Queen's University | Department of Family Medicine

PGY1 Months 1-6

Context

At this stage the resident is focused on transitioning from medical school to residency. This generally entails a shift toward significantly increased responsibility and independence. In addition, the resident is likely to be learning the intricacies of a new healthcare system and new preceptor and office staff expectations.

Overarching Principles

The resident will make decisions based largely on rules and analytical thinking with only limited employment of pattern recognition and past clinical experiences. They should demonstrate critical thinking skills and clearly articulate multiple approaches to problem solving. They should be reflective and self-directed their own learning within the context of potentially limited insight into their own knowledge and skill gaps.

Red Flags include:
1. Inability to accept ambiguity, or avoidance of venturing beyond rigid or concrete frameworks, leading to inaccurate diagnosis and/or management.
2. Inability or avoidance of practicing reflective learning.
3. Clinical knowledge or skill clearly below what is normally expected at this phase.
4. Avoidance of feedback.

Broad Expectations	Clinical Expectations
• Close supervision is required for clinical and administrative roles. • Lab/other results should be reviewed by the resident; however action of those results will generally involve consultation with the supervising physician. • The resident's written communication including consults and clinic notes should be clear, appropriate and concise. • The resident's communication with other health care providers should be professional and respectful. • The resident should be actively exposed to the expected administrative roles required of a family physician. (for example: insurance forms, sick notes, team/business meetings). • Basic billing strategies should be employed by the resident. • The resident should use strategies to improve self-awareness and personal well-being, as well as mitigate stressors during transitions.	• The resident is able to take a history and perform a physical examination, albeit slowly and possibly unfocussed. Expect this to quickly improve during the initial first six months. • Expect knowledge gaps, especially early on in this phase. • The resident may have limited knowledge of appropriate investigations and therapeutics. • The resident may have difficultly balancing psychosocial or contextual issues of patients with biological processes. They may also inappropriately focus on psychosocial elements to distract from a lack of clinical skill and knowledge. • The resident should begin to take ownership of their "practice" and engage in appropriate patient follow-up. • Despite the aforementioned gaps the resident should be developing a clearer knowledge of their limitations and seek assistance when and where appropriate

PGY1 Months 7-12

Context

This stage is really a continuation from the previous. The resident is well into their PGY1 year and has adapted to the change from medical student to resident.

Overarching Principles

The resident should have refined reflective and critical thinking skills at this stage, although sophisticated knowledge may still be lacking in some clinical areas. Seamless transitions between analytical and intuitive problem solving strategies should be occurring, guided by a developed sense of their own knowledge and skillsets. They should see the bigger context as it applies to both the patient, such as the impact of disease and treatment on the whole person, and as it applies to the larger context of societal impacts.

Red Flags include:

1. Inability to appropriately sort through multiple data sources to arrive at a reasonable diagnosis and treatment plan.
2. Inappropriate application of clinical decision tools or guidelines.
3. Lack of demonstrable reflective and self-directed learning.
4. Unengaged in learning and/or clinical practice.

Broad Expectations

- The resident should be taking ownership of their patient population.
- The resident should be sure that all duties are appropriately covered when away from the clinic (for example: vacation, academic days).
- The resident should review results of investigations and formulate a plan of action.
- The resident's communication should be reliably clear and appropriate.
- The resident should demonstrate knowledge of appropriate care resources including referral options.
- The resident should understand the roles of different health care providers and effectively facilitate transitions of care.
- Billing should be an active consideration at each visit.
- The resident should start to engage in mentorship of junior learners.
- The resident should exhibit self-awareness and resilience, as well as be able to recognize and support colleagues in need.

Clinical Expectations

- The resident's histories and physical examinations are clear and appropriately focused.
- The resident demonstrates increasing comfort with, and knowledge of, their patients.
- The resident has a better appreciation of problems commonly seen in family practice.
- The resident consistently formulates an appropriate differential diagnosis for each patient.
- When faced with uncommon problems the resident has an approach to arrive at a reasonable plan.
- The resident cues into "Red Flag" signs and symptoms.
- The resident demonstrates an increased ability to exhibit empathy and active listening while balancing the realities of practice management.
- The resident has improved familiarity with investigations and therapeutics such that most management plans are appropriate.

By the end of PGY1 residents should require only reactive supervision

PGY2 Months 1-6

Context

At this stage the resident should be consciously transitioning toward independence. They should have good insight into their strengths and weaknesses, maintaining the appropriate level of help-seeking as they move towards more independence. Additionally, the CFPC exam will be a significant driver of self-directed education.

Overarching Principles

Critical thinking should now be commonplace and the resident should be actively focusing on ways to further improve this skill. Uncertainty is no longer feared and instead is viewed as a challenging and exciting learning opportunity. The resident's expanse of knowledge and past experience is sufficient such that they can extrapolate from a known situation to an unknown presentation or problem.

Red Flags include:
1. Problem solving only by analytical skills with a clear lack of intuitive problem solving or pattern recognition.
2. Lack of emotional engagement in clinical practice and learning.
3. Inability to manage ambiguity or new problems.
4. Inability to see patients in a timely manner
5. Greater than usual number of patients dissatisfied with care delivered by the resident.

Broad Expectations	Clinical Expectations
• The resident should be considering the implications of patient flow, appointment time and billing as it impacts the functioning of the clinic. • Results of investigations should be attended to appropriately by the resident. "Routine" results, including abnormal ones, should be managed independently. • The resident should demonstrate knowledge of the administrative duties expected of a practicing physician and seek to participate in these duties. • The resident should actively explore the issues around incorporation, financial planning, insurance and desired practice style/location. • Where applicable the resident should provide supervision and mentorship to more junior learners. • The resident should exhibit self-awareness and resilience, as well as manage personal and professional demands for a sustainable practice.	• The resident is able to complete most patient visits within 15 minutes. • The resident listens well, is empathetic and able to prioritize patient concerns. When it is not possible to deal with all of the patient's concerns the resident respectfully arranges for appropriate follow up. • The resident's investigations and management plans should rarely require adjustment by the supervising physician. • The resident should be able to see patients independently and safely discharge them prior to reviewing in most cases. • The resident still needs to consult preceptor over more difficult problems. • The resident is more comfortable in challenging their preceptor over diagnosis and management. • The resident manages challenging interactions with effective communication skills and self awareness.

PGY2 Months 7-12

Context

By this stage the resident should be functioning as a "Jr. Attending".

Overarching Principles

The resident should have a clearly refined approach to problem solving with sophisticated clinical reasoning and critical thinking skills, as well as intuitive recognition of common clinical presentations. The resident should be open to the unexpected and readily distinguish features that do not fit into a recognizable pattern. Self-directed and reflective learning should be second nature and firmly entrenched in their professional identity.

Red Flags include:
1. Lack of a continuing education plan for post graduation.
2. Clinical reasoning that is not generally at the level of an independently practicing physician.
3. Inability to manage clinical care and associated administrative duties within a reasonable time frame (for example, clinics or paperwork constantly running behind schedule).
4. Inappropriate staff or patient interaction.

Broad Expectations	Clinical Expectations
• The resident should manage results with supervision for refinement only. • The resident should communicate independently with colleagues and consultants. • The resident should independently arrange appropriate follow-up for patients. • The resident's billing should be at the level of a practicing family physician. • The resident should identify knowledge gaps and formulate plans to address including self-study and organized educational events. The focus should be lifelong learning vs the previous exam focus. • The resident should demonstrate understanding of the administrative duties expected of a practicing physician (for example: completion of relevant paperwork such as insurance forms, participation in clinic meetings and function and application for privileges in their anticipated practice location). • The resident should initiate application to CPSO (or other provincial college as applicable). • The resident should have an effective approach to personal and professional wellness and resilience.	• The resident should only require clinical supervision for refinement. • The resident's assessment, investigations and management plans should be consistently appropriate with only rare and minor changes recommended by the preceptor. • As a general rule the resident should be functioning at a sufficient level that the preceptor would be comfortable hiring him/her as a locum.