

## Triple C Competency-based Curriculum

### A Competency-based Approach to In-Training Assessment

## Objectives

- Participants will begin to develop a process of in-training assessment for their own institution that focuses on learner/patient interactions during daily clinical activity
- Participants will clarify roles, skills and tasks of residents, preceptors, faculty advisors and program directors
- Participants will become familiar with the tools available to achieve assessments which include individual documentation, classification and progress reports



## The Most Important Modification to Improve In-training Assessment...

Encourage the gathering and documentation of case-specific comments and feedback, from the preceptors to the residents, during daily clinical work

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## Essential Components of In-training Assessment

- Observations
- Documentation
- Portfolios
- Periodic review/guided self-reflection
- Summative decisions
- Evaluation objectives



## Template for In-Training Evaluation Process

ITE Tasks/steps	Description	Learner roles	Who does what? Learner in partnership with Faculty/preceptors/administrators
During daily clinical activities <ul style="list-style-type: none"> <li>Observe performances</li> <li>Provide feedback</li> <li>Document</li> </ul>	Field notes	Seeks opportunities to be observed Seeks feedback Participates in documentation	Program specific
Collect and organize documentation within a framework <ul style="list-style-type: none"> <li>Daily field notes</li> <li>Other performance assessments</li> </ul>	Portfolio and/or file Collection of evidence	Organizes documented observations according to learner's needs and program requirements	Program specific
Periodic assessment of progress based on organized documentation	Guided review and assessment	Provides self-assessment Participates in a process of guided self-assessment	Program specific
Review and update learning plans	Who takes action – what action is required?	Actively participates in learning plan	Program specific
Reporting	With learner / resident to clarify plans Back to daily clinical supervisors Progress report to appropriate administrators Documentation for accreditation	Program specific	Program specific
Adjust and adapt learning activities	Identifying resources Modifying curriculum Identifying target goals <ul style="list-style-type: none"> <li>Modify/customize assessment</li> <li>Formative and summative</li> <li>Frequency and/or type of periodic assessment</li> </ul>	Program specific	Program specific

This is the Template for In-Training Evaluation Process developed by the Working Group on Certification Process, based upon both the literature and positive local experiences.

## Observations of Resident Performance

- Encourage honest assessment by focusing the judgment of performance on each specific event or case
- Judge the behaviour itself, not compare to other learners (criterion referenced, not norm referenced)



This refers to feedback given to the learner including judgment of the performance.

## Observations of Resident Performance

- Can include observations of resident - patient interactions, case discussions, charting, team interactions, etc.
- Are important opportunities for feedback with reflection, including positive reinforcement and constructive coaching



## Observations of Resident Performance

- Should be done by multiple preceptors
- Can be done by other team members, patients or peers
- Should sample across all the skill dimensions, repeatedly as relevant



Multiple preceptors does not mean more than one observer at one time – it means multiple observations from different observers at different times.



## Evaluation Objectives

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- Are intended as a resource and reference, not a checklist
- They can be referred to when helpful



## Evaluation Objectives

- Are organized under skill dimensions, key features, observable behaviours, priority topics and themes
- Should be used to guide sampling of residents' activity in relevant workplace settings
- Are described and organized to assist residents and preceptors in assessing relevant competencies



## Documentation

- Can use a variety of formats for field notes or encounter cards
- Documentation should identify:
  - The skill dimension assessed
  - The clinical problem/topic assessed
  - The clinical domain assessed
  - Feedback given to the learner including judgment of the performance
  - [CanMEDS-FM roles](#)

Frank JR, ed. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2005. [cited 2009 Dec 14]. Available from: <http://rcpsc.medical.org/canmeds/index.php>.

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## Documentation

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Must remain simple enough to be used easily and frequently in busy clinical settings

## Portfolios...

- Store and organize documented observations
- Are formatted to allow review according to the desired dimensions, domains, competency levels or other program requirements designed to show the progression towards competence



## Periodic Review / Guided Self-direction

- To ensure continuity of education, a family physician or a team should be assigned to each resident for the duration of the residency and be responsible to review progress and provide feedback to both the resident and the program



## Periodic Review / Guided Self-Assessment

- Provides continuity of clinical supervision and educational coaching
- With the resident, collates and interprets all assessments of competency achievement
- Provides regularly scheduled progress reviews and reports



## Summative Decisions...

- Program committees interpret the progress reports
- They also provide additional decision making and resources when necessary, especially around remediation and dismissal decisions
- Residents are engaged in all steps of the assessment process in a timely and collegial manner



Summative decisions must be made by more than one individual (i.e., must be a committee).



## Summary...

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- Multiple preceptors and observers document repeated samples of resident performance across all skill dimensions in a variety of settings
- Continuity of assessment and teaching is essential

## Summary...

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- Residents and faculty review progress regularly and report to the program
- Documentation must be organized in an effective way, e.g., portfolio
- The program provides additional decision making and resources concerning summative decisions



## Other Steps?

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Following implementation of effective workplace-based assessment, programs can review their process to identify the need for complementary specific assessment tools as indicated



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## The Triple C Competency Based Curriculum

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[www.cfpc.ca/Triple\\_C](http://www.cfpc.ca/Triple_C)

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## Acknowledgment

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## Based Upon

Interim report to the Board of Examiners from the WGCP: Initial recommendations for changes to ITE for the purposes of certification

Crichton T, Allen T, Bethune C, Brailovsky C, Donoff M, Laughlin T, Lawrence K, Wetmore S. Interim report to the Board of Examiners from the WGCP: Initial recommendations for changes to ITE for the purposes of certification. Mississauga ON: College of Family Physicians of Canada; 2009.

Intraining Evaluation Directors Meeting, Family Medicine Forum 2009. Calgary AB: College of Family Physicians of Canada; 2009.

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## For More Information

Linking Curriculum and Assessment in Competency-based Residency Training Program  
Donoff M, Iglar K, Oanadasan I, Saucier D, Schipper S, Wong E. Triple C competency-based curriculum. Report of the Working Group on Postgraduate Curriculum Review – Part 2. Mississauga, ON: College of Family Physicians of Canada. In press.

Tannenbaum D, Kerr J, Konkin J, Organek A, Parsons E, Saucier D, Shaw L, Walsh A. *Triple C Competency-based Curriculum. Report of the Working Group on Postgraduate Curriculum Review-Part 1.* Mississauga ON: College of Family Physicians of Canada; 2011 [Available Here](#)

Crichton T, Allen T, Bethune C, Brailovsky C, Donoff M, Laughlin T, Lawrence K, Wetmore S. Interim report to the Board of Examiners from the WGCP: Initial recommendations for changes to ITE for the purposes of certification. Mississauga ON: College of Family Physicians of Canada; 2009.

Frank JR, ed. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2005 [cited 2009 Dec 14]. Available from: <http://rcpsc.medical.org/canmeds/index.php>.

To better understand the Triple C Curriculum, please view the other resources in the Triple C Toolkit:  
<http://www.cfpc.ca/Triple-C/>

Please visit [www.cfpc.ca](http://www.cfpc.ca) for a series of articles on the Triple C Competency-based Curriculum, published in *Canadian Family Physician*

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