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
The Building Blocks

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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

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

This PowerPoint presentation was authored by:
Danielle Saucier MD, MA (Ed), CCFP, FCFP
Shirley Schipper MD, CCFP

On behalf of the Alignment sub-committee of the Triple C Competency-based Curriculum Task Force:

Danielle Saucier, MD, MA (Ed), CCFP, FCFP (Co-chair)
Ivy Oandasan, MD, MHS, CCFP, FCFP (Co-chair)
Michel Donoff, MD, CCFP, FCFP
Karl Iglar, MD, CCFP
Shirley Schipper, MD, CCFP
Eric Wong, MD, MCISc(FM), CCFP

Based Upon

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


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