presented an opportunity to study in depth, the impact of such a major change on both Faculty and Residents.
Methodology: Semi-structured interviews were completed with 10 second-year FM residents and 16 Faculty involved in the introduction of the new curriculum. Study participants were selected using purposeful sampling method. Interviews were recorded and subsequently transcribed verbatim for thematic analysis.
Results: The analysis revealed a wide variation in residents' and Faculty understanding of the elements of a "Triple-C", competency-based curriculum. Study participants identified issues relating to the delivery of quality, consistent, and equitable learning experiences in a large residency Program. Scheduled learning experiences with non-physician health care professionals appeared to be less valued by residents than those with physicians, and significant challenges around providing experience of continuity of care were also identified, especially in larger academic teaching clinics.
Conclusions: For a new curriculum to be successful, an ongoing process of evaluation and monitoring of learning experiences is essential. Despite some deficiencies and implementation challenges identified by study participants, both residents and Faculty acknowledged that these were expected, and were willing to commit to and engage with the new curriculum. Understanding how the "Triple-C" curriculum impacted our learners and Faculty provided essential feedback to curriculum developers, and enhanced our ongoing processes of quality assurance and improvement within the Program.

EVALUATION OF AN INNOVATIVE LEARNER-CENTRED ASSESSMENT PROGRAM FOR FAMILY MEDICINE RESIDENCY TRAINING

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Background/Purpose: The Calgary Family Medicine Residency Program introduced its new "Triple-C" competency-based curriculum in 2012 and concomitantly developed and implemented an innovative competency-based assessment program based on current best-practice recommendations. This new assessment program utilizes multiple assessment data including field notes, progress reviews, self-assessments and Entrustable Professional Activities (EPA's). This 2-phase project studies the impact of the implementing this new assessment program at both Resident and Preceptor levels (Phase I) and also the evidence for the reliability, validity and feasibility of the assessment methods chosen (Phase 2).
Methods: In Phase I of this study, a total of 10 Residents and 16 Preceptors were interviewed to explore their experiences of the new assessment program. Study participants were selected using a purposeful sampling method and interviews completed using a semi-structured interview guide. Interviews were recorded and subsequently transcribed verbatim for thematic analysis. Data from the Phase 1 interviews was used to generate the Phase 2 program-wide survey instrument for use by all Preceptors and Residents.
Results: Qualitative data from the Phase 1 thematic analysis will be presented. Results include i) implementation issues –barriers and facilitators, ii) Resident and Preceptor perceptions around educational benefits of the new assessment program and its value in promoting learning. Preliminary quantitative data from Phase 2 will also be presented.
Conclusions: The results this study will help our understanding of how a multi-method, workplaced based assessment program impacts learners and preceptors, and to what extent both learners and teachers accept the legitimacy of these processes.

CONSTRUCCIÓN Y VALIDACIÓN DE UN INSTRUMENTO PARA MEDIR LA APTITUD CLÍNICA

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Introducción: La educación médica actual busca el desarrollo de habilidades clínicas complejas, entre las que destaca por su relevancia, la aptitud clínica. Esta se define como la capacidad de tomar decisiones frente a un paciente particular en diferentes escenarios. Sin embargo, los reportes de instrumentos de medición para medirla son escasos.
Objetivo del estudio: Construir y validar un instrumento para medir la aptitud clínica en el internado de pregrado (IP).
Material y métodos: Médicos becarios seleccionaron casos clínicos reales en las rotaciones del IP: urgencias (U), pediatría (P), medicina interna (MI), cirugía (CG), gineco-obstetricia (GO) y medicina familiar (MF). Seis profesores por rotación, (hospitales públicos y privados) aprobaron los casos más representativos. Instrumento: se seleccionaron cinco casos por rotación. Se problematizaron en resúmenes clínicos y se les agregaron tallos con reactivos que exploraban indicadores: factores de riesgo (FR), diagnóstico (DX), paraclínicos (PCL), tratamiento (TX) y pronóstico (PRN). Se cuidaron los aspectos ortográficos y de sintaxis, así como las respuestas. Las opciones de respuesta fueron: cierto, falso. Una vez elaborados los resúmenes y los reactivos, se sometió a la técnica de Delphi, en dos rondas independientes, con los treinta y seis profesores. Durante la primera ronda se realizaron las adecuaciones sugeridas por ellos. Las respuestas se consideraron adecuadas cuando existió un acuerdo de 5/6 o 6/6 en las mismas. El instrumento se conformó finalmente con cinco casos (15 reactivos para cada caso) y 75 por módulo. Treinta casos y 450 reactivos en total; 66 para FR, 191 DX, 80 PCL, 86 TX y 27 PRN. Posteriormente se realizó una prueba piloto con alumnos del mismo nivel. Para calificarlo se elaboró un instrumento electrónico para minimizar errores y facilitar su análisis. Se aplicó a 30 alumnos que iniciaban el ciclo. Se obtuvo permiso para su aplicación. Se procedió a analizar los resultados analizando medianas para cada caso e indicador por módulo. Se determinó la