

## CanMEDS Best Practices/What Works Abstract

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### Qualitative Feedback and the Narrative ITER in Emergency Medicine

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Learner assessment and feedback can be challenging in the day-to-day clinical setting. Formative feedback needs to be timely and relevant for the learner to adopt or adapt their skills. The resident needs to be able to reflect on the feedback given in order to grow.

The feedback also needs to be summarized in a meaningful way. Program Directors and Residency Program Committees need a meaningful ITER to know if the resident is making progress.

In Emergency Medicine, most daily feedback forms or encounter cards use quantitative methods to measure competency and feedback. Evidence has shown that leniency bias towards assessing the Medical Expert Role and a hesitancy of preceptors to evaluate a learner as “needs attention”.<sup>1</sup>

Learners need to know where their deficiencies lie as well as what they are doing well. The RCPS and CFPC Emergency Medicine Residency Programs at the University of Alberta have introduced a novel qualitative feedback tool and a narrative ITER for emergency medicine rotations.

Each resident received a booklet at the start of a four week emergency medicine rotation. During each shift, the preceptor is expected to provide specific verbal coaching and to document that feedback. The booklet is designed to provide opportunity for positive feedback to reinforce good skills and habits, and constructive feedback for the resident to reflect, integrate, and improve. The preceptor is expected to provide at least three points of feedback per shift in at least two CanMEDS roles. The resident is expected to obtain at least one feedback point in each CanMEDS role by the end of the rotation. Subsequent preceptors have the opportunity to review and build on the feedback provided earlier in the rotation.

At the end of the rotation, the booklet forms the basis of the rotation ITER. The rotation coordinator summarizes the rotation using the CanMEDS roles as a framework.

Appended are a blank feedback booklet (Appendix 1), ITER (Appendix 2), and two sample ITERs, one written by a faculty member at a tertiary care teaching

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site (Appendix 3) and one by a faculty member from a community site (Appendix 4).

Reference:

1. Bandiera G, Lendrum D. Daily encounter cards facilitate competency-based feedback while leniency bias persists. *CJEM*. 10(1): 44-50, 2008.

# **University of Alberta Emergency Medicine Rotation Feedback Booklet**

**Resident:**

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**Residency Program:**

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**Site:**

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**Dates/Block:**

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**Return your booklet to the rotation coordinator at the end of the block. A complete booklet must be returned for an evaluation to be received.**

# How to Use this Booklet:

## Preceptor:

1. During each shift, please provide at least 3 comments, in a minimum of 2 different domains.
2. General comments including overall gestalt or major concerns, can go on the last page.
3. Tell the rotation coordinator if you have any major concerns that are not documented herein.

## Resident:

1. Ensure some feedback is obtained in all domains by the completion of your rotation.
2. Track your patients and procedures - *optional unless required by your program*.
3. In addition to this please document what you feel were the highlights of your learning (second last page).

## Charter of Effective Feedback

All feedback should be given **privately**.

Residents should have the opportunity to comment on or respond to feedback about them.

Feedback should be **constructive**: positive reinforcement should balance suggestions for improvement.

Feedback should be about a directly observed **specific** behaviour, action, or skill.

Feedback should be **timely** (within hours, not days).

















































Shift Date and Preceptor Signature	Shift Date and Preceptor Signature
1	9
2	10
3	11
4	12
5	13
6	14
7	15
8	16

Cure sometimes, treat often, comfort always.  
- Hippocrates

(Appendix 2)  
Emergency Medicine Rotation Assessment

In each category, please summarize the resident's progress in achieving competencies in the following areas:

Professionalism and Collaboration

Communication

Knowledge and Clinical Reasoning

Procedural Skills

Patient Centered Approach, Advocacy

Judgement, Adaptability, Appropriate Allocation of Time & Resources (Selectivity)

Teaching and Learning (Scholar)

Teaching and Learning (Scholar)

Additional Rotation Supervisor/Preceptor Comments

Resident Comments

Sufficient feedback was documented in each area of competency:

Yes \_\_\_ No \_\_\_

Did you have an opportunity to meet with this trainee to discuss their assessment?

Yes \_\_\_ No \_\_\_

Rotation Assessment:

\_\_\_ Progress Reported

\_\_\_ Program Review Recommended

(A lack of progress was noted in one or multiple areas of competency.)

\_\_\_\_ Program Review Required

(A major violation of competency was noted. Requires immediate program notification and concomitant resident notification.)

(Appendix 3)

# Department of Emergency Medicine

## University of Alberta-Faculty of Medicine and Dentistry

### RCPSC Emergency Medicine Program

### CanMEDS Objective Based Evaluation

### Emergency Medicine Rotation

In each category, please summarize the resident's progress in achieving competencies in the following CanMEDS Roles:

#### **Medical Expert**

XXX is consistently performing at the expected level for a PGY-3, and at times closer to the PGY-4 level. Our group found him to be hard-working, professional, and comprehensive in his patient care. His work-ups were comprehensive, and he did a very good job of reassessing his patients, and following up on results independently. His knowledge base and judgment were generally very good, and he demonstrated good clinical intuition. XXX did a nice job of considering broad differential diagnoses in his cases. He responded well to feedback during his shifts. His procedural skills rank amongst the best. XXX has excelled at incorporating ultrasound into his clinical care. Not only did he demonstrate a high degree of proficiency in ultrasound-guided procedures, but he also made some important diagnostic pick-ups such as a AAA in a patient with GI symptoms. One suggestion for improvement that was made, was to slow down with more complicated patients, and really think through not only the differential, but also the ultimate plan and disposition prior to presenting these cases to his attending staff.

#### **Communicator**

XXX is an excellent communicator. He is friendly and approachable, and functions well in a team environment. He interacts with patients, families, consultants, and nurses in a kind, calm, and clear manner. His charting is amongst the best. His documentation is clearly legible, logical, and he does a superb job of charting reassessments.

#### **Collaborator**

XXX is doing a very good job of consulting not only appropriately, but also doing so in a time-efficient manner. His consultations are described as "thoughtful". He functions well as part of the health care team.

#### **Manager**

XXX is doing a very good job of providing his patients with comprehensive, and ongoing care. He will frequently reassess his patients without needing to be prompted to do so,

#### **Health Advocate**

XXX is clearly very concerned with his patients well-being, and works hard to get each patients needs met.

#### **Scholar**

XXX has all the necessary prerequisites for becoming an excellent emergency physician: he is eager to learn, and he responds well to feedback.

#### **Professional**

Professionalism is one of XXX's strong points. He has repeatedly demonstrated integrity and responsibility at work. His preceptors describe his as "professional", "cordial", "thorough", "conscientious", and "independent". We found him a pleasure to work with and look forward to having his on future rotations.

Sufficient feedback was documented in each area of competency:

- No
- Yes

Rotation Assessment:

Progress Reported, Rotation Completed

Program Review Recommended (A lack of progress was noted in one or multiple areas of competency.)

Program Review Required (A major violation of competency was noted. Requires immediate program notification and concomitant resident notification.)

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

- No
- Yes

(Appendix 4)

# Department of Emergency Medicine

## University of Alberta-Faculty of Medicine and Dentistry

### RCPSC Emergency Medicine Program

### CanMEDS Objective Based Evaluation

### Emergency Medicine Rotation

In each category, please summarize the resident's progress in achieving competencies in the following CanMEDS Roles:

#### **Medical Expert**

XXX demonstrates excellent ability in providing patient care for complex emergency patients, implementing lifesaving procedures when indicated. His clinical skill in diagnosing and treating the emergent population far exceeds those expected in a PGY1 resident. His abilities approach that of a final year resident. Of note is XXX's use of medical research and the application of this research to clinical situations (e.g. cocaine OD with prolonged QT interval treated with bicarbonate drip, Brugada syndrome).

#### **Communicator**

XXX's ability to communicate clearly with patients was noted. He communicates using language that is understood and appreciated by the emergency clientele. He is lucid and organized when he communicates with colleagues and consultants. His written documentation is thorough and clinically appropriate.

#### **Collaborator**

XXX works well as a emergency team member fulfilling the physician role. He is respected by the other members of the team for his leadership skills, his knowledge of medicine, his clinical skills and his take charge approach. Nurses frequently ask XXX medical questions. He is happy to provide impromptu education for the nursing staff.

#### **Manager**

XXX is well versed in triaging patients, focusing attention on high priority patients.

#### **Health Advocate**

XXX availed himself of the opportunities individual patients provided for health promotion in the areas such as smoking cessation, exercise, hypertension, diabetes, and trauma prevention. The broader determinants of community health and community health promotion was not covered in this elective.

#### **Scholar**

As mentioned in a couple other sections, XXX applies current evidenced based literature to clinical situations. He shares his medical knowledge with nurses as they frequently go to him to further their knowledge. He draws out the staff emergency physician's knowledge of the field of emergency medicine in a way that causes all to learn.

#### **Professional**

XXX demonstrated a keen interest in being involved in any learning opportunity our department provided. He worked with most members of our group during the one month elective. Everyone in our group was

keen to have XXX's involvement in managing the emergency department. He worked more than the expected hours, his attitude always being positive and his ethical conduct always without fault.

Sufficient feedback was documented in each area of competency:

No

X Yes

Rotation Assessment:

X Progress Reported, Rotation Completed

Program Review Recommended (A lack of progress was noted in one or multiple areas of competency.)

Program Review Required (A major violation of competency was noted. Requires immediate program notification and concomitant resident notification.)

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

No

X Yes