



UBC

family medicine *residency program*

# CURRICULUM OBJECTIVES

VERSION: MAY 2013



a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA

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The College of Family Physicians of Canada has adopted the Triple C Curriculum – a competency-based curriculum that is:

- **C**omprehensive
- Focused on **C**ontinuity of education and patient care
- **C**entred in Family Medicine

Residents may enter the postgraduate program with differing degrees of competency in different areas. Through the ongoing structured assessment and self-reflection of the UBC Learning Cycle, residents will build on these competencies.

*The goal is to ensure that all Family Medicine residents develop professional competence to the level of a physician ready to begin practice in the specialty of Family Medicine.* [CFPC Website](#)

See also: [CFPC Priority Topics and Key Features](#) (99 Priority Topics)

The UBC Objectives are organized to reflect the [CFPC Domains of Care](#).

Graduates are expected to be competent in providing care:

- **across** the lifecycle (including prevention, acute and chronic illness management)
- **in** a variety of care settings (urban, rural, home, ambulatory, as well as emergency, hospital, and long-term care facilities)
- **to** a broad base of patients including those from underserved and marginalized populations

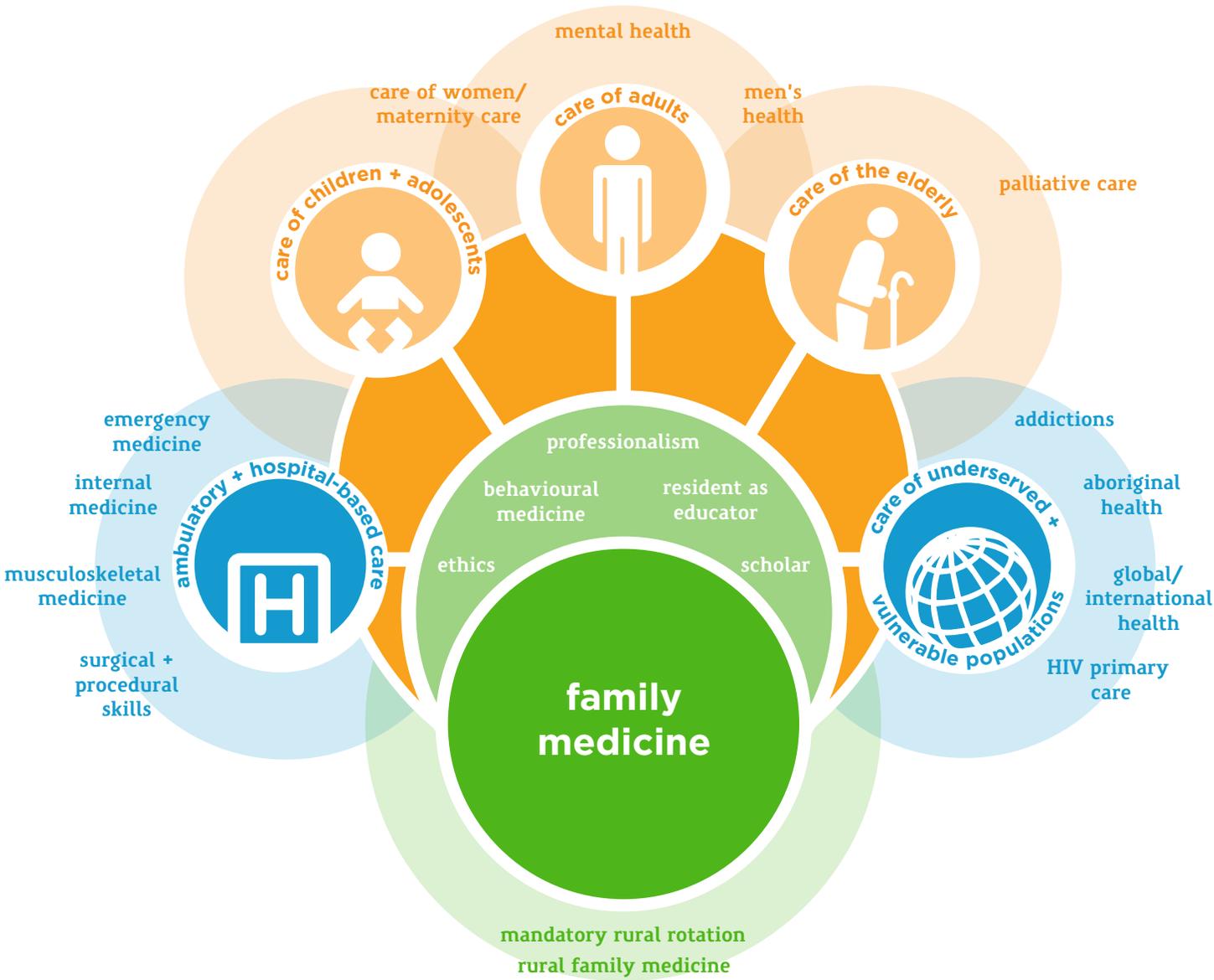
## *Learning Opportunities*

Within the program, the learning opportunities may differ from site to site. As such, a learning opportunity may be in a clinical setting at one site and in an academic setting at another. These decisions are made by the site director and site faculty for curriculum in consultation with their local Residency Education Committee as they write the rotation specific and instructional event objectives

## *How to Use the Objectives*

Residents and their preceptors should review the objectives and determine the “rotation specific”/learning experience goals and activities for the resident, noting these on the First Day ITAR at the beginning of each “rotation” learning experience. Following assessment, the resident will then set goals to attain further competencies as needed.

# DOMAINS of CARE



# OBJECTIVES

## FAMILY MEDICINE

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- **Use** a patient-centred approach to care of patients and families through exploration of both the disease and illness experienced, understanding the whole person, and negotiating informed shared decision making regarding management
- **Provide** continuity of care to a patient population through coordination, advocacy and interdisciplinary collaboration in a variety of settings
- **Discuss** that the knowledge of family medicine is vast and rapidly changing and to remain skilled, physicians must become lifelong learners
- **Explain** the principles of EBM as they pertain to daily clinical practice
- **Perform** an appropriate assessment of patients using skilled interviewing and physical examination techniques in gathering clinical data.
- **Differentiate** between normal range of experiences and pathological presentations (e.g. normal grief vs. atypical grief)
- **Demonstrate** an ethical approach to the patient-doctor relationship, maintaining a respectful, non-judgmental focus
- **Anticipate** and **develop** a plan for possible violent or aggressive behaviour and recognize the warning signs
- **Analyze** the communities or environments in which patients live and engage with regards to their impact on patient health.
- **Demonstrate** awareness that illness makes patients vulnerable
- **Evaluate** the role of power in interactions with the patient, the patient's family, and community
- **Assist** the patient to express their own beliefs and values in solving ethical issues
- **Facilitate** ethical decision-making including discussion of capacity of patients to make decisions, including minors and emancipated minors
- **Demonstrate** the ability to manage patients with complex and multiple problems
- **Discuss** issues involved in relaying medical information to the extended family
- **Demonstrate** an understanding of the process of repatriating a patient in one's practice after a referral process, including ongoing communications with the specialist(s) or institution(s) involved.
- **Demonstrate** knowledge of disease processes including undifferentiated presentations, differential diagnoses, diagnostic confirmations and management across the lifespan
- **Diagnose** and treat serious complications and side effects of medications
- **Give** examples of 'clinical uncertainty' and 'clinical dissonance'
- **Distinguish** between serious illness and minor medical concerns and take appropriate action including telephone triage, referring and consulting.
- **Identify** that family doctors in clinics or emergency rooms are often the first point of contact for a person

- **Use** a multi-faceted approach to treatment
- **Differentiate** multiple roles a physician may play in the community and the potential for role conflict
- **Adopt** a flexible, open-minded approach that is resourceful and deals with uncertainty
- **Demonstrate** an understanding of informed consent including self-disclosure of clinician experience
- **Assess** and **manage** a patient with chronic pain
- **Discuss** the role of primary health care in Canada and globally as an essential tool towards improving and maintaining the health of people locally and globally
- **Describe** the spectrum and structure of community-based care resources and rehabilitation services available
- **Describe** the structure and access the spectrum of institutional care options available

## CARE OF CHILDREN + ADOLESCENTS FAMILY MEDICINE EXPERT

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- **Describe** how the presentation and management of disease in children differs from adults  
Priority Topics: [Abdominal Pain](#), [Anemia](#), [Fever](#), [Grief](#), [In Children](#), [Vaginitis](#)
- **Outline** normal parameters in the physical examination of children  
Priority Topics: [Well Baby Care](#)
- **Demonstrate** skill in neonatal resuscitation  
Priority Topics: [Newborn](#)
- **Manage** common neonatal problems
- **Provide** comprehensive well baby care  
Priority Topics: [Newborn](#), [Periodic Health Assessment](#), [Well Baby Care](#)
- **Manage** urgent and emergency medical conditions in various settings, recognizing the trend towards short stay hospital observation and outpatient management  
Priority Topics: [ACLS](#), [Allergy](#), [Croup](#), [Dehydration](#), [Diarrhea](#), [Fractures](#), [Lacerations](#), [Meningitis](#), [Poisoning](#), [Trauma](#)
- **Manage** common paediatric problems in an office setting  
Priority Topics: [Asthma](#), [Behavioural Problems](#), [Cough](#), [Dysuria](#), [Earache](#), [Infections](#), [Learning](#), [Red Eye](#), [UTI](#)
- **Monitor** and **coordinate** care of children with chronic illnesses, disabilities, or serious disease, using available community supports as necessary
- **Use** consultation services of pediatricians appropriately
- **Demonstrate** skill in the procedures relative to pediatrics
- **Demonstrate** skill in use of common preventative screening tests  
Priority Topics: [Periodic Health Assessment](#)
- **Utilize** immunization schedules, growth and development charts, and questionnaires in patient management  
Priority Topics: [Immunization](#), [Obesity](#), [Well Baby Care](#)
- **Demonstrate** knowledge in accessing provincial and tertiary care hospital guidelines and algorithms for management of illnesses in children
- **Demonstrate** ability to quickly access and apply accurate information on drug dosing and toxicity in children, as well as normal laboratory values for the various ages  
Priority Topics: [Poisoning](#)
- **Demonstrate** knowledge of child protection issues including identification and management of suspected and

confirmed child abuse

Priority Topics: [Domestic Violence](#)

- **Demonstrate** knowledge of pediatric palliative care issues and evaluation for potential organ donation
- **Provide** appropriate advice to parents regarding safety of children's environment
- **Modify** history taking and physical exam to engage and maximize cooperation by the pediatric patient
- **Assess** family dynamics and their effects on illnesses and behaviors in children and vice versa
- **Assess** and **manage** common adolescent problems  
Priority Topics: [Abdominal Pain](#), [Behavioural Problems](#), [Contraception](#), [Depression](#), [Eating Disorders](#), [In Children](#), [Learning](#), [Pregnancy](#), [Sex](#), [Sexually Transmitted Infections](#), [Substance Abuse](#)
- **Demonstrate** appropriate attention to adolescent functioning in various domains (for example: home, school, employment, friends, use of alcohol and drugs, safety concerns, suicidal thoughts) with focus on urgent issues
- **Assess** and **manage** a pediatric patient with chronic pain
- **Demonstrate** patient-centred counselling to the adolescent capable of making informed decisions on self-determination and reproductive choice
- **Demonstrate** the ability to discuss importance of immunization with parents

## WOMEN'S HEALTH FAMILY MEDICINE EXPERT

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- **Demonstrate** knowledge of puberty, menstruation, fertility, pregnancy and childbirth, menopause, aging and post partum care  
Priority Topics: [Infertility](#), [Menopause](#), [Osteoporosis](#), [Vaginitis](#)
- **Demonstrate** an approach toward abnormalities of menarche, menstruation, and menopause  
Priority Topics: [Menopause](#), [Vaginal bleeding](#)
- **Discuss** the wide range of development, attitudes, and experiences in sexual health  
Priority Topics: [Sex](#)
- **Counsel** (and refer as appropriate) patients with disorders of sexual development and function  
Priority Topics: [Sex](#)
- **Discuss** breast health and the usefulness of self-examination, physician breast examination and imaging for breast disease diagnosis  
Priority Topics: [Breast lump](#), [Cancer](#)
- **Counsel** women about contraceptive choices  
Priority Topics: [Contraception](#)
- **Apply** Canadian guidelines for gynecologic cancer screening with PAP testing and options for vaccinations  
Priority Topics: [Cancer](#), [Periodic Health Assessment](#)
- **Outline** the health needs of lesbian, bisexual, and transsexual women and girls  
Priority Topics: [Sex](#)
- **Recognize** gender differences between men and women with respect to pharmacology, disease prevalence, presentation and epidemiology  
Priority Topics: [Abdominal Pain](#), [Anemia](#), [Gender Specific Issues](#)
- **Identify** and **recommend** resources in the community for women, such as women's exercise and social groups, prenatal classes, breast cancer support groups, transition houses, sexual assault counseling services, pregnancy

option centres, women's resource centres, OPT (Options for Sexual Health) clinics and services to immigrant and other marginalized women

Priority Topics: [Rape/Sexual assault](#)

- **Locate** services for women experiencing unwanted pregnancy and for pregnancy prevention either within the community or on referral out of the community
- **Provide** a non-judgmental context for women to discuss freely genital symptoms or issues of sexuality, abuse or violence  
Priority Topics: [Gender Specific Issues](#)
- **Demonstrate** awareness of ethical and cultural considerations and legislation involved in women's health (e.g. contraceptive and pregnancy counseling for minors, childhood sexual abuse, female circumcision, the rights of a woman to refuse sexual intercourse within a marriage)  
Priority Topics: [Gender Specific Issues](#)
- **Describe** the effects of poverty, low self-esteem and marginalization on the health of women  
Priority Topics: [Immigration](#)
- Actively **screen, diagnose, and treat** sexually transmitted infections, including managing or referring for contact tracing and supportive counseling.
- **Demonstrate** how to exam and counsel a woman who has been sexually assaulted, respecting both the patient's wishes and the possible chain of evidence; and referring for examination and counseling as appropriate (e.g. local sexual assault team and counselors).  
Priority Topics: [Rape/Sexual Assault](#)
- **Screen, counsel, treat** and/or **refer** patients for past or present domestic violence and abuse (physical, sexual, emotional or financial)  
Priority Topics: [Rape/Sexual Assault, Immigration](#)

## MATERNITY CARE FAMILY MEDICINE EXPERT

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- **Provide** pre-conception counselling  
Priority Topics: [Pregnancy](#)
- **Provide** counselling and initial investigations regarding infertility and difficulties conceiving  
Priority Topics: [Infertility](#)
- **Provide** appropriate prenatal care (using standardized provincial prenatal forms and constantly evolving prenatal care guidelines)  
Priority Topics: [Pregnancy, Diabetes, Dysuria, Sex, UTI](#)
- **Recognize** and **manage** common antepartum care issues  
Priority Topics: [Vaginal Bleeding, Pregnancy](#)
- **Counsel** regarding prenatal screening options and pathways  
Priority Topics: [Pregnancy](#)
- **Explain** SOGC, BCPHP (Maternity Care Pathway), and ACOG guidelines for perinatal and obstetrical care  
Priority Topics: [Pregnancy](#)
- **Discuss** how illnesses may present and/or be managed differently in pregnant patients  
Priority Topics: [Abdominal Pain, Dehydration, Pregnancy](#)
- **Demonstrate** knowledge of diseases unique to obstetrical patients

Priority Topics: [Pregnancy](#)

- **Explain** fetal and maternal legal rights, and the medical and ethical issues surrounding termination of pregnancies
- **Demonstrate** ability to interact appropriately with other members of the obstetrical team  
Priority Topics: [Pregnancy](#)
- **Manage** normal labour, including routine assessment of fetal and maternal well-being  
Priority Topics: [Pregnancy](#)
- **Outline** available pain control modalities and the indications for and safety issues relevant to each
- **Outline** deficiencies in local, site specific resources pertaining to maternity care  
Priority Topics: [Domestic Violence](#)
- **Assess** and **manage** abnormal labour appropriately including specific assessment of fetal and maternal well-being  
Priority Topics: [Pregnancy](#)
- **Manage** obstetrical emergencies  
Priority Topics: [Pregnancy](#)
- **Manage** normal and complicated deliveries  
Priority Topics: [Lacerations](#), [Pregnancy](#)
- **Manage** common postpartum care issues  
Priority Topics: [Depression](#)
- **Provide** comprehensive post-partum care in the hospital, community, and office  
Priority Topics: [Pregnancy](#)
- **Consult** obstetricians appropriately  
Priority Topics: [Pregnancy](#)
- **Discuss** the potential for emotional, psychological, and financial stress associated with infertility and infertility treatment, and the potential subsequent effects on pregnancy  
Priority Topics: [Infertility](#)
- **Counsel** patients appropriately in the event of pregnancy loss  
Priority Topics: [Counselling](#), [Grief](#)

## MENTAL HEALTH FAMILY MEDICINE EXPERT

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- **Diagnose** common mental health problems  
Priority Topics: [Anxiety](#), [Depression](#), [Difficult Patient](#), [Eating Disorders](#), [Insomnia](#), [Personality Disorder](#), [Schizophrenia](#), [Somatization](#)
- **Demonstrate** knowledge, use, and limitations of the Diagnostic and Statistical Manual of Mental Disorders (DSM) multi-axial system
- **Generate** appropriate differential diagnoses for common mental health presentations taking into consideration medical, psychiatric, environmental, and emotional issues  
Priority Topics: [Fatigue](#), [Grief](#), [Rape/Sexual Assault](#), [Stress](#), [Substance Abuse](#), [Behavioural Problems](#)
- **Apply** and **interpret** appropriate investigations for common mental health presentations  
Priority Topics: [Counselling](#)
- **Develop** therapeutic liaisons with patients with mental health disorders  
Priority Topics: [Counselling](#)

- **Recognize**, and appropriately **respond** to, the need for urgent and emergent intervention  
Priority Topics: [Crisis](#), [Mental Competency](#), [Suicide](#), [Violent/Aggressive Patient](#)
- **Develop** appropriate pharmacologic and non-pharmacologic management plans including follow-up for common mental health disorders  
Priority Topics: [Counselling](#)
- **Demonstrate** knowledge of indications, contra-indications, side effects, and monitoring requirements, of medications used in mental health conditions
- **Assess** mental competency  
Priority Topics: [Mental Competency](#)
- **Discuss** the role of cultural resilience in promoting health and well-being
- **Compare** and **contrast** his or her psychiatric practice to other approaches and world views
- **Initiate** screening for mental health disorders in high-risk situations (e.g. patients with cancer, chronic pain, war veterans, refugees, victims of domestic violence, etc.)  
Priority Topics: [Cancer](#), [Chronic Disease](#), [Disability](#), [Domestic Violence](#), [Immigrants](#), [Multiple Medical Problems](#), [Pregnancy](#)
- **Assess** a patient's suicide risk, homicide risk and judgment  
Priority Topics: [Suicide](#)
- **Screen** for abuse, neglect and domestic violence (child, adult and elder) and assess the level of risk for all members of the household, generating an emergency plan if needed
- Successfully **perform** a history and physical examination of an abused or neglected patient of any gender or age
- **Anticipate** and **develop** a plan for possible violent or aggressive behaviour and recognize the warning signs
- **Discuss** different forms of therapy (including brief psychotherapy, long-term psychotherapy, couples/ family therapy, and cognitive behavioural therapy), and the selection of patients for each modality
- **Wean** medications, when required, in a safe manner
- Skillfully **manage**, over time, patients with chronic mental illnesses  
Priority Topics: [Counselling](#)
- **Identify** mental health resources in the community and appropriately connect people to these resources
- **Screen** and have an approach to caring for concurrent substance use and mental health disorders

## CARE OF MEN FAMILY MEDICINE EXPERT

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- **Demonstrate** knowledge of puberty, fertility, contraceptive, and aging issues in men
- **Discuss** the wide range of development, attitudes, and experiences in sexual health
- **Counsel** (and refer as appropriate) patients with disorders of sexual development and function, including erectile dysfunction and premature ejaculation.
- **Demonstrate** an approach to prostate health
- **Demonstrate** an approach to testicular, scrotal, and breast masses and/or pain
- **Discuss** evidence-based recommendations for the periodic health exam
- **Outline** the health needs of gay, bisexual, transsexual and transgender men and boys
- **Recognize** gender differences between men and women with respect to pharmacology, disease prevalence,

presentation and epidemiology

- **Identify** and **recommend** resources in the community for men
- **Provide** a non-judgmental context for men to discuss freely genital symptoms or issues of sexuality, abuse or violence
- **Demonstrate** awareness of ethical, cultural, and legislative considerations involved in men's health
- **Describe** the effects of poverty, low self-esteem and marginalization on the health of men
- Actively **screen, diagnose, and treat** sexually transmitted infections, including managing or referring for contact tracing and supportive counseling.
- **Demonstrate** how to exam and counsel a man who has been sexually assaulted, respecting both the patient's wishes and the possible chain of evidence; and referring for examination and counseling as appropriate (e.g. local sexual assault team and counselors).
- **Screen, counsel, treat** and/or **refer** patients for past or present domestic violence, abuse (physical, sexual, emotional or financial), and/or neglect

Priority topics: [\*Cancer, Domestic Violence, Dysuria, Family Issues, Gender Specific Issues, Grief, Infertility, Osteoporosis, Periodic Health Assessment, Pregnancy, Prostate, Sex, STI\*](#)

## CARE OF THE ELDERLY FAMILY MEDICINE EXPERT

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- **Perform** a cognitive assessment using standard cognitive testing and collateral history relevant to cognitive and/or functional decline  
Priority Topics: [\*Dementia, Mental Competency\*](#)
- **Evaluate** pre-morbid and current functional abilities using reliable sources of information
- **Distinguish** between the clinical presentations of delirium, dementia and depression  
Priority Topics: [\*Dementia, Depression\*](#)
- **Assess** and **manage** delirium
- **Assess** and **manage** common forms of dementia (NB Canadian Consensus Guidelines on Dementia)  
Priority Topics: [\*Dementia\*](#)
- **Recognize** and **initiate** management of common issues in dementia care (e.g. driving, capacity, wandering, pharmacologic therapy, BPSD, caregiver stress)  
Priority Topics: [\*Dementia, Behavioural Problems\*](#)
- **Construct** a differential diagnosis (including risk factors) and plans for the evaluation, management and prevention of falls
- **Perform** a gait and balance assessment using accepted standardized assessment tools
- **Identify** consequences of immobility in the elderly patient
- **Work** with interdisciplinary teams to prevent, manage and treat consequences of immobility in the elderly patient
- **Obtain** a structured medication review including identification of potential drug-drug and drug-disease interactions (if appropriate, in consultation with a pharmacist)  
Priority Topics: [\*Multiple Medical Problems\*](#)
- **Identify** and **alter** medication therapy that is most likely to cause adverse drug events in an older individual  
Priority Topics: [\*Elderly\*](#)

- **Outline** the pharmacokinetic changes that commonly occur with aging and demonstrate the ability to modify drug regimens accordingly  
Priority Topics: [Elderly](#)
- **Describe** the usual anatomical and physiological changes seen with aging and understand the concept of frailty  
Priority Topics: [Elderly](#)
- **Assess** and **manage** atypical presentations of common medical conditions  
Priority Topics: [Abdominal Pain](#), [Dehydration](#), [Diarrhea](#), [Fever](#), [Infections](#), [Ischemic Heart Disease](#), [Pneumonia](#), [UTI](#)
- **Justify** the indications, risks, alternatives, and contraindications for physical and chemical restraints  
Priority Topics: [Behavioural Problems](#)
- **Evaluate** and **initiate** management (including pharmacologic and non-pharmacologic therapies) for transient (acute) and established (chronic) urinary incontinence
- **Describe** the use and risks of indwelling catheters versus intermittent catheter
- **Identify** and **manage** common end of life care issues (e.g. nutrition, dysphagia, code status, hospital transfer, home and LTC visits)  
Priority Topics: [ACLS](#), [Palliative Care](#)
- **Paraphrase** the key principles of the Mental Health Act, Personal Directive Act, and Adult Guardianship and Trusteeship Act  
Priority Topics: [Mental Competency](#)
- **Describe** advance planning directives (including the roles of physicians and substitute decision-makers) dealing with personal and financial decision-making  
Priority Topics: [Elderly](#)
- **Develop** and **implement** plans for the assessment and management of patients with functional deficits, including the use of adaptive interventions, in collaboration with interdisciplinary team members

## PALLIATIVE CARE FAMILY MEDICINE EXPERT

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- **Explain** disease processes affecting the terminally ill including realistic prognosis, appropriate investigation and intervention  
Priority Topics: [ACLA](#), [Palliative Care](#)
- **Assess** and **manage** pain and symptoms that arise in the terminally ill including oncological and palliative emergencies  
Priority Topics: [Cancer](#), [Palliative Care](#)
- **Demonstrate** an approach to caring for terminally ill patients with consideration given both to their medical condition and to the hopes and expectations of the patient and their families  
Priority Topics: [COPD](#), [Palliative Care](#)
- **Apply** ethical principles to practice
- **Differentiate** between the withdrawal and withholding of treatment and euthanasia

## EMERGENCY MEDICINE FAMILY MEDICINE EXPERT

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- **Manage** a patient with an urgent/emergent problem  
Priority Topics: [Abdominal Pain](#), [Allergy](#), [Antibiotics](#), [Chest Pain](#), [Dizziness](#), [Fractures](#), [Headache](#), [Hypertension](#), [Neck Pain](#), [Poisoning](#), [Red Eye](#), [Skin Disorder](#), [Stroke](#), [Suicide](#), [URTI](#)

- **Appraise** and **use** various methods of analgesia, topical/local anesthesia and sedation  
Priority Topics: [Lacerations](#)
- **Demonstrate** basic airway assessment and management skills
- **Recognize** and **initiate** management in a patient with acute respiratory distress or ventilatory failure  
Priority Topics: [Asthma](#), [Croup](#)
- **Identify, classify** and **treat** shock  
Priority Topics: [GI Bleed](#)
- **Obtain** appropriate vascular access for drugs and fluids  
Priority Topics: [Dehydration](#)
- **Exhibit** basic skills in interpreting 12 lead electrocardiograms, including identification and management of acute dysrhythmias  
Priority Topics: [Ischemic Heart Disease](#), [Atrial Fibrillation](#)
- **Manage** the patient in cardiorespiratory arrest  
Priority Topics: [ACLS](#)
- **Assess** and **manage** a patient with altered level/loss of consciousness/coma  
Priority Topics: [Loss of Consciousness](#), [Seizures](#)
- **Assess** need for and manage resuscitation in adults and children  
Priority Topics: [Trauma](#), [Newborn](#)
- **Explain** key features and functioning of an Emergency Medical Services system
- **Assess** and **manage** a patient with acute pain
- **State** the principles and goals of triage and prioritize treatment
- **Identify** patients who are in crisis and appropriately manage their disposition
- **Outline** the components of the trauma care system in your region

## INTERNAL MEDICINE FAMILY MEDICINE EXPERT

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- **Assess** and **manage** acute and chronic medical illnesses in a variety of settings (hospital, outpatient or emergency room)  
Priority Topics: [Abdominal Pain](#), [Allergy](#), [Anemia](#), [Antibiotics](#), [Anxiety](#), [Asthma](#), [Atrial Fibrillation](#), [Cancer](#), [Chest Pain](#), [Chronic Disease](#), [COPD](#), [Cough](#), [DVT](#), [Dehydration](#), [Diabetes](#), [Diarrhea](#), [Disability](#), [Dizziness](#), [Earache](#), [Eating Disorder](#), [Fatigue](#), [Fever](#), [GI Bleed](#), [Hepatitis](#), [Hyperlipidemia](#), [Hypertension](#), [Immigrants](#), [Immunization](#), [Infections](#), [Insomnia](#), [Ischemic Heart Disease](#), [Joint Disorder](#), [Lifestyle](#), [Loss of Weight](#), [Low Back Pain](#), [Meningitis](#), [Multiple Medical Problems](#), [Neck Pain](#), [Obesity](#), [Osteoporosis](#), [Parkinsonism](#), [Periodic Health Assessment](#), [Pneumonia](#), [Prostate](#), [Red Eye](#), [Seizures](#), [Sexually Transmitted Infections](#), [Skin Disorder](#), [Smoking Cessation](#), [Stroke](#), [Thyroid](#), [Travel Medicine](#), [URTI](#)
- **Outline** indication for admission to hospital for investigation and/or treatment
- **Explain** the effect of hospitalization on patients
- **Utilize** appropriate consultants in patient care
- **Assess** and **manage** a patient with chronic pain
- **Evaluate** situations for potential organ donation

- **Perform** a thorough examination of limbs, joints, back and neck  
Priority Topics: [Joint Disorder](#), [Low Back Pain](#), [Neck Pain](#)
- **Assess** and **manage** common sports and exercise related injuries  
Priority Topics: [Joint Disorder](#)
- **Assess** and **manage** acute and chronic repetitive stress injury (including occupational)  
Priority Topics: [Joint Disorder](#), [Low Back Pain](#)
- **Determine** risk of fracture or injury to tendon, ligament, muscle, nerve, vessel etc. based on pattern of injury and results of physical examination  
Priority Topics: [Neck Pain](#)
- **Order** appropriate investigations where risk of fracture exists  
Priority Topics: [Neck Pain](#)
- **Demonstrate** immobilizing techniques such as splints, basic casts and taping
- **Evaluate** vessel and nerve injuries that can be associated with fractures and dislocations
- **Triage**, and where necessary **refer**, more complex or unstable fractures for surgical consultation
- **Recognize** and **initiate** management of orthopedic emergencies, arranging referral when appropriate
- **Assess** and **manage** rheumatological disease including: rheumatoid arthritis, osteoarthritis, fibromyalgia, and osteoporosis  
Priority Topics: [Joint Disorder](#), [Osteoporosis](#)
- **Outline** common drug therapies, and the use of non pharmacological treatment modalities such as exercise prescriptions  
Priority Topics: [Joint Disorder](#), [Low Back Pain](#), [Neck Pain](#), [Osteoporosis](#)
- **Demonstrate** appropriate medical consultation and shared responsibility of family doctor and consultant to the patient
- **Recognize** and **initiate** management for infectious musculoskeletal conditions  
Priority Topics: [Joint Disorder](#)
- **Assess** basic orthopedic illnesses in children including gait abnormalities and the limping child  
Priority Topics: [Joint Disorder](#)
- **Examine** for congenital hip disease
- **Perform** joint aspiration and joint injection of selected joints as outlined in Procedural Skills
- **Participate** in the multidisciplinary approach to chronic musculoskeletal disease
- **Support** the special needs of the athlete
- **Support** the orthopedic needs of the handicapped patient, e.g. those with contractures or severe muscle imbalance
- **Provide** up-to-date information on rehabilitation and recovery expectations  
Priority Topics: [Low Back Pain](#)
- **Outline** what community rehabilitation services are available, e.g. physiotherapy, massage therapy, exercise classes and groups, and independent rehabilitation programs as well as those available through MSP

- **Explain** the use, risks, and benefits of allied health professions such as chiropractic, massage therapy, acupuncture, physiotherapy and occupational therapy to enhance MSK care

## SURGICAL + PROCEDURAL SKILLS FAMILY MEDICINE EXPERT

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- **Diagnose** the common acute and non-acute disease entities requiring surgical treatment  
Priority Topics: [Abdominal Pain](#)
- **Assess** and **manage** surgical disease including referral to surgical specialties as needed  
Priority Topics: [Abdominal Pain](#)
- **Manage** routine pre-operative and post-operative care
- **Assess** and **manage** pre-operative medical problems which affect surgical care (e.g. cardiorespiratory disease, diabetes, medication)
- **Provide** proficient surgical assistance
- **Perform** minor surgical procedures and wound closures
- **Assess** and **manage** common post-operative complications (e.g. atelectasis, infections, phlebitis, fluid and electrolyte imbalances)
- **Manage** wound care
- **Provide** immediate resuscitative care in patients with major trauma (including placement of chest tubes)  
Priority Topics: [Abdominal Pain](#)
- Medically **manage** long term chronic surgical conditions (e.g. amputation, colostomy)
- **Describe** how surgical risks vary depending on patient profile (e.g. elderly, concurrent disease, paediatric)
- **Explain** the role of adequate nutrition to optimize healing in peri-operative care
- **Evaluate** what skills might require enhancement before working in a community
- **Explain** indications and contraindications to a given procedure
- **Choose** among several possible approaches to a given procedure
- **Counsel** and **educate** patients on common surgical procedures including discussion of possible complications

## ADDICTION MEDICINE FAMILY MEDICINE EXPERT

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- **Differentiate** between substance intoxication, withdrawal, dependence and abuse
- **Describe** the major categories of substances (stimulants, depressants, opioids, hallucinogens, etc.) with potential for abuse and their basic neuropathophysiology
- **Identify**, in a safe and non-judgmental fashion, individuals with substance use disorders
- **Describe** the developmental, psychological, social, biological, environmental and spiritual contexts that impact the experience of addiction
- **Undertake** an appropriate addiction history and focused physical exam
- **Classify** addiction as a chronic disease
- **Assess** a patient's motivation to change and apply appropriate interventions for each stage of change ('Stages of Change' theory - DiClemente and Prochaska)

- **Manage** – including referral when appropriate – the most common acute intoxication and/or withdrawal syndromes
- **Describe** the needs of the pregnant patient dealing with addiction
- **Assess** and **manage** common comorbidities including chronic pain, abscess, endocarditis, HIV, hepatitis and mental illness
- **Address** substance use as a regular topic with patients of all socioeconomic and cultural backgrounds
- **Discuss** addictions in a community from a population health perspective, and its true burden of illness
- **Explain** the social, political and judicial context of substance use in the community
- **Demonstrate** awareness of the differing community perspectives towards addictions, the values they represent and the challenges communities face in dealing with these differing perspectives.
- **Describe** the processes of co-dependence and enabling in the context of addiction, and can identify these processes when happening in a therapeutic relationship
- **Demonstrate** knowledge and appropriate use of pharmacologic agents utilized in the management of substance use disorders

## ABORIGINAL HEALTH FAMILY MEDICINE EXPERT

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See [IPAC Core PGME Competencies](#). *Below are objectives from the “Appendix 1” section of the spreadsheet.*

- **Outline** health concerns that are prevalent in Aboriginal populations, such as:
  - » Injury: Intentional (e.g., violence – elder, spousal and child abuse, sexual assault; including related legal obligations) and unintentional
  - » Diabetes: management as well as primary and secondary prevention
  - » Mental health: in particular depression, suicide attempts, management of overdoses, prevention
  - » Autoimmune rheumatologic diseases
  - » Obesity, including childhood obesity
  - » Addictions: tobacco, alcohol, drugs (prescription and illicit drugs), gambling
  - » Infectious diseases: Tuberculosis, HIV, Viral hepatitis, STDs
- **Involve** patients in shared decision making to increase adherence with therapy and follow up care
- **Appraise** traditional therapies and their role in the healing practices of Aboriginal people
- **Define** Aboriginal identifiers: First Nation, Status Indian, Non-Status Indian, Metis, Aboriginal and Inuit
- **Recognize** the disruptive impact of colonization on the health and well being of Aboriginal people.
- **Recognize** that the Native community is “small” both on- and off-reserve
- **Describe** how the mental health of Canada’s Indigenous people has been affected by historical events and social determinants of health

## GLOBAL AND INTERNATIONAL HEALTH FAMILY MEDICINE EXPERT

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- **Describe** the pathophysiology, epidemiology, and treatment of diseases that have major global health implications both in Canada and internationally, and explain how Canada is linked to other countries with respect to these diseases
- **Explain** the pathophysiologic process, epidemiologic distribution, and the treatment of diseases are influenced by the different local contexts in various parts of the world
- **Identify** clinical interventions which have the most impact in resource-constrained environments e.g. immunizations, essential drugs, maternal/infant health programs
- **Discuss** the potential of the clinician's skills to have an impact locally and internationally
- **Work** with limited access to specialist support and diagnostic technologies
- **Manage** tropical diseases (including knowledge of where to access information and support) that can be encountered in BC and in international clinical settings, such as travel medicine clinics, immigrant health, and -clinical practice aboard
- **Identify** and **respond** to diseases that have cross-border implications (e.g. SARS)
- **Conduct** pre-travel consultations, including providing safety and hygiene information, appropriate immunizations, and prophylaxis
- Conscientiously **prepare** for clinical work and travel in low- and middle-income countries
- **Translate** knowledge into action within the local community
- **Discuss** which tools are available for assisting family doctors in building local capacity for identifying and responding to "international health" issues that enter Canada and directly affect people in BC (e.g. SARS)
- **Explain** with the public health context of British Columbia and its relation to the international health problems
- **Discuss** the resources available to meet the specific needs of new immigrants and refugees
- **Discuss** how to access resources to mitigate the impact of conflict on health e.g. maintaining access to safe drinking water in conflict areas
- **Describe** the local barriers and limitations to prevention and treatment of diseases in various contexts
- **Assess** the impact of conflict on the health of individuals and communities
- **Discuss** the local and global distribution of burden of diseases contrasted to the distribution of resources invested to address that burden, such as research, health care facilities and medicine, trained health-care workers, etc

## HIV PRIMARY CARE FAMILY MEDICINE EXPERT

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- **Describe** HIV transmission routes, risk factors and counsel prevention strategies
- **Explain** HIV/AIDS pathogenesis
- **Distinguish** the populations and the vulnerabilities of the populations most impacted by HIV/AIDS (Gay, IVDU, Immigrants, and Aboriginal Communities)
- **Offer** HIV testing with pre and post-test counselling
- **Offer** vaccinations appropriate for an HIV positive person

- **Discuss** antiretroviral therapy and ongoing monitoring
- **Discuss** the most common opportunistic infections
- **Manage** risk and occupational exposures according to provincial guidelines including post-exposure prophylaxis
- **Discuss** strategies for prevention of mother to child transmission with reference to protocols for pregnant women at risk/HIV+ through pregnancy/labour and delivery, and the postpartum
- **Describe, investigate** for and **manage** important co-infections (e.g. Hepatitis C, syphilis)
- **Identify** when specialist advice/referral is indicated including how and when to access the BC Centre For Excellence in HIV

## RURAL MEDICINE FOR URBAN RESIDENTS FAMILY MEDICINE EXPERT

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- **Discuss** the joys and challenges of working in a rural setting, including the unique lifestyle and community interactions of the rural physician
- **Identify** limitations of their knowledge, skills and attitudes and strategies for accepting fears and addressing challenges
- **Describe** the scope of work of their rural colleagues
- **Demonstrate** skills in continuity of care
- **Display** increasing independence and responsibility in the comprehensive care of patients across the lifespan
- **Identify** the diversity and variety of procedural skills required by the rural physician
- **Perform** core procedural skills with increasing confidence
- **Display** advanced lifesaving skills
- **Demonstrate** how to transport a patient in a timely and effective manner
- **Demonstrate** ways in which successful rural physicians maintain their knowledge, skills, competence, confidence and resilience
- **Discuss** the appropriate balance of responsibility between the patient and the physician, for the patients' welfare
- **Outline** the essentials of the financial and human resource requirements to run a medical clinic

## RURAL MEDICINE FAMILY MEDICINE EXPERT

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- **Manage** acute and chronic medical illnesses in various rural settings (community, outpatient clinic, emergency room, and hospital)
- **Provide** longitudinal care of chronic illnesses in a rural setting
- **Demonstrate** proficient procedural skills
- **Justify** the indications for admission of patients to hospital for investigation and/or treatment in a rural setting
- **Balance** the effects of hospitalization on patients with reference to local facility resources, taking into account the distance, cost and logistics associated with transfer to a higher level of care at a distant location
- **Consult** specialists appropriately in patient care taking into account the associated cost, time, and logistics of

referral in rural/remote settings

- **Use** telehealth, video-conferencing and teleconferencing appropriately
- **Develop** and use fallback measures for emergent and clinic care of patients in the event of telecommunication, technology, or transfer failure
- **Commit** to on-going medical education, with an emphasis on rural healthcare
- **Describe** the advisory role of rural physicians in the management and operations of health care facilities
- **Demonstrate** an awareness for the need to have a heightened sensitivity to patient confidentiality and professional boundaries while practicing in a rural or remote setting

## ETHICS

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- **Interpret** the core principles of medical ethics (autonomy, beneficence, justice) as they apply to clinical encounters
- **Outline** the Canadian Medical Association's Code of Ethics
- **Recognize** and formulate ethical problems
- **Outline** ethical dilemmas and identify the possible courses of action to address them.
- **Discuss** the effect of legal considerations in the application of ethics
- **Discuss** the meaning and role of the physician as a professional
- **Discuss** the ideal of a just allocation of scarce medical resources
- **Explain** the role of professional ethicists and ethics committees and suggest when and how to call on them for assistance.
- **Collaborate** with patients, families, and other health care workers when ethical dilemmas arise
- **Facilitate** ethical decision-making
- **Demonstrate** a process of review with trusted and respected colleagues around ethics when adverse events or "near misses" occur
- **Recognize** cultural differences in values about ethical matters in the practice population served
- **Accepts** the role of spiritual caregivers in ethical decision-making, where this accords with patient values s cognizant of boundary issues
- **Understands** research ethics
- **Demonstrates** virtue with honesty, promise-keeping, prudence, and selflessness
- **Understands** how the ethical principles apply to each clinical encounter
- **Considers** the role of power in interactions with the patient, the patient's family, and community
- **Understands** how past experiences, personal needs, transference, and counter-transference may affect ethical decision-making.
- **Assists** the patient to express their own beliefs and values in solving ethical issues

## BEHAVIOURAL MEDICINE

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- **Demonstrate** conceptual and behavioural skills of patient-centred interviewing with individual, families and groups
- **Demonstrate** proficient active listening, verbal and non-verbal skills, expression of empathy, and unconditional positive regard
- **Outline** a patient's problems with a realistic and longitudinal view, while balancing the priorities of the patient and physician
- **Demonstrate** proficiency in establishing a strong doctor-patient relationship and therapeutic alliance
- **Perform** an appropriate assessment of patients using skilled interviewing and physical examination techniques in gathering clinical data
- **Devise** a management plan and provide appropriate follow up for mental health and lifestyle change problems
- **Demonstrate** skill in acute crisis management
- **Demonstrate** the confidence and skills to manage difficult (emotionally intense) interactions
- **Evaluate** the impact of his or her own personal feelings (e.g. anger, frustration) and remain vigilant for new symptoms and physical findings to be sure they receive adequate attention
- **Address** all aspects of a person including: physical health; emotional health; Life stage and individual development (normative developmental stages); sexuality; spirituality; health beliefs; culture/ethnicity; relationships; work, school, household; money/finances; leisure time
- **Demonstrate** sensitivity to the power differential between doctor and patient and understand the potential for the abuse of that power
- **Conclude** when to respond cognitively and when to respond affectively (when to respond with feelings and when to respond with a thought response)
- **Differentiate** between normal range of experiences and pathological presentations (e.g. normal grief vs. atypical grief)

## PROFESSIONALISM

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See the objectives for the **CanMEDS Professional Role**

## RESIDENT AS EDUCATOR

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*These are draft objectives, pending approval*

**Resident as Educator is a component of the CanMEDS-FM Scholar Role:**

- **Describe** principles of learning relevant to medical education
- **Collaboratively** identify learning needs and desired learning outcomes of others
- **Discuss** the benefits of collaborative learning
- **Deliver** a learner-centred approach to teaching
- **Select** effective teaching strategies and content to facilitate others' learning

- **Deliver** an effective presentation
- **Assess** and **reflect** on a teaching encounter
- **Provide** effective feedback
- **Describe** the principles of ethics with respect to teaching

*In addition to these enabling competencies, residents in the UBC Family Medicine Postgraduate Program will be able to:*

- **Discuss** in the Principles of Adult Learning
- **Describe** the UBC Learning Cycles
- **Demonstrate** the One Minute Preceptor
- **Discuss** the “SNAPPS” Model of Feedback
- **Write** a “Field Note” for a learner
- **Reflect** on their personal learning goals and needs regarding their role as an educator
- **Access** teaching resources for residents
- **Reflect** on how they can be resilient educators and role- model resilience

## SCHOLAR EVIDENCE BASED MEDICINE

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- **Describe** the principles in maintaining professional competence and implementing a personal knowledge management system
- **Recognize** and **reflect** learning issues in practice
- **Conduct** a personal practice audit or PIP
- **Formulate** a learning question
- **Identify** sources of knowledge appropriate to the question
- **Execute** a rapid or comprehensive/ systematic search for evidence -literature review, chart audit, etc.- in order to optimize clinical decision-making and clinical care
- **Access** and **interpret** the relevant evidence
- **Integrate** new learning into practice
- **Evaluate** the impact of any change in practice
- **Document** the learning process
- **Describe** the principles of critical appraisal
- Critically **appraise** retrieved evidence in order to address a clinical question
- **Integrate** critical appraisal conclusions into clinical care
- Collaboratively **identify** the learning needs and desired learning outcomes of others
- **Deliver** a learner-centered approach to teaching
- **Deliver** an effective presentation

- **Assess** and **reflect** on a teaching encounter
- **Provide** effective feedback
- **Describe** the principles of research and scholarly inquiry
- **Judge** the relevance, validity, and applicability of research findings to their own practice and individual patients

## SCHOLAR INFORMATICS

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- **Illustrate** that the knowledge of family medicine is vast and rapidly changing and to remain skilled, physicians must become lifelong learners
- **Discriminate** credible data sources, such as those that can be found on the Internet
- **Utilize** current electronic resources to answer relevant clinical questions
- **Use** informatics tools to reflect on and evaluate one's practice population and practice activities in comparison to evidence and practice norms
- **Integrate** these electronic tools into daily practice.
- **Organize** and **manage** patient information (electronic or otherwise) in order to better manage their care
- **Outline** how Electronic Medical Records (EMRs) can be used in practice and potential positive and negative impacts of EMRs on the doctor-patient relationship
- **Discuss** the current risks of using Electronic Medical Records in family practice
- **Discuss** the use and limitations of communicating by telephone and email both from both a clinical and security perspective
- **Explore** with patients their understanding of the nature and potential limitations of consumer health information
- **Describe** how Electronic Medical Records and other electronic tools can improve management of a practice population
- **Define** the nature of one's clinical population through the use of various data sources, including surveying paper charts, reviewing other data sources
- **Review** consumer health information

## SCHOLAR RESEARCH

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**Research requirements are listed internally on our** [Postgraduate Intranet](#), **under** [Practice Improvement Project](#) **and** [Resident Scholar Project](#).

## COLLABORATOR CAN-MEDS ROLE

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- **Identify** when specialist advice and/or referral is required
- **Use** referrals, support networks and community resources as part of a patient-centred management plan
- **Exhibit** the ability to work cooperatively and effectively within a collegial, multidisciplinary framework of health care delivery, including working with colleagues and institutions from/in other cultures

- **Communicate** and **implement** the key components of an appropriate transfer or discharge plan using interdisciplinary team resources (e.g. accurate medication list, need for support services, plans for follow-up)
- **Support** a patient's desire to use allied health professionals
- Effectively **coordinate** community services and additional aids required by patients
- **Describe** the role of other health professionals in the management of acute and chronic illness.
- **Coordinate** community-based, shared-care management of illnesses
- **Describe** local non-governmental organizations and collaborate with them as appropriate
- Effectively **collaborate** with schools
- **Develop** collaborative relationships with research resource staff, faculty and peers
- **Identify** which interdisciplinary team members can best assist with clinical , educational, administrative, and research tasks given the resources available
- **Collaborate** with other healthcare workers, allied healthcare workers, managers, educators and public officials in healthcare resource planning, distribution and utilization.
- **Participate** effectively in interprofessional team meetings
- **Describe** the general functioning and roles of union organizations and how they might affect the interprofessional team function
- **Integrate** the Chronic Disease Management model into the care of patients with chronic illness.
- **Collaborate** with patients, families, and other health care workers when ethical dilemmas arise
- **Empower** patients to participate collaboratively in their treatment goals by establishing common ground in an atmosphere of safety and trust
- **Provide** appropriate advice and reassurance regarding common illnesses which do not routinely require medical attention
- Effectively **manage** family crises while maintaining the integrity of the child-parent bond and the safety of the child
- **Incorporate** families and other caregivers in the care of patients, while abiding by the ethical standards of patient autonomy and consent
- **Identify** and **manage** caregiver stress

## COMMUNICATOR CAN-MEDS ROLE

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- **Illustrate** the importance of family meetings and demonstrate a systematic approach to working with families of patients managing their needs and expectations
- **Use** both general and active listening skills to facilitate communication and allow the patient tell their story
- **Demonstrate** awareness of different cultural views of ethics, the birthing process, illness, death and dying and is respectful and accommodating of these through the Western medical lens
- **Demonstrate** sensitivity to patients who are a different age, gender or cultural group from oneself

- **Use** collateral sources to obtain history
- Effectively **communicate** medical evidence to patients in a manner that respects their autonomy and empowers them to “take charge” of their own health care and make informed decisions
- **Provides** patients and families with information or sources such as the internet and written literature regarding preventative care and management of illnesses
- **Use** verbal and written language that is understandable by the patient (open to closed questions, limits jargon)
- **Use** appropriate language to help patients understand pathology and test results
- **Demonstrate** a process of review with trusted and respected colleagues around ethics when adverse events or “near misses” occur
- **Demonstrate** the ability to disclose medical error to a patient in a timely manner using a case-sensitive approach
- When confronted with a difficult patient interaction, **seek out** information about their life circumstances, current context and functional status to help better understand the patient’s frame of reference.
- **Demonstrate** an understanding of administrative issues associated with transfer of a critically ill patient, and include the patient and family in decision-making, follow-up after transfer.
- **Demonstrate** effective empathic communication skills in delivery of life-altering news and difficult information
- **Demonstrate** an ability to assess a patient’s motivation to change (e.g. ‘Stages of Change’ theory) and apply an appropriate and timely intervention.
- **Utilize** effective documentation to record patient information using medical records that are clear, concise, timely and accessible
- **Outline** how Electronic Medical Records (EMRs) and other electronic tools can be used in practice and how their use can positively and negatively impact the doctor-patient relationship.
- **Discuss** the use and limitations of communicating by telephone and email both from both a clinical and security perspective.
- **Gather** information not only about the disease but also about the patient’s beliefs, concerns and expectations about the illness, while considering the influence of factors such as the patient’s age, gender, ethnic, cultural and socio-economic background, and spiritual values on that illness.
- **Express** the importance of continuity, trust and relationships when working with marginalized communities
- **Take** the time to explore patients preconceived ideas regarding medical care and provide accurate explanations regarding care
- **Evaluate** the context of patients’ illnesses by understanding some of the major determinates within which those illnesses developed
- **Show** concern for the effects of patients’ past experiences, coping mechanisms or lay knowledge on a patient’s expectations of outcomes
- **Demonstrate** the ability to avoid giving advice or teaching when an emotional need is expressed (i.e., know when to only listen to patient and when to assist patient with problem solving)
- **Show** concern for privacy and confidentiality of patients
- **Demonstrate** proficiency in active listening, verbal and non-verbal skills, expression of empathy, and a respectful, non-judgmental focus
- **Build** positive, compassionate therapeutic relationships between patients, families, and health care team

members

- **Show** a continual desire to earn the trust of patients
- **Accept** the role of spiritual caregivers in ethical decision-making, where this accords with patient values cognizant of boundary issues
- **Recognize** the importance of continuity in patient care
- **Use** interpersonal skills to effectively manage difficult situations such as conflict, uncertainty, frustration, fear, and grief be it in the physician, patient, and the healthcare team.
- **Include** psychosocial support of patients, families and friends as part of the treatment plan

## HEALTH ADVOCATE CAN-MEDS ROLE

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- **Coordinate** support for patients with limited personal resources (financial, psychosocial)
- **Assess** barriers to rehabilitation and recovery and identify and encourage patients' strengths
- **Outline** services and resources available to meet the needs of patients in the hospital and community and utilize them appropriately
- **Advocate** for individual patients around relevant biological, psychological and social health matters
- **Advocate** for the patient's best interest when there are competing claims from the health care system or from the family
- **Demonstrate** skill in addressing lifestyle change as important to optimizing health, such as smoking, diet, exercise and substance use and update frequently to assess willingness to change
- **Incorporate** relevant health promotion and disease prevention strategies into the clinical encounter including lifestyle assessment, screening and education
- **Understand** local culture as it pertains to certain medical conditions (e.g. HIV and international work)
- **Develop** meaningful and trusting relationships within the community and use their role to become an advocate for the community
- **Justify** how advocacy can play a critical role in managing care for marginalized populations
- **Evaluate** and **respond** to the medical needs of a community
- **Apply** their knowledge of the health system and community resources to advocate for the best care for the people they serve.
- **Demonstrate** an ability to help marginalized people access ministry resources, health resources and other support services.
- **Outline** multiple roles a physician may play in the community and the potential for role conflict
- **Outline** population-based approaches to health care services and their implication for medical practice including impact on individual patients and prioritization to access.
- **Identify** barriers to accessing resources in the community, and work to ameliorate these barriers.
- **Discuss** determinants of health such as education, employment, poverty, income, housing, social support, access to medical care, violence and human rights abuses, and political factors and their processes, and their relationship to current health status of the community

- **Identify, evaluate, and work** with at-risk populations in their community, evaluate resources/care (or lack thereof) and work to fill any gaps existing (e.g. needle exchange, condom access)
- **Support** public education regarding prevention of accidents at home, work, recreation and in vehicles
- **Discuss** the health roles of various local, national and international organizations e.g.: BC CDC, WHO, UNICEF, People's Health Assembly, UN

## MANAGER CAN-MEDS ROLE

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- **Integrate** community resources to support continuity of patient care including other health professionals, community agencies and groups either within the community or on referral out of the community
- **Work** collaboratively with public health officials, community leaders and educators in the promotion of public and preventative health.
- **Identify and manage** potential hazards or hospital/institutional care (e.g. delirium, falls, immobility, pressure ulcers, incontinence, indwelling catheters, adverse drug events, malnutrition)
- **Provide** cost effective medical care in decisions regarding hospitalization, test utilization and billing, balancing effectiveness, efficiency and access with optimal patient care
- Accurately **assess** local resource limitations and appropriately **communicate** with specialists at a tertiary care centre and with patient's families regarding the transfer process if necessary
- **Justify** priority setting in the context of communities with limited resources
- **Advise** on the management and use of scarce resources, based on international evidence
- **Describe** the role the physician in the prioritization, management and utilizations of health care facility resources.
- **Set** priorities and **manage** time to balance patient care, practice requirements, outside activities and personal life to ensure personal health and a sustainable practice
- **Integrate** electronic tools into daily practice
- **Describe** pre-hospital and hospital response to disasters and mass-casualty incidents
- **Evaluate and improve** one's clinical knowledge and practices, by developing expertise in practice-based clinical practice audit (CPA)
- **Explain** business and fiscal management in the health care setting
- **Work** collaboratively with MOA, clinic manager and others in a clinic setting in a way that optimizes clinic effectiveness and efficiency.

## PROFESSIONAL CAN-MEDS ROLE

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- **Exhibit** behaviour that is ethical and honest (e.g. informed consent, patient autonomy).
- **Exhibit** behaviour that is responsible, reliable and trustworthy (e.g. punctual, answers pager).
- **Support** patients and maintain a therapeutic relationship through difficult issues such as substance use, sexual and physical abuse, and incarceration.
- **Demonstrate** virtue with honesty, promise-keeping, prudence, and selflessness
- **Describe** the UBC Policy on Personal Beliefs, Education, and Patient Care

- Respectfully **manage** a situation in which patient choice is in conflict with the moral values of the resident either by referring the patient or empowering the patient to make his/her own choices
- **Demonstrate** respect for patients in all ways, maintain appropriate boundaries and commit to patient well-being, including time management, availability and a willingness to assess performance.
- **Discuss** the meaning and role of the physician as a professional
- **Evoke** confidence, without arrogance and do so even when needing to obtain further information or assistance.
- **Explain** the role of professional ethicists and ethics committees and suggest when and how to call on them for assistance.
- **Recognize** ethical dilemmas and identify the possible courses of action to address them.
- **Interpret** the core principles of medical ethics (autonomy, beneficence, non-maleficence, justice) as they apply to clinical encounters
- **Illustrate** the ethical dimensions of family practice and take a position on ethical issues without abandoning or placing his or her patient in jeopardy.
- **Explain** how past experiences, personal needs, transference, and counter-transference may affect ethical decision- making
- **Demonstrate** respect for colleagues and team
- **Demonstrate** knowledge of child protection issues
- **Demonstrate** knowledge about patient confidentiality, informed consent, competence and substitute decision makers, about proper interaction with law enforcement agencies and about the role of the medical examiner's office
- **Demonstrate** knowledge of relevant jurisprudence (e.g., Mental Health Act, Duty to Disclose, Apology Act, Health Professions Act).
- **Take** steps to end the physician-patient relationship when it is in the patient's best interests and do so according to guidelines.
- **Express** his/her limits of clinical competence and seek help appropriately.
- **Manage** issues of transference and countertransference in therapeutic relationships
- **Outline** the Canadian Medical Association's Code of Ethics
- **Apply** appropriate medical, ethical, and medico-legal frameworks to decision making
- **Accept** peer review, show dedication to continuing education, self-awareness, and readiness to admit error or ignorance to patients
- **Theorize** how our own personal values, beliefs and experiences of addiction, illness, HIV, pain, death and dying can influence our care of patients
- **Discuss** how past personal and professional experiences, personal needs, transference, and counter-transference may affect ethical decision- making.
- **Consider** self care and personal coping strategies to maintain a healthy doctor-patient relationship
- **Demonstrate** awareness of self (including limitations of knowledge, time, and energy)
- **Set** clear boundaries with respect to appointment length, prescribing practices and accessibility.

- **Describe** a scholarly strategy for seeking answers to clinical questions in evidence based medicine sources (electronic and print) and outline which sources to use for different clinical questions.
- **Demonstrate** effective strategies for self-directed , lifelong learning to maintain competence in the rapid and ever-changing medical field
- **Use** informatics tools to reflect on one’s practice population and practice activities in comparison to evidence and practice norms and analyze where difference may occur and how improvements can be made.
- **Define** the nature of one’s clinical population through the use of various data sources, including surveying paper charts, reviewing other data sources
- **Explain** the process of continuous quality improvement
- **Practice** ongoing continuing education including self-assessment, accessing information and applying critical appraisal skills in assessing new knowledge and its application to practice
- Critically **appraise** relevant and current literature and data sources
- **Illustrate** pre-appraised evidence summaries and evidence-based recommendations
- **Practice** “evidence-based” use of resources in the health care system -considering both the needs of the individual and the community
- **Explain** the hierarchy of levels of evidence
- **Apply** evidence to individual patients in clinical practice
- **Outline** the pitfalls of carrying out medical research on one population and applying results to another
- **Provide** information (websites, books, pamphlets) to patients regarding a variety of medical topics
- Effectively **teach** other learners
- **Analyze** consumer health information that is evidence-based and be comfortable reviewing such information for patients
- **Demonstrate** respectful collaborative relationships with research resource staff, faculty and peers
- **Communicate** one’s scholarly findings in oral presentations, power-point presentations and medical writing using uniform requirement for authors
- **Peer-review** oral and written family medicine research presentations
- **Describe** patient-centred, participatory, collaborative family medicine research
- **Outline** statistical concepts and epidemiological concepts used in designing clinical research and in managing data
- **Explain** family medicine research methodology, and the design of clinical research
- **Develop** research skills relevant for primary health care in resource-poor settings
- **Apply** ethical requirements to family medicine research
- **Pose, develop** and **pursue** at least one FINER (feasible, interesting, novel, ethical, relevant) clinical question in a scholarly manner, thereby contributing to the knowledge base of family medicine