13 January 2015

I am the Director of Curriculum for the University of Ottawa, Department of Family Medicine and I have been asked to provide an assessment of the curriculum design outline which is proposed Academic Profile for 3 year Family Medicine Residency - MMed (Family Medicine) University of Guyana / Georgetown Public Hospital Corporation.

The proposed curriculum outline is based on strong principles of education. The authors are proposing the use of tools and processes in use in Canada, which in many cases were designed in conjunction with large groups of Family Physicians (in the field, and at academic centres).

Proposed tools and processes for training family physicians which are valid include:

a. **Use of the College of Family Physicians of Canada “Evaluation objectives”, including the “Priority topics and key features”:** These 99

topics have been define a partial list of what is expected of graduating family physicians, and was derived using large groups of Family Physicians from across Canada. These objectives underlie the core of the Canadian certification

examinations, and are what is taught at Canadian family medicine residency programs.

b. **CanMEDS-FM and the Skills Dimensions**: The use of CanMEDS is also ubiquitous in Canada, for specialists in family medicine as well as other general focussed medical sub-specialties. It is a framework which ensures that we produce well rounded complete physicians, not just medical experts. By valuing and teaching other key roles (including communication, collaboration, health advocacy, managerial roles, professionalism and scholarship) we create family physicians which meet the needs of society. It also gives us a way of categorizing our feedback to trainees, so they can develop competence in

these different roles.

c. **Use of Specific Clinical Domains**: Our Ottawa curriculum is based on assessing 8 domains based roughly on the human lifecycle: Maternity and Newborn Care, Care of Children, Care of Adults, Care of the Elderly, Palliative Care, Care of Special (vulnerable) Populations, Behavioural Medicine Mental Health and Ethics, and Procedural Skills. In many cases we have taken

national Canadian lists of expected competencies, and made these local. In the same way, iterative processes will need to occur in Guyana to ensure that residents are obtaining the skills needed. The organizers of the MMed (Family Medicine) program have taken steps to ensure that these feedback loops are added, so the curriculum can be modified and adapted to meet the needs of Guyanese society.

d. **Use of Assessment Tools and Processes**: The College of Family Physicians of Canada endorses the use of “Field Notes” as ways to document narrative feedback to residents on what is being done well, what they need to improve and their plans for doing this. The tools which were developed in Ottawa by our team have been nearly directly adapted for regional use in Guyana. These

tools were developed with large departmental consultations and engagement of dozens of family physicians and residents working at all our teaching units (including community, academic, urban and rural sites). In many cases the products were produced with reliable and robust modified Delphi processes. They are being implemented here, and the key to their success will be the local

faculty development and engagement. Similarly, local input will be required to decide if the tools and processes are most appropriate for developing family physicians for Guyana.

e. **Definition of Learning Education Resources, Strategies and Environments**: These are in evolution. The strategies, environments and resources will involve a combination of clinical site experience and didactic sessions (in part delivered with trainees in Ottawa using e-Learning). Faculty development at both Universities will be key to helping this succeed, and to meet the needs of the trainees. Faculty in Guyana on clinical rotations will need to have clear ‘rotation specific objectives’ and assessments tied to those objectives. Clear links between assessment tools like Field Notes, to the underlying curriculum, will be needed. Development of the uOttawa Department of Family Medicine faculty (who will partially be delivering workshops using e- learning tools now with Guyana) will be needed to help make this succeed.

Curriculum planning in medical education is not just about having robust curriculum goals and objectives (the “Planning and Design Stage” - What do we want to achieve?), but is about having clear ways of delivering those goals (the “Implementation Stage” - How will we get there?), assessment tools tied to those objectives (the “Assessment Stage” - How will we know our residents are competent?), and ongoing program development (the “Ongoing Program Evaluation, Change and Faculty Development Stage”).

As a Director of Curriculum I believe the 3 year Family Medicine Residency -MMed (Family Medicine) University of Guyana / Georgetown Public Hospital Corporation program is based on solid principles of medical education. It will take local processes and support and engagement to help make this work in the short, medium and long term (and these have been proposed by the authors of this document).

Thank you for the opportunity to review the proposed outline of the curriculum.

Sincerely,

Eric Wooltorton MD MSc CCFP FCFP Director of Curriculum

Department of Family Medicine

Assistant Professor

University of Ottawa