



Competence, confidence, or both?

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Dear Colleagues,

Many of you are aware of the adoption of the Triple C curriculum¹ and of its current implementation in our 17 departments of family medicine across Canada. Key to Triple C is the ability to demonstrate, through robust evaluation during and at the end of training, that residents have acquired the core competencies expected of family physicians entering practice. Your College, in collaboration with the departments of family medicine, will be adding an important element of longitudinal follow-up: Family medicine residents will be invited to complete a survey upon entry into family medicine residency, at the end of residency, and 3 years later, once they are in practice. We hope to be able to understand the extent to which our residency training prepares our graduates for practice, capture the evolving scope of practice of new graduates, and determine their sense of identity as family physicians.

We sometimes hear that our graduates do not always practise family medicine to their full scope; the causes for this are likely generational and multifactorial. Is it that they do not feel competent for full-scope practice, or is the restraint related to a lack of confidence?

Making the distinction


I was recently challenged about confidence by my predecessor, Dr Cal Gutkin, who believed that one needed to be cautious about one's expectations regarding the confidence of the graduates of our family medicine residency programs. Cal used the analogy of my candidacy for the position of Executive Director and Chief Executive Officer. I shared with him some of my own anxieties as I was about to begin "walking in his shoes." He was sure that my years of involvement at the CFPC, first as an elected leader, and then on senior staff, prepared me well for the job, and that I was competent. Confidence, he said, would build and mature with experience.

Competence and confidence are not the same, but they are sometimes used interchangeably. The literature is mostly inconclusive in establishing the correlation between them. The best evidence comes from the procedural skills literature: confidence expressed by residents who are deemed competent in a specific procedure is achieved through experience—through having had an ongoing opportunity, once deemed competent for the procedure, to do the procedure repeatedly over time.^{2,3}

Malcolm Gladwell, in his best-selling book *Outliers*, mentions that masters in any field must have 10 000 practice experiences under their belts before excelling at their craft.⁴ There is also evidence that positive self-efficacy beliefs among family medicine residents can be encouraged and reinforced through successfully resolving patient problems, through discussions about patient situations with peers, and through positive feedback from preceptors, colleagues, and patients.⁵

Preparing skilled clinicians

The CanMEDS Family Medicine Working Group on Curriculum Review has done a good job of linking the CanMEDS–Family Medicine roles to Ian McWhinney's 4 principles of family medicine.⁶ The enabling competencies associated with the medical expert, communicator, and scholar roles describe well the foundational concept of the family physician as a skilled clinician. The importance of experience, acquired through service learning, is implied throughout the document.

We hope the Triple C journey will help to better articulate the role of experience and service learning for family medicine residents preparing to be skilled clinicians. We will need the engagement of all of our teachers and community preceptors (in family medicine and other specialties). Despite advances in technology and ready access to information, there is no substitute for this skilled, reflective practitioner, competent and confident to accompany each of us through life and to advise us in matters pertaining to our health. I look forward to working with all of you in achieving this objective, and I welcome your feedback. 

References

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