a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

UBC FACULTY OF MEDICINE

MD UNDERGRADUATE PROGRAM

EXIT COMPETENCIES

Date: **6 June 2013**

Version: **Version 5.0**

Revision History

DATE	VERSION	DESCRIPTION	AUTHOR(S)
11 July 2011	1.0	Exit Competencies Report	R.Wong & the Exit Competencies Working Group
26 November 2012	2.0	Language Edits	K. Joughin, J. Ford
10 December 2012	2.1	Language Edits	K. Joughin on behalf of the *CC/EC Working Group
7 January 2013	2.2	Language Edits	K. Joughin on behalf of the *CC/EC Working Group
18 February 2013	3.0	Language Edits	J. Ford
12 March 2013	4.0	Language Edits	D. DeWitt, J. Ford, R. Wong
6 June 2013	5.0	Medical Expert addition: M.E. competency #5	J. Ford, CA Lucky, D Dewitt, S Jarvis-Selinger, R. Wong

***Curriculum Committee / Exit Competencies**

UBC Faculty of Medicine
MD Undergraduate Education
Exit Competencies

DEFINITIONS

Competency

An *observable ability* of a physician to perform (in a particular manner) a task considered to be part of a physician's work. A competency usually integrates multiple components such as objectives or subordinate competencies.

e.g. Generate a plan ..Justify the decision..Listenrespectfully..Use x when y ..Explain to (patient, etc)

Objective

A *statement of knowledge, skills, and/or attitudes* to be acquired by a learner after an instructional activity or educational experience. Objectives are not stand-alone educational goals for the UBC medical graduate. Rather, each objective must enable one or more specific competencies.

e.g. Describe the governance ... Outline uses of ...

Milestones

Students progress through developmental stages as they attain the competencies required of medical graduates. Milestones are *markers of this step-wise progression*. The final milestones in the UBC MD Undergraduate program are the Exit Competencies.

*e.g. Gathers information following a template regardless of the patient's chief complaint, with each piece of information gathered seeming as important as the next.**vs.** Information is gathered while it is simultaneously filtered, prioritized, and synthesized into specific diagnostic considerations.*

UBC Exit Competencies

The competencies that every UBC medical student *must be able to demonstrate to be granted an MD degree*. These are competencies which have been identified as necessary to equip graduates for postgraduate medical/surgical training.

MEDICAL EXPERT ROLE

As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centeredcare. Medical Expert is the central physician Role in the CanMEDS framework.

These Medical Expert competencies are all written in the context of the UBC medical graduate providing care to an individual patient. It is understood that there are times when "care" is provided to more than one person, up to and including a community of people, and these situations are implied in the competencies which follow.

The competencies include several references to the patient's "family". It is understood that patients will sometimes deliberately exclude family members from their care, or wish non-family members to be included in their care (e.g. friends, neighbours, etc). Non-family supporters of patients are implied in the term "family".

Finally, the competencies are written at the level of the new medical graduate, i.e. the first-year resident at the beginning of postgraduate training. Much if not most of the clinical work of the new graduate will occur under direct supervision, and the rest is indirectly supervised. It is understood that the new medical graduate is not expected to be able to practice entirely independently, nor is the new medical graduate expected to be able to provide complex care without the assistance and oversight of more senior practitioners. This limited postgraduate scope of practice is implied in the competencies which follow: i.e. the new graduate is must be able to perform each competency at the level generally expected of beginning first-year postgraduate trainees.

Key Competencies:

The UBC MD graduate is able to:

1. Collect a complete or focused medical history and perform a complete or focused physical examination, as appropriate;
2. Use a patient's clinical findings to generate a differential diagnosis, problem list (other issues for which assistance could be sought or provided), an appropriate investigation plan and management plan
3. Implement the clinical investigation and management plan with a degree of independence consistent with the new graduate's trainee status.
4. Explain effective health promotion strategies and their underlying biological bases to patients, families, community members, and/ or colleagues;
5. Use clinically relevant knowledge from the foundational medical sciences and the social sciences, including recent scientific advances, to make appropriate scientifically grounded and evidence-based clinical decisions for patient diagnosis and management.

Enabling Competencies:

The UBC MD graduate is able to:

1. Collect a complete or focused medical history and perform a complete or focused physical examination, as appropriate;

    1.1. Collect a coherent and appropriately complete history based on a patient's chief complaint and/or initial presentation.

    1.2. Perform a skillful and appropriately complete physical examination, based on a patient's chief complaint and/or initial presentation, as well as the information from the history.

    1.3. Clearly document, and verbally present to supervisors, the key findings from history and physical exam.

    1.4. Order and correctly interpret the results of **commonly used diagnostic investigations**. Justify investigation requests based on clinical evidence and cost-effectiveness.

2. Generate a differential diagnosis, problem list, an appropriate investigation plan, and management plan using the patient's clinical findings:

    2.1. Create, by integrating the historical, physical, and investigative findings, a meaningful **differential diagnosis** and **problem list**, indicating priorities. Justify diagnostic decisions by explaining reasoning and providing supporting evidence.

    2.2. Create (in collaboration with a patient, his/her family, and health care providers) a management plan based on the differential diagnosis, problem list and prioritisation, including considerations of:

        2.2.1. Risks and benefits of management options

        2.2.2. Relief of pain and suffering

        2.2.3. Safe, rational, and optimally beneficial drug therapy

        2.2.4. The patient's use of "complementary, alternative and traditional medicines".

    2.3. Explain to patients and families the following features of common acute and chronic conditions (especially those prevalent in B.C.): natural history; risk factors (biological, environmental, psychosocial); genetic predisposition; underlying pathology and/or pathophysiology as compared to normal processes, and therapeutic options along with rationale, prognosis and other possible implications for the patient.

    2.4. Identify patients with imminently or immediately life-threatening conditions and call for urgent assistance from supervisors and other healthcare team members;

3. Implement the clinical investigation and management plan, including the performance of particular procedures, <u>with guidance from a supervising resident or attending physician</u>:

    3.1. Initiate resuscitation as needed for patients with imminently or immediately life-threatening conditions, while calling for urgent assistance from supervisors and other health care team members.

    3.2. Write clear orders and prescriptions, and request consultations, with appropriate direction from clinical supervisors.

3.3. Perform, with consent, the diagnostic and therapeutic procedures that have been identified as core procedures by the UBC MD Undergraduate Program (graduates must be able to perform, either with or without supervision as specified).

3.4. Confirm the need for, and obtain guidance in implementing, any management plan that could harm a patient.

3.5. Ensure that adequate medical follow-up is arranged with continuity of care for a patient.

4. Explain effective health promotion strategies and their underlying biological bases to patients, families, community members, and/ or colleagues.

4.1. Include in reports (and other communications about a patient) biological, psychological and social factors affecting the patient's health.

4.2. Advise appropriate, timely, and evidence-based preventive interventions including: those required urgently to prevent an imminent health catastrophe; immunization procedures; referal to certified health and fitness professionals; and screening procedures.

4.3. See also the Communicator role for enabling competencies.

5. Use clinically relevant knowledge from the foundational medical sciences and the social sciences, including recent scientific advances, to make appropriate scientifically grounded and evidence-based clinical decisions for patient diagnosis and management.

5.1. Develop a patient's differential diagnosis using relevant information about the biological basis for health and disease, including important concepts such as genetic and other epidemiological contributions to disease risk, anatomical and histological localization of the disease, and the pathological mechanisms of disease.

5.2. Manage a patient's illness in keeping with the relevant foundational science knowledge, including pharmacologic considerations, the potential for nonpharmacologic intervention, and the psychosocial effects of disease on the patient and the patient's family.

5.3. Explain to patients and their families, as well as teach peer and junior medical learners, the relevant scientific basis for clinical diagnosis and management.

References:

- The Association of Faculties of Medicine of Canada. (2010). *The Future of Medical Education in Canada (FMEC): A Collective Vision for MD Education.* Ottawa, ON.
- The College of Family Physicians of Canada's Undergraduate Education Committee. (2009). *CanMEDS-FMU competency framework for UGME from Family Medicine perspective.*
- The Medical Council of Canada. (2005).*Considerations of the Communication, Cultural, Legal, Ethical and Organizational Aspects of the Practice of Medicine (C^2LEO).* Ottawa, ON.
- The Royal College of Physician and Surgeons of Canada. (2005). *The CanMEDS physician competency framework. Better standards. Better physicians. Better care.* Ottawa, ON.

- UBC Faculty of Medicine. (2009). *UBC MD UndergraduateProgram:Mission, goals&objectives.* Vancouver, BC
- UBC Faculty of Medicine. (2011). *Social Responsibility and Accountability Framework for UBC's Undergraduate Medical Curriculum Renewal*. Unpublished manuscript.

COLLABORATOR ROLE

As *Collaborators*, physicians effectively work within a healthcare team to achieve optimal patient care.

Key Competencies:

The UBC MD graduate is able to:

1. Diagnose and manage a patient's illness or other health-related needs in the context of a health care team, by respecting his/her own professional boundaries as well as the expertise of physician colleagues (generalist and specialist) and non-physician health care professionals. **(Role Clarification)**;
2. Work *effectively* as part of a health care team. **(Team Functioning, Collaborative Leadership)**;
3. Seek the input of all team members, including the patient, family, other health care professionals, and, where appropriate, members of the community, in designing and implementing health care delivery **(Patient/Family-Centred Care)**;
4. Communicate with physicians and other health care professionals in a collaborative, responsive and responsible manner **(Interprofessional Communication)**;
5. Prevent, negotiate and resolve conflict by working respectfully and diplomatically with the patient, family, and other health care professionals **(Conflict Resolution)**.

Enabling Competencies:

The UBC MD graduate is able to:

1. Diagnose and manage a patient's illness in the context of a health care team, by respecting his/her own professional boundaries as well as the expertise of physician colleagues (generalist and specialist) and non-physician health care professionals. **(Role Clarification)**:
   - 1.1. Demonstrate respect for the diversity of each member of the health care team and their roles, responsibilities, and competencies;
   - 1.2. Perform clinical activities in a culturally respectful way;
   - 1.3. Participate in shared decision-making with team members, recognizing their roles and responsibilities;
   - 1.4. Consult with generalist and specialist physicians and other health professionals in an appropriate and timely manner.

2 Establish and/or maintain an effective healthcare team by collaborating with learners, practitioners, patients, and other health care professionals**. (Team Functioning, Collaborative Leadership)**:

   - 2.1 Behave respectfully and ethically with members of the healthcare team, e.g. pertaining to confidentiality, resource allocation, and professionalism;
   - 2.2 Effectively participate in team meetings and team education;

2.3 Co-create a climate for shared leadership and collaborative practice;

3. Seek the input of all team members, including the patient, family, other health care professionals, and, where appropriate, members of the community, in designing and implementing health care delivery **(Patient/Family-Centred Care)**;

    3.1. Actively pursue the perspectives and values of the patient, family, other health care professionals, and (where appropriate) community representatives as partners in health care planning, implementation, and evaluation;

    3.2. Provide feedback to patients, families, and others involved with their care;

    3.3. Listen respectfully to the expressed needs of patients, families, and other health care professionals or community representatives in shaping and delivering health care;

4. Communicate with physicians and other health care professionals in a collaborative, responsive and responsible manner **(Interprofessional Communication)**:

    4.1. Communicate clearly and respectfully with colleagues and other team members including patients, families, and other health care professionals;

    4.2. Build trusting relationships with patients, families, other health care professionals, and other team members;

    4.3. Effectively communicate pertinent patient information across teams and, where necessary, across organizations, using a vocabulary which will be understood by all participants;

    4.4. Assist team members in setting shared goals, including shared plans of care; shared decision-making; and shared responsibilities for care across team members.

5. Prevent, negotiate and resolve conflict by working respectfully and diplomatically with the patient, family, and other health care professionals **(Conflict Resolution):**

    5.1. Recognize and acknowledge conflict in the health care team, including the existence of the potentially positive nature of conflict;

    5.2. Identify and address common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals;

    5.3. Deal with conflict in a positive, respectful manner, keeping the patient's interests at the centre of discussions when patient care is involved;

    5.4. Contribute to the establishment of a safe environment in which to express diverse opinions;

    5.5. Contribute to the development of consensus among those with differing views, facilitating all members to express their viewpoints and be heard;

    5.6. Demonstrate respect for differences, misunderstandings and limitations that may contribute to tensions, including interprofessional tensions.

References:

- The Association of Faculties of Medicine of Canada. (2010). *The Future of Medical Education in Canada (FMEC): A Collective Vision for MD Education.* Ottawa, ON.

- Canadian Interprofessional Health Collaborative (CIHC). (2010). *A National Interprofessional Competency Framework*. Vancouver, BC.
- Canadian Patient Safety Institute. (2009). *Enhancing Patient Safety Across the Health Professions. Ottawa, ON.*
- The College of Family Physicians of Canada and Royal College of Physicians and Surgeons of Canada. (2008). *Core competencies in intra-professionalism.* Ottawa, ON.
- Cottingham, Ann H. MAR1, Suchman, Anthony L. MD, MA2, Litzelman, Debra K. MA,3 MD1, Frankel, Richard M. PhD1,4,5, Mossbarger, David L. MBA4, Williamson, Penelope R. ScD3,6, Baldwin, DeWitt C. Jr., MD7, and Inui, Thomas S. ScM, MD1,4,5. Enhancing the Informal Curriculum of a Medical School: A Case Study in Organizational Culture Change. *Journal of General Internal Medicine.* 26(3).352. Springer, NY.
- General Medical Council. (2009). *Tomorrow's Doctors: Outcomes and standards for undergraduate medical education*. UK.
- Gray, B. (1989). Collaborations: finding common ground for multiparty problems. San Francisco: Jossey-Bass.
- Health Canada. (2004). Interprofessional education for collaborative patient centred practice. Ottawa, ON, Canada: Office of Nursing Policy.
- Hodges, Brian David MD, PHD. (2010). A Tea-Steeping or i-Doc Model for Medical Education. Academic Medicine, 85(9), S34-S44.
- Indigenous Physicians Association of Canada and the Association of Faculties of Medicine of Canada. (2009). *First Nations, Inuit, Métis Health Core Competencies: A curriculum Framework for Undergraduate Medical Education*. Ottawa, ON
- Liaison Committee on Medical Education (LCME). (2010). *Functions and Structure of a Medical SchoolStandards for Accreditation of Medical Education Programs Leading to the M.D. Degree.* Ottawa, ON.
- The Lucian Leape Institute at the National Patient Safety Foundation. (2008). *Strategic Vision for Patient Safety: Working to Create Transformational Change*. Boston, MA
- Martin, Steve, Rowe, Patrick, Shah, Amil, Skrenes, Bryan, Towle, Angela & Voyer, Stephane. (2010).*Assessment of Competence in Medicine and the Healthcare Professions - Ottawa Conference: Summary Conference Report -Plenary: Careful what you wish for*. Unpublished, Vancouver, BC.
- The Royal College of Physician and Surgeons of Canada. (2005). *The CanMEDS physician competency framework. Better standards. Better physicians. Better care.* Ottawa, ON.
- UBC Faculty of Medicine. (2009). *UBC MD UndergraduateProgram: Mission, goals& objectives.* Vancouver, BC
- UBC Faculty of Medicine. (2011). *Social Responsibility and Accountability Framework for UBC's Undergraduate Medical Curriculum Renewal*. Unpublished manuscript.

COMMUNICATOR ROLE

As *Communicators*, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Key Competencies:

The UBC MD graduate is able to:

1. Appropriately develop and maintain **ethical supportive relationships, rapport and trust** with patients and their families;
2. Accurately **elicit relevant information and perspectives** from patients and their families, colleagues, and other professionals;
3. Accurately **convey relevant information and explanations** to patients and their families;
4. Develop a **shared plan of care** with patients, their families, and other professionals;
5. Effectively **convey oral and written information** associated with a medical encounter;
6. Communicate effectively with **third parties** other than health professionals directly caring for the patient.

Enabling Competencies:

The UBC MD graduate is able to:

1. Appropriately develop and maintain **ethical supportive relationships, rapport and trust** with patients and their families.
    - 1.1. Prepare for the patient encounter by gathering background information and selecting a suitable physical location for the encounter;
    - 1.2. Structure the encounter in a clearly organised and flowing manner;
    - 1.3. Include in patient interviews
        - 1.3.1. a respectful greeting
        - 1.3.2. attending to the patient's comfort
        - 1.3.3. obtaining an interpreter if needed
        - 1.3.4. finding out the patient's needs and wishes
        - 1.3.5. time management.
    - 1.4. Respect patient confidentiality, privacy and autonomy;[i]
    - 1.5. Listen attentively and effectively;
    - 1.6. Attend to process features of communication;[ii]
    - 1.7. Establish a relationship of trust by following through on undertakings made to the patient in good faith;
    - 1.8. Provide emotional support.

2. Accurately **elicit relevant information and perspectives** from patients and their families, colleagues, and other professionals:

   2.1. Elicit and synthesize relevant patient information by effectively relating to and connecting with the patient;[iii]

   2.2. Gather information about the patient's concerns, beliefs, expectations, and illness experience;

   2.3. Elicit relevant information about the complaint(s), sequence of events, symptoms, relevant systems review, as well as relevant background information (family, personal and social history, history of medical problems and drug/medication use).

3. Accurately **convey relevant information and explanations** to patients and their families:

   3.1. Respect the patient's rights to be given complete and truthful information;

   3.2. Identify the personal and cultural context of the patient, and the manner in which it may influence the patient's choice;

   3.3. Provide information using clear language appropriate to the patient's understanding, checking for understanding, and clarifying if necessary;

   3.4. Adhere to requirements for obtaining informed consent;

   3.5. Effectively communicate in challenging and difficult situations (e.g., delivering bad news, addressing anger, confusion, medical error, and misunderstanding);

   3.6. In the circumstance of errors and adverse events, discuss with clinical supervisors the need for prompt and truthful disclosure of errors and adverse events;

   3.7. Disclose to the patient personal values or beliefs that may limit professional involvement.

4. Develop a **shared plan of care** with patients, their families, and other professionals:

   4.1. Engage patients, patient families, and relevant health care professionals in planning care, using collaborative discussion and eliciting patient questions;

   4.2. Identify and compare the issues, problems and plans of patients, patient families, and health care professionals;

   4.3. Communicate clearly and effectively the reasons for referral and the consultant's responsibilities for patient care.

5. Effectively **convey oral and written information** associated with a medical encounter:

   5.1. Effectively present information about clinical encounters and management plans to patients and their families;

   5.2. Maintain comprehensive, legible, and up-to-date medical records, consultations, forms and reports, and retain information as required;

   5.3. Appropriately allow patients access to their medical records;

   5.4. Disclose medical records to patient families, physicians or other health care providers and third parties involved in the patient's care only when necessarily to provide care and only with the patient's consent or with appropriate legal authority.

   5.5. Refuse access to a medical record when they believe and can justify that such disclosure would harm the patient;

5.6. Maintain confidentiality of written and electronic records;

5.7. Write prescriptions correctly and legibly, and adhere to legal requirements for writing narcotic prescriptions.

5.8. Use a hospital-endorsed standardized protocol, such as SBAR, when handing over patient care to another team member.

6. Communicate effectively with **third parties** other than health professionals directly caring for the patient:

6.1. Disclose patient information only when legally permitted or legally required;

6.2. Advise patients of, and adhere to provincial or territorial requirements for, obligatory disclosure of patient information (e.g., child abuse or abandonment, reportable communicable diseases, duty to warn threatened individuals);

6.3. Transmit information to third parties (e.g., insurance companies, government agencies) truthfully and in a timely manner, including evaluating and seeking guidance where harm from disclosure balances harm from maintaining confidentiality.

---

[i] This includes the need to seek consent from competent patients, facilitate collaboration with the patient and the patient's families when appropriate, determine an appropriate substitute decision-maker and document appropriately, and in certain circumstances, respect the patient's right to not know after ascertaining wishes.

[ii] This includes the need to establish rapport, behave in a manner that is reassuring and comforting to be respectful to the patient's culture, pace the interview, allow the patient to narrate his/her own medical problem with as little interruption as possible, provide facilitative responses, recognize and be aware of own non-verbal cues, use interviewing skills (such as clarifying, bridging and summarizing, open and closed questions) and language appropriately (in simple, non-medical terms), respect and seek assistance when uncertain about local parlance, idioms, and expressions, develop additional skills for understanding the patient's perspective, and apply negotiation and conflict resolution skills as needed.

[iii] This includes the need to, with the patient's permission, seek out additional information and receive relevant information from other sources such as the patient's families and health care professionals, to seek medical records. (There are exceptional circumstances when a patient's permission is not always required to gain collateral. This is true in emergencies (1996 HCCA).)

References:

- The Association of Faculties of Medicine of Canada. (2010). *The Future of Medical Education in Canada (FMEC): A Collective Vision for MD Education.* Ottawa, ON.
- The College of Family Physicians of Canada's Undergraduate Education Committee. (2009). *CanMEDS-FMU competency framework for UGME from Family Medicine perspective.*
- The Medical Council of Canada. (2005).*Considerations of the Communication, Cultural, Legal, Ethical and Organizational Aspects of the Practice of Medicine (C^2LEO).* Ottawa, ON.
- The Royal College of Physician and Surgeons of Canada. (2005). *The CanMEDS physician competency framework. Better standards. Better physicians. Better care.* Ottawa, ON.

- UBC Faculty of Medicine. (2009). *UBC MD UndergraduateProgram:Mission, goals&objectives.* Vancouver, BC
- UBC Faculty of Medicine. (2011). *Social Responsibility and Accountability Framework for UBC's Undergraduate Medical Curriculum Renewal*. Unpublished manuscript.

HEALTH ADVOCATE ROLE

As *Health Advocates*, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations. They act as *agents* to improve the functioning of the health care system, and as *advocates* for their individual patients.

Key Competencies:

The UBC MD graduate is able to:

1. **Help a patient access the most appropriate and best available health care resources** according to the unique physical and psychosocial needs of the patient, and paying particular attention to the needs of vulnerable and marginalized populations, specifically including Canadian First Nations;
2. Participate in activities that improve the health of a community or vulnerable populations including Canadian First Nations, with due consideration to **social and other determinants of health**;
3. **Educate individual patients and their families** about their illnesses, and strategies for disease management, health promotion and disease prevention;
4. Maintain **personal health and well-being** such that the health care that one provides is sustainable.

Enabling Competencies:

The UBC MD graduate is able to:

1. **Help a patient access the most appropriate and best available health care resources** according to the unique physical and psychosocial needs of the patient, and paying particular attention to the needs of vulnerable and marginalized populations, specifically including Canadian First Nations.
    1.1. Elicit a history that leads to identification of the physical, psychosocial and biological determinants of health, and risk factors for illness in a patient:
    1.2. Assess a patient's ability to access various health care delivery and social services, and identify barriers to accessing health care and social services with considerations given to disabilities, underserviced and marginalized populations, rural populations and language barriers;
    1.3. Participate in the development of a plan to improve a patient's access to health care and social services, incorporating relevant ethical, legal, economic, and other constraints;
    1.4. Allocate their own resources and time according to the relative needs of each patient and the relative complexity of patient issues.
2. Participate in activities that improve the health of a community or vulnerable populationsincluding Canadian First Nations, with due consideration to **social and other determinants of health**:

2.1. Participate in the development of a plan to improve the health of a specific population, incorporating social determinants of health and risk factors for illness relating to this population;

2.2. Participate in activities designed to improve the health of a specific population, such as a vulnerable or marginalized population including Canadian First Nations;

3. **Educate individual patients and their families or supporters** about their illnesses, and strategies for disease management, health promotion and disease prevention;

3.1. Educate patients and others about evidence-based health promotion and disease prevention strategies for individual patients, and specific populations;

3.2. Educate patients and others about public trends that affect the health of individual patients and specific populations;

3.3. Educate patients and others about the concept of cost-effectiveness of health interventions to individual patients and specific populations.

4. Maintain **personal health and well-being** such that the health care that one provides is sustainable:

4.1. Recognize when and how to seek help when necessary;

4.2. Use appropriate self-care techniques or strategies to alleviate the physical and emotional stresses inherent in the medical profession.

References:

- The Association of Faculties of Medicine of Canada. (2010). *The Future of Medical Education in Canada (FMEC): A Collective Vision for MD Education.* Ottawa, ON.
- The College of Family Physicians of Canada's Undergraduate Education Committee. (2009). *CanMEDS-FMU competency framework for UGME from Family Medicine perspective.*
- The Medical Council of Canada. (2005).*Considerations of the Communication, Cultural, Legal, Ethical and Organizational Aspects of the Practice of Medicine (C^2LEO).* Ottawa, ON.
- The Royal College of Physician and Surgeons of Canada. (2005). *The CanMEDS physician competency framework. Better standards. Better physicians. Better care.* Ottawa, ON.
- UBC Faculty of Medicine. (2009). *UBC MD UndergraduateProgram:Mission, goals&objectives.* Vancouver, BC
- UBC Faculty of Medicine. (2011). *Social Responsibility and Accountability Framework for UBC's Undergraduate Medical Curriculum Renewal*. Unpublished manuscript.

MANAGER ROLE

As *Managers*, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.

Key Competencies:

The UBC MD graduate is able to:

1. Assist patients, their families and communities in accessing and utilizing different parts of the **Canadian health care system**as needed for the types of health care delivery required, consistent with the principles of the *Canada Health Act*;
2. Make decisions considering the efficient, effective, and equitable **allocation of finite health care resources**;
3. Contribute to system **quality process evaluation and improvement**, including patient safety initiatives;
4. Manage **time** effectively in a clinical setting;
5. Employ **information and communication technologies** to acquire, organize and apply information for the purposes of patient and population care, scholarly inquiry, self-directed learning and collaborative knowledge exchange.
6. Maintain a healthy **work-life balance**;

Enabling Competencies:

The UBC MD graduate is able to:

1. Assist patients, their families and communities in accessing and utilizing different parts of the **Canadian health care system** needed for required health care delivery, consistent with the principles of the *Canada Health Act*:
    1.1. Explain to patients, families or healthcare colleagues the fundamental principles of the Canada Health Act as these relate to the care of the patient, and apply these principles in shared decision-making;
    1.2. Identify when major issues associated with health care policy, economics and health delivery at the local/regional, provincial, national and international levels may negatively impact health outcomes for individual patients and populations, and suggest positive changes;
    1.3. Explain to members of the public how physicians, advocacy groups, regulatory bodies and professional associations support the health care system and quality of care;
2. Make decisions considering the efficient, effective, and equitable **allocation of finite health care resources**:
    2.1. Identify the resources associated with the provision of health care to an individual patient or community, including the absolute and relative levels of resources in various

components of the health care system, and justify decisions based on ethical stewardship of these resources;

2.2. Propose or arrange interventions in the care of a patient that utilize health care resources, justified by

2.2.1. best evidence,

2.2.2. effectiveness with an anticipated cost benefit,

2.2.3. the need for health care resources to remain available to other patients and populations, and

2.2.4. avoiding questionably beneficial investigations or therapies which will not benefit the patient.

2.3. Propose a fair means of resolving disputes for resources that considers the obligation to the patient (i.e. appropriate patient advocacy, including ranking known patients ahead of unknown or future ones), best available evidence of the intervention, the impact on total resources within the health care system, morally and ethically relevant criteria in allocating resources, and advice from other responsible bodies;

2.4. Recommend population-based approaches to health care delivery where these are appropriate;

2.5. Use national, regional, and local surveillance data as well as demographic and epidemiologic data in health care decisions;

2.6. Identify situations in which the current allocation of resources is unfair to an individual or a population of patients, and propose a plan to resolve the disparity.

3. Contribute to system **quality process evaluation and improvement**, including patient safety initiatives:

3.1. Identify opportunities for quality improvement in their own performance, and the performance of groups, teams, and systems that contribute to better health outcomes;

3.2. Contribute meaningfully in process/practice review;

3.3. Outline a plan for the integration and application of quality improvement and patient safety strategies into a specific clinical practice environment;

3.4. Participate with supervisors in reporting and disclosing adverse events using ethical principles and considering the legal implications for patients, families, self, colleagues and healthcare organizations;

3.5. Access resources available to assist physicians involved in a situation where a harmful medical error has occurred.

4. **Manage time** effectively in a clinical setting:

4.1. Participate in the care of an appropriate number of patients in inpatient and outpatient settings by setting priorities and allocating time effectively;

4.2. Prioritize tasks, plan and schedule work to meet deadlines and communicate effectively with others related to planning and scheduling work;

4.3. Recommend effective strategies for managing basic activities and processes in a busy community based office practice or hospital practice.

5. Employ **information and communication technologies** to acquire, organize and apply information for the purposes of patient and population care, scholarly inquiry, self-directed learning and collaborative knowledge exchange:
    5.1. Use information technologies to assist in diagnostic, therapeutic, and preventive measures, and for observation and monitoring health status, considering benefits and limitations;
    5.2. Retrieve patient related data from clinical information systems, while respecting privacy and confidentiality;
    5.3. Use population databases to inform patient management;
    5.4. Use information technologies appropriately for delivering health care (e.g. tele-health);
    5.5. Gather, categorize, and interpret health and biomedical information from different resources;
    5.6. Retrieve and use clinical practice guidelines from a range of biomedical information resources;
    5.7. Access a broad base of information for the purposes of maintaining, updating, and extending knowledge and skills;
    5.8. Access information resources relevant for scholarly inquiry.
6. Maintain a healthy **work-life balance**:
    6.1. Employ strategies for balancing lifestyle, family responsibilities, and participating in the delivery of patient care, and advise others regarding this when appropriate;
    6.2. Access available support services if professional competence is compromised;
    6.3. Employ strategies for promoting care for him/her self and colleagues, and advise others regarding these strategies when appropriate;
    6.4. Identify potentially stressful situations in him/her self or a colleague, employ effective ways of coping with stress, and advise others regarding this when appropriate.

References:

- The Association of Faculties of Medicine of Canada. (2010). *The Future of Medical Education in Canada (FMEC): A Collective Vision for MD Education.* Ottawa, ON.
- The College of Family Physicians of Canada's Undergraduate Education Committee. (2009). *CanMEDS-FMU competency framework for UGME from Family Medicine perspective.*
- The Medical Council of Canada. (2005).*Considerations of the Communication, Cultural, Legal, Ethical and Organizational Aspects of the Practice of Medicine (C^2LEO).* Ottawa, ON.
- The Royal College of Physician and Surgeons of Canada. (2005). *The CanMEDS physician competency framework. Better standards. Better physicians. Better care.* Ottawa, ON.
- UBC Faculty of Medicine. (2009). *UBC MD UndergraduateProgram:Mission, goals&objectives.* Vancouver, BC
- UBC Faculty of Medicine. (2011). *Social Responsibility and Accountability Framework for UBC's Undergraduate Medical Curriculum Renewal*. Unpublished manuscript.
- University of Ottawa. (2004)*MD Undergraduate Competencies and Educational Objectives*. Ottawa, ON.

- University of Toronto. (2003).*Undergraduate Medical Education Goals and Objectives*. Toronto, ON
- University of Western Ontario. (2010).*Undergraduate Medical Curriculum Outcomes*. London, ON.

PROFESSIONAL ROLE

As *Professionals*, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Key Competencies:

As professionals in training, the UBC MD graduate will demonstrate:

1. **Accountability to patients**;
2. **Accountability to the medical profession and other health professionals**;
3. **Accountability to society;**
4. **Commitment to altruistic principles**.

Enabling Competencies:

The UBC MD graduate will demonstrate:

1. **Accountability to patients**:
   - 1.1. Deliver, within the limits of one's training, the highest quality care and maintenance of competence;
   - 1.2. Treat patients with compassion and respect for their privacy, dignity, cultural and personal beliefs, and human rights;
   - 1.3. Appropriately implement the current ethical and legal aspects of the consent and capacity process;
   - 1.4. Act to ensure patient safety;
   - 1.5. Participate in practice without impairment from substances, ill health or other incapacity;
   - 1.6. Make timely, full, and honest disclosure of medical errors or adverse events;
   - 1.7. Name and discuss, in a non-judgmental manner, relevant key ethical principles related to unresolved and controversial ethical issues.
2. **Accountability to the medical profession and other health professionals**:
   - 2.1. Evaluate personal professional competence, and recognize personal limitations of competence;
   - 2.2. Conduct ongoing personal education to improve and maintain competence;
   - 2.3. Follow the medical profession's rules, regulations, and ethical codes, including those of the Faculty of Medicine of the University of British Columbia as outlined in the Standards of Ethical and Professional Behaviour;
   - 2.4. Fulfill the regulatory and legal obligations required of current practice, including the maintenance of required credentials and licensure with the College of Surgeons and Physicians of British Columbia;
   - 2.5. Report a colleague's actions or behaviours to a supervisor, if concerning or potentially harmful to patients, others or themselves, as required or appropriate, using the applicable reporting mechanism;
   - 2.6. Request the assistance of other health care professionals for patient care.

3. **Accountability to society**:

   3.1. Participate in the practice of medicine in a socially responsible manner that respects the medical, legal, and professional obligations of belonging to a self-regulating body;[1]

   3.2. Respect the patient's basic human rights (including the right to privacy, freedom from discrimination, autonomy, etc.).

4. **Commitment to altruistic principles**:

   4.1. When necessary, serve beyond normal duty or expectations, putting the needs of the patient before one's own without ignoring personal/professional balance.

References:

- The Association of Faculties of Medicine of Canada. (2010). *The Future of Medical Education in Canada (FMEC): A Collective Vision for MD Education.* Ottawa, ON.
- The College of Family Physicians of Canada's Undergraduate Education Committee. (2009). *CanMEDS-FMU competency framework for UGME from Family Medicine perspective.*
- The Medical Council of Canada. (2005). *Considerations of the Communication, Cultural, Legal, Ethical and Organizational Aspects of the Practice of Medicine (C^2LEO).* Ottawa, ON.
- The Royal College of Physician and Surgeons of Canada. (2005). *The CanMEDS physiciancompetency framework. Better standards. Better physicians. Better care.* Ottawa, ON.
- UBC Faculty of Medicine. (2009). *UBC MD UndergraduateProgram: Mission, goals& objectives.* Vancouver, BC.
- University of Toronto Undergraduate Medical Education Goals.
- University of Ottawa (2004). MD Undergraduate Competencies and Educational Objectives.
- UBC Faculty of Medicine. (2011). *Social Responsibility and Accountability Framework for UBC's Undergraduate Medical Curriculum Renewal*. Unpublished manuscript.

[1]Medical obligations include learning and teaching others the professional, legal, and ethical codes to which physicians are bound; adhering to a code of ethical principles; acting for the public good and conforming to ideals of right human conduct in dealings with patients, colleagues, and society.

SCHOLAR ROLE

As *Scholars,* physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

Key Competencies:

The UBC MD graduate is able to:

1. Apply a **scholarly inquiry** approach to learning and patient care;
2. Employ the **ethical principles of clinical and translational research** in the conduct of research, evaluation of research, explanations to patients, and application to patient care;
3. Develop and implement a plan for **continual personal learning**;
4. **Facilitate the learning of others** as part of professional responsibility (patients, health professionals, society).

Enabling Competencies:

The UBC MD graduate is able to:

1. Apply a **scholarly inquiry** approach to learning and patient care:
   - 1.1. Apply evidence-based medicine analysis to clinical practice;
   - 1.2. Retrieve information from appropriate sources;
   - 1.3. Critically evaluate the validity and applicability of information sources and apply this appropriately to clinical practice decisions;
   - 1.4. Integrate retrieved information into clinical practice;
   - 1.5. Accept complexity, uncertainty, and ambiguity as part of clinical practice.
2. Employ the **ethical principles of clinical and translational research** in the conduct of research, evaluation of research, explanations to patients, and application to patient care.
3. Develop and implement a plan for **continual personal learning**:
   - 3.1. Apply principles of maintaining competence;
   - 3.2. Evaluate personal learning outcomes, including by seeking feedback from teachers, other health care professionals, patients, and other sources;
   - 3.3. Document progress toward identified personal learning goals.
4. **Facilitate the learning of others** as part of professional responsibility (patients, health professionals, society):
   - 4.1. Contribute to the creation, dissemination, application, and translation of medical knowledge into practice;
   - 4.2. Effectively use educational materials to teach colleagues, patients, the patient's families, other health care professionals, and populations, as appropriate.

References:

- The Association of Faculties of Medicine of Canada. (2010). *The Future of Medical Education in Canada (FMEC): A Collective Vision for MD Education.* Ottawa, ON.
- The College of Family Physicians of Canada's Undergraduate Education Committee. (2009). *CanMEDS-FMU competency framework for UGME from Family Medicine perspective.*
- The Medical Council of Canada. (2005).*Considerations of the Communication, Cultural, Legal, Ethical and Organizational Aspects of the Practice of Medicine (C^2LEO).* Ottawa, ON.
- The Royal College of Physician and Surgeons of Canada. (2005). *The CanMEDS physiciancompetency framework. Better standards. Better physicians. Better care.* Ottawa, ON.
- UBC Faculty of Medicine. (2009). *UBC MD UndergraduateProgram:Mission, goals&objectives.* Vancouver, BC
- UBC Faculty of Medicine. (2011). *Social Responsibility and Accountability Framework for UBC's Undergraduate Medical Curriculum Renewal*. Unpublished manuscript.