

# Chapter 42

## University of Ottawa

### Department of Family Medicine Faculty Development Curriculum Framework

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#### ABSTRACT

*In response to the challenges faced by rapid expansion and curriculum reform, the Department of Family Medicine (DFM) at the University of Ottawa (U of O) developed a Faculty Development Conceptual Framework (FDCF) and companion plan as a first step toward meeting the challenges of providing quality opportunities for the continuing professional development of preceptors in Family Medicine. The FDCF outlines the processes, opportunities and support structures needed to improve preceptors' teaching skills and effectively deliver a newly revised "Triple C" competency-based curriculum. The FDCF acts as a quality standard to guide the design, delivery, and evaluation of a vibrant Faculty Development (FD) Program. It further provides a structure for implementing Enterprise Resource Planning (ERP) web applications to facilitate the flow of information between seven teaching sites, provide consistency among programs, and play a tactical role in the sharing of academic resources. This chapter introduces the DFM's FDCF so other medical departments may benefit from the authors' experiences and adapt or adopt the framework applications and methodologies to improve the effectiveness and efficiency of FD products and processes. Modifications to the framework are expected as this program continues to evolve.*

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## **INTRODUCTION**

Effective faculty development (FD) within the context of a department of family medicine (DFM) should provide the support structures and opportunities to motivate preceptors (physicians who teach medical students and residents in clinical settings) to improve their teaching skills so they may effectively train postgraduate (PG) and undergraduate (UG) learners. Cultivating a skilled cadre of preceptors requires stable mechanisms of support, development of new and varied teaching and learning strategies, and preceptor recognition. To ensure the desired outcomes are achieved and that knowledge acquired by preceptors is transferred into the workplace, effective evaluation strategies must also be implemented.

The DFM at the U of O has developed a Faculty Development Curriculum Framework (FDCF) to serve as a roadmap for a comprehensive three-year companion FD plan. The FDCF acts as a quality standard to guide the design, delivery and evaluation of a vibrant FD program. The FDCF provides the support structures and opportunities preceptors need to improve their teaching skills and effectively deliver a quality newly revised 'Triple C' competency-based curriculum. 'Triple C' is a competency-based curriculum that is focused on the continuity of education and patient care, is centred in family medicine and, is comprehensive. The 'Triple C' Curriculum ensures that all Family Medicine (FM) learners are competent and prepared to provide comprehensive care in an evolving society (College of Family Physicians of Canada, 2011). The FDCF provides a structure for implementing Enterprise Resource Planning (ERP) web applications to facilitate the flow of information between the seven teaching sites, provide consistency among programs, and play a tactical role in the sharing of academic resources.

The objective of this chapter is to share our FDCF so that other medical departments may benefit from our experiences and adapt or adopt

the framework applications and methodologies to improve the effectiveness and efficiency of FD Programs.

## **BACKGROUND**

The DFM at the U of O includes approximately 30 geographic full-time faculty members (GFTs) and over 260 voluntary part-time preceptors (VPTs). The VPTs include physicians from both urban and rural settings, with a wide range of experience and teaching skills. The DFM learners range from first to fourth year medical students to first and second year FM residents comprising Canadian trained as well as International Medical Graduates. Faculty members and learners are supported by allied health professionals and specialists in areas such as behavioural medicine, palliative care, obstetrics and pharmacology.

In the past five years, the DFM has grown at both the postgraduate and undergraduate levels, necessitating an increase in recruitment of preceptors. During this time, the DFM did not have a fully developed FD program to offer the newly recruited preceptors. The rapid expansion and popularity of family medicine as a discipline has dictated a growing need for an effective FD program to assist preceptors as they develop their teaching skills (Frisch & Talbot, 1984).

There has been a worldwide shift in the delivery of medical education programs, from a focus on clinical rotations to a competency-based curriculum (American Institute of Medicine, 2001; College of Family Physicians of Canada, 1989; Frank, et al., 2005; General Medical Council, 2001; Tannenbaum et al., 2009; 2011). Transitioning to a competency-based curriculum is a massive conceptual, cultural and logistical shift for residency programs and involves the creation of an integrated curriculum that places emphasis on experiential learning versus learning that takes place after a designated amount of time (typically four weeks) in a rotation. Thus, future FM residents will need

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