Supplemental Digital Appendix 1

Final Interview Script (English Version), From a Study of the Impact of the Triple C Initiative on Family Medicine Programs in Canada, 2016

Your context

Describe postgraduate medical education at your faculty

Describe your FM programs

Describe the broader context for your FM program(s) [faculty/school, university and health service contexts, major forces, culture, other changes, politics, demographics, logistics, environmental factors]

What you are doing with Triple C

What is your plan for implementing Triple C?

How much of Triple C is implemented?

When did you start, when will the implementation be complete?

Why did you start when you did?

How is the principle of comprehensive care represented in your program today?

How is the principle of continuity of care and education represented in your program today?

How is the principle of centered in FM represented in your program today?

How is the principle of competency-based education represented in your program today?

What from the previous program remains, what was added or dropped? [curriculum, assessment]

What you did do to implement Triple C

How did you do it? How did you approach the change? [curriculum, assessment, preparing faculty]

Who was involved?

What worked, what didn’t?

What resources did you need/use? What was most helpful?

What was the role of the College, the school, and other agencies in the implementation?

If you were to do this again then what would you keep, change, add, or delete?
Impact of implementing Triple C

What impact did implementing Triple C have? [money, time, disruption, impact on people, stress, anxiety, identity, culture]

What were the biggest positive and negative impacts and for whom? [relationships]

How was the implementation received by different stakeholders? How did you respond to these reactions?

How did the general sense of ownership of the program and engagement with the program change as a result of implementing Triple C?

Overall impressions of Triple C

Given your experiences in Triple C what is your overall impression of it at this stage? [effective, efficient, sustainable, popular]

What works better or not so well and why?

What environmental factors have impacted what works?

What would have been helpful that you did not have?

For whom does it work better, in what contexts and why?

How well did CFPC do in preparing supporting you for the implementation of Triple C?

Is your program improved as a result of Triple C? [more/better residents, improved morale, greater efficiency, enhanced sustainability, enhanced efficiency, improved results, improved outputs, accreditation]

Are your Triple C grads different? In what ways are they different?

What impact has Triple C had on post graduate medical education at your school and the school as a whole?

Are there any other points or comments you’d like to make about your Triple C experiences?
Supplemental Digital Appendix 2

Focus Group Questions: Faculty (English Version), From a Study of the Impact of the Triple C Initiative on Family Medicine Programs in Canada, 2016

What do you know about Triple C?
What has changed in the program as a result of Triple C?
How did you respond to the changes?
How is the principle of comprehensive care represented in your program today?
How is the principle of continuity of care and education represented in your program today?
How is the principle of centered in FM represented in your program today?
How is the principle of competency-based education represented in your program today?
What impact did implementing Triple C have on you as a whole?
What do you think were the biggest positive and negative impacts of implementing and/or running Triple C?
How did your sense of ownership and engagement change?
Given your experiences in Triple C what is your overall impression of it at this stage?
What works better or not so well and why?
For whom does it work better, in what contexts and why?
Is your program improved as a result of Triple C?
Do you think Triple C better prepares your residents to practice FM so as to meet the health needs of the community? In what ways does it do so and in what ways does it not?
Are Triple C grads different? How? Do they exemplify comprehensive care and continuity of care? To what extent do you see their practice as being centered in family medicine?
Supplemental Digital Appendix 3

Focus Group Questions: Residents (English Version), From a Study of the Impact of the Triple C Initiative on Family Medicine Programs in Canada, 2016

How would you describe the residency program you are involved in?
What is your understanding of a Triple C competency-based curriculum?
What do you think were the biggest positive and negative impacts of Triple C?
What are your experiences of learning comprehensive care in FM?
What are your experiences of learning continuity of care in FM?
What are your experiences of learning centered in FM?
In what ways is your program competency-based?
How is your residency program fulfilling the expectations you have to train to be a family doctor?
How is your training influencing your choice of what to do and where to practice family medicine?
What works better or not so well in your current program and why? For whom does it work better, in what contexts and why?
Is your program improved as a result of Triple C?
Do you think Triple C better prepares you to practice FM so as to meet the health needs of the community? In what ways does it do so and in what ways does it not?
Are Triple C grads different? How? Do they exemplify comprehensive care and continuity of care?
To what extent do you see your practice as centered in family medicine?
Supplemental Digital Appendix 4

Focus Group Questions: Staff (English Version), From a Study of the Impact of the Triple C Initiative on Family Medicine Programs in Canada, 2016

What do you know about Triple C?
What has changed in the program as a result of Triple C?
How did you respond to the changes?
How did the change affect your processes/your work?
What impact did implementing Triple C have on you as a whole?
What do you think were the biggest positive and negative impacts of implementing and/or running Triple C?
How did your sense of ownership and engagement change?
Given your experiences in Triple C what is your overall impression of it at this stage?
What has worked better or not so well and why?
Is your program improved as a result of Triple C?
Final Interview Script (French Version), From a Study of the Impact of the Triple C Initiative on Family Medicine Programs in Canada, 2016

Votre contexte
1. Veuillez décrire la FMPD à votre faculté
2. Veuillez décrire vos programmes de médecine familiale
3. Veuillez décrire le contexte élargi de votre ou de vos programmes de médecine familiale [contextes de la faculté/école, de l’université et des services de santé] (grandes forces, culture, autres changements, politique, démographie, logistique, facteurs environnementaux, etc.)

Ce que vous faites avec le cursus Triple C
1. Comment prévoyez-vous mettre en œuvre le cursus Triple C?
2. Quelle proportion du cursus Triple C est mise en œuvre?
3. Quand la mise en œuvre a-t-elle commencé et quand sera-t-elle terminée?
4. Pourquoi avez-vous commencé la mise en œuvre au moment où vous l’avez fait?
5. Comment le principe des soins globaux est-il représenté dans votre programme aujourd’hui?
6. Comment le principe de la continuité des soins et de l’enseignement est-il représenté dans votre programme aujourd’hui?
7. Comment le principe d’un cursus centré sur la médecine familiale est-il représenté dans votre programme aujourd’hui?
8. Comment le principe de l’enseignement axé sur les compétences est-il représenté dans votre programme aujourd’hui?
9. Que reste-t-il du programme précédent, qu’est-ce qui a été ajouté ou éliminé? [programme d’études, évaluation]

Qu’avez-vous fait pour mettre en œuvre le cursus Triple C?
2. Qui a participé à la mise en œuvre?
3. Qu’est-ce qui a fonctionné et qu’est-ce qui n’a pas fonctionné?
4. Quelles ressources ont été nécessaires/avez-vous utilisées? Qu’est-ce qui a été le plus utile?
5. Quel a été le rôle du Collège, de la faculté et d’autres organismes dans la mise en œuvre?

6. Si vous deviez recommencer, qu’est-ce que vous garderiez/changeriez/ajouteriez/supprimerez?

Répercussions de la mise en œuvre du cursus Triple C

1. Quelles sont les répercussions de la mise en œuvre du cursus Triple C? [argent, temps, perturbations, gens (incidences, stress, anxiété, identité, culture)]

2. Quelles ont été les plus importantes répercussions positives et négatives, et pour qui? [relations, etc.]

3. Comment la mise en œuvre a-t-elle été accueillie par différents intervenants? Comment avez-vous répondu à ces réactions?

4. Comment le sentiment général d’appartenance au programme et l’engagement envers le programme ont-ils changé par suite de la mise en œuvre du cursus Triple C?

Impressions globales sur le cursus Triple C

1. Compte tenu de votre expérience du cursus Triple C, quelle est votre impression globale à ce stade? Question d’approfondissement: est-il efficace, efficient, durable, populaire?

2. Qu’est-ce qui fonctionne le mieux ou qui ne fonctionne pas si bien, et pourquoi? Quels facteurs environnementaux ont eu une incidence sur ce qui fonctionne?

3. Qu’est-ce qui vous aurait été utile et que vous n’aviez pas?

4. Pour qui le cursus fonctionne le mieux, dans quels contextes et pourquoi?

5. Dans quelle mesure la FMPD vous a-t-elle soutenu dans la préparation à la mise en œuvre du cursus Triple C?

6. Le cursus Triple C a-t-il amélioré votre programme? Question d’approfondissement: résidents plus nombreux/meilleurs, moral amélioré, plus grande efficience, durabilité améliorée, meilleurs résultats, extrants améliorés, agrément

7. Vos diplômés du cursus Triple C sont-ils différents? Comment?

8. Quelle a été l’incidence du cursus Triple C sur les diplômés et sur [INSÉRER LE NOM DE VOTRE FACULTÉ DE MÉDECINE], dans l’ensemble?

9. Y a-t-il d’autres points ou commentaires que vous aimeriez signaler au sujet de votre expérience du cursus Triple C?

Note that Research Ethics Board approval was not granted for running focus groups at the Francophone schools so we have not provided translations of the focus group scripts.