Concerns Identified (focused attention may be required) <i>please provide comments below</i>	No Concerns
*Overall Assessment of Rotation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*Comments:

**Entrustable Professional Activities ("EPA's") - Internal Medicine**

Please indicate below the level of supervision/independence that you feel applies to this Resident for **any** of the following EPAs at the end of the Resident's Internal Medicine Rotation.

Note - By completion of training, supervision level 4 must be achieved by the Resident in all EPAs to be considered competent and ready to enter early professional practice. This decision is made by the Resident's Division Director based on ALL assessment data that relates to each EPA. In this section of the ITER, please indicate for each EPA the supervision level you feel applies for this Resident - **you are not being asked to make the final decision on this for completion of training, just the level you and your colleagues feel applies to this Resident at this point in time** but if you do feel the Resident has reached level 4 for any or all of the EPAs please also indicate this below.

For any EPAs that you don't feel you can assess, please simply tick the "Unable to assess" box"

**EPA**

**Notes on Expanded Levels of Supervision** (built on those originally defined by Ten Cate & Scheele):

**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, ie. case discussion or chart review at the end of the day. This is threshold of competence. Once this level is reached, the activity may be safely entrusted to the resident - ie. Independent practice.

**Level 5** - may provide supervision to others

Help with deciding on level of EPA

In deciding on a supervision level for a listed EPA or when considering reducing a level of supervision and especially when deciding if the required competency level for graduation has been achieved (EPA level 4 or 5), the following factors must also be considered in the decision-making process around this:

### 1. Personal Attributes

- Trustworthiness (of the Resident and those who have contributed to the Resident's assessment). *For the Resident-You can trust that what they said or recorded are accurate reflections of what they actually did. They are honest about their confusion or lack of knowledge. They do not modify their presentations simply to impress you.*
- Conscientiousness. *The Resident goes the extra mile for patients when necessary and takes responsibility for their actions. The Resident does not cut corners in ways that might compromise patient welfare. The Resident is effective at "self-directed assessment seeking".*
- Discernment (ability of the Resident to recognize when they need help and willingness to ask for it even in uncomfortable learning settings). *The Resident is aware of their limits and when they need help and will take appropriate steps to get assistance, demonstrating a degree of vulnerability in so doing. Patient welfare is their first concern and is more important than "looking good" in the eyes of a supervisor. The Resident is aware of their personal beliefs, attitudes and emotions that may impair their judgment.*

### 2. Basic Clinical Skills

- Interviewing, history taking, physical examination, clinical reasoning, record-keeping and case presentation skills. Safe assessment and management of several patients in the relevant EPA category ("several" = enough that I as a Preceptor can be confident that this Resident will safely handle the next patient in this category such that I can reduce my supervision by one level)

### 3. Content and Context

- The Resident must demonstrate ability across a range of presentations in each EPA category such that once the Preceptor has seen a Resident perform well in managing several patients with a range of conditions, it is reasonable to assume that they will do well with the next patient. This will be based on evidence of the Resident's applied knowledge and skills and how transferable this might be to different settings. Often this will reference the CFPC priority topics, their key features, the phases of the clinical encounter and the skill dimensions.
- Other context factors to consider when deciding on supervision levels include - the seriousness of any patient's condition, the complexity of multiple co-morbidities, challenging behavioral or social factors, the clinical environment in which the supervision occurs, and the experience of the Preceptor.

	Unable to Assess	Level of Supervision				
		1	2	3	4	5
*1. Determine when an adult patient requires admission and inpatient hospital care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*2. Assess and appropriately manage the adult patient in hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Unable to Assess	Level of Supervision				
		1	2	3	4	5
*3. Recognize and provide appropriate management of the unstable patient in the hospital setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*4. Determine when an unstable patient requires referral for higher level care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*5. Plan and coordinate discharge of the adult patients from hospital.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*6. Recognize and provide appropriate management of common adult emergencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**The following will be displayed on forms where feedback is enabled...**

*(for the evaluator to answer...)*

\*Did you have an opportunity to meet with this trainee to discuss their performance?

Yes

No

*(for the evaluatee to answer...)*

\*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No

Please enter any comments you have(if any) on this evaluation.