

# Continuity: middle C— a very good place to start

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The College of Family Physicians of Canada has 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 third in a series of articles explaining the Triple C initiative.<sup>2,3</sup> Highlighted here is the middle C: continuity of education and patient care.

Continuity is key in the development of family physicians whose practices are truly patient-centred and comprehensive. Residency programs in family medicine must include both continuity of patient care and continuity of education for learners.

## Continuity of patient care

Family medicine as a discipline defines itself in terms of relationships, and continuity of patient care is fundamental to the establishment of enduring relationships between patients and doctors.<sup>4</sup> The benefits of continuity of care include increased efficiency of visits, improved health outcomes, enhanced trust, and increased satisfaction for both patient and physician.<sup>5-9</sup> Hennen first described the concept of continuity of care as having 4 domains: chronologic or longitudinal, informational, geographic, and interpersonal.<sup>10</sup> Since then, the concept has expanded to include family and interdisciplinary dimensions.<sup>11</sup> The combination of these 6 domains of continuity contributes to the breadth and scope of family medicine. These domains are defined in **Table 1**.<sup>1</sup>

Teaching continuity of care in a 2-year family medicine residency program has many challenges. A true understanding of continuity of care often requires multiple patient-physician encounters, extended time to develop relationships, and opportunities for reflection and learning. A residency program designed exclusively around 1- or 2-month rotations in various medical disciplines lacks the structure to provide experiences needed for learners to master the concept of continuity of care and its importance in family medicine. Although many programs have attempted to address this by creating a

“half-day back” for learners to return to their base family medicine clinic on a weekly basis while they are on other discipline-specific rotations, this strategy has created numerous logistical challenges. In many cases, both learners and the discipline-specific program directors view the “half-day back” as a barrier rather than a facilitator for learning in family medicine.<sup>1</sup>

Other family medicine programs have developed creative methods for increasing the development of a therapeutic relationship between the patient and resident. One such innovative method is the development of a patient panel that provides systematic means for the learner to follow the patient through all domains of care, including the patient visit to the emergency department, stay in the inpatient ward, visit to surgery, or appointment with a consulting specialist. Longitudinal relationships between learner and patient afford residents substantial advantages in learning about patients' responses to illness over time, the natural history of disease, and the rewards of these long-term relationships. Still other programs have created a horizontal curriculum program structure whereby learners are engaged in a family medicine curriculum woven across the 2 years; learning and time spent in other specialties are considered necessary enhancements to a resident's core learning of how to become a family physician. Providing learning that is centred in family medicine will be further discussed in an upcoming article in this series. Critical to the concept of continuity of care is the use of metrics in residency programs to measure and evaluate how effectively residents provide continuity of care to their patients. Further research in this area is needed.<sup>1</sup>

## Continuity of education

Two key elements of continuity of education are continuity of supervision and continuity of the learning environment. (The third, continuity of curriculum, is beyond the scope of this article.) These elements support the development of a meaningful role for learners in patient care, promote increased resident responsibility over time, and facilitate effective, ongoing, formative feedback and coaching.<sup>1</sup>

Programs often set learners up for feeling incompetent every 4 to 12 weeks with each change of rotation.

La traduction en français de cet article se trouve à [www.cfp.ca](http://www.cfp.ca) dans la table des matières du numéro du novembre 2011 à la page e457.

**Table 1. The concept of continuity of care**

DOMAIN	DESCRIPTION
Chronologic or longitudinal	Use of repeated patient observations over a period of time as a diagnostic and management tool
Informational	Availability of accurate information from one health care encounter to another
Geographic	Care of the patient in a variety of locations
Interpersonal	Establishment of rapport and a trusting relationship between a physician and patient; also refers to the relationships that family physicians have with other health care providers
Family	Knowledge about and understanding of the patient, the patient's family, and the patient's community
Interdisciplinary	Management of several body systems and diseases at the same time

Data from Tannenbaum et al.<sup>1</sup>

In most programs, a new rotation brings changes in the learning environment (who the players are, where the equipment is, what the work cycle and expectations are). Greater continuity in the educational program can lead to more satisfying and perhaps less disruptive experiences for residents.<sup>1,12</sup>

**Continuity of supervision (preceptor).** Continuity of supervision, which includes teaching and assessment, is facilitated by assigning a small core of primary preceptors (1 to 3) to follow the resident through the entire residency. Although residents will interact with a much larger group of teachers, relationships between residents and their primary preceptors will build the trust and honesty necessary to foster authentic feedback and assessment.<sup>1</sup>

The ability to observe and assess growth over time allows teachers to more appropriately increase independence and autonomy (graded responsibility) for the learner. It facilitates building on skills and knowledge already mastered. The ongoing shared responsibility for patient care between learner and preceptor provides learners “with emotional comfort to take intellectual risks in their learning. At the same time, trusting relationships and shared goals foster coaching, promote effective feedback, and enhance clinical performance.”<sup>1,13</sup>

**Continuity of the learning environment.** Continuity of the learning environment refers to learning within a “bounded,” knowable community. Learners become familiar with the places and players in the care environment early in their training. Residents then have more time and energy to accomplish learning tasks when it is no longer necessary to become oriented to and learn about a substantially new environment every rotation. The environment includes not only the physical environment (eg, the hospital ward or clinic), but also the members of the health care team. Providing continuity of the learning environment allows residents a richer opportunity to develop relationships with other professionals, thus fostering interprofessional learning.<sup>1</sup>

Continuity of the learning environment can be a key facilitator of continuity of care and continuity of supervision. It fosters both patient- and learner-centredness. Learners in bounded learning environments become members of

communities of practice, exposed to the expertise, values, and rewards of the profession. This helps them to build their professional identity as family physicians. The move to a curriculum centred in family medicine, with its emphasis on family medicine learning experiences, will promote continuity in the learning environment.<sup>1</sup>

## Conclusion

Continuity of education and patient care is an important component of the Triple C Competency-based Curriculum. Look for the next installment in this series, which will discuss comprehensiveness. 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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