Defining the Three Cs of the Triple C Competency-based Curriculum
Objectives

• Describe the major elements of the Triple C Competency-based Curriculum, i.e. the Three Cs

• Explain some impacts of each of the Three Cs on residency training
Triple C Competency-based Curriculum

1. Comprehensive Care
2. Continuity of Education
3. Centred in Family Medicine
1. Comprehensive Care and Education

Residency programs should prepare residents

For comprehensive care of patients:
  - Across Life cycles, Clinical settings, Clinical responsibilities
  - Including special populations and core procedures

Through a comprehensive curriculum:
  - Modeling comprehensive care
A Comprehensive Curriculum

• Will focus on preparing physicians to:
  Provide comprehensive care, across the spectrum of care

• Through exposure, practice and assessment in all domains of clinical care

• Through role models of comprehensive care
Domains of Clinical Care

The following Domains of Clinical Care are to be explored during residency training, in order to develop basic competencies in these domains:

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


[Scope of Training](#)
The Impact of Comprehensive Care

• Linked to better health outcomes

• The family physician must have the ability to
  - Provide and access a wide range of health services
  - Respond to a variety of related events during a patient's lifetime

• Community needs require residency programs to equip all residents with the competencies to provide care anywhere in Canada
2. Continuity of Care and Education

• Continuity of care:
  - Follow patients over time
  - Follow patients in different settings
  - Experience relationship and responsibility of care

• Continuity of education:
  - Continuity of supervision and assessment
  - Continuity of learning environment
  - Continuity of curriculum and continuous integration
Impact of Continuity of Care

• Improves physician and patient satisfaction
• Improves health outcomes

Continuity of Care

- Longitudinal care over time
- Continuity of health information
- Care of the patient in different locations
- Establishment of rapport and a relationship which includes the health care team
- Knowledge of family and community
- Medical management of the whole person

Continuity of Education and its Impact

A) Continuity of supervision and assessment
   - Small core of preceptors for teaching and assessment for each resident
   - Facilitates better feedback, coaching and graded responsibility

B) Continuity of learning environment
   - Creates a bounded, knowable community

Continuity of Education and its Impact

C) Continuity of curriculum
• Formal and informal
• Learner-centred curriculum
• Promotes integrated learning and progression of competencies
Centred in Family Medicine

• Family Medicine must be the focus of and be central to learning
• Training provided mostly in comprehensive Family Medicine contexts
  - Focused/specialized experiences will supplement, based on local resources
Impact

• Provides Family Medicine programs with control over contents and contexts of learning
• Ensures relevance to the needs of Family Medicine residents
• Contributes to the teaching and learning of the competencies needed by future family physicians
Relationship to the Triple C Curriculum

To better understand the relationship between the Definition of the Three Cs and 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 Triple C Competency-based Curriculum: Implications for family medicine residency programs
Acknowledgment

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Based Upon

Triple C Competency-based Curriculum Report


[Available Here](#)
For More Information


Oandasan I. Advancing Canada’s family medicine curriculum: Triple C. Can Fam Physician. 2011:June;57(6):739-40

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