Linking Curriculum and Assessment in a Competency-based Residency Training Program
Objective

Explain the integration of:

- CanMEDS-FM*
- Domains of Clinical Care
- Evaluation Objectives

within a Triple C Competency-based Curriculum

Goal of Residency Training

“To develop professional competence to the level of a physician ready to begin practice in the specialty of Family Medicine.”

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

Canadian Family Medicine Curriculum

Ensuring readiness to begin practice in the specialty of Family Medicine

www.cfpc.ca/Triple_C
1. Comprehensive Care
2. Continuity of Education
3. Centred in Family Medicine
Becoming a Family Physician

A Lifelong Journey
Becoming a Family Physician

A Lifelong Journey

UNDERGRADUATE MEDICAL EDUCATION

Canadian Family Medicine Curriculum

FAMILY MEDICINE RESIDENCY TRAINING

CFPC CERTIFICATION

Ready to begin practice in the specialty of Family Medicine
Becoming a Family Physician

A Lifelong Journey

- UNDERGRADUATE MEDICAL EDUCATION
- Canadian Family Medicine Curriculum
- CFPC CERTIFICATION
- FAMILY MEDICINE RESIDENCY TRAINING
- CONTINUING PROFESSIONAL DEVELOPMENT
  *Includes Formal Enhanced Skills Training

Ready to begin practice in the specialty of Family Medicine
Responsibilities of a Program

• Design a curriculum that leads to expected program outcomes
• Provide relevant educational experiences
• Assess residents for competence
Design Curriculum

Guided by:

- CanMEDS-FM Roles
- Domains of Clinical Care
  - Where residents learn across clinical settings
# The Building Blocks

<table>
<thead>
<tr>
<th>Design</th>
<th>Design and provide curriculum</th>
<th>Assess</th>
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<td>DEFINED PROGRAM OUTCOMES</td>
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- Competency-based and guided by CanMEDS-FM
The Building Blocks

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<td>DEFINED PROGRAM OUTCOMES</td>
<td>Triple C Competency-based LEARNING OPPORTUNITIES</td>
<td>ONGOING ASSESSMENT of residents – based on Evaluation objectives</td>
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<td>Competency-based and guided by CanMEDS-FM</td>
<td>Clinical Experiences</td>
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<td>Other Activities</td>
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<td>Triple C Competency-based teaching and learning STRATEGIES</td>
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<td>Teaching Materials</td>
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<td>Triple C Competency-based RESOURCES</td>
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**STRATEGIES**

- CanMEDS-FM
The Building Blocks

**Design**
- Defined Program Outcomes
  - Competency-based
  - and guided by CanMEDS-FM

**Design and provide curriculum**
- Triple C Competency-based Learning Opportunities
  - Clinical Experiences
  - Academic Program
  - Other Activities
- Triple C Competency-based teaching and learning Strategies

**Assess**
- Ongoing Assessment of residents – based on Evaluation objectives

**Outcome-based Program Evaluation**
- Clinical resources
- Teaching Materials
- Faculty

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**Canadian Family Medicine Curriculum**

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**Le cours en médecine familiale au Canada**

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**The College of Family Physicians of Canada**

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**Le Collège des médecins de famille du Canada**

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**Section of Teachers – Section des enseignants**

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Provide Relevant Learning Opportunities

Each family medicine resident will be given the relevant learning opportunities to become proficient in the seven CanMEDS-FM Roles across the Domains of Clinical Care
Assess Residents

Comprehensive sampling across the Domains of clinical care is guided by the Evaluation Objectives:

- Six skill dimensions
  - Observable behaviours
  - Themes
- Phases of the Clinical Encounter
- Priority topics
  - Key features for assessment in Family Medicine
Assess Residents

• The Evaluation Objectives are a guide to sample performance in the clinical and academic environment

• The process of ongoing workplace-based assessment enables the program director to determine competence for certification
Assess Residents

Competency-based assessment of residents requires:

• Ongoing in-training assessment
• Regular progress reviews
• Other assessment tools
How do the Multiple Frameworks Relate?

- Multiple frameworks

- CanMEDS-FM Roles
- Domains of Clinical Care
- Evaluation Objectives
How do the Multiple Frameworks Relate?

• Multiple frameworks

- CanMEDS-FM Roles
- Domains of Clinical Care
- Evaluation Objectives

• Each has a purpose within a Triple C Competency-based Curriculum

• The linkage point: the resident engaged in relevant learning activities
Triple C Through Different Lenses

- CanMEDS-FM Roles
- Evaluation Objectives
- Domains of Clinical Care

- Resident engaged in relevant learning activities

Within a Triple C Competency-based Curriculum
Triple C Through Different Lenses

Design
CanMEDS-FM Roles

Evaluate Objectives

Resident engaged in relevant learning activities

Assess

Provide
Domains of Clinical Care

Within a Triple C Competency-based Curriculum
The Three Frameworks

FM Expert
Communicator
Collaborator
Professional
Advocate
Manager
Scholar

CanMEDS-FM Roles

Evaluation Objectives

Resident engaged in relevant learning activities

Domains of Clinical Care

Within a Triple C Competency-based Curriculum
The Three Frameworks

Resident engaged in relevant learning activities

Skill Dimensions:
- Patient-Centered Approach
- Clinical Reasoning Skills
- Procedure Skills
- Selectivity
- Communication Skills
- Professionalism

Content sampling utilizes:
- Themes with observable behaviours
- Phases of Clinical Encounter
- Priority Topics with Key features

CanMEDS-FM Roles

Evaluation Objectives

Domains of Clinical Care

FM Expert
Communicator
Collaborator
Professional
Advocate
Manager
Scholar

Within a Triple C Competency-based Curriculum
The Three Frameworks

Across the Life Cycle
Across Clinical Settings
Across Spectrum of Clinical Responsibilities
Across Diverse Populations
Procedural Skills

Resident engaged in relevant learning activities

CanMEDS-FM Roles
Evaluation Objectives
Domains of Clinical Care

Skill Dimensions:
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Across the Life Cycle
Across Clinical Settings
Across Spectrum of Clinical Responsibilities
Across Diverse Populations
Procedural Skills

Within a Triple C Competency-based Curriculum
Example

**FM expert:**
Demonstrate proficient assessment and management of patients using the patient-centred clinical method

**Communicator:**
Develop rapport, trust and ethical therapeutic relationships with patients and families

**Resident seeing a recent immigrant teenage mother with abdominal pain in the Family Practice Clinic**

Within a Triple C Competency-based Curriculum
Example

FM expert: Demonstrate proficient assessment and management of patients using the patient-centred clinical method.

Communicator: Develop rapport, trust and ethical therapeutic relationships with patients and families.

Skill Dimension: Clinical Reasoning
Phase: Hypothesis generation
Priority Topic: Abdominal pain
Key feature: In a woman with abdominal pain: always rule out pregnancy if she is of reproductive age.

Skill Dimension: Communication skills
Theme: Cultural and age appropriateness
Observable Behaviour: Adapts communication style based on the patient’s cultural expectations or norms.

Resident seeing a recent immigrant teenage mother with abdominal pain in the Family Practice Clinic.

Within a Triple C Competency-based Curriculum
Example

FM expert:
Demonstrate proficient assessment and management of patients using the patient-centred clinical method

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Key feature: In a woman with abdominal pain; always rule out pregnancy if she is of reproductive age.

Skill Dimension:
Communication skills
Theme: Cultural and age appropriateness
Observable Behaviour: Adapts communication style based on the patient’s cultural expectations or norms

Life Cycle: Adolescence
Clinical Setting: FP Clinic
Clinical Responsibilities:
Diagnosis and management
Population: Recent immigrant
Procedural Skills:

**Resident seeing a recent immigrant teenage mother with abdominal pain in the Family Practice Clinic**

**CanMEDS-FM Roles**

**Evaluation Objectives**

**Domains of Clinical Care**

Within a Triple C Competency-based Curriculum
Example

FM expert:
Demonstrate proficient assessment and management of patients using the patient-centred clinical method

Communicator:
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Procedural Skills:
Within a Triple C Competency-based Curriculum

Resident seeing a recent immigrant teenage mother with abdominal pain in the Family Practice Clinic

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Key feature:
In a woman with abdominal pain: always rule out pregnancy if she is of reproductive age.

Skill Dimension: Communication skills
Theme:
Cultural and age appropriateness
Observable
Behaviour:
Adapts communication style based on the patient’s cultural expectations or norms
Design and provide

Resident engaged in relevant learning activities

Within a Triple C Competency-based Curriculum
Design and provide

Clinical Exposure

CanMEDS-FM Roles
Evaluation Objectives
Domains of Clinical Care

Resident engaged in relevant learning activities

Academic sessions
Project Work
Simulations Etc…

Within a Triple C Competency-based Curriculum
Assess

Field notes

- Resident engaged in relevant learning activities
- CanMEDS-FM Roles
- Evaluation Objectives
- Domains of Clinical Care

Structured progress review
In-training evaluation forms
Within a Triple C Competency-based Curriculum
Assess

Field notes

Guided self-assessment

360 Evaluation

Etc...

Resident engaged in relevant learning activities

Domains of Clinical Care

CanMEDS-FM Roles

Evaluation Objectives

Structured progress review

In-training evaluation forms

OSCE

SOOs

Within a Triple C Competency-based Curriculum
The Link

Design

Provide

CanMEDS-FM Roles

Evaluation Objectives

Resident engaged in relevant learning activities

Domains of Clinical Care

Within a Triple C Competency-based Curriculum
The Link

Design

Resident engaged in relevant learning activities

Provide

CanMEDS-FM Roles

Evaluation Objectives

Assess

Evidence of competence

Domains of Clinical Care

Within a Triple C Competency-based Curriculum
The Link

Design

Provide

CanMEDS-FM Roles

Evaluation Objectives

Resident engaged in relevant learning activities

Domains of Clinical Care

Assess

Evidence of competence

Ready to practice FM

Within a Triple C Competency-based Curriculum
A Family Medicine Residency Program using a Triple C Competency-based Curriculum

• “Provides residents with relevant learning activities to enable them to integrate competencies”

• “Gathers evidence to determine resident readiness to begin practice in the specialty of Family Medicine”

Alignment Sub-committee of the Triple C Competency-based Curriculum Task Force, Nov. 2011
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 competencies within a Triple C Competency-based Curriculum.”

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

To better understand specific elements within 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
• CanMEDS-FM
• The Scope of practice and the Domains of clinical care
• Evaluation Objectives
Acknowledgment

This PowerPoint presentation was authored by the Alignment sub-committee of the Triple C Competency-based Curriculum Task Force

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Based Upon

Linking Curriculum and Assessment in a Competency Based Residency Training


For More Information


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

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[For More Information](#)