

# Triple C Competency Based Curriculum



# The Triple C

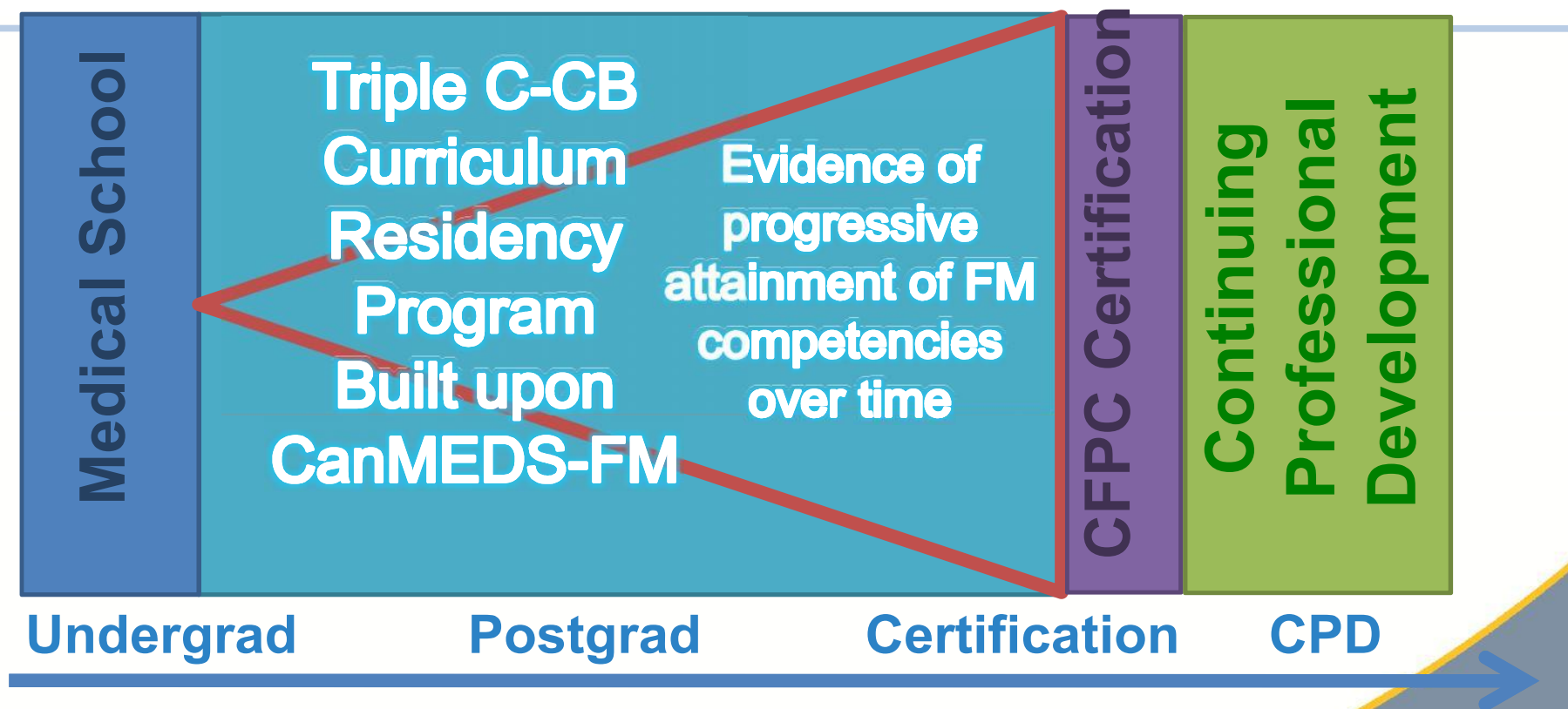
## Competency-Based Curriculum

**C**omprehensive curriculum  
focused on

**C**ontinuity of care and *of* education  
and

**C**entred in family medicine

# Triple C Competency-Based Curriculum



## Continuum of Learning

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Goal of residency:

To develop professional competence ...  
*to the level of **being ready for unsupervised practice.***

# Competency-based Curriculum: Implications

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## Context:

- Is as important as content
- Ensures
  - Role modeling
  - Type of patients/problems
  - Type of problem-solving (selectivity)
  - Integration skills
- Is essential for developing one's own identity as a Family Physician

# 1. Comprehensive

## 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

WGCR, Report Part 1, December 2010

## 2. Continuity

- **Continuity of care:**
  - Follow patients over time
  - Follow patients in different settings
  - Experience relationship & responsibility of care
- **Continuity of education:**
  - Continuity of supervision and assessment
  - Continuity of learning environment
  - Continuity of curriculum & continuous integration

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### 3. Centered in Family Medicine

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- Goals and objectives established by FM
- FPs as central role models
- Training provided mostly in Family Medicine contexts
  - Focused/specialized experiences will supplement, based on local resources
- Assessment by and for FM, focused in FM competencies

*WGCR, Report Part 1, December 2010*



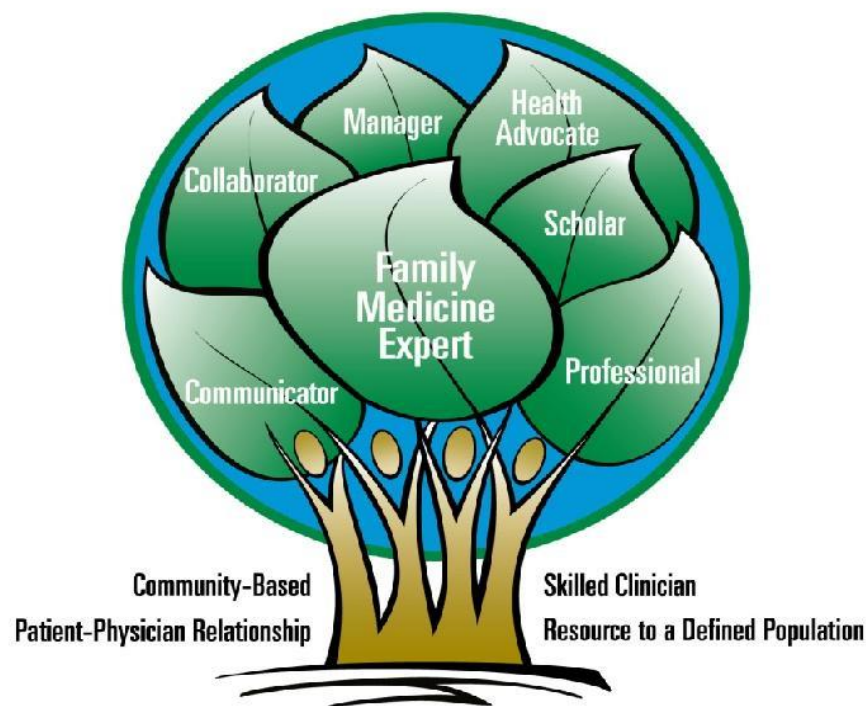
# Evaluation

- “Competence will be determined by **continuous sampling, observation, and reflection** on an individual’s performances with respect to the
  - Six essential Skill Dimensions
  - Phases of the clinical encounter
  - Priority Topics, Core Procedures and Themes
  - Key Features and the Observable Behaviors
- Until the evaluator is assured and satisfied that the individual is competent in all six of the skill dimensions essential to competence in family medicine.”

WG Certification, Evaluation objectives

- Part 1

# CanMEDS-FM Competency Framework



## CanMEDS-Family Medicine

# Three Key Points

- New recommendation re continuity of education
- Meeting Tom Laughlin, Jennifer Hall, Cathy Cervin  
two recommendations:
  - New ITER based on 6 skill dimensions will use field notes to complete the ITER
  - The topic areas we are developing will change from being resident competencies/objectives to a description of what the learning experiences should provide

