

ITER - Periodic Review Form (2026) v2

revised Jul282026 (PGME)

Family Medicine ITER - Periodic Review Form

*indicates a mandatory response

Periodic Review Form

The purpose of the progress review is to provide longitudinal mentoring and support for each resident. The functions of the Faculty Advisor, as described in the accreditation standards, are to:

- Orient the resident to the discipline of family medicine
- Discuss with the resident their own learning objectives and design an appropriate educational plan
- Review this plan regularly and assist the resident in finding the resources within the program necessary to meet their unique learning needs
- Help the resident; understand the four principles of family medicine: (1) Reflect on program choices to be made, (2) Understand evaluation feedback, (3) Set and revise learning objectives, and (4) Define career plans

Wellness

Enter **start** date period being evaluated:

Wellness

Enter **end** date period being evaluated:

Reviewed how resident is coping with demands of residency on a personal and professional basis:

- ☐ Doing Well
- ☐ Some Issues Discussed

(Wellness) Comments:

Services to review with resident:

1. [Family Medicine Confidential Mentorship Program](#)
2. [Family Medicine Resident Wellness Policy](#)
3. [Family Medicine Resident Safety Policy](#)
4. [Learner Experience Office](#)

Reviewed health and wellness of resident (safety concerns, access to family physician, need for support services, personal well-being):

- ☐ Yes
- ☐ No

Total number of days away from service reflected in ITERs:

Is it resulting in significant time away:

- ☐ Yes
- ☐ No

Career Goals

Briefly describe career plans:

Previous progress review documentation

Reviewed previous progress review forms (if this is the first meeting, choose N/A):

- ☐ Yes
- ☐ n/a

Briefly describe follow-up on action items from previous learning plans (if this is the first meeting, type n/a):

MyFM logs (field notes, direct observations, academic credits) - access information through **MyFM**

By the end of PGY1 minimum

- **Field Notes** = 50, with 16 being Direct Observations
- **Academic Credits** = 150
- **Obstetrics Logs** = Log all Obstetrics Experiences noting those that are Family Medicine based

By end of PGY2 minimum

- **Field Notes** = 50, with 16 being Direct Observations
- **Academic Credits** = 150
- **Obstetrics Logs** = Log all Obstetrics Experiences noting those that are Family Medicine based

PGY1 + PGY2 total minimum

- Field Notes = 100, with 32 being Direct Observations
- Academic Credits = 300
- Obstetrics Logs = Log all Obstetrics Experiences noting those that are Family Medicine based

This resident's MyFM logs were reviewed and resident is on track (if not, please comment below)

- ☐ Yes
- ☐ No

Briefly describe progress on the Resident Project (Quality Improvement or Research Project):

Rotation Assessments

Faculty Advisor (FA): Log-in to [Elentra](#) and access appropriate resident through My Learner tab

Resident: Log-in to [Elentra](#) and review assessments under Assessment & Evaluation tab

Reviewed plan to get missing assessments from rotations (e.g. call/email rotation preceptor). If Program Director should be alerted, explain why in comment box.

- ☐ No, there are no missing assessments
- ☐ Yes, there are missing assessments with a plan made or discussed
- ☐ Program Director to be alerted

Faculty Advisor and Resident overall impressions per skill area

Expected Benchmark Rating Scale based on level of training:

Clinical Reasoning:

- Mid PGY1 - Sometimes demonstrates
- End of PGY1 - Usually demonstrates, or higher
- Mid and End of PGY2 - Consistently demonstrates

Selectivity:

- Mid PGY1 - Sometimes demonstrates
- End of PGY1 - Usually demonstrates, or higher
- Mid and End of PGY2 - Consistently demonstrates

Communication Skills:

- Mid PGY1 - Sometimes demonstrates
- End of PGY1 - Usually demonstrates, or higher
- Mid and End of PGY2 - Consistently demonstrates

Professionalism:

- Mid PGY1, End of PGY1, Mid PGY2, and End of PGY2 - Consistently demonstrates

Patient Centred Approach:

- Mid PGY1 - Sometimes demonstrates
- End of PGY1 - Usually demonstrates, or higher
- Mid and End of PGY2 - Consistently demonstrates

Procedural Skills:

- Mid PGY1 - Sometimes demonstrates
- End of PGY1 - Usually demonstrates, or higher
- Mid and End of PGY2 - Consistently demonstrates

Leadership Competencies:

- Mid PGY1 - Sometimes demonstrates
- End of PGY1 - Usually demonstrates, or higher
- Mid and End of PGY2 - Consistently demonstrates

Scholar Competencies:

- Mid PGY1 - Sometimes demonstrates
- End of PGY1 - Usually demonstrates, or higher
- Mid and End of PGY2 - Consistently demonstrates

Faculty Advisor and Resident overall impressions per skill area					
	Unable to Assess	Does not demonstrate or rarely demonstrates (< 50% of time)	Sometimes demonstrates (> 50% of time)	Usually demonstrates (> 75% of time)	Consistently demonstrates (> 90% of time)
Clinical Reasoning -appropriately focuses on key issues in resolving clinical problems					
Selectivity -adaptive and selective in the approach to resolving clinical issues to suit both the patient and the situation					
Communication skills -adequate non-verbal and verbal communication skills with patients and colleagues -adequate charting -accurate orders					
Professionalism -responsible, reliable -knows limits, seeks help appropriately -respects others -honest, ethical -mindful, reflective -commitment to patient and societal well-being					
Patient Centred Approach -explores patients' illness experience (feelings, ideas, functional impact, expectations) -considers patients' contexts in management -finds common ground in management with patients and their families					
Procedural Skills -demonstrates the General Key Features of procedural skills					
Leader Competencies -apply the science of quality improvement to contribute to improving systems of patient care -contribute to a culture that promotes patient safety -set priorities and manage time to integrate practice and personal life -demonstrate leadership skills to enhance health care -apply evidence and management processes to achieve cost-appropriate care					
Scholar Competencies -develop, implement, monitor, and revise a personal learning plan to enhance professional practice -recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them -provide feedback to enhance learning and performance -critically evaluate the integrity, reliability, and applicability of health-related research and literature -plan and deliver a learning activity					

Faculty Advisor and Resident overall impressions per competency area

Ambulatory/Office Experience

Expected Benchmark Rating Scale based on level of training:

All categories *except* Perform common office procedures:

- Mid PGY1 - Close supervision
- End of PGY1 and Mid PGY2 - Occasional supervision
- End of PGY2 - Independent background supervision

Perform common office procedures:

- Mid PGY1 - Constant direct supervision
- End of PGY1 - Close supervision
- Mid PGY2 - Occasional supervision
- End of PGY2 - Independent background supervision

Ambulatory/Office Experience

(Please review all available rotation ITERs when completing Periodic Review form)

	Unable to assess: lack of exposure during Family Medicine rotation	Constant, direct supervision: I had to do it or resident requires complete guidance	Close supervision: I had to talk them through or resident able to perform tasks but requires prompting and/or direction	Occasional supervision: I needed to be there just in case but mostly independent, needs occasional assistance	Independent background supervision only: I did not need to be there. Complete independence, can safely manage patients on your service
A1. Diagnose and manage common acute (urgent & non-urgent) presentations and diseases across the life cycle	◻	◻	◻	◻	◻
A2. Diagnose and manage common subacute and chronic presentations and diseases (including multimorbidity) across the life cycle	◻	◻	◻	◻	◻
A3. Provide wellness and preventive care across the life cycle	◻	◻	◻	◻	◻
A4. Diagnose and manage common mental health presentations and diseases across the life cycle	◻	◻	◻	◻	◻
A5. Perform common office procedures	◻	◻	◻	◻	◻
A6. Provide care for vulnerable and underserved populations	◻	◻	◻	◻	◻
A7. Diagnose and manage pregnancy-related and post-partum conditions	◻	◻	◻	◻	◻
A8. Provide care for newborn infants	◻	◻	◻	◻	◻
A9. Provide appropriate virtual care	◻	◻	◻	◻	◻
A10. Diagnose and manage palliative and end of life conditions	◻	◻	◻	◻	◻

Residential Experience (e.g. patient homes, nursing homes, retirement homes)

Expected Benchmark Rating Scale based on level of training:

All Residential Experience categories:

- Mid PGY1 - Close supervision
- End of PGY1 and Mid PGY2 - Occasional supervision
- End of PGY2 - Independent background supervision

Residential Experience

(Please review all available rotation ITERs when completing Periodic Review form)

		Unable to assess: lack of exposure during Family Medicine rotation	Constant, direct supervision: I had to do it or resident requires complete guidance	Close supervision: I had to talk them through or resident able to perform tasks but requires prompting and/or direction	Occasional supervision: I needed to be there just in case but mostly independent, needs occasional assistance	Independent background supervision only: I did not need to be there. Complete independence, can safely manage patients on your service
R1. Diagnose and manage palliative and end of life conditions	☐	☐	☐	☐	☐	☐
R2. Provide appropriate care in the home/retirement home/LTC setting	☐	☐	☐	☐	☐	☐
R3. Provide appropriate telephone triage and management within goals of care	☐	☐	☐	☐	☐	☐

Hospital Experience - In-patients

Expected Benchmark Rating Scale based on level of training:

All Hospital Experience - In-patients categories:

- Mid PGY1 - Close supervision
- End of PGY1 and Mid PGY2 - Occasional supervision
- End of PGY2 - Independent background supervision

Hospital Experience - In-patients

(Please review all available rotation ITERs when completing Periodic Review form)

		Unable to assess: lack of exposure during Family Medicine rotation	Constant, direct supervision: I had to do it or resident requires complete guidance	Close supervision: I had to talk them through or resident able to perform tasks but requires prompting and/or direction	Occasional supervision: I needed to be there just in case but mostly independent, needs occasional assistance	Independent background supervision only: I did not need to be there. Complete independence, can safely manage patients on your service
I1. Diagnose and manage common acute/urgent/emergent medical conditions across the life cycle	☐	☐	☐	☐	☐	☐
I2. Determine appropriateness for and complete hospital admission across the life cycles	☐	☐	☐	☐	☐	☐
I3. Establish goals of care	☐	☐	☐	☐	☐	☐
I4. Diagnose and manage end-of-life/palliative medical conditions across the life cycle	☐	☐	☐	☐	☐	☐
I5. Determine appropriateness for and complete hospital discharge	☐	☐	☐	☐	☐	☐

Hospital Experience - Labour & Delivery

Expected Benchmark Rating Scale based on level of training:

Diagnose and manage common presentations at triage:

- Mid PGY1 - Close supervision
- End of PGY1, Mid PGY2, and End of PGY2 - Occasional supervision

Assess and manage progress of labour (Stages 1, 2, and 3):

- Mid PGY 1 - Constant, direct supervision
- End of PGY1, Mid PGY2, End of PGY2 - Close supervision

Perform common procedures related to labour and delivery:

- Mid PGY1 - Constant, direct supervision
- End of PGY1, Mid PGY2, End of PGY2 - Close supervision

*Provide hospital care and manage common postpartum presentations (to hospital discharge):

- Mid PGY1 - Close supervision
- End of PGY1, Mid PGY2, and End of PGY2 - Occasional supervision

Assess newborn infant and recognize need to escalate care as needed:

- Mid PGY1 - Close supervision
- End of PGY1, Mid PGY2, and End of PGY2 - Occasional supervision

Hospital Experience - Labour & Delivery

(Please review all available rotation ITERs when completing Periodic Review form)

	Unable to assess: lack of exposure during Family Medicine rotation	Constant, direct supervision: I had to do it or resident requires complete guidance	Close supervision: I had to talk them through or resident able to perform tasks but requires prompting and/or direction	Occasional supervision: I needed to be there just in case but mostly independent, needs occasional assistance	Independent background supervision only: I did not need to be there. Complete independence, can safely manage patients on your service
LD1. Diagnose and manage common presentations at triage	◻	◻	◻	◻	◻
LD2. Assess and manage progress of labour (Stages 1, 2, and 3)	◻	◻	◻	◻	◻
LD3. Perform common procedures related to labour and delivery	◻	◻	◻	◻	◻
LD4. Provide hospital care and manage common postpartum presentations (to hospital discharge)	◻	◻	◻	◻	◻
LD5. Assess newborn infant and recognize need to escalate care as needed	◻	◻	◻	◻	◻

Hospital Experience - ER

Expected Benchmark Rating Scale based on level of training:

All Hospital Experience - EM categories:

- Mid PGY1, End of PGY1, and Mid PGY2 - Close supervision
- End of PGY2 - Occasional supervision

Hospital Experience - ER

(Please review all available rotation ITERs when completing Periodic Review form)

	Unable to assess: lack of exposure during Family Medicine rotation	Constant, direct supervision: I had to do it or resident requires complete guidance	Close supervision: I had to talk them through or resident able to perform tasks but requires prompting and/or direction	Occasional supervision: I needed to be there just in case but mostly independent, needs occasional assistance	Independent background supervision only: I did not need to be there. Complete independence, can safely manage patients on your service
E1. Diagnose and manage emergent presentations across the life cycle in the ED	☐	☐	☐	☐	☐
E2. Diagnose and manage non-emergent presentations across the life cycle in the ED	☐	☐	☐	☐	☐
E3. Recognize illness severity and changes in patient status and take appropriate steps	☐	☐	☐	☐	☐
E4. Perform common ER procedures	☐	☐	☐	☐	☐
E5. Assess and arrange patient discharge and follow-up	☐	☐	☐	☐	☐
E6. Request consultations appropriately in the ED	☐	☐	☐	☐	☐

Overall Assessment

	Incomplete: Resident did not attend the rotation or unable to assess due to lack of exposure	Unsatisfactory: Below expected benchmarks for current level of training	Borderline: Approaching expected benchmarks for current level of training	Satisfactory: Meeting expected benchmarks for current level of training	Exemplary: Exceeding expected benchmarks for current level of training
What is your overall assessment of the level of competence demonstrated by this resident?	☐	☐	☐	☐	☐

Please provide comments to substantiate the above rating. If it is borderline or unsatisfactory, it is important to add as much information as possible to help understand the rating:

Goals to achieve prior to next Periodic Review assessment:

I have discussed the content of this evaluation with the above noted resident. Any additional feedback the resident has can be sent to the [Family Medicine program office, fmpgc@schulich.uwo.ca](mailto:fmpgc@schulich.uwo.ca).

- ☐ Yes
- ☐ No