

Queen's Department of Family Medicine - Field Note Quality: Preceptor personal review and reflection

Direct observation, feedback and mentored deliberate practice in the development of expertise is, and always has been, central in medical education.¹ Our assessment system relies on the documentation in a Field Note of formative feedback given verbally to the resident. For us, Field Notes are the “currency of competence”. Performance is measured and documented repeatedly by different preceptors, in different contexts and over time in order to get a complete picture of professional competence.² **Direct Observation is imperative**, as learners consider feedback to be more valid when the preceptor has directly observed the skill about which they are offering feedback.³

We also know **feedback is best embedded in the instructional process and the daily work-flow.**^{3, 4, 5} For our residents, daily feedback is part of our teaching and learning culture. The process is normalized by making feedback through Field Notes routine, daily, expected, and **focused on what was done well, what could be improved, and how the resident can enhance performance.**^{3, 4} This normalization reduces anxiety around feedback in general. The low stakes, informal and opportunistic nature of this day-to-day assessment means that preceptors are less reluctant to label and address weaknesses. Each Field Note is just a single piece of data amongst many pieces that go into overall competency decisions.

This tool is designed to **support preceptors' reflection about the quality of feedback they provide and document through Field Notes.** It is offered with the knowledge that generating awareness of the elements of effective feedback may lead to improved written and verbal feedback.⁶

Quality Field Notes are powerful, motivating, and actively promote learning.

Our residents identified feedback in Field Notes as valuable when:

1. It changed and improved their practice
2. They learned something new
3. It motivated them to learn more
4. It confirmed they were doing the right things
5. It promoted reflection

What happens when there is no or little feedback, or feedback lacks value for learning?

1. Good performance is not reinforced
2. Learner may assume all is well with their progress
3. Learners may have to guess their level of competence
4. Learners may have to learn by trial and error at the patient's expense

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Aspects of good feedback with comments, explanations and references:

Is the feedback timely? (<48 hrs)	Research highlights that learners will invest more resources on tasks for which timely feedback is available 4
Are there narrative comments?	Narrative conveys the richness and depth of meaning that is wrapped up in statements of expected standards 7 Feedback that facilitates reflection and highlights relevance to practice is more likely to be reconciled and assimilated by learners. 8
Is the tone positive and/ or supportive?	Providing feedback in a fashion that creates, enhances, and supports education, drives learning forward. Feedback is considered to be most effective when phrased in a supportive manner, promoting respect and trust in the relationship between teacher and learner 3, 4
Does the narrative describe behaviour in clear unambiguous language?	Feedback that is specific is more readily assimilated. 8 Feedback is most effective when it avoids praise or criticism directed at the personal level and avoids comparison with other learners. 3 Comments are considered quality feedback when they make reference to specific behaviour(s). Feedback is best when it is specific and actionable. 3, 4
Does the narrative reinforce what has been done well?	Effective feedback reinforces and corrects. 3
Does the narrative identify areas to improve?	Effective feedback reinforces and corrects. 3
Does the narrative include specific strategies for improvement?	Comments are considered quality feedback when they offer specific behavioural strategies for improvement. 3
Does the feedback relate to specific standards?	All Field Notes in our system are criterion-referenced by design. This means that your judgment about performance is informed by anchors which are descriptions of levels of performance. In our system these descriptions are accessed by mousing over the details link beside the level of performance. This makes assessment decisions comparable amongst assessors, thereby reducing bias. These defined levels of performance provide a road map for residents and competency scripts for preceptors. 9
Is there congruence between the learner level and the sophistication of feedback?	For a junior learner, concrete, basic feedback about a single skill at a time is useful. For the more senior learner, feedback on higher-order learning tasks is needed. These are generally more complex, integrative skills that involve tasks such as problem solving, reasoning, assessing, concluding, analyzing, evaluating etc. High quality feedback directs learners to higher order learning goals, pushing them beyond the tasks they are comfortable with towards tasks that may be new, and tasks they haven't yet managed on their own 7

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Tips:

Time constraints in a busy clinical setting can make thoughtful completion of Field Notes difficult. Take advantage of the 'save and submit later' function and complete the Field Note at a time when you have had the chance to reflect on the most important aspects of the resident's performance.

When writing a Field Note, float the cursor over the 'details' link that corresponds to the level of performance you have identified. A description of performance at that level for that specific task will be revealed (by choosing EPA and phase of the encounter). This description may help you articulate the aspects of performance on which you want to comment.

Learners consider feedback more valid when it is based on direct observation.

CCFP members can complete a **Linking Learning to Practice** Exercise related to the learning they have achieved as a result of participating in the Field Notes Quality Reflection. Each completed Linking Learning to Practice might qualify for **5 Mainpro+ certified Self-Learning credits**.

http://www.cfpc.ca/Linking_Learning_to_Practice/

What I need to continue doing in giving feedback/ writing Field Notes:

Changes in giving feedback/ writing Field Notes I plan to make:

1. Holmboe E Realizing the Promise of Competency-Based Medical Education *Acad Med* 2015;90:411-413
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3. Ramani S, Krackov S Twelve tips for giving feedback effectively in the clinical environment *Med Teach* 2012;34:787-791
4. Norcini J, Anderson B, Bollela V, Burch V, Costa M J, Duvivier R, Roberts T Criteria for good assessment: consensus statement and recommendations from the Ottawa 2010 Conference. *Med Teach* 2011;33(3):206-14
5. Archer J State of the science in health professional education: effective feedback *Med Ed* 2010;44:101-108
6. Norcini, J., & Burch, V. Workplace-based assessment as an educational tool: AMEE Guide No. 31 *Med Teach* 2007;29:855-871.
7. Nicol DJ, Macfarlane-Dick D Formative assessment and self-regulated learning: a model and seven principles of good feedback practice *Stud High Educ* 2006;31(2):199-218
8. Sargeant J, Mann K, van der Vleuten C, Metsemakers J "Directed" self-assessment: practice and feedback within a social context *J Contin Educ Health Prof* 2008 ; 28(1): 47-54
9. Schultz K, Griffiths J, Lacasse M The Application of Entrustable Professional Activities to Inform Competency Decisions in a Family Medicine Residency Program *Acad Med* 2015 released online ahead of print