McGill | Department of Family Medicine | Département de médecine de famille
5858 Côte-des-Neiges
3rd Floor, Suite 300
Montreal, Quebec H3S 1Z1
Tel: (514) 399-9127
Fax:(514) 398-4202
www.mcgill.ca/familymed/

A Guide for Academic Advisors in the McGill Family Medicine Residency Program

1. Goal:

The ultimate goals of academic advising are for the advisor to help the resident on his or her path to competence as a family physician and to nurture his or her practice readiness.

Academic advising is a process that develops targeted learning objectives for the resident based on different assessments the resident has received.

The advisor motivates the trainee to improve his or her performance through adherence to these mutually established learning objectives.

2. Role:

The advisor is a coach who meets every three months with the resident and therefore has an ongoing relationship with the resident of the two years of residency training.

The advisor helps the resident achieve his or her best performance by motivating him or her, promoting self-reflection and providing guidance.

The advisor's goal is not to evaluate the resident, but to work together with the resident to develop a good training plan based on the various assessments (eg. field notes and ITERs).

The process is more effective when the advisor develops a strong working relationship with the resident.

The advisor assists the resident in analyzing his or her assessments. The process is more powerful when the analysis is shared.

If assessment data is scarce the advisor assists the resident in dealing with the limitations of a small sample and explores ways to get more data for the next meeting.

The educational plan is developed by the academic advisor and by the resident together in a learner-centered approach, similar to the patient-centered approach that is a cornerstone of family medicine.

5858 Côte-des-Neiges
3rd Floor, Suite 300
Montreal, Quebec H3S 1Z1
Tel: (514) 399-9127
Fax:(514) 398-4202
www.mcgill.ca/familymed/

3. Method

Academic advising is an Iterative process analogous to Continuous Quality Improvement (CQI).

In conjunction with the resident, the advisor reviews the field notes, rotation evaluations, practice demographics and procedure log to determine the areas in which the trainee needs more exposure and could improve.

It is necessary to look at quantity of exposure as well as quality of performance, and both quality and quantity are important in developing competence as a family physician.

Assessments are needed from a variety of observers in a variety of settings. Multisource assessment data offers a broader and more accurate perspective.

The advisors helps put outlier assessments into context for the learner; some field notes and evaluations will be inaccurate, biased or specific to a context and not generalizable.

Some comments and assessments may be hurtful to the learner. The advisor creates a safe environment where negative assessments can be better integrated by the learner.

At each meeting, the advisor reviews the previous goals with the learner to see if they were achieved, and develops a few new learning goals. It may be appropriate to repeat the same goal if it has not been fully achieved.

The advisor helps the resident develop goals that follow the SMART format:
S - specific
M - measurable
A - attainable
R - realistic
T - time bound

4. Expectations

The advisor and trainee should meet in person every 3 months at a mutually convenient time. Interruptions should be minimized and the environment should be quiet and private.

The resident must have filled in his or her 3-month progress form prior to the meeting. **Do not proceed with the meeting if the resident has not filled in his or her part of the form; the meeting should be rescheduled.**

The advisor reviews the field notes, ITERS and resident responses prior to the meeting.

5858 Côte-des-Neiges
3rd Floor, Suite 300
Montreal, Quebec H3S 1Z1
Tel: (514) 399-9127
Fax:(514) 398-4202
www.mcgill.ca/familymed/

At the beginning of the meeting, the advisor should click the box in One45 that transposes the resident responses onto the advisor's form.

During the meeting, the advisor completes the responses in the advisor response boxes, in conjunction with the resident.

5. Summary

The process of periodically reviewing accumulated feedback in a safe environment with the assistance of an academic advisor is of great educational value. This process is well summarized by the following R2C2 feedback model:

1. Develop a relationship and rapport with the resident.
2. Explore the resident's reaction to the feedback/assessment data and promote their assimilation of it by combining it with their own self-assessment.
3. Assist residents in their understanding of the feedback/assessment data, as well as the benchmarks and standards against which they are assessed.
4. Coach residents in identifying performance gaps and make goals for performance enhancement until the next periodic assessment.

6. Resources

Audétat, M. C., Laurin, S., Sanche, G., Béïque, C., Fon, N. C., Blais, J. G., & Charlin, B. (2013). Clinical reasoning difficulties: A taxonomy for clinical teachers. *Medical teacher*, *35*(3), e984-e989.

Eva, Kevin W., and Glenn Regehr. "Effective feedback for maintenance of competence: from data delivery to trusting dialogues." *Canadian Medical Association Journal* 185.6 (2013): 463-464.

Ross, S., Poth, C. N., Donoff, M., Humphries, P., Steiner, I., Schipper, S., ... & Nichols, D. (2011). Competency-Based Achievement System Using formative feedback to teach and assess family medicine residents' skills. *Canadian Family Physician*, *57*(9), e323-e330.

Sargeant, J., Lockyer, J., Mann, K., Holmboe, E., Silver, I., Armson, H., ... & Power, M. (2015). Facilitated reflective performance feedback: developing an evidence-and theory-based model that builds relationship, explores reactions and content, and coaches for performance change (R2C2). Academic Medicine, 90(12), 1698-1706.

Ten Cate, Olle Th J., Rashmi A. Kusurkar, and Geoffrey C. Williams. "How self-determination theory can assist our understanding of the teaching and learning processes in medical education. AMEE guide No. 59." *Medical teacher* 33.12 (2011): 961-973.