### Patient-Centered Method

- **Actively explores the illness experience** by inquiring about patient’s feelings, ideas, impact on function, and expectations (FIFE)

- **Attempts to acquire a whole person perspective by asking about context** (who is in patient’s life – partner, children, family; social supports; work/finances/education) (Context)

- **Integrates the patient’s context with his or her illness experience** in a clear and empathetic way while moving toward a management plan (Context Integration)

- **Works with the patient in coming to a shared understanding of the problem** and each person’s role in addressing it by:
  - Encouraging discussion
  - Providing opportunities to ask questions
  - Inviting feedback
  - Seeking clarification and consensus
  - Addressing disagreements (Finding Common Ground)

- **Incorporates relevant health promotion and prevention** around the management of a problem.

- **Approaches the patient’s problems with a realistic and longitudinal view**, which respects and appropriately balances the priorities of the patient and physician and considers the resources of individuals and the community.

### Clinical Reasoning Skills

- **Gathers and discriminates appropriate data** from relevant sources (ie. patient history and physical, patient chart, investigation results and the literature)

- **Integrates and interprets data**, including matching current situation to past situations with this patient or others, to make logical inferences and formulate an initial set of hypotheses about the patient’s current condition

- **Uses hypothetico-deductive reasoning to prioritize a differential diagnosis and identify a definitive diagnosis** of a patient’s problem (Diagnostic Reasoning)

- **Considers** the diagnosis, the therapeutic evidence as well as the individual patient context and values, and **recommends a course of action**, including the risks and benefits, to address the diagnosis (Therapeutic Reasoning)

- **Evaluates the effectiveness** of the selected treatment and **revises diagnosis and treatment plan**, as needed
### Professionalism

- Day-to-day behaviour reassures one that the physician is **responsible, reliable, and trustworthy**.

- Day-to-day behaviour and discussion reassures one that the physician is **ethical and honest**.

- **Knows his or her limits** of clinical competence and seeks help appropriately.

- Demonstrates a **flexible, open-minded approach** that is resourceful and **deals with uncertainty**.

- **Evolves confidence without arrogance**, and does so even when needing to obtain further information or assistance.

- Demonstrates a **caring and compassionate** manner.

- Demonstrates **respect for patients** in all ways, maintains appropriate boundaries, and is **committed to patient well-being**. This includes time management, availability, and a willingness to assess performance.

- Demonstrates **respect for colleagues and team members**.

- **Practices** evidence-based medicine skillfully. This implies not only critical appraisal and information-management capabilities, but incorporates appropriate learning from colleagues and patients.

- Displays a **commitment to societal and community well-being**.

- Displays a **commitment to personal health and** seeks **balance** between personal life and professional responsibilities.

- Demonstrates a **mindful approach to practice** by maintaining composure/equanimity, even in difficult situations, and by engaging in thoughtful dialogue about values and motives.

### Selectivity

- **Sets priorities** and focuses on the most important items

- **Knows when to say something** and **when not to**

- **Gathers the most useful information** without losing time on less contributory data

- **Distinguishes the emergent from the elective** and intervenes in a timely fashion

- **Acts when necessary**, even though information may be incomplete

- **Determines the likelihoods, pertinence, and priorities** in his or her differential diagnoses

- **Selects and modifies a treatment** to fit the particular needs of a patient and a situation

- **Distinguishes the sick from the not sick**

- **Does something extra** when it will likely be helpful

- **Uses both general and active listening skills** to facilitate effective communication with a patient or colleague.
### Communication Skills

- Demonstrates **adequate verbal skills to be understood by a patient or colleague**, converses at an appropriate level for the patient or colleague’s age and educational level, and employs the appropriate tone to ensure good communication and comfort.

- Demonstrates **adequate skills to communicate clearly** with a patient or colleague in a **written fashion** (e.g., in a letter to a patient, educational materials for the patient, test requisition for colleague, follow-up orders).

- **Conscious of the impact of body language** on communication with the patient or colleague and **adjusts it appropriately** when it inhibits communication.

- **Aware of and responsive to a patient or colleague’s body language**, particularly feelings not well expressed in a verbal manner (e.g., dissatisfaction, anger, guilt).

- **Adapts communication to the individual patient or colleague** for reasons such as culture, age, and disability (e.g., a young child or teenage patient, a colleague from a different cultural background, or someone with speech deficits, hearing deficits, or language difficulties).

- Demonstrates the **ability to hear, understand, and discuss an opinion, idea, or value that may be different from their own** while maintaining respect for the patient’s or colleague’s right to decide for himself or herself.

- Demonstrates **effective charting skills**.

### Procedural Skills

- **Decides whether or not to do a procedure** after considering:
  - A. *The indications and contraindications to the procedure*
  - B. *Their own skills and readiness to do the procedure (e.g., level of fatigue and any personal distractions)*
  - C. *The context of the procedure, including the patient involved, the complexity of the task, the time needed, the need for assistance, and location*

- Before deciding to go ahead with a procedure:
  - A. **Discusses** the procedure with the patient, including a description of the procedure and possible outcomes, both positive and negative, as part of obtaining their consent.
  - B. **Prepares** for the procedure by ensuring the appropriate equipment is ready.
  - C. **Mentally rehearses** the following:
    - The anatomic landmarks necessary for procedure performance.
    - The technical steps necessary in sequential fashion, including any preliminary examination.
    - The potential complications and their management.

- During performance of the procedure, **keeps the patient informed** to reduce anxiety and always **ensures patient comfort and safety**.

- If a procedure is not going as expected, **re-evaluates the situation** and stops or seeks assistance as required.

- After completion of a procedure, **develops a plan with the patient** for after care and follow.