

# Comprehensive care and education

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The College of Family Physicians of Canada (CFPC) has recently endorsed the recommendation from the Section of Teachers' Working Group on Postgraduate Curriculum Review that residency training programs should develop and implement a competency-based curriculum that is

- comprehensive,
- focused on continuity of education and patient care, and
- centred in family medicine.

Together, these recommendations form the Triple C Competency-based Curriculum (Triple C).<sup>1</sup>

This is the fourth article in a series explaining the Triple C initiative, and it highlights the comprehensive aspects of this new curriculum.<sup>2-4</sup>

## Importance of comprehensive care

Comprehensive care has been linked to better health outcomes<sup>5</sup> and is integral to family practice. Our College has repeatedly reiterated a commitment to the provision of comprehensive care for Canadian communities.<sup>6-8</sup> In order to fulfill this social responsibility, family medicine residents must be provided with a curriculum that facilitates attaining the competencies required to practise comprehensive care in any Canadian community, in training programs that model comprehensive care.

## Trend to more focused practice

Some family physicians might choose to focus their practices over time, either in response to community needs or through personal preference. Current trends show that, overall, family physicians have been narrowing their scope of practice.<sup>9</sup> The CFPC has recognized that there are various ways within a practice setting to provide comprehensive care to the patients of that practice and community. However, patients' overwhelming demand is for personal family physicians who provide comprehensive care and with whom they have ongoing relationships.

In order to meet this demand, family medicine residency education must provide learning environments in which residents are able to develop the competencies to become family physicians. Residents must be engaged in comprehensive continuing care of patients throughout their varied residency experiences, with explicit, positive family physician role models. That is, comprehensiveness must be modeled in all family physician practice environments, be they solo, group, or team practices.

## Curricular responses—comprehensive education

The goal of residency training in family medicine is to ensure that residents becoming family physicians are ready to practise comprehensive continuing care at the level of a beginning family medicine specialist in any community in Canada. Programs are responsible for providing training that exposes learners to the full scope of family medicine and, through rigorous and ongoing assessment, for ensuring that family medicine competencies are acquired and educational goals are met. This will require that residents work in settings where the full scope of family practice is provided.

The CanMEDS–Family Medicine (CanMEDS-FM) framework describes the roles and responsibilities of family physicians and is intended to guide the curriculum and form the basis for the design and accreditation of residency programs in family medicine.<sup>1</sup> Seven CanMEDS-FM roles have been identified: family medicine expert, communicator, collaborator, manager, health advocate, scholar, and professional. These roles are rooted in the 4 principles of family medicine and based on the CanMEDS roles developed by the Royal College of Physicians and Surgeons of Canada.<sup>10</sup> They have been modified from the 2005 CanMEDS roles to reflect the practice of family medicine (Table 1).<sup>1</sup>

**Table 1. Relationship between the 4 principles of family medicine and the CanMEDS–Family Medicine roles**

FOUR PRINCIPLES OF FAMILY MEDICINE (FOUNDATIONAL CONCEPTS)	CanMEDS-FM ROLES (EXPECTED COMPETENCIES)
The doctor–patient relationship is central to the role of the physician	2. Communicator 3. Collaborator 7. Professional
The family physician is a skilled clinician	1. Family medicine expert 2. Communicator 6. Scholar
Family medicine is community based	3. Collaborator 4. Manager 5. Health advocate
The family physician is a resource to a defined practice population	3. Collaborator 4. Manager 5. Health advocate 6. Scholar

Adapted from College of Family Physicians of Canada.<sup>1</sup>

La traduction en français de cet article se trouve à [www.cfp.ca](http://www.cfp.ca) dans la table des matières du numéro de décembre 2011 à la page e491.

The CanMEDS-FM framework does not fully describe the spectrum of clinical activities within which the roles are applied. The scope of the training document (to appear in part 2 of the *Report of the Working Group on Postgraduate Curriculum Review*) will outline the domains of clinical care that must be included in residency training and will highlight evolving professional competencies needed for effective comprehensive care (Table 2).<sup>1,11</sup>

**Table 2. Domains of clinical care in residency training**

DOMAINS OF CLINICAL CARE	RESIDENCY TRAINING
Care of patients across the life cycle	Children and adolescents Adults <ul style="list-style-type: none"> <li>women's health care, including maternity care</li> <li>men's health care</li> <li>care of the elderly</li> <li>end-of-life and palliative care</li> </ul>
Care across clinical settings (urban or rural)	Ambulatory or office practice Hospital settings Long-term care Emergency settings Care in the home Other community-based settings
Spectrum of clinical responsibilities	Prevention and health promotion Diagnosis and management of presenting problems (acute, subacute, and chronic) Chronic disease management Rehabilitation Supportive care Palliation
Care of underserved patients	Including but not limited to <ul style="list-style-type: none"> <li>aboriginal patients</li> <li>patients with mental illness or addiction</li> <li>recent immigrants</li> </ul>
Procedural skills	College of Family Physicians of Canada's core procedures <sup>11</sup> ( <a href="http://www.cfpc.ca/cfp/2005/oct/vol51-oct-research-2.asp">www.cfpc.ca/cfp/2005/oct/vol51-oct-research-2.asp</a> )

Adapted from College of Family Physicians of Canada.<sup>1</sup>

The priority topics, key features, and skill dimensions that are detailed in the Evaluation Objectives of the CFPC<sup>12</sup> are all embedded in the CanMEDS-FM roles and the domains of clinical care.

Residents must be capable of providing comprehensive care—and must believe in their ability to provide such care—at the start of their practice lives. To this end, the learning environment must give residents both the confidence that they will be able to continue climbing the learning curve throughout practice and the knowledge, skills, and attitudes necessary to be lifelong learners.

The competencies expected of family physicians will continue to change over time. Graduates of our residency programs can be expected to have broad-based competencies at the level of a beginning practitioner and the learning skills necessary to enhance and modify their competencies over time, depending on practice setting, their colleagues' skill sets, and local community needs.

## Conclusion

Family medicine residency programs have a responsibility to society to educate physicians to meet community

needs through the delivery of comprehensive care. Family medicine residency programs must model comprehensive care and train their residents to this standard. This necessitates the establishment of a comprehensive curriculum, in which the learner can develop the competencies of the 7 CanMEDS-FM roles across the domains of clinical care. The goal of residency education is to allow residents to provide a prescribed level of comprehensive care upon graduation, while understanding that learning will continue throughout practice.

Comprehensive care and education are important components of the Triple C Competency-based Curriculum. The final article in the series will explain what is meant by a curriculum centred in family medicine. Have questions? Visit [www.cfpc.ca/triple\\_C](http://www.cfpc.ca/triple_C) or contact [triplec@cfpc.ca](mailto:triplec@cfpc.ca) for more information. 

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## Competing interests

None declared

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