



UBC

Family Medicine Residency Program

# CURRICULUM OBJECTIVES

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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

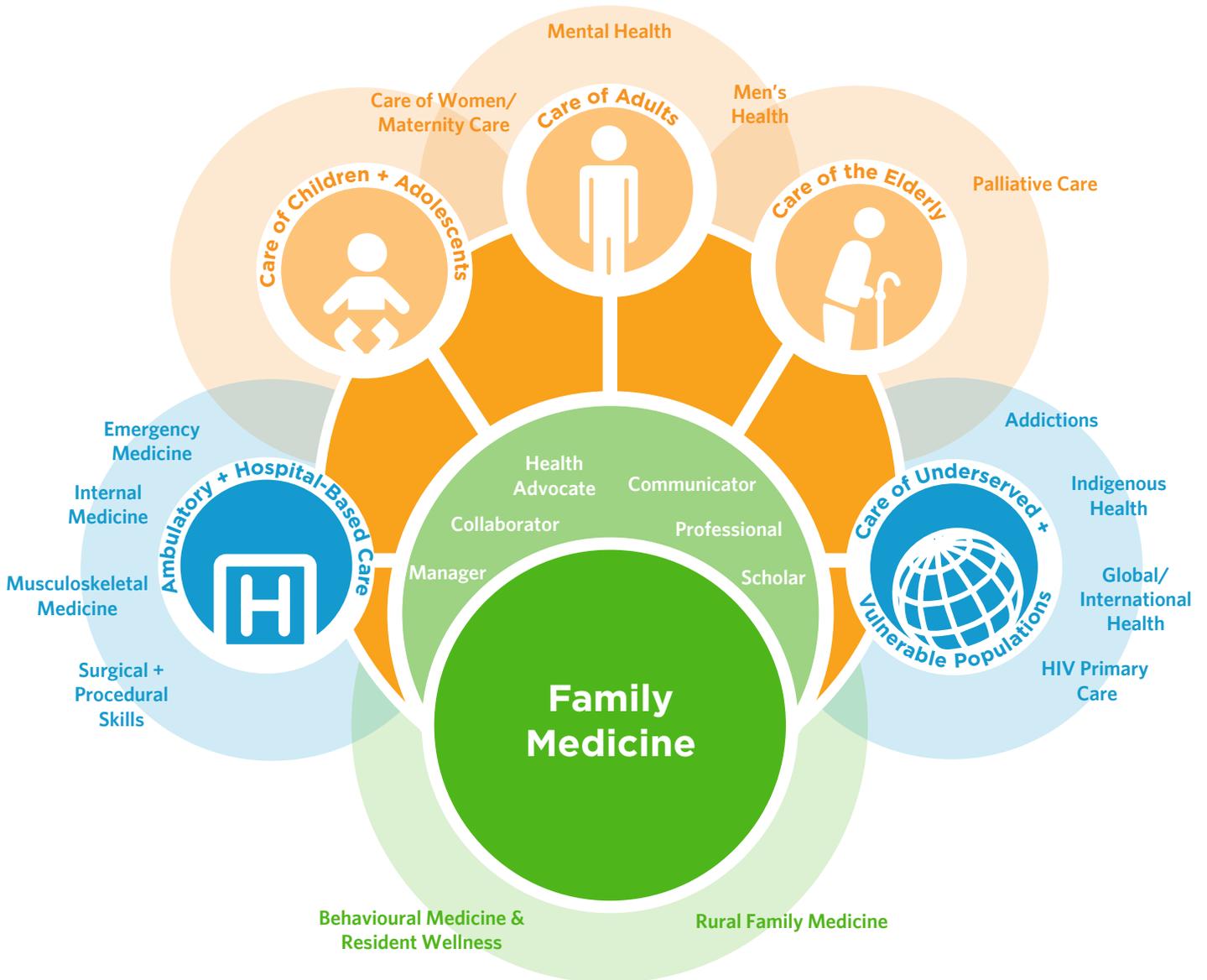
## *Learning Opportunities*

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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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **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
- **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
- **Differentiate** between normal range of experiences and pathological presentations
- **Use** a multi-faceted approach to treatment
- **Diagnose** and **treat** serious complications and adverse effects of medications
- **Demonstrate** strategies to aid in the management of 'clinical uncertainty' and 'clinical dissonance'
- **Distinguish** between serious illness and minor medical concerns and take appropriate action including telephone triage, referring and consulting
- **Perform** an appropriate assessment of patients using skilled interviewing and physical examination techniques in gathering clinical data
- **Demonstrate** the ability to manage patients with complex and multiple problems
- **Demonstrate** an ethical approach to the patient-doctor relationship, maintaining a respectful, non-judgmental focus
- **Demonstrate** awareness that illness and disability makes patients vulnerable
- **Discuss** the potential effects of power in the relationship of the physician with the patient, the patient's family, and community
- **Assist** the patient to express their own beliefs and values in solving ethical issues
- **Exhibit** ethical decision-making such as discussion of capacity of patients to make decisions
- **Demonstrate** an understanding of informed consent
- **Discuss** issues involved in relaying medical information to the extended family
- **Demonstrate** strategies for lifelong learning given that the knowledge of family medicine is vast and rapidly changing
- **Demonstrate** application of evidence-based medicine to daily clinical practice

- **Analyze** the communities or environments in which patients live and work with regards to their impact on patient health
- **Demonstrate** the application of basic occupational disability prevention and management principles and practices in clinical settings
- **Demonstrate** an understanding of the impact of occupation on the health of an individual and the impact of health on work
- **Differentiate** multiple roles a physician may play in the community and the potential for role conflict
- **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** community-based care resources and rehabilitation services available
- **Describe** the spectrum of institutional care options available

## CARE OF CHILDREN + ADOLESCENTS FAMILY MEDICINE EXPERT

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **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
- **Provide** advice to parents regarding age-appropriate 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
- **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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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- Using their knowledge of normal sexual development and function, fertility, menopause and aging processes, **manage** (including referral as appropriate) patients with disorders of sexual development and function  
*Priority Topics: [Infertility](#), [Menopause](#), [Osteoporosis](#), [Sex](#), [Vaginal bleeding](#), [Vaginitis](#)*
- **Describe** the wide range of development, attitudes, and experiences in sexual health  
*Priority Topics: [Sex](#)*
- **Discuss** breast health and use of self-examination, physician breast examination and imaging for breast disease diagnosis  
*Priority Topics: [Breast lump](#), [Cancer](#)*
- **Counsel** women about appropriate 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](#)*
- **Demonstrate** comfort with broaching discussions of gender, sex and sexuality, including lesbian, bisexual, heterosexual and transgender women and girls  
*Priority Topics: [Gender Specific Issues](#), [Sex](#)*
- **Demonstrate** an approach to women experiencing unwanted pregnancy
- **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](#), [Immigration](#)

- **Screen, diagnose, and treat** sexually transmitted infections, including managing or referring for contact tracing  
**Priority Topics:** [STI](#)
- **Demonstrate** how to counsel (and examine if required) a woman who has been sexually assaulted, including referral for forensic examination and counseling as appropriate (e.g. local sexual assault team, post-exposure prophylaxis and counselors).  
**Priority Topics:** [Rape/Sexual Assault](#), [STI](#)
- **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](#)
- **Recognize** differences between genders with respect to pharmacology, disease prevalence, presentation laboratory screening and epidemiology  
**Priority Topics:** [Gender Specific Issues](#)

## MATERNITY CARE FAMILY MEDICINE EXPERT

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **Describe** accepted guidelines for perinatal and obstetrical care (e.g SOGC)  
**Priority Topics:** [Pregnancy](#)
- **Provide** pre-conception counselling and optimize pre-conception health  
**Priority Topics:** [Pregnancy](#)
- **Educate** and **arrange** initial investigations regarding infertility and difficulties conceiving  
**Priority Topics:** [Infertility](#)
- **Provide** counselling around 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** women about options for pregnancy termination
- **Explain** fetal and maternal legal rights, and the medical and ethical issues surrounding termination of pregnancies.
- **Counsel** patients and appropriately manage pregnancy loss  
**Priority Topics:** [Counselling](#), [Grief](#)
- **Provide** appropriate prenatal care (using standardized provincial prenatal forms and guidelines) including education regarding pregnancy progression and symptoms/signs requiring prompt medical attention  
**Priority Topics:** [Pregnancy](#), [Diabetes](#), [Dysuria](#), [Sex](#), [UTI](#)
- **Counsel** patients regarding prenatal screening options and pathways  
**Priority Topics:** [Pregnancy](#)
- **Recognize** and **manage** common antepartum care issues (including identification and management of patients who become at risk during any point in pregnancy)

Priority Topics: [Vaginal Bleeding](#), [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](#)
- **Demonstrate** ability to interact appropriately with other members of the obstetrical team  
Priority Topics: [Pregnancy](#)
- **Discuss** delivery options for women who have had a previous Caesarean section.
- **Demonstrate** knowledge of the common indications and methods for induction of labor
- **Educate** women about the signs and symptoms of labour and discuss available pain control modalities
- **Assess** and manage normal labour and delivery  
Priority Topics: [Lacerations](#), [Pregnancy](#)
- **Assess** and **manage** abnormal labour and delivery (e.g preterm labour, fever in labour, abnormal fetal heart rate dystocia, malpresentation etc)  
Priority Topics: [Pregnancy](#)
- **Identify** and **manage** obstetrical emergencies  
Priority Topics: [Pregnancy](#)
- **Consult** obstetricians appropriately  
Priority Topics: [Pregnancy](#)
- **Recognize** indicators for complicated delivery and refer or manage with assistance.
- **Provide** comprehensive post-partum care in the hospital, community, and office  
Priority Topics: [Pregnancy](#)
- **Manage** common postpartum care issues including postpartum depression and breast feeding issues  
Priority Topics: [Depression](#)
- **Initiate** management of common neonatal problems including those conditions requiring urgent intervention or referral

## MENTAL HEALTH FAMILY MEDICINE EXPERT

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **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) 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 patients with 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
- **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
- **Perform** a history 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 sign
- **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  
Priority Topics: *Counselling*
- **Identify** mental health resources in the community and appropriately connect people to these resources
- **Screen** for and have an approach to caring for patients with concurrent substance use and mental health disorders

## CARE OF MEN FAMILY MEDICINE EXPERT

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- Using their knowledge of normal sexual development and function, fertility and aging processes, **manage** (including referral as appropriate) patients with disorders of sexual development and function, including erectile dysfunction and ejaculatory disorders  
Priority topics: *Infertility, Sex*
- **Discuss** the wide range of development, attitudes, and experiences in sexual health  
Priority topics: *Sex*
- **Evaluate** and **counsel** men around appropriate contraceptive choices  
Priority Topics: *Pregnancy*
- **Demonstrate** an approach to benign, infectious/inflammatory and malignant prostate disorders

Priority topics: *Cancer, Prostate*

- **Demonstrate** an approach to testicular and scrotal masses and pain, gynecomastia and chest wall masses  
Priority topics: *Cancer*
- **Discuss** evidence-based recommendations for the periodic health exam and resources in the community for men  
Priority topics: *Periodic Health Assessment*
- **Recognize** differences between genders with respect to pharmacology, disease prevalence, presentation, laboratory screening and epidemiology  
Priority topics: *Gender Specific Issues*
- **Demonstrate** comfort with broaching discussions of gender, sex and sexuality, including gay, bisexual, heterosexual and transgender men and boys  
Priority Topics: *Sex*
- **Demonstrate** awareness of ethical and cultural considerations and legislation involved in men's health (e.g. contraceptive and pregnancy counselling for minors, childhood sexual abuse, effects of poverty, low self-esteem and marginalization on the health of men)
- **Screen, diagnose and treat** sexually transmitted infections, including managing or referring for contact tracing and supportive counselling  
Priority Topics: *Dysuria, Sex*
- **Demonstrate** how to counsel (and examine if required) a man who has been sexually assaulted including referral for forensic examination and counselling as appropriate (e.g. local sexual assault team, post-exposure prophylaxis and counsellors).  
Priority Topics: *Rape/Sexual Assault, STI*
- **Screen, counsel, treat and/or refer** patients for past or present domestic violence and abuse (physical, sexual, emotional or financial)  
Priority Topics: *Domestic Violence, Rape/Sexual Assault*

## CARE OF THE ELDERLY FAMILY MEDICINE EXPERT

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **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 and standardized assessment tools
- **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, behavioural and psychological symptoms of dementia BPSD, caregiver stress, falls (e.g. gait and balance assessment tools))  
Priority Topics: *Dementia, Behavioural Problems*

prevention of falls

- **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 in the elderly  
**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](#)
- **Apply** 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 emphasizing a “goals of care” approach  
**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
- **Assess** and **manage** skin breakdown and wounds in the frail elderly.

## PALLIATIVE CARE FAMILY MEDICINE EXPERT

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **Complete** a palliative care assessment.
- **Create** and **execute** a management plan for pain through pharmacological and non-pharmacological modalities  
**Priority Topics:** [Palliative Care](#), [Cancer](#)
- Create and execute a management plan for other common symptoms (nausea, vomiting, constipation, delirium,

dyspnea) through pharmacological and non-pharmacological modalities

Priority Topics: [Palliative Care](#)

- Engage with a patient in advance care planning and conduct a goals of care conversation with a patient or his/her family.

Priority Topics: [Palliative Care](#)

- Manage the palliative care needs of a patient in the community setting

## EMERGENCY MEDICINE FAMILY MEDICINE EXPERT

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By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...

- **Manage** a patient with an urgent/emergent problem  
**Priority Topics:** [Abdominal Pain](#), [Allergy](#), [Anemia](#), [Antibiotics](#), [Anxiety](#), [Asthma](#), [Atrial Fibrillation](#), [Chest Pain](#), [COPD](#), [Cough](#), [DVT](#), [Dehydration](#), [Diabetes](#), [Diarrhea](#), [Difficult Patient](#), [Domestic Violence](#), [Dyspepsia](#), [Dysuria](#), [Earache](#), [Eating Disorder](#), [Elderly](#), [Epistaxis](#), [Fever](#), [GI Bleed](#), [Hepatitis](#), [In Children](#), [Infections](#), [Ischemic Heart Disease](#), [Joint Disorder](#), [Laceration](#), [Loss of Consciousness](#), [Low Back Pain](#), [Meningitis](#), [Multiple Medical Problems](#), [Pneumonia](#), [Pregnancy](#), [Prostrate](#), [Rape/Sexual Assault](#), [Schizophrenia](#), [Seizures](#), [Sexually Transmitted Infections](#), [Substance Abuse](#), [Trauma](#), [Travel Medicine](#), [UTI](#), [Vaginal Bleeding](#), [Violent/Aggressive Patient](#)
- **Manage** a patient presenting with a mental health concern  
**Priority Topics:** [Suicide](#), [Crisis](#), [Anxiety](#), [Depression](#), [Eating Disorders](#), [Schizophrenia](#), [Somatization](#), [Personality Disorder](#)
- **Demonstrate** knowledge of emergency resources for psychosocial issues  
**Priority Topics:** [Family Issues](#), [Domestic Violence](#), [Behavioural Problems](#), [Substance Use](#), [Grief](#)
- **Assess** and **manage** a patient with acute pain including appraisal and use various methods of analgesia, topical/local anesthesia and sedation  
**Priority Topics:** [Laceration](#)
- **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](#), [COPD](#), [Pneumonia](#), [URTI](#)
- **Identify, classify** and **treat** shock  
**Priority Topics:** [GI Bleed](#), [Abdominal Pain](#), [Allergy](#), [ACLS](#), [Anemia](#), [Atrial Fibrillation](#), [Chest Pain](#), [Dehydration](#), [Diarrhea](#), [Dizziness](#), [Laceration](#), [Loss of Consciousness](#), [Meningitis](#), [Poisoning](#), [Seizures](#), [Stroke](#), [Trauma](#), [Vaginal Bleeding](#)
- **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](#), [ACLS](#)
- **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](#), [Meningitis](#), [Trauma](#), [Poisoning](#)
- **Assess** need for and **manage** resuscitation in adults and children  
**Priority Topics:** [Trauma](#), [Newborn](#)

- **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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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **Assess** and **manage** acute and chronic medical illnesses in a variety of settings (hospital, outpatient or emergency room)
 

**Priority Topics: (including but not limited to...):** [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](#)
- **Recognize** the effect of acute and chronic illness on patients
- **Explain** the importance of lifestyle on disease management, appropriate to the patient's context
- **Utilize** age appropriate screening and periodic/preventive health examination
- **Describe** evidence based guidelines for appropriate investigations and treatments
- **Outline** indication for admission to and discharge from hospital
- **Utilize** appropriate consultants in patient care including appropriate community resources and support systems
- **Discuss** advanced directives and end of life issues

## MUSCULOSKELETAL MEDICINE FAMILY MEDICINE EXPERT

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **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](#), [Bow 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
- **Assess** and **manage** patients at risk for falls from a musculoskeletal perspective  
**Priority Topics:** [Elderly](#), [Trauma](#)
- **Recognize** musculoskeletal -related medication side effects e.g. extrapyramidal symptoms of antipsychotics as well as side effects of medications used to treat musculoskeletal conditions
- **Assess** and **manage** common neuromuscular disorders: including Parkinson's disease, essential tremors and epilepsy  
**Priority Topics:** [Parkinsonism](#), [Seizures](#)

## SURGICAL + PROCEDURAL SKILLS FAMILY MEDICINE EXPERT

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **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, DVT, 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](#), [Trauma](#)
- 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
- **Demonstrate** selectivity in deciding whether or not to perform a given procedure (including indications/contraindications, personal skills and readiness and context)
- **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 description of the procedure and possible outcomes and complications as part of obtaining informed consent
- **Prepare** for a procedure by preparation of physical environment (e.g. equipment, personal protection, aseptic technique) and by cognitive preparation (e.g. mentally rehearse anatomic landmarks, technical steps and potential complications and their management)
- During performance of a procedure, **keep** the patient informed and ensure patient comfort and safety always
- During performance of a procedure, continuously **re-evaluate** the situation, and stop and/or seek assistance as required
- **Develop** a plan with your patient for after care and follow-up after completion of a procedure

Please refer to the list of [core procedures](#)

## ADDICTION MEDICINE FAMILY MEDICINE EXPERT

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **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
- **Address** substance use as a regular topic with patients of all socioeconomic and cultural backgrounds
- **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
- **Identify** addiction as a chronic disease
- **Undertake** an appropriate addiction history and focused physical exam
- **Assess** a patient's motivation to change and suggest 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
- **Demonstrate** appropriate use of pharmacologic agents utilized in the management of substance use disorders
- **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
- **Demonstrate** awareness of the differing community perspectives towards addictions, the values they represent and the social, political and judicial 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

## Acknowledgments

- The UBC Aboriginal Family Practice residency site gratefully acknowledges the work done by the Indigenous Physicians Association of Canada and the RCPSC in developing the “First Nations, Inuit, Métis Health Core Competencies”. This document has served as the foundation for our enhanced skill in Indigenous health competencies. We have made revisions to the competencies to best fit our local context, mandate and experience.

## UBC Family Practice Indigenous Health Competencies Development

- The Aboriginal Residency Training Site Curriculum Committee oversaw the process. The IPAC-RCPSC competencies were reviewed by a group of UBC Aboriginal Family Practice residents to determine which would be classified as program-wide competencies vs. enhanced skill competencies. When opinion was divided, the competency was included as program wide. The proposed UBC Family Practice Indigenous Health Competencies were then circulated to a larger group for further feedback. This group included UBC Aboriginal Family Practice resident alumni, UBC Aboriginal health education scholars, site preceptors and Aboriginal community representatives at UBC Aboriginal Family Practice distributed sites (Cowichan territory, Vancouver Native Health Society, Sheway, Victoria Native Friendship Center), site directors and residents at UBC Aboriginal Family Practice partner sites (Victoria and St. Paul’s Hospital) and the UBC Family Practice Curriculum Committee. The additional feedback was incorporated into the document and the final UBC Family Practice Indigenous Health Competencies were set.
- The residents in the Aboriginal Family Practice residency site are expected to meet the program wide Indigenous health competencies as well as those identified as enhanced skill. The competencies are set as minimum requirement, and we encourage all residents to pursue the highest level of competencies possible.

## Terminology

- We use the term Indigenous to refer to “communities, peoples and nations...which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or part of them. They form, at present, non-dominant sectors of society and are determined to preserve, develop and transmit to future generations their ancestral territories, and their ethnic identity, as a basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions and legal system.”
- We have deliberately used the term Indigenous in our revised objectives to reflect the principle that residents developing competencies in Indigenous health will be learning within a specific local context depending on their training site (ie. Nanaimo site residents train on Snuneymux First Nation territory, Prince George site residents train on Lheidli T’enneh territory etc.). They will have reciprocal educational relationships with the local Indigenous peoples they are serving. In addition to being based on a specific Indigenous territory, the residents will be expected to care for other Indigenous peoples who currently reside on that territory (ie. Cree or Mohawk people that now live on the West Coast). The intention of the objectives is for the residents to develop a set of skills, attitudes and approaches to culturally safe care that will assist them to develop therapeutic relationships with Indigenous peoples in their future practice locales, regardless of the specific geography.
- **Cultural safety:** Cultural safety is the outcome of interactions where individuals experience their cultural identity and way of being as having been respected or, at least, not challenged or harmed. It is determined by the recipient of a service, or the participant in a program or project.

## Process for site specific curriculum and objective development

- The UBC Family Practice Indigenous Health competencies are overarching and not specific to any one locale or Indigenous group. Each site and each resident will need to build relationships with the primary Indigenous peoples in their area to determine which competencies will be developed and what types of experiences will be necessary to foster this development. This process is expected to be reciprocal. The Indigenous peoples of any given territory must have an opportunity to define what culturally safe care looks like for them. Indigenous community partners must also have an opportunity to direct curriculum objective setting as it relates to their health care and experiences with family practice residents.

## Indigenous Health Competency Levels

Program Wide

Enhanced Aboriginal

R3 Indigenous Health

### 1.0 Medical Expert

**The resident will demonstrate the knowledge, skills and behaviours necessary to providing compassionate, culturally safe, relationship-centred care for Indigenous patients, their families and communities. (see definition of cultural safety above)**

- 1.1 Demonstrate awareness of the connection between historical and current government practices towards Indigenous peoples (including, but not limited to: colonization, residential schools, treaties, bills, land claims, segregation and Indian hospitals), and the intergenerational health outcomes that have resulted.
- 1.2 Demonstrate an understanding of the impact and correlation of the various medical, social and spiritual determinants of health and well-being on Indigenous peoples.
- 1.3 Demonstrate an awareness of the context of patient referrals, especially as it relates to patients travelling unaccompanied from remote locations, and engage in effective patient-centered consultation with health care professionals in the patients' home community to establish and ensure appropriate support systems and follow-up for sustained culturally appropriate care.
- 1.4 Demonstrate an understanding of the cultural diversities of Indigenous peoples that result in a variety of perspectives, attitudes, beliefs and behaviours.
- 1.5 Demonstrate an understanding of the strengths and resilience of Indigenous peoples, families and communities.
- 1.6 Identify and describe the range of healing and wellness practices (traditional and non- traditional) present in local Indigenous communities.
- 1.7 Employ critical analysis skills in evaluating the delivery of health care services to Indigenous peoples, the historical basis for the system, and how various treaties, bills and land claims have influenced health care delivery.

### 2. Communicator

**The resident will demonstrate effective and culturally safe communication with Indigenous patients, their families and peers. (see definition of cultural safety above)**

- 2.1 Demonstrate cultural safety as it pertains to individual Indigenous patients.
- 2.2 Establish positive therapeutic relationship with Indigenous patients and their families. Effective and culturally safe communication encourages reciprocity, equality, trust, respect, honesty and empathy.

- 2.3 Deliver information to Indigenous patients and their families regarding tests, reports, protocols and diagnoses and treatment plans in a way that is understandable, respectful and encourages participation in decision-making.

### 3. Collaborator

- The resident will demonstrate the skills of effective collaboration with both Indigenous and non-Indigenous health care professionals in the provision of effective health care for Indigenous patients/populations.
- 3.1 Demonstrate how to appropriately enquire whether an Indigenous patient is taking traditional herbs or medicines to treat their ailment and how to integrate that knowledge into their care.
- 3.2 Describe a process to effectively assess, plan, provide and integrate care for different Indigenous patients/populations appropriate to the patients' home environment/locale (e.g. urban, reserve, Northern).
- 3.3 Understand the role of the various types of Indigenous healers and health care professionals/workers/healers working in Indigenous communities.
- 3.4 Demonstrate collaborative skills by working with Indigenous health care professionals, traditional/medicine peoples/healers and Indigenous community health centres.
- 3.5 Identify community-based research, initiatives and resources (i.e. suicide prevention centres, parenting resource centres, Chiefs and Councils) which are available for creating collaborative approaches to improving Indigenous health and well-being

### 4. Manager

**The resident will be able to demonstrate an approach to optimizing the health of Indigenous communities through an equitable allocation of health care resources, balancing effectiveness, efficiency and access, employing evidence-based and Indigenous best practices.**

- 4.1 Describe the complexity of providing health care in context to jurisdictional areas and local health service models.
- 4.2 Understand the discrimination which occurs in allocating medical resources or treatments which impact the inequalities in medical care at the population level.
- 4.3 Practice due diligence in applying a decolonizing approach to measurements of outcomes and interpretation of statistical data as it relates to overall improvements in population health for Indigenous populations.
- 4.4 Describe the concepts of community development, ownership, engagement, empowerment, capacity-building, reciprocity and respect in relation to health care delivery in and by Indigenous communities.
- 4.5 Identify and describe key Indigenous community contacts, resources and support structures in the provision of effective health care for Indigenous patients
- 4.6 Research successful approaches that have been implemented to improve the health of Indigenous peoples, either locally or nationally.

### 5. Health Advocate

**The resident will be able to identify the determinants of health of Indigenous populations relevant to the specialty and use this knowledge to promote the health of individual Indigenous patients and their communities.**

- 5.1 Demonstrate an understanding of the inequity of access to health care/health information for Indigenous peoples and factors such as discrimination, racism and assimilation that contribute to it.

- 5.2 Demonstrate an understanding of the impact of government policies on the healthcare of Indigenous communities
- 5.3 Identify and acknowledge racism towards Indigenous people as a risk factor for illness and health inequity.
- 5.4 Demonstrate ways of respectfully addressing direct, indirect and institutionalized racism towards Indigenous peoples.
- 5.3 Demonstrate ways of redressing inequity of access to health care/health information with Indigenous patients/populations. R3
- 5.4 Identify local Indigenous critical health issues and participate in the development of health promotion/disease prevention campaigns in partnership with Indigenous community resources. R3

## 6. Scholar

### **The resident will be able to contribute to the research, development, dissemination and critical assessment of new knowledge/practices related to the improvement of Indigenous health in Canada R3**

- 6.1 Demonstrate appropriate strategies of working with Indigenous populations to identify health issues and needs.
- 6.2 Demonstrate effective sharing and promotion of population health strategies and health information with Indigenous patients/populations.
- 6.3 Demonstrate ways of respectfully acquiring information (in a transparent manner) about Indigenous populations which involves communities as partners. This may include respectfully engaging in local community protocols required to seek knowledge/research.
- 6.4 Critically assess the strengths and limitations of available data used as key indicators of Canadian Aboriginal health and recognize the rights of Indigenous communities relating to self-determination of research agendas and processes.
- 6.5 Understand and explain Indigenous knowledge, scholarship, ethics and healing practices including an understanding of OCAP principles.
- 6.6 Recognize traditional indicators of health and wellness in Indigenous communities.

## 7. Professional

### **The resident will demonstrate a commitment to engaging in dialogue and relationship- building with Indigenous peoples to improve health through increased personal and professional development, awareness and insights of Indigenous peoples, cultures, and health practices.**

- 7.1 Identify, acknowledge and analyse one's own cultural values or considered emotional response to the many histories and contemporary environment of Indigenous peoples and offer opinions respectfully.
- 7.2 Acknowledge and analyse the limitations of one's own knowledge and perspectives, and incorporate new ways of seeing, valuing and understanding with regard to Indigenous health practice.
- 7.3 Understand the importance of reciprocity and exchange with Indigenous communities and engage in opportunities to give back to communities in return for contributing to resident's learning opportunity.
- 7.4 Demonstrate authentic, supportive and inclusive behaviour in all exchanges with Indigenous individuals and communities.

- 7.5 Outline and develop an environmental scan to determine all community and health resources available to Indigenous patients and/or communities.

## GLOBAL AND INTERNATIONAL HEALTH FAMILY MEDICINE EXPERT

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **Demonstrate** knowledge of where to access travel medicine and tropical medicine information and support
- **Conduct** pre-travel consultations, including providing safety and hygiene information, appropriate immunizations, and prophylaxis and awareness of local resources
- **Discuss** the resources available to meet the specific needs of new immigrants and refugees (including current national guidelines)
- **Describe** the pathophysiology, epidemiology, and treatment of diseases that have major global health implications (current or historical) both in Canada and internationally (e.g. TB, HIV, malaria, influenza, Ebola, West Nile, Zika, SARS), and explain how Canada is linked to other countries with respect to these diseases
- **Initially manage** tropical diseases that can be encountered in BC including initiating appropriate responses to diseases with public health implications (eg personal protective equipment, rapid notification of public health etc)
- **Describe** the public health system of British Columbia and its relation to international health problems
- **Describe** how social determinants of health, distribution of health resources and burden of illness contribute to global health inequities
- **Describe** how conflict/war negatively impacts the social determinants of health on an individual and community level
- **Identify** clinical interventions which have the most impact in resource-constrained environments e.g. immunizations, essential drugs, maternal/infant health programs, health education
- **Describe** how limited access to specialist support and diagnostic technologies changes clinical practice
- **Discuss** ethical implications, both positive and negative, of international health work

## HIV PRIMARY CARE FAMILY MEDICINE EXPERT

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **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
- **Offer** HIV testing to all patients as appropriate
- **Offer** vaccinations appropriate for an HIV positive person
- **Discuss** antiretroviral therapy and ongoing monitoring
- **Demonstrate** awareness of 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 FAMILY MEDICINE EXPERT

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **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
- **Demonstrate** competence in advanced lifesaving skills
- **Demonstrate** how to transport a patient in a timely and effective manner despite significant barriers
- **Identify** ways in which successful rural physicians maintain their knowledge, skills, competence, confidence and resilience
- **Display** understanding of the role of a rural physician within a community-based hospital and integrated medical community
- **Manage** acute and chronic medical illnesses in various rural settings (community, outpatient clinic, emergency room, and hospital)
- **Demonstrate** core procedural skills with increasing confidence
- **Justify** the indications for admission of patients to hospital for investigation and/or treatment in a rural setting
- **Consider** the effects of hospitalization on the patient and family taking into account the distance, cost and logistics associated with transfer to a higher level of care
- **Utilize** specialists' guidance appropriately from a remote setting either hospital or clinic, using telehealth, video-conferencing and teleconferencing
- **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

## BEHAVIOURAL MEDICINE & RESIDENT WELLNESS

### FAMILY MEDICINE EXPERT

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering*

*the patient's cultural and gender contexts, will be able to...*

- **Demonstrate** proficient assessment and management of patients using the patient-centred method
- **Demonstrate** proficient active listening, verbal and non-verbal skills, expression of empathy, unconditional positive regard and genuineness
- **Demonstrate** proficiency in establishing a strong doctor-patient relationship and therapeutic alliance
- **Recognise** how past personal and professional experiences (including Family of Origin) impact the Doctor-Patient relationship
- **Evaluate** the impact of his or her own personal feelings on the therapeutic alliance (self-FIFE)
- **Recognize** signs and symptoms of burnout in one's self and colleagues
- **List** resources to promote and support physician health
- **Use** reflective practice as a means of promoting personal and patient care
- **Recognize** the importance of wellness and resiliency in personal and patient care
- **Demonstrate** awareness that the physician is perceived in community as a role model for healthy lifestyle/living
- **Demonstrate** appropriate personal and professional boundaries in the doctor-patient relationship
- **Outline** a patient's problems with a realistic and longitudinal view, while balancing the priorities of the patient and physician
- **Devise** a management plan that the patient agrees to and can fulfil and provide appropriate follow up for mental health and lifestyle change problems
- **Demonstrate** the confidence and skills to manage difficult (emotionally intense) interactions
- **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
- **Differentiate** between normal range of experiences and common mental health disorders (normal vs. atypical grief, mood symptoms vs. mood disorders, age-related cognitive decline and dementia etc.) and manage appropriately
- **Discuss** the effects of abuse, neglect, and psychological/emotional/physical trauma on future health
- **Recognize** the role of advocacy in patient and physician health

## TRANSITION TO PRACTICE

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **Perform** the basics of fee-for-service billing for full service family practice (including office and out-office billing), and demonstrate familiarity with fee incentives and alternative payment models
- **Identify** local, regional and national Family Medicine professional organizations that support our work as family physicians (eg. CPSBC, Doctors of BC, CFPC/BCCFP, GPSC, PSP, Divisions of Family Practice)

- **Explain** the concept of incorporating your practice, its pros and cons, and the resources required (Accountant, Lawyer)
- **Demonstrate** an understanding of corporate and personal taxation as it applies to professional income and your filing requirements upon graduation from Residency
- **Discuss** what you should consider before joining a practice and common pitfalls
- **Identify** resources and contacts available to physicians for starting or joining a practice
- **Demonstrate** knowledge and skills in the use of Electronic Medical Records and understand how they can support practice improvement
- **Identify** the basics of a medicolegal report and other legally binding forms (eg Disability, WorkSafeBC)
- **Describe** an approach to negotiating a Locum Contract
- **Outline** the obligations, benefits and risks of locum work
- **Outline** the College complaints process and the implications of formal complaints
- **Describe** a basic approach to dealing with College complaints, including available resources and supports
- **Demonstrate** complete charting for patient-care and medicolegal protection (i.e. legibility, pertinent positive and negatives, and clear follow-up instruction)
- **Describe** strategies for practice management and human resource management in the office
- **Describe** a strategic approach to scheduling that improves efficiency and provides patients access to timely care.
- **Discuss** ways to promote teamwork amongst your clinic staff to support your work flow, improve efficiency, and encourage collegiality.
- **Describe** the benefits of disability insurance, professional liability insurance, and malpractice insurance.
- **Demonstrate** awareness of medicolegal process (i.e. know to call CMPA)

## COLLABORATOR

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **Apply** strategies to integrate and engage health care profession colleagues in respectful shared decision-making.
- **Negotiate** role overlap and responsibilities in longitudinal patient centred care (including explanation of own role and responsibilities, active inquiry about others roles and responsibilities, confirmation of understanding)
- **Demonstrate** proficiency in active team-based care including determining when care should be transferred to another physician or health care provider, safe handover of care and structured approaches to both transitions in care and ongoing shared care
- **Manage** transitions and transfers of care through clear communication (verbal and written) with all health care providers
- **Demonstrate** strategies of collaborative leadership
- **Demonstrate** constructive conflict resolution with patients and other medical professionals
- **Exhibit** the ability to work collaboratively and effectively within a collegial, multidisciplinary framework of health

care delivery, including working with colleagues and institutions from/in other cultures

- **Use** referrals, support networks and community resources as part of a patient-centred management plan
- **Communicate** and **implement** the key components of an appropriate transfer or discharge plan using interdisciplinary team resources (e.g. accurate documentation and confirmation of accountability)
- **Demonstrate** respect for patient's choice through support of a patient's desire to include other health care professionals in the care team
- **Demonstrate** accountability to team
- **Describe** the role of other health professionals in the management of acute and chronic illness
- **Coordinate** community-based, shared-care management of illnesses
- **Participate** effectively in interdisciplinary team meetings
- **Integrate** an evidence-based practice model into the collaborative / interdisciplinary 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
- **Incorporate** families and other caregivers in the care of patients, while abiding by the ethical standards of patient autonomy and consent

## COMMUNICATOR

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **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
- **Demonstrate** sensitivity to patients who are a different age, gender or cultural group from oneself
- Actively **elicit** and **synthesize** information from and perspectives of patients and families, colleagues and other professionals
- Effectively **communicate** medical evidence to patients in a manner that respects their autonomy and empowers them to make informed decisions
- **Provide** 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
- **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
- 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)
- **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, instant messaging 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 especially when working with marginalized communities
- Take the time to **explore** patients preconceived ideas regarding medical care and provide accurate explanations regarding care
- **Show** concern for the effects of patients’ past experiences, coping mechanisms or lay knowledge on a patient’s expectations of outcomes
- **Respect** 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
- **Recognize** the importance of continuity in patient care and building rapport and earning trust
- **Use** interpersonal skills to effectively manage difficult situations such as conflict, uncertainty, frustration, fear, and grief between the physician, patient, and the healthcare team
- **Include** psychosocial support of patients, families and friends as part of the treatment plan
- **Develop** a common understanding on issues, problems, and plans with patients and families, colleagues, and other professionals to develop, provide and follow-up on shared plan of care

## HEALTH ADVOCATE

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient’s cultural and gender contexts, will be able to...*

- **Advocate** with (or on behalf of when appropriate) individual patients with respect to physical, psychological and social health issues
- **Facilitate** access to services for all patients, being mindful of the patient with social, economic and/or health barriers
- **Assess** barriers to rehabilitation and recovery
- **Identify** and **encourage** patients' strengths
- **Incorporate** relevant health promotion and disease prevention strategies into the clinical encounter including lifestyle assessment, screening and education
- **Support** public education which promotes health and prevention of illness and injury
- **Evaluate** the health needs of a community and identify at-risk communities
- **Demonstrate** awareness of local culture as it pertains to certain medical conditions (e.g. HIV and international work)
- **Develop** meaningful and trusting relationships to become an advocate for community issues
- **Outline** population-based approaches to health care services and their implication for medical practice including impact on individual patients and prioritization to access (e.g mammography, HIV treatment as prevention).
- **Address** determinants of health as it pertains to the health status of and individual or community
- **Outline** services and resources available to meet the needs of patients in the hospital and community and utilize them appropriately
- **Identify** barriers to improved health, and accessing resources in the community, and work to ameliorate these barriers.
- **Apply** knowledge of the health system and community resources to advocate for change (e.g practice-, hospital-, community- or policy-level) to best care for the people they serve

## MANAGER

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **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, alternative health providers, and educators in the promotion of public and preventative health
- **Identify** and **manage** potential hazards of 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** family practice role in community disasters and mass-casualty incidents
- **Evaluate** and **improve** one's clinical knowledge and practices, by developing expertise in practice-based clinical practice audit
- **Describe** the opportunity for family physician involvement in the business and fiscal management in health care setting
- **Work** collaboratively with MOA, clinic manager and others in a clinic setting in a way that optimizes clinic effectiveness
- **Describe** the process of patient transfer network communication and patient transfer logistics

## PROFESSIONAL

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*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

- **Exhibit** day to day behaviour that is responsible, reliable and trustworthy<sup>1</sup>
- **Recognize** limits of clinical competence and seek help appropriately<sup>1</sup>
- **Operate** with a flexible, open-minded approach that is resourceful and deals with uncertainty<sup>1</sup>
- **Demonstrate** confidence without arrogance, and does so even when needing to obtain further information or assistance<sup>1</sup>
- **Act** in a caring and compassionate manner<sup>1</sup>
- **Show** respect for patients in all ways, maintain appropriate boundaries and demonstrate committed to patient wellbeing<sup>1</sup>
- **Demonstrate** effective time management, appropriate availability and willingness to assess performance<sup>1</sup>
- **Demonstrate** respect for colleagues and team members<sup>1</sup>
- **Display** commitment to societal and community well being<sup>1</sup>
- **Show** a commitment to personal health and seek balance between personal life and professional responsibilities<sup>1</sup>
- **Demonstrate** a mindful approach to practice by maintaining composure/equanimity, even in difficult situations and by engaging in thoughtful dialogue about values and motives<sup>1</sup>
- **Act** in an ethical and honest manner<sup>1</sup>
- **Collaborate** and **facilitate** ethical decision making with patients, families and other health care workers/spiritual caregivers when ethical dilemmas arise
- **Recognize** cultural and gender differences in values and demonstrate awareness of how past personal and professional experiences may affect decision making
- **Consider** the role of power in interactions with the patient, the patient's family, and community
- **Describe** the UBC Policy on Personal Beliefs, Education, and Patient Care

- **Outline** the Canadian Medical Association's Code of Ethics
- **Explain** the role of professional ethicists and ethics committees and suggest when and how to call on them for assistance
- **Interpret** the core principles of medical ethics (autonomy, beneficence, non-maleficence, justice) as they apply to clinical encounters
- **Apply appropriate medical, ethical, and medico-legal frameworks to decision making**
- **Explain** the regulations around terminating physician-patient relationship
- **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)
- **Discuss** the effect of legal considerations in the application of ethics

<sup>1</sup>See [CFPC Themes of Professionalism](#)

**SCHOLAR**

*By the end of postgraduate training, using a patient-centred approach and appropriate selectivity, a resident, considering the patient's cultural and gender contexts, will be able to...*

**Lifelong learning and continuing professional development:** *Maintain and enhance professional activities through ongoing self-directed learning based on reflective practice*

- **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
- **Formulate** a learning question
- **Identify** sources of knowledge appropriate to the question
- **Access** and **interpret** the relevant evidence
- **Integrate** new learning into practice
- **Evaluate** the impact of any change in practice
- **Document** the learning process

**Evidence-based medicine:** *Critically evaluate medical information, its sources, and its relevance to their practice, and apply this information to practice decisions*

- **Describe** the principles of critical appraisal
- **Critically appraise** retrieved evidence in order to address a clinical question

- **Integrate** critical appraisal conclusions into clinical care

**Resident as Educator:** *Facilitate the education of patients, families, trainees, other health professional colleagues, and the public, as appropriate*

- **Describe** principles of learning relevant to medical education and practical strategies to apply these in medical education settings
- **Co-develop** an educational plan with a learner, including strategies to assess identified learning goals
- **Apply** learner-centered clinical teaching techniques, such as using questioning, the One Minute Preceptor, or SNAPPS Identify strategies for enhancing the quantity and quality of direct observation of learner performance
- **Provide** effective feedback to a learner
- **Design** and **deliver** an interactive group learning session
- **Identify** patient-centered strategies to facilitate patient learning
- **Assess** and **reflect** on a teaching encounter

**Scholarship:** *Contribute to the creation, dissemination, application, and translation of new knowledge and practices*

- **Describe** the principles of research and scholarly inquiry
- **Judge** the relevance, validity, and applicability of research findings to their own practice and individual patients
- **Describe** the principles of research ethics
- **Pose** a scholarly question
- **Conduct** a search for evidence
- **Select** and **apply** appropriate methods to address the question
- Appropriately **disseminate** the findings of a study