

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

SECTION OF TEACHERS • SECTION DES ENSEIGNANTS

The Scope of Training for Family Medicine Residency

Domains of Clinical Care
and
Evolving Professional Competencies

Objectives

- Describe the Domains of Clinical Care for residency training
 - Explain their impact on residency training
- Describe the Evolving professional competencies
 - Discuss their impact on residency training
- Discuss the relationship between Domains of Clinical Care, CanMEDS-FM and the Triple C Competency-based Curriculum

Background

- The goal of residency training is to produce family physicians who are competent to practice comprehensive continuing care in order to meet the needs of patients, families and communities
- Programs must provide training in the full scope of family medicine and, must assess residents on an ongoing basis to ensure that competencies are acquired and educational goals are met
- Documents have been produced by the Working Group on Curriculum Review to articulate the competencies required for comprehensive practice

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.

3

Background

- CanMEDS-FM identifies the roles and underlying broad competencies that allow FPs to practice effectively
- The Scope of Training for Family Medicine Residency is a companion document to CanMEDS-FM
 - It outlines the Domains of Clinical Care:
 - That constitute comprehensive family medicine as practised in Canada
 - Thus forms the basis for curricular content and for clinical competencies residents must acquire
 - The CanMEDS-FM roles are demonstrated by residents as they learn and carry out these clinical activities

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>.

4

Background

WHAT and WHERE should FM residents learn and demonstrate their competencies?

HOW should FM residents behave as they carry out these clinical activities?

HOW should these be taught, learned and assessed?

- See Domains of Clinical Care

- See CanMEDS-FM Roles

- Within a Triple C Competency-based Curriculum

5

Outline

The document entitled “Scope of Training for Family Medicine Residency” is organized into:

- A. Domains of Clinical Care in residency training
- B. Evolving professional competencies

This presentation will also discuss relationship between Domains of Clinical Care, CanMEDS-FM and the Triple C Competency-based Curriculum

A) Domains of Clinical Care

The Domains are arranged by:

- Life cycle
- Clinical settings
- Spectrum of clinical responsibilities
- Care of underserved patients
- Procedural skills

7

Care of Patients Across the Life Cycle

- Children and adolescents
- Adults
 - Women's health, including maternity care
 - Men's health care
 - Care of the elderly
- End of life and palliative care

Care of Patients Across Clinical Settings

Across urban and rural settings

- Ambulatory / office practice
- Hospital
- Long term care
- Emergency settings
- Care in the home
- Other community-based settings

9

Spectrum of Clinical Responsibilities

- Prevention and health promotion
- Diagnosis and management of presenting problems
 - Acute, Subacute, Chronic
- Chronic disease management
- Rehabilitation
- Supportive care
- Palliation

10

Care of Underserved Patients

Including, but not limited to:

- Aboriginal patients
- Patients with mental illness or addiction
- Recent immigrants

Procedural Skills

See CFPC list of [core procedures](#)

Defining core procedure skills for Canadian family medicine training

Wetmore SJ, Rivet C, Tepper, Tatemichi S, Donoff M, Rainsberry P. Defining core procedure skills for Canadian family medicine training. *Can Fam Physician*. 2005;51:1364-5.

- Procedures listed require periodic updating

12

B) Evolving Professional Competencies

- These are selected competencies within the CanMEDS-FM Roles that will be required increasingly of family physicians in the future
 - These competencies should therefore receive emphasis during residency training in the coming years
- They are organized under relevant CanMEDS-FM Roles

Evolving Professional Competencies

Communicator

- Information technology
 - Including electronic medical records

Collaborator

- Collaborative, team-based practice

Evolving Professional Competencies

Manager

- Leadership
- Patient safety
 - Including error disclosure
- Quality improvement
- Information retrieval and management

15

Evolving Professional Competencies

Health Advocate

- Social responsibility
- Community responsiveness

Scholar

- Teaching
- Research
- Lifelong learning

Evolving Professional Competencies

Professional

- Professionalism
 - Ethics
 - Boundaries
 - Self-care

Relationship Between Domains of Clinical Care, CanMEDS-FM and Triple C

These three concepts
are interconnected
and support one another

18

Relationship Between...

- **Domains of Clinical Care:**
 - The essential clinical activities that define comprehensive care in family medicine
 - Thus the clinical content and settings of residency training in family medicine
- It is in the provision of these clinical activities that family medicine residents learn and demonstrate the **CanMEDS-FM Roles** and competencies

19

Relationship Between...

The **Triple C Competency-based Curriculum** utilizes **CanMEDS-FM** and the **Domains of Clinical Care** as guiding documents for program planners in the construction of a curriculum that:

- States expected learning outcomes
- Provides residents with opportunities to develop their competencies
- Provides opportunities to assess them on these competencies

20

Relationship Between...

WHAT and WHERE should FM residents learn and demonstrate their competencies?

- See **CanMEDS-FM Roles**

HOW should FM residents behave as they carry out these clinical activities?

- Within a **Triple C Competency-based Curriculum**

HOW should these be taught, learned and assessed?

- See **Domains of Clinical Care**

21

Relationship Between...

The Triple C Competency-based Curriculum

stipulates that the process by which these competencies will be most effectively acquired is through a curriculum that is:

- Comprehensive in scope
- Focused on continuity of education and patient care
- Centred in family medicine experiences

22

Relationship Between...

Essentially, a well-constructed **Triple C Competency-based Curriculum** permits residents to acquire and be assessed on the **CanMEDS-FM** competencies across the **Domains of Clinical Care** that comprise comprehensive family medicine

23

Relationship with the Triple C Curriculum

To better understand the relationship between the Scope of training and other elements of the Triple C Curriculum, please view the other resources in the Triple C Toolkit

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

Especially on the integration of CanMEDS-FM, the Domains of clinical care, and Evaluation Objectives within a Triple C Competency-based Curriculum

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

24

Acknowledgment

This PowerPoint presentation was authored by David Tannenbaum, MD

On behalf of the Working Group on Curriculum Review:

David Tannenbaum, MD, CCFP, FCFP (Chair)

Jill Konkin, MD, CCFP, FCFP

Ean Parsons, MD, CCFP, FCFP

Danielle Saucier, MD, MA(Ed), CCFP, FCFP

Liz Shaw, MD, CCFP, FCFP

Allyn Walsh, MD, CCFP, FCFP

Jonathan Kerr, MD, CCFP

Andrew Organek, MD, CCFP (EM)

Suggested citation:

Tannenbaum D, Kerr J, Konkin J, Organek A, Parsons E, Saucier D, Shaw L, Walsh A. The scope of training for family medicine residency: Domains of clinical care and evolving professional competencies as an outline for teaching, learning, and assessment [PowerPoint presentation]. Mississauga ON: College of Family Physicians of Canada; 2011.

25

Based Upon

Scope of Training for Family Medicine Residency

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 2*. Mississauga, ON: College of Family Physicians of Canada. In press.

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

CanMEDS-Family Medicine

Tannenbaum D, Kerr J, Konkin J, Organek A, Parsons E, Saucier D, Shaw L, Walsh A. *CanMEDS-Family Medicine*. Working Group of Curriculum Review. Mississauga, ON: College of Family Physicians of Canada; 2009.

http://www.cfpc.ca/canMEDS-Family_Medicine/

26

For more information

Tannenbaum D, Kerr J, Konkin J, Organek A, Parsons E, Saucier D, Shaw L, Walsh A. *CanMEDS-Family Medicine. Report of the Working Group on Postgraduate Curriculum Review-Part 1*. Mississauga ON: College of Family Physicians of Canada; 2011.

[Available Here](#)

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>.

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

27