**INSTRUCTIONS for the Preceptor**
- **LEARNER** and **OBSERVER** must be identified.
- Briefly DESCRIBE the OBSERVATION (one sentence).
- Under **FEEDBACK** please write down **specific feedback** for the observation.
- Make sure to indicate the date of the observation.
- If any part of the encounter was directly observed (seen or heard), please check the box “Observed patient/resident interaction”.
- Indicate the appropriate Sentinel Habit (SH-#) and Clinical Domain (CD-#) using the codes listed in the included legend.
- Check the appropriate Progress Level box.
- If you feel that follow-up is required, please indicate so.
- Give the FieldNote to the resident.

**INSTRUCTIONS for the Resident**
- Enter the FieldNote into eCBAS.

Sentinel Habit 1 (SH-1): Incorporates patient context
Sentinel Habit 2 (SH-2): Differential diagnosis
Sentinel Habit 3 (SH-3): Uses best practice to manage
Sentinel Habit 4 (SH-4): Prioritizes issues
Sentinel Habit 5 (SH-5): Key features for procedures
Sentinel Habit 6 (SH-6): Respect and responsibility
Sentinel Habit 7 (SH-7): Verbal / written communication
Sentinel Habit 8 (SH-8): Helps others learn
Sentinel Habit 9 (SH-9): Promotes effective practice quality
Sentinel Habit 10 (SH-10): Seeks guidance and feedback

Clinical Domain 1 (CD-1): Doctor-Patient relationship / ethics
Clinical Domain 2 (CD-2): Care of adults
Clinical Domain 3 (CD-3): Care of children and adolescents
Clinical Domain 4 (CD-4): Care of the elderly
Clinical Domain 5 (CD-5): Care of the vulnerable/underserved
Clinical Domain 6 (CD-6): Maternity / newborn care
Clinical Domain 7 (CD-7): Palliative care
Clinical Domain 8 (CD-8): Surgical and procedural skills
Clinical Domain 9 (CD-9): Not applicable

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**FieldNote**

Learner: _______________ Observer: _______________

Describe observation (event or action):

Feedback:

Date: _______________  □ Observed patient/resident interaction

Sentinel Habit __________  Clinical Domain __________

☐ Stop, important correction  ☐ In progress  ☐ Carry on, got it

Stack Name (Optional): _______________  To Follow-Up: ☐

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