Triple C
Competency Based Curriculum
The Triple C
Competency-Based Curriculum

Comprehensive curriculum
focused on

Continuity of care and *of* education
and

Centred in family medicine
Triple C Competency-Based Curriculum

Medical School

Undergrad

Triple C-CB Curriculum
Residency Program
Built upon CanMEDS-FM

Evidence of progressive attainment of FM competencies over time

Postgrad

Certification

Continuing Professional Development

Continuum of Learning

The College of Family Physicians of Canada
Le Collège des médecins de famille du Canada

Canadian Family Medicine Curriculum
Le cursus en médecine familiale au Canada
Goal of residency:

To develop professional **competence** ... *to the level of being ready for unsupervised practice.*
Competency-based Curriculum: Implications

**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

WGCR, Report Part 1, December 2010
3. Centered in Family Medicine

- 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
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