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FAMILY PHYSICIANS
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Triple C Competency-based Curriculum: Implications for Family Medicine Residency Programs

Objectives

- To describe how a Triple C Competency-based Curriculum translates into key characteristics of a Family Medicine residency program
- To explain teaching and learning strategies within a Triple C Competency-based Curriculum

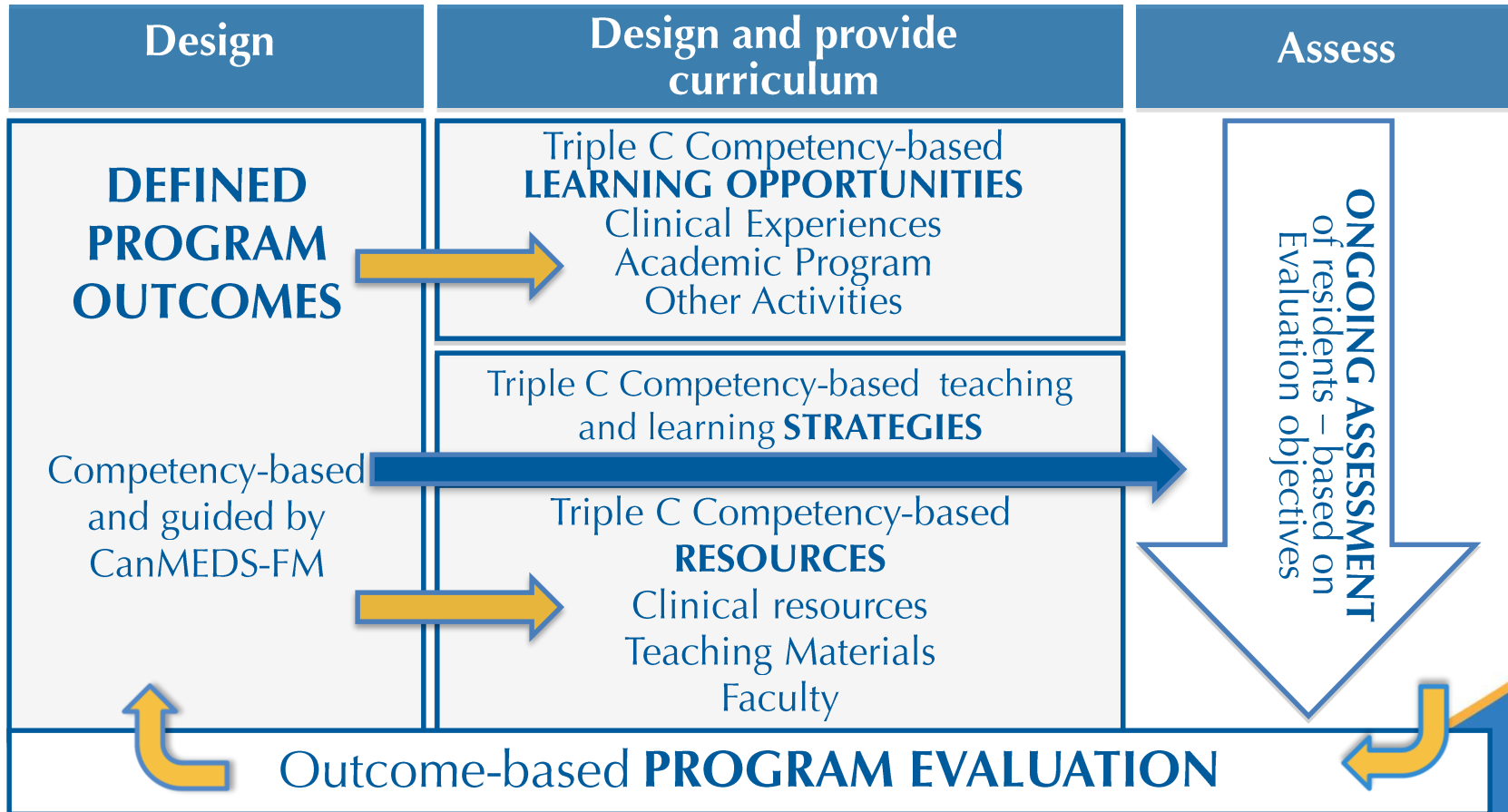
Triple C Competency-based Curriculum

“ ... is a Family Medicine residency curriculum that provides the relevant learning contexts and strategies to enable residents to integrate competencies, while acquiring evidence to determine that a resident is ready to begin to practice in the specialty in Family Medicine.”

Alignment Sub-committee of the Triple C Competency-based Curriculum Task Force, November 2011

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The Building Blocks



The Context for Training

- Context is as important as content
- Context ensures:
 - Role modeling
 - Type of patients/problems
 - Type of problem-solving (selectivity)
 - Integration of skills
- Context is essential for developing one's own identity as a family physician

Curriculum Planning and Design

Should be:

- Congruent with stated learning outcomes
- Competency-based
- Coherent and comprehensive in terms of program structure

Defined Program Learning Outcomes

- Program outcomes should:
 - State end-of-residency expectations
 - Be competency-based
 - Reflect the CanMEDS-FM Roles*
 - Refer to the Domains of Clinical Care
- They serve as the basis for curricular planning, ongoing assessment, and program evaluation

*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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A Competency-based Program

- Design curriculum that leads to expected program outcomes
- Provide relevant educational experiences:
Through a curriculum that allows for the development and demonstration of competencies
- Assess learners for competence:
Assessment of competencies as a component of the training program

Triple C Competency-based Curriculum

1. **C**omprehensive
 2. **C**ontinuity of
 3. **C**entred in Family Medicine
- Care
Education

Comprehensive Program Structure

- Reflects an integrated curriculum over two years
- Context-specific flexibility of design
- Based on local resources
- Provides relevant learning experiences
 - Within the full range of the Domains of Clinical Care
 - To encourage development of the CanMEDS-FM Roles

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Continuity of Patient Care

Opportunities for:

- Continuity with patients and families over time, through strategies such as:
 - Responsibility for a panel of patients
 - Longitudinal or integrated experiences
- Continuity of care, in different clinical settings

Continuity of Education

- a) Continuity of supervision
- b) Continuity in the learning environment
- c) Continuity in the curriculum

a) Continuity of Supervision

- Ongoing interactions with designated key preceptors
- Communication of educational information between preceptors, and between learning contexts
- Allows for reliable and valid assessment

b) Continuity in the Learning Environment

- Long placements that enable residents to develop relationships and understand context
- Continuity maintained in any new placement, either educational or clinical
- Creating a bounded, familiar educational and work environment (physical environment and health care team)

c) Continuity in the Curriculum

- Coherent academic programming over learning experiences and settings
- Explicit strategies to facilitate integration of experiences into competencies

Curriculum Design is Centred in Family Medicine

- The program maintains ownership of all aspects of the curriculum
- Experiences based in comprehensive Family Medicine contexts
- Other relevant focused experiences as required
- Family physicians are the core teachers
- Complemented by Family Medicine-oriented consultants depending on local resources

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Teaching and Learning Strategies

Strategies focus on:

- Achievement of competencies rather than knowledge transmission
- Development of professional identity
- Becoming a reflective practitioner
- Emphasis on the family physician's perspective

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Teaching and Learning Strategies

- Residents are encouraged to be active learners and to develop their autonomy
- There is explicit role modeling of the CanMEDS-FM Roles

Academic Program

- Competency oriented
- Well organized and comprehensive
- Addresses key competencies
- Complementary to the clinical experience
- Encourages autonomous learning

Academic Program

- Uses relevant teaching and learning strategies
 - Problem-solving and critical thinking
 - Engages residents to reflect in action and on action
- Focuses on the family physician's perspective on the problem
- Residents learn about context and content of the culture of Family Medicine

Assessment of Learners

- Assessment
 - Embedded in the curriculum
 - Directly related to expected program outcomes
 - Involves repeated sampling over time
- Programs must be primarily responsible for planning and managing the evaluation system

Assessment of Learners

- Samples observable competencies
 - Within all seven CanMEDS-FM Roles
 - Across the Domains of Clinical Care
 - Guided by the CFPC Evaluation Objectives
- Resulting in consistent demonstration of competence
- Performance is criterion-referenced rather than norm-referenced

Assessment of Learners

- Processes and methods of assessment are integrated into the curriculum
- Assessment is an ongoing, formative process
- Progress is monitored
- Educational planning, including remediation, is individualized
- Promotion criteria and summative decisions are competency-based

Program Accountability

- Measures of program quality and mechanisms for program improvement are in place
- Programs should be able to demonstrate that residents have achieved expected outcomes

In Summary

A Triple C Competency-based Curriculum Includes:

- ✓ Competency-based framework for program outcomes
- ✓ Triple C Competency-based learning opportunities, teaching and learning strategies, and resources
- ✓ Competency-based assessment

How Will a Program Know...

that a resident is ready to begin practice in the specialty of Family Medicine?

“A resident shows **consistent demonstration** of the competencies, using tools including the **Evaluation Objectives**, within a **Triple C Competency-based Curriculum**.”

Alignment Sub-committee of the Triple C Competency-based Curriculum Task Force, Jan. 2012

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Acknowledgment

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Based Upon

Translating the Triple C Competency-based Curriculum into Residency Curriculum: A Checklist

Triple C competency-based curriculum. Report of the Working Group on Postgraduate Curriculum Review-Part 2. Mississauga ON: College of Family Physicians of Canada; 2011; in press.
[Available Here](#)

Relationship to the Triple C Competency-based Curriculum

To better understand the relationship of the implications for residency training with other elements of the Triple C Competency-based Curriculum, please view the other resources in the Triple C Toolkit.

http://www.cfpc.ca/Triple_C/

Especially:

- Key Concepts and Definitions of Competency-based Education
- Defining the Three Cs
- In-training Assessment
- Evaluation Objectives
- Understanding Curriculum and Assessment in a Competency-based Residency Training Program

Visit www.cfp.ca for a series of articles on the Triple C Competency-based Curriculum, published in *Canadian Family Physician*

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