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

<table>
<thead>
<tr>
<th>Design</th>
<th>Design and provide curriculum</th>
<th>Assess</th>
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</table>

**DEFINED PROGRAM OUTCOMES**

Competency-based and guided by 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

- Triple C Competency-based RESOURCES
  - Clinical resources
  - Teaching Materials
  - Faculty

**Assess**

ONGOING ASSESSMENT of residents – based on Evaluation objectives
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

- Triple C Competency-based Resources
  - Clinical resources
  - Teaching Materials
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**Assess**
- Ongoing Assessment of residents – based on Evaluation objectives

Outcome-based Program Evaluation
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

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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