UBC Faculty of Medicine
MD Undergraduate Curriculum Renewal

Report of the Exit Competencies Working Group For the Implementation Task Force on Curriculum Renewal

July 11, 2011

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UBC Faculty of Medicine
MD Undergraduate Curriculum Renewal

Exit Competencies Working Group

USER'S GUIDE

The UBC MD undergraduate program will be developed to enable the achievement of the following key and enabling competencies within the context of delivering patient care in a safe and time efficient manner. The achievement of these key and enabling competencies is expected to be performed while the UBC MD undergraduates are under supervision.

The CanMEDS Roles framework is used to organize these competencies. Key and enabling competencies have been developed for each CanMEDS Role: Medical Expert, Communicator, Collaborator, Health Advocate, Manager, Professional, and Scholar. Many of these competencies cross CanMEDS Roles and should be used in conjunction with other CanMEDS Roles to develop a competent, well rounded, undifferentiated physician.

The Clinical Presentations (Appendix I) is intended to help guide and inform what is important and relevant to the learning process, curriculum development, and assessment methodologies.

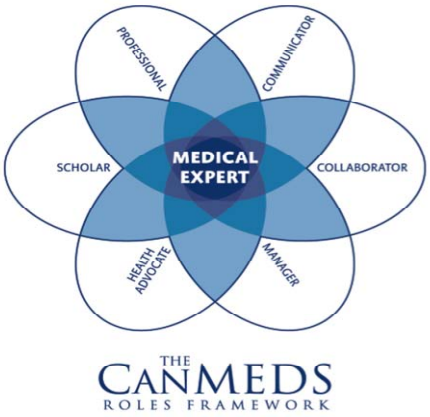
These competencies have been designed to be consistent with the Social Responsibility and Accountability Framework (SRA) for UBC's Undergraduate Medical School Curriculum Renewal. SRA competencies are integrated across CanMEDS Roles and their corresponding key and enabling competencies. These key and enabling competencies encompass the scope of each "spoke" (aspect) of the SRA "wheel" (framework).

These exit competencies are intended to be used to inform curriculum content developers, course directors, instructors, and students of the skills, knowledge, and attitudes expected of a graduating UBC medical student. For curriculum developers, exit competencies are intended to be used as part of competency-based education approach to help answer the question: "What does a graduating medical student need to be able to do to successfully perform as a post-graduate year 1 resident?" They provide the targeted endpoint for curriculum developers to use as they build the scaffolds of a curriculum that incorporates continuity, flexibility and integration in its design, while emphasizing a scholarly and health system approach and incorporating a governance structure that allows appropriate resource and financial allocations. The learning objectives in the hierarchy of specific educational levels (e.g., years, phases, units, blocks, courses, and/or learning activities) must be ultimately mapped to these exit competencies. Similarly, these exit competencies have also been designed to guide the creation of tools for the assessment of knowledge, skills, and attitudes.

This is a living document. The key and enabling competencies have been intentionally trimmed to enable 'white space' for the inclusion of innovation and additional relevant competencies based on current societal and professional needs. It is recognized that a regular review process needs to be included in the UGME governance structure that will enable their continual quality development and/or improvement.

METHODOLOGY

The Exit Competencies Working Group developed its recommendations based on the CanMEDS 2005 Physician Roles Framework. The Working Group used the project team approach to develop a renewed competencies framework based on the seven roles described by CanMEDS.

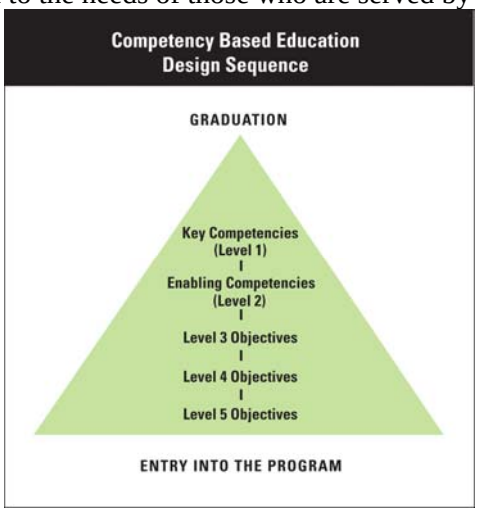


Definitions:
Key Competency: An essential ability written as a global educational statement and refers to the learner's broad ability.

Enabling Competency: The learner's sub-ability that comprises knowledge, skills and/or attitudes essential to attain a key competency.

Principles:
The Working Group adopted a competency based education approach that includes the following principles:

- Focus on competencies: Consistent with the foundational basis of the Social Accountability and Responsibility Framework, the UBC UG program must ensure that every graduate is prepared for practice. A competency based education approach to curriculum planning assures that each competency is explicitly tied to the needs of those who are served by the medical profession.



- Progression of competencies as the organizing principle of curriculum development: In a competency based education approach, curricular elements are tailored to build on one another in a progressive manner that allows educators an opportunity to design learning experiences that continuously incorporate prior learning elements and emphasize observable and measurable abilities. Flexibility in curriculum design will provide for different pathways toward the achievement of each key and enabling competency.

- Focus on learner centredness: competency based education approach encourages students to take responsibility for their progress and development by mapping a transparent pathway from educational milestone to educational milestone on their way toward competence.

Components in a Competency Based Curriculum

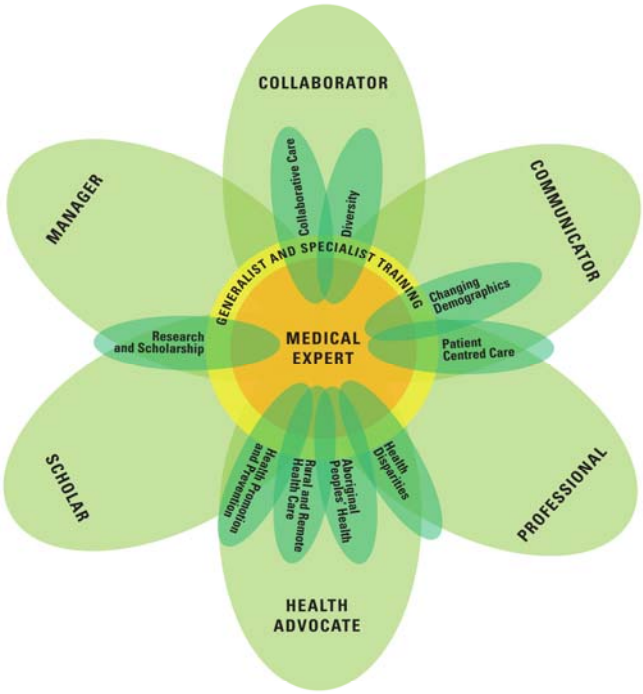
Of critical importance is the strategic planning phase of identifying and defining competencies needed for professional practice. Faculty and learner buy-in with consensus building coupled with strong administrative support are crucial at every step. The knowledge, skills, and attitudes underpinning each competency need to be clearly written, measurable, and reflect the achievement of that competency. The threshold for achieving competence must be predetermined. Assessment tools must be specifically matched to the competency. Assessment should reflect real world observation and consist of a "portfolio" of assessment tools. A series of benchmarks or performance milestones describing each competency must eventually be outlined. Finally, faculty development programs must be created to enable faculty to utilize the designated teaching and assessment tools.

- Develop Guiding Statements: Vision, Mission, and Goals
- Develop Exit Key Competencies in collaboration and agreement with
    - ITFCR and all Working Groups[1]
    - Stakeholders
- Develop Enabling Competencies[1]
    - Design down from exit competencies to establish the enabling competencies and educational activities of the program
    - Discard or replace any existing competencies or educational activities that are not strategically aligned with and significant contributors to overall exit outcomes
- Develop Assessment Framework and Tools that are compatible with the Competency Framework and concomitant with Curriculum Development (see below)
- Develop Curriculum, including learning objectives for each educational level
- Develop Educational Activities
- Develop Educational Milestones
- Create a Faculty Development Program related to curriculum needs
- Implement Curriculum

The Exit Competencies Working Group worked in close liaison with the Social Responsibility and Accountability (SRA) Working Group to embed the SRA framework in all seven CanMEDS Roles. While recognizing that there are many within and across overlaps between the CanMEDS Roles and the SRA values, the following graphic is intended to symbolically represent only a few of the interactions between these two frameworks.

[1] Tasks that are within the mandate of the Exit Competencies Working Group.

UBC Social Responsibility and Accountability
Within a Competency Education Framework

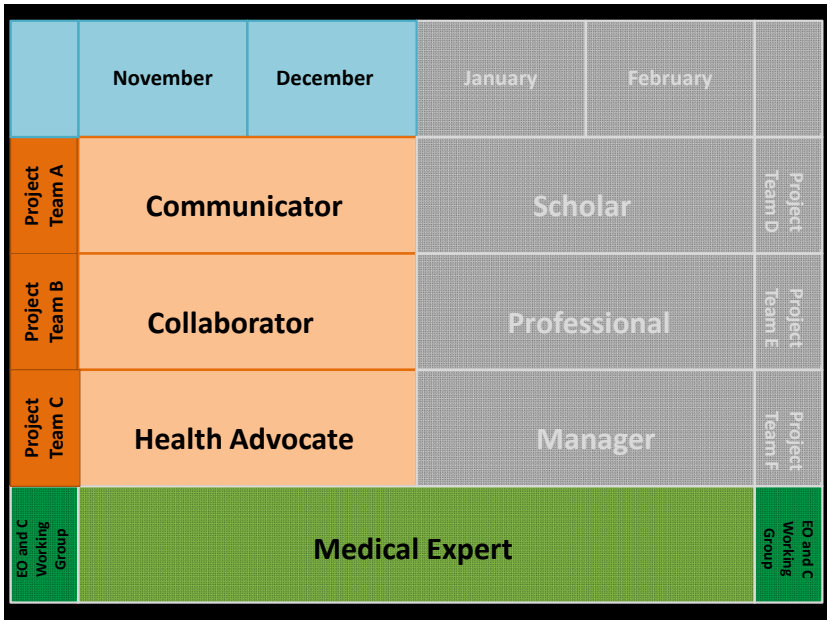


Procedures

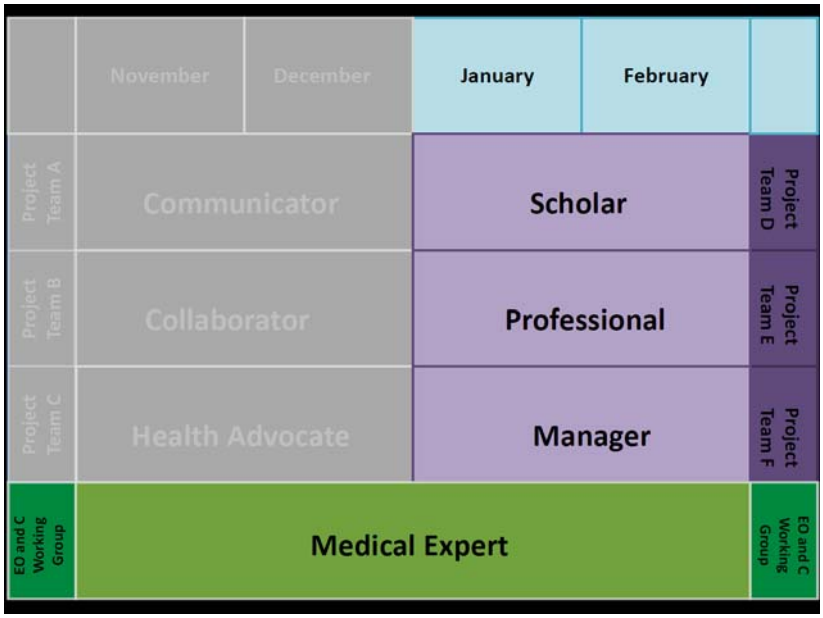
The Exit Competencies Working Group Chair and Vice Chair facilitated discussions on the Medical Expert Role. The Working Group members collectively decided how the Medical Expert competencies should be manifested in the UBC MD Undergraduate curriculum. Members were encouraged to engage individuals from their constituency who have an interest in this set of competencies.

The competencies for each of the remaining six non-Medical Expert Roles were drafted by six project teams outside of the regularly scheduled Working Group meetings. All Working Group members were subdivided into three smaller project teams over each of two time periods: from November 2010 to December 2010, and from January 2011 to February 2011. Each project team drafted and developed a finite number of key competencies and enabling competencies. The members collaborated both during and outside of the Working Group's meeting times, and conducted the related background tasks in-between meetings.

During November 2010 to December 2010, each smaller project team explored and drafted one of three sets of non-Medical Expert competencies: Communicator, Collaborator, and Health Advocate.



During January 2011 to February 2011, each smaller project team explored and drafted one of the remaining three sets of non-Medical Expert competencies: Scholar, Professional, and Manager.



The membership of these smaller project teams is listed below. Each project team appointed a project liaison person who is responsible for coordinating the team and its work, and providing status updates on the team's activities at the Exit Competencies Working Group meetings.

Collaborator:
Lesley Bainbridge*, Derek Wilson, Karen Joughin, Kris Sivertz, Jill McEwen, Colin White, Siu Him Chan

Communicator:
Linlea Armstrong*, Summer Telio, Kristina McDavid, Cindy Ann Lucky, George Pachev, Dallie Sandilands, Norman Daoust

Health Advocate:
Supna Sandhu*, Leo Lai, Linda Peterson

Manager:
Derek Wilson*, Karen Joughin, Supna Sandhu, Linda Peterson

Professional:
Kris Sivertz*, Colin White, George Pachev, Siu Him Chan

Scholar:
Leo Lai*, Summer Telio, Linlea Armstrong, Kristina McDavid, Cindy Ann Lucky, Dallie Sandilands

* Indicates the project team liaison

To integrate each of the project teams' work, the Working Group Chair and Vice Chair used the Working Group meetings to facilitate discussion and hear status updates from each project team liaison. Specifically, each smaller project team presented the drafted key and enabling competencies to the entire Working Group with an opportunity for broader discussion and feedback.

As the Working Group meetings progressed, the Working Group Chair and Vice Chair kept all members informed on the latest developments, including interim feedback from the Implementation Task Force, and the overview of the Working Group progress in terms of completing the tasks of identifying the renewed exit competencies.

MEDICAL EXPERT ROLE

Preamble:

The *Medical Expert Role*[2] integrates all of the CanMEDS Roles. The graduating student is expected to possess a defined body of knowledge, clinical skills, procedural skills and professional attitudes, which are directed to effective, socially responsible patient centred care. Graduating students are expected to apply these competencies to collect and interpret information, make appropriate clinical decisions, and carry out diagnostic and therapeutic interventions. They do so within the boundaries of the healthcare setting and the patient's preferences and context. Their care is characterized by up-to-date, ethical, compassionate, empathic, socially responsible, and resource efficient practice as well as with effective communication in partnership with patients, other health care professionals and the community. The Role of Medical Expert is central to the functioning as a physician and draws on the competencies included in the Roles of Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional.

Key Competencies:

UBC MD undergraduates are able to:

1. Master **core medical knowledge and foundations of medicine** and apply that knowledge to the practice of medicine at the level of an individual patient and population at large;
2. Collect, interpret, document, and communicate both a **complete and a focused medical history**, as appropriate;
3. Collect, interpret, document, and communicate both a **complete and focused physical examination** (including mental status examination where appropriate);
4. Collect, interpret and communicate **commonly used laboratory investigations**;
5. Integrate and communicate the historical, physical, and investigative findings into a meaningful **differential diagnostic formulation**, including identifying the most probable diagnosis in a patient;
6. Demonstrate **effective therapeutic and ongoing management of an individual patient and population** at large.

Enabling Competencies:

UBC MD undergraduates are able to:

1. Master **core medical knowledge and foundations of medicine** and apply that knowledge to the practice of medicine at the level of an individual patient and population at large:
   - 1.1. Apply sound critical reasoning and evidence based methods, including integration of data, analysis, and electronic health tools to diagnostic and therapeutic clinical decision making;
   - 1.2. Explain the following aspects for common acute and chronic health problems/diseases, especially those prevalent in B.C.: natural history; risk factors (biological, environmental, psychosocial); genetic predisposition; underlying pathology and/or pathophysiology; relevant sciences

[2]The EC Working Group recognizes that the term 'expert' does not realistically convey the performance expectations of students matriculating an undergraduate medical program. However, this term is now entrenched as part of the CanMEDS Roles' lexicon to describe the lifelong continuum of knowledge, skills, and attitudes acquisition of medicine practitioners.

underlying the diagnosis; pharmaco-therapeutic, behavioral modification, and surgical-treatment strategies;

1.3. Explain the underlying biological sciences related to normal processes and their dysregulation for which medical intervention/assistance may be required;

1.4. Explain the relevant biological sciences underlying the common and effective health promotion strategies;

1.5. Apply an effective approach to clinical and pathologic manifestations of the most common and serious acute and chronic diseases to enable the prevention, diagnosis, management, and prognosis of critical human disorders in individual patients, communities, and society at large[3];

1.6. Describe and be able to measure, record, and report the factors that affect the health status of a defined population with respect to the principles of social determinants of health.

1.7. Explain how the Medical Expert Role interacts with other CanMEDS roles to provide ethical, patient-centred, compassionate and empathic medical care.

2. Collect, interpret, document, and communicate both a **complete and a focused medical history**, as appropriate:

2.1. Accurately obtain a comprehensive and/or relevant focused history of a patient's presenting complaints, as appropriate;

2.2. Present and accurately document patient assessments and recommendations in written and verbal form.

3. Collect, interpret, document, and communicate both a **complete and focused physical examination** (including mental status examination where appropriate).

4. Order, interpret and communicate **commonly used laboratory investigations**:

4.1. Select medically appropriate investigative methods in a resource effective and ethical manner;

4.2. Accurately interpret the results of appropriate medical investigations, diagnostic procedures, and radiological imaging appropriate to common acute and chronic disorders;

4.3. Appropriately and proficiently perform procedural medical skills on a patient for diagnostic and therapeutic purposes.[4]

5. Integrate and communicate the historical, physical, and investigative findings into a meaningful **differential diagnostic formulation**, including identifying the most probable diagnosis in a patient.

5.1. Develop, narrow and communicate a differential diagnosis, including identifying the most probable diagnosis in a patient.

6. Demonstrate **effective therapeutic and ongoing management of an individual patient and population** at large:

6.1. Apply appropriate, timely, and evidence based preventive interventions including: recognizing urgent situations that require immediate specific actions; discussing immunization procedures; assessing risk factors of health conditions; referring a patient to a certified health and fitness professional, and performing and interpreting screening procedures;

6.2. Implement an effective therapeutic management plan in collaboration with a patient, patient supporter(s), and professional health care providers;

[3] See Appendix I: Medical Council of Canada Medical Expert Clinical Presentations.

6.3. Effectively manage medical options for the most common and serious illnesses and diseases that require immediate and long term treatment;
6.4. Relieve pain and ameliorate suffering of a patient in a compassionate and empathic manner within a health care team context;
6.5. Apply appropriate pharmacotherapeutic approaches for safe, rational, and optimally beneficial drug therapy to primary care conditions based upon the patient's context and issues such as: pharmacodynamics, pharmacokinetics, adverse effects and important drug interactions;
6.6. Appropriately apply an approach to polypharmacy and the resultant drug-drug and drug-disease interactions;
6.7. Demonstrate an awareness and respect for complementary, alternative and traditional medicine approaches for patients, patient supporters, and other health care professionals;
6.8. Ensure adequate medical follow-up is arranged and provide continuity of care for a patient;
6.9. Integrate best research evidence, clinical expertise, and patient values to provide quality and safe care in the assessment, health promotion and prevention, and disease management of a patient.

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COLLABORATOR ROLE

Preamble:

Physicians work in partnership with colleagues and other health professionals who are appropriately involved in the care of individuals or specific groups of patients. Modern health-care teams not only include a group of health professionals working closely together at one site, such as a unit team, but also extended teams with a variety of perspectives and skills, in multiple locations. It is therefore essential for physicians to be able to collaborate effectively with patients, patient supporters, colleagues and an interprofessional team of expert health professionals for the provision of optimal care, education and scholarship. In the context of the *Collaborator Role*, the following definitions of collaboration are used to frame the key and enabling competencies:

> [Collaboration is] …a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go well beyond their own vision of what is possible. (Gray, 1989)

Collaborative patient-centred practice is designed to promote the active participation of each discipline in providing quality care. It respects goals and values for patients and their supporters, provides mechanisms for continuous communication among health care professionals, optimizes professionals' participation in clinical decision making (within and across disciplines), and fosters respect for the contributions of all disciplines. (Health Canada, 2004)

Key Competencies:

UBC MD undergraduates are able to:

1. Integrate knowledge of one's own role with knowledge about the roles of generalist and specialist physicians, and other health professionals in order to appropriately establish and achieve patient and/or patient supporter goals **(Role Clarification)**;
2. Apply the principles of team work dynamics and processes to enable effective health professional collaboration **(Team Functioning)**;
3. Seek out, integrate, and value, as a partner, the input and the engagement of all team members, including the patient/patient supporters/health care professionals/community, in designing and implementing health care delivery **(Patient/Patient Supporter-Centred Care)**;
4. Communicate with colleagues, physicians, and other health professionals in a collaborative, responsive and responsible manner **(Inter- and Intraprofessional Communication)**;
5. Apply leadership principles that support a collaborative practice model through recognition of the leader depending upon the patient/patient supporter needs and context **(Collaborative Leadership)**;
6. Actively engage self and others, including the patient/patient supporters, and health care professionals, in preventing, negotiating and resolving inter- and intraprofessional conflict **(Conflict Resolution)**.

Enabling Competencies:

UBC MD undergraduates are able to:

1. Integrate knowledge of one's own role with knowledge about the roles of generalist and specialist physicians and other health professionals, in order to appropriately establish and achieve patient and/or patient supporter goals **(Role Clarification)**:

1.1. Describe one's own role, that of generalist and specialist physicians, and other health professionals in the overall function of the health care system and provide examples of how collaboration between and among them can lead to better patient health outcomes;
1.2. Demonstrate respect for the diversity of each member of the health care team and their roles, responsibilities, and competencies;
1.3. Perform clinical activities in a culturally respectful way;
1.4. Demonstrate an understanding of the roles and responsibilities of each team member in shared decision-making;
1.5. Access skills and knowledge of generalist and specialist physicians and other health professionals through a consultative process in an appropriate and timely manner.

2. Apply the principles of team work dynamics and processes to enable effective health professional collaboration **(Team Functioning):**
   2.1 Apply the principles of team development and process;
   2.2 Participate in and demonstrate respect for all members' participation in collaborative health care decision-making;
   2.3 Establish and maintain effective and healthy working relationships with learners, practitioners, patients, and other health care professionals, whether or not a formalized team exists;
   2.4 Respect team ethics, including confidentiality, resource allocation, and professionalism;
   2.5 Effectively collaborate with other health care professionals to assess, plan, provide and integrate care for patients;
   2.6 Effectively participate in interprofessional team meetings;
   2.7 Perform clinical activities in a culturally respectful way;
   2.8 Participate in the collaborative education of the health care team to effectively function in inter- and intraprofessional environments.

3. Seek out, integrate, and value, as a partner, the input and the engagement of all team members, including the patient/patient supporter/health care professionals/community in designing and implementing health care delivery **(Patient/Patient Supporter-Centred Care)**.
   3.1. Actively and meaningfully engage patients, their supporters, and other health care professionals or community representatives as integral partners with those health care personnel providing their care or health care delivery planning, implementation, and evaluation;
   3.2. Provide appropriate education and support to patients, patient supporters, and others involved with their care or health care delivery;
   3.3. Listen respectfully to the expressed needs of patients, patient supporters, and other health care professionals or community representatives in shaping and delivering health care;
   3.4. Participate in activities that support improvement in health care delivery to create a sustainable model of inter- and intraprofessional collaborative patient-centered care;
   3.5. Discuss the benefits of community-based models of inter- and intraprofessional collaborative patient-centered care for patients and the health care professionals providing health care delivery.

4. Communicate with colleagues, physicians, and other health professionals in a collaborative, responsive and responsible manner **(Inter- and Intraprofessional Communication)**:
   4.1. Communicate clearly and respectfully with colleagues;
   4.2. Actively listen to colleagues and other team members including patients, patient supporters, and health care professionals;
   4.3. Demonstrate trusting relationships with patients, their supporters, health care professionals, and other team members;

4.4. Effectively communicate pertinent patient information across teams and, where necessary, across organizations;
4.5. Effectively use a shared vocabulary to facilitate effective team communication;
4.6. Effectively use information and communication technology to improve interprofessional patient and patient supporter(s) care by assisting team members in setting shared goals; collaboratively setting shared plans of care; supporting shared decision-making; sharing responsibilities for care across team members; demonstrating respect for all team members, and using appropriate shared clinical documentation to facilitate continuity of care.

5. Apply leadership principles that support a collaborative practice model through recognition of the leader depending upon the patient and patient supporter(s) needs and context **(Collaborative Leadership):**
   5.1. Advance interdependent working relationships among all participants;
   5.2. Identify when a specific team member may be the most appropriate team leader;
   5.3. Demonstrate support for the most appropriate team leader;
   5.4. Actively contribute to a climate for collaborative practice among all participants;
   5.5. Co-create a climate for shared leadership and collaborative practice;
   5.6. Apply collaborative decision-making principles;
   5.7. Identify the resources and administrative skills required to achieve team objectives.

6. Actively engage self and others, including the patient, their supporters, and other health care professionals, in preventing, negotiating and resolving inter- and intraprofessional conflict **(Conflict Resolution):**
   6.1. Recognize the existence of the potentially positive nature of conflict;
   6.2. Demonstrate constructive steps to identify and address common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals;
   6.3. Apply strategies to deal with conflict;
   6.4. Establish a safe environment in which to express diverse opinions;
   6.5. Develop a level of consensus among those with differing views; allowing all members to feel their viewpoints have been heard;
   6.6. Demonstrate respect for differences, misunderstandings and limitations that may contribute to inter- and intraprofessional tensions.

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COMMUNICATOR ROLE

Preamble:

The focus of the *Communicator Role* competencies is to enable abilities before, during, and after the clinical encounter (as opposed to communicating with colleagues, presenting research, or lecturing). This includes communication with the patient, the patient's supporters, or communities; as appropriate for the discipline (e.g., Community Medicine).

Key Competencies:

UBC MD undergraduates are able to:

1. Appropriately develop and maintain **ethical supportive relationships, rapport and trust** with patients and their supporter(s);
2. Accurately **elicit relevant information and perspectives** from patients and their supporters , colleagues, and other professionals;
3. Accurately **convey relevant information and explanations** to patients and their supporters ;
4. Develop a **shared plan of care** with patients, their supporters, 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.

Enabling Competencies:

UBC MD undergraduates are able to:

1. Appropriately develop and maintain **ethical supportive relationships, rapport and trust** with patients and their supporter(s).
   - 1.1. Prepare for the patient encounter by understanding the context, gathering background information, creating and ensuring the right physical space:
   - 1.2. Provide structure for the encounter by making organization overt and giving attention to flow;
   - 1.3. Properly initiate an interview with the patient;[i]
   - 1.4. Respect patient confidentiality, privacy and autonomy;[ii]
   - 1.5. Listen attentively and effectively;
   - 1.6. Attend to process features of communication;[iii]
   - 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 supporters, colleagues, and other professionals:
   - 2.1. Elicit and synthesize relevant patient information by effectively relating to and connecting with the patient;[iv]
   - 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 supporters:
   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. Be aware of the need for prompt and truthful disclosure of errors and adverse events, and to communicate with supervisors other team members effectively in this regard;
   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 supporters, and other professionals:
   4.1. Engage patients, patient supporters, and relevant health care professionals, using collaborative discussion and eliciting patient questions;
   4.2. Develop a common understanding on issues, problems and plans with patients, patient supporters, 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 supporters;
   5.2. Maintain comprehensive, legible, and up-to-date medical records, consultations, forms and reports, and retain as required;
   5.3. Appropriately allow patients access to their medical records; and disclose to others only with the patient's consent or with appropriate legal authority (to patient supporters, physicians or other health care providers, and to third parties). (Determine the very limited circumstances under which a physician may refuse to permit access to a medical record where the physician believes that such disclosure would harm the patient);
   5.4. Maintain confidentiality of written and electronic records;
   5.5. Write prescriptions correctly and legibly, and adhere to legal requirements for writing narcotic prescriptions.

6. Communicate effectively with **third parties** other than health professionals:
   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.

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 Undergraduate Program: 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

Preamble:

As a *Health Advocate*, it is imperative to understand what aspects of health are pertinent in specific populations, communities, down to the individual patient. One can more effectively advocate for the health of a particular group by appreciating the unique determinants of health that are relevant. Thereafter, the focus falls upon strategically educating the populace, and aiding the patient to navigate the complex health care network.

Key Competencies:

UBC MD undergraduates are able to:

1. **Individualize patient care** according to the unique physical and psychosocial needs of the patient;
2. Identify the **determinants of health** and participate in activities that improve the health of the community(ies) or vulnerable populations based on the Social Responsibility and Accountability framework of the UBC Faculty of Medicine;
3. Demonstrate proficiency in **educating individual patients and specific populations on health promotion and disease prevention** strategies;
4. Maintain **personal health and well-being** such that the health care that one provides is sustainable.

Enabling Competencies:

UBC MD undergraduates are able to:

1. **Individualize patient care** according to the unique physical and psychosocial needs of the patient.
   - 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 explain barriers to accessing health care and social services with considerations given to disabilities, underserviced and marginalized populations, rural populations and language;
   - 1.3. Participate in the development of a plan to improve a patient's access to required health care delivery and social services;
   - 1.4. Describe the conflicts within and between the ethical and legal responsibility that a physician has for the care of their patient, economic constraints, and the needs of other patients;
   - 1.5. Describe an ethical framework in the clinical decision-making process and identify the competing demands when advocating to improve the health of a patient;
   - 1.6. Allocate resources and time according to the complexity of patient issues.

2. Identify the **determinants of health** and participate in activities that improve the health of the community(ies) or vulnerable populations based on the Social Responsibility and Accountability framework of the UBC Faculty of Medicine:
   - 2.1. Identify the communities and populations (local, regional, national and global) based on the Social Responsibility and Accountability framework of the UBC Faculty of Medicine;
   - 2.2. Describe the determinants of health and risk factors for illness as it relates to these populations.
   - 2.3. Develop a plan to improve the health of a specific population;
   - 2.4. Provide evidence of participation in activities that improve the health of a specific population;
   - 2.5. Describe an ethical framework in the clinical decision-making process and identify the competing demands when advocating to improve the health of a population.

3. Demonstrate proficiency in **educating individual patients and specific populations on health promotion and disease prevention** strategies:
   3.1. Describe evidence-based health promotion and disease prevention strategies for individual patients, and specific populations;
   3.2. Describe public policies and practices that affect health locally, nationally and globally;
   3.3. Describe public trends that affect the health of individual patients and specific populations;
   3.4. Describe 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 self-help when necessary;
   4.2. Practice therapeutic techniques that 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 Undergraduate Program: 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

Preamble:

Physicians interact with their work environment as individuals, as members of teams or groups, and as participants in the health system locally, regionally and nationally. During the course of any given day, physicians are required to make choices regarding allocating time and effort to the care of their patients, interaction with colleagues, and their personal lives and relationships. In other words, they must learn to behave and act as managers. They are often the first contact with the health care system and need to coordinate care with other members of the health care system, including the community. There is mounting evidence that a strong primary healthcare system leads to better population health status. A sustainable health care delivery system requires knowledge of the health care system and collaboration between different types of physicians and health care professionals at all levels to seamlessly link patients to the healthcare resources they need. It also demands prioritization, health resource allocation, cooperation and joint effort. Graduating MDs need to have the requisite knowledge and skills as a *Manager* upon which to build during residency to ensure they have developed the competencies necessary for independent practice.

Key Competencies:

UBC MD undergraduates are able to:

1. Explain the structure and function of the **Canadian health care system** and how it influences the types of health care delivery provided and the patients and populations who receive them;
2. Describe the rationale and a decision-making framework for the efficient, effective, and equitable **allocation of finite health care resources**;
3. Participate in systemic **quality process evaluation and improvement**, including patient safety initiatives;
4. Maintain a healthy **work-life balance**;
5. **Manage time** effectively in a clinical setting;
6. 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.

Enabling Competencies:

UBC MD undergraduates are able to:

1. Explain the structure and function of the **Canadian health care system** and how it influences the types of health care delivery provided and the patients and populations who receive them:
   - 1.1. Describe the fundamental principles of the Canada Health Act;
   - 1.2. Describe the governance, structure, function, and financing of the Canadian health care system at the local/regional, provincial/territorial/federal levels and how this influences the types of health care delivery provided and the patients and populations who receive them;
   - 1.3. Describe the funding of health care delivery in the province of British Columbia and the allocation of these funds; explain how this impacts on the care of individual patients and populations;

1.4. Identify major issues associated with health care policy, economics and health delivery at the local/regional, provincial, national and international levels which may negatively impact on optimal health outcomes for individual patients and populations;

1.5. Describe the roles of physicians in developing and supporting the health care system (e.g., advocacy groups, regulatory bodies, professional associations);

1.6. Outline strategies to function effectively in health care organizations ranging from individual clinical practice to organizations at the local/regional, provincial and national level, to optimize health outcomes of individual patients and populations.

2. Describe the rationale and a decision-making framework for the efficient, effective, and equitable **allocation of finite health care resources**:

2.1. Identify the resources associated with the provision of health care, including the absolute and relative levels of resources in various components of the health care system, and the rationale for wise stewardship of these resources;

2.2. Propose interventions in the care of a patient that utilize health care resources based on best evidence, known to be effective with an anticipated cost benefit, the need for health care resources to remain available to other patients and populations, and avoids marginally beneficial investigations or therapies;

2.3. Propose a fair means of resolving disputes for resources which considers the obligation to the patient (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. Outline population-based approaches to health care delivery and their implication for medical practice;

2.5. Explain the use of national, regional, and local surveillance data as well as demographic and epidemiologic data in health care decisions;

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

3. Participate in systemic **quality process evaluation and improvement**, including patient safety initiatives:

3.1. Seek improvement in one's own performance, the performance of groups, teams, and systems that contribute to better health outcomes;

3.2. Describe quality improvement and process/practice review principles and strategies;

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. Identify the ethical and legal implications and the responsibilities of physicians, to the patient and others, related to medical errors (adverse events);

3.5. Describe the legal rights and resources available to assist physicians involved in a situation where a medical error has occurred.

4. Maintain a healthy **work-life balance**:

4.1. Describe strategies for balancing lifestyle, family responsibilities, and participating in the delivery of patient care;

4.2. Describe how to access available support services if professional competence is compromised;

4.3. Identify strategies for promoting care in oneself and one's colleagues;

4.4. Identify potential stressful situations and analyze their effect on the functioning of a physician; describe effective ways of coping with stress.

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

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

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

5.3. Describe the elements that must be managed in a community based office practice setting and a hospital practice setting.

6. Apply **information and communication technologies** to acquire and organize information for the purposes of patient and population care, scholarly inquiry, self-directed learning and collaborative knowledge exchange:

6.1. Describe the benefits and limitations in the application of information technologies;

6.2. Use information technologies to assist in diagnostic, therapeutic, and preventive measures, and for observation and monitoring health status;

6.3. Retrieve patient related data from clinical information systems, while respecting privacy and confidentiality;

6.4. Describe how population databases can be used to inform patient management;

6.5. Discuss how information technologies can be used for delivering health care (e.g.,, tele-health);

6.6. Gather, categorize, and interpret health and biomedical information from different resources;

6.7. Retrieve clinical practice guidelines from a range of biomedical information resources;

6.8. Access a broad base of information for the purposes of maintaining, updating, and extending knowledge and skills;

6.9. Access information resources relevant for scholarly inquiry.

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 Undergraduate Program: 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

Preamble:

The following framework of professionalism is premised on the assumption that altruism forms a cornerstone of medical practice. As a *Professional* in training it is the responsibility of the UBC medical student to grasp the key role(s) one plays within one's individual, community and societal medical practice. The medical student is, and will be, expected to demonstrate a commitment and take responsibility in these spheres of practice that may require delivery of care and duty above and beyond normal expectations. The medical student as a professional demonstrates such commitment as part of one's daily life, and works towards maintaining or improving upon the recognized standards of one's chosen profession. Similarly, the professional works towards achievement and maintenance of knowledge and skills in the realms of clinical, scholarship, and educational settings.

Key Competencies:

As professionals in training, UBC MD undergraduates will demonstrate an (a):

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:

UBC MD undergraduates will:

1. Demonstrate **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. Demonstrate **accountability to the medical profession and other health professionals**:
   - 2.1. Evaluate personal professional competence;
   - 2.2. Recognize personal limitations of competence;
   - 2.3. Conduct ongoing personal education to improve and maintain competence;
   - 2.4. 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;
   - 2.5. 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;
   - 2.6. Report a colleague's actions or behaviours, if concerning or potentially harmful to patients, others or themselves, as required or appropriate, using the applicable reporting mechanism;

2.7. Recognize personal limitations and maintain respect for the expertise of others;
2.8. Respect the scope of practice of the health care professionals with whom one works;
2.9. Acknowledge the contributions of other health care professionals to patient care and/or other professional work.

3. Demonstrate **accountability to society**:
3.1. Recognize and discuss the evolving social contract between physicians and society;
3.2. 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;[5]
3.3. Participate in the practice medicine with due regard for basic human rights (the right to privacy, freedom from discrimination, autonomy).

4. Demonstrate a **commitment to altruistic principles**:
4.1. Recognize that altruism (putting the needs of others before one's own) forms a cornerstone of medical practice;
4.2. Serve, when necessary, beyond normal duty or expectations, while considering essential 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 physician competency framework. Better standards. Better physicians. Better care.* Ottawa, ON.
- UBC Faculty of Medicine. (2009). *UBC MD Undergraduate Program: 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.

[5] 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

Preamble:

Scholarship includes elements of discovery (the traditional research paradigm), application, integration, and teaching. Every graduate should have the *Scholar Role* competencies required to apply a scholarly approach to their career. Further, every student should make meaningful individual contributions to UBC's capacity for scholarship, according to their needs and interests, in the areas of biomedical, clinical, social, cultural, environmental and population health, health care delivery systems, and/or health education.

Key Competencies:

UBC MD undergraduates are able to:

1. Apply a **scholarly inquiry** approach to learning and patient care;
2. Discuss the **ethical principles of clinical and translational research**, including the ways in which such research is conducted, evaluated, explained to patients, and applied 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:

UBC MD undergraduates are 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. Discuss the **ethical principles of clinical and translational research**, including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care.

3. Develop and implement a plan for **continual personal learning**:
   - 3.1. Describe the principles of maintaining competence;
   - 3.2. Use self-awareness in assessing competence, including reflection on personal practice:
   - 3.3. Evaluate personal learning outcomes (seek feedback from teachers, other health care professionals, patients, and other sources);
   - 3.4. Document progress toward identified personal learning goals.

4. **Facilitate the learning of others** as part of professional responsibility (patients, health professionals, society):

4.1. Be a lifelong scholar by contributing to the creation, dissemination, application, and translation of medical knowledge into practice;

4.2. Demonstrate the ability to effectively use educational materials to teach colleagues, patients, the patient's supporters, 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.*
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APPENDIX I

Medical Council of Canada Medical Expert Clinical Presentations

LMCC CanMEDS Expert Role Clinical Presentations (And Their Related Conditions) (as posted on MCC Objectives web site 11-1-11)
Abdominal Distension
Abdominal Mass (Adrenal Mass; Hepatomegaly; Hernia [Abdominal Wall and Groin]; Splenomegaly)
Abdominal Pain (Acute; Anorectal; in Children; Chronic)
Allergic Reactions/Food Allergies - Intolerance/Atopy (Anaphylaxis)
Attention Deficit/Hyperactivity Disorder (ADHD) / Learning Disorder
Blood From Gastrointestinal Tract (Upper/Hematemesis; Lower/Hematochezia)
Blood Pressure, Abnormal (Hypertension [Hypertension in Childhood; Hypertension in the Elderly; Malignant Hypertension ; Pregnancy Associated Hypertension]; Hypotension/Shock [Anaphylaxis])
Blood in Sputum (Hemoptysis/Prevention of Lung Cancer)
Blood in Urine/Hematuria
Breast Disorders (Breast Lump/Screening; Galactorrhea/Discharge; Gynecomastia)
Burns
Calcium/Phosphate Concentration Abnormal, Serum (Hypercalcemia; Hyperphosphatemia; Hypocalcemia; Hypophosphatemia/Fanconi Syndrome)
Cardiac Arrest
Chest Discomfort/Pain/Angina Pectoris
Coagulation Abnormalities (Bleeding Tendency/Bruising; Hypercoagulable State)
Constipation (Adult; Pediatric)
Contraception
Cough
Cyanosis, Hypoxemia/Hypoxia (Adult; Pediatric)
Deformity/Limp/Pain in Lower Extremity, Child
Development Disorder/Developmental Delay
Diarrhea (Acute; Chronic; Pediatric)

Diplopia
Dizziness/Vertigo
Dying Patient/Bereavement
Dysphagia/Difficulty Swallowing
Dyspnea (Acute [minutes to hours]; Chronic [weeks to months]; Pediatric, Respiratory Distress)
Ear Pain
Edema/Anasarca/Ascites (Generalized Edema; Unilateral/Local Edema)
Eye Redness
Failure to Thrive (Elderly; Infant/Child)
Falls
Fatigue
Fractures/Dislocations
Gait Disturbances/Ataxia
Genetic Concerns (Ambiguous Genitalia; Dysmorphic Features)
Glucose Abnormal, Serum/Diabetes Mellitus/Polydipsia (Hyperglycemia/Diabetes Mellitus; Hypoglycemia)
Hair & Nail Complaints (Alopecia; Nail Complaints)
Headache
Hearing Loss/Deafness
Hemiplegia/Hemisensor Loss +/- Aphasia/Prevention
Hemoglobin Serum, Abnormal (Anemia; Polycythemia/Elevated Hemoglobin)
Hirsutism/Virilization
Hoarseness/Dysphonia/Speech and Language Abnormalities
Hydrogen Ion Concentration Abnormal, Serum
Impotence/Erectile Dysfunction
Incontinence (Stool; Urine; Urine, Pediatric [Enuresis])
Infertility
Jaundice

Jaundice (Neonatal)
Joint Pain (Mono-Articular [Acute, Chronic]; Poly-Articular [Acute, Chronic]; Periarticular Pain/Soft Tissue Rheumatic Disorders)
Lipids Abnormal, Serum
Liver Function Tests Abnormal, Serum
Lump/Mass, Musculoskeletal
Lymphadenopathy (Mediastinal Mass/Hilar Adenopathy)
Magnesium Concentration Serum, Abnormal/Hypomagnesemia
Menopause
Menstrual Cycle, Abnormal (Amenorrhea/Oligomenorrhea; Dysmenorrhea; Pre-Menstrual Syndrome [PMS])
Mental Status, Altered (Delirium/Confusion; Dementia; Coma)
Mood Disorders
Mouth Problems
Movement Disorders, Involuntary/Tic Disorders
Murmur/Extra Heart Sounds (Diastolic Murmur; Heart Sounds, Pathological; Systolic Murmur)
Neck Mass/Goiter/Thyroid Disease
Newborn, Depressed (see also Cyanosis/Hypoxemia/Hypoxia in Children)
Non-Reassuring Fetal Status (Fetal Distress)
Numbness/Tingling/Altered Sensation
Pain (Neuropathic [Central/Peripheral Neuropathic Pain; Sympathetic Pain/Complex Regional Pain Syndrome/Reflex Sympathetic Dystrophy]; Nociceptive [Somatic: Generalized Pain Disorders; Local Pain, Hip/Knee/Ankle/Foot; Local Pain, Shoulder/Elbow/Wrist/Hand; Local Pain, Spinal Compression/Osteoporosis; Local Pain, Spine/Low Back Pain; Local Pain, Spine/Neck/Thoracic]; Visceral)
Palpitations (Abnormal ECG - Arrhythmia)
Panic and Anxiety
PAP Smears/Screening/Prevention
Pediatric Emergencies: Acutely Ill Infant/Child (Crying/Fussing Child; Hypotonia/Floppy Infant/Child)
Pelvic Mass

Pelvic Pain
Periodic Health Examination (Infant and Child Immunization; Newborn Assessment/Nutrition; Pre-Operative Medical Evaluation; Work-Related Health Issues)
Personality Disorders
Pleural Effusion/Pleural Abnormalities
Poisoning
Population Health (Administration of Effective Health Programs at the Population Level; Assessing and Measuring Health Status at the Population Level; Concepts of Health and Its Determinants; Environment; Health of Special Populations; Interventions at the Population Level; Outbreak Management
Potassium Concentration Abnormal, Serum (Hyperkalemia; Hypokalemia)
Pregnancy (Antepartum Care; Intrapartum Care/Postpartum Care; Obstetrical Complications)
Pregnancy Loss
Prematurity
Prolapse/Pelvic Relaxation
Proteinuria
Pruritus
Psychotic Patient/Disordered Thought
Pulse Abnormalities/Diminished/Absent/Bruits
Pupil Abnormalities
Renal Failure (Acute; Chronic)
Scrotal Mass
Scrotal Pain
Seizures (Epilepsy)
Sexual Maturation, Abnormal
Sexually Concerned Patient/Gender Identity Disorder
Skin Rash, Macules
Skin Rash, Papules (Childhood Communicable Diseases; Urticaria/Angioedema/Anaphylaxis)
Skin Ulcers/Skin Tumors (Benign and Malignant)
Sleep and Circadian Rhythm Disorders/Sleep Apnea Syndrome/Insomnia

Sodium Concentration Abnormal, Serum (Hypernatremia; Hyponatremia)
Sore Throat, Rhinorrhea (Smell/Taste Dysfunction)
Stature Abnormal (Tall Stature/Short Stature)
Strabismus and/or Amblyopia
Substance Abuse/Drug Addiction/Withdrawal
Sudden Infant Death Syndrome SIDS)/Acute Life Threatening Event (ALTE)
Suicidal Behavior
Syncope/Pre-syncope/Loss of Consciousness (Fainting)
Temperature Abnormal/Fever and/or Chills (Fever in a Child/Fever in a Child Less than Three Weeks; Fever in the Immune Compromised Host/Recurrent Fever; Fever of Unknown Origin; Hyperthermia; Hypothermia)
Tinnitus
Trauma/Accidents (Abdominal Injuries; Bites, Animal/Insects; Bone/Joint Injury; Chest Injuries; Bone Injuries; Drowning [Near Drowning]; Facial Injuries; Hand/Wrist Injuries; Head Trauma/Brain Death/Transplant Donation; Nerve Injuries; Skin Wounds/Regional Anaesthesia; Spinal Trauma; Urinary Tract Injuries; Vascular Injury;
Urinary Frequency (Dysuria and/or Pyuria; Polyuria/Polydipsia)
Urinary Obstruction/Hesitancy/Prostatic Cancer
Vaginal Bleeding, Excessive/Irregular/Abnormal
Vaginal Discharge/Vulvar Itch/STD
Violence, Family (Adult Abuse/Spouse Abuse; Child Abuse/Physical/Emotional/Sexual/Neglect/Self-Inflicted; Elderly Abuse)
Visual Disturbance/Loss (Acute; Chronic)
Vomiting/Nausea
Weakness/Paralysis/Paresis/Loss of Motion
Weight, Abnormal (Low at Birth [Intrauterine Growth Retardation]; Weight Gain/Obesity; Weight Loss/Eating Disorders/Anorexia)
Wheezing/Respiratory Difficulty, Asthma (Lower Respiratory Tract Disorders; Upper Respiratory Tract Disorders)
White Blood Cells, Abnormalities of

[i] This includes greeting with respect, attending to comfort levels and the need for an interpreter if applicable, orientating the interview, consulting with the patient to establish the reason for the visit, and managing time well.

[ii] This includes the need to seek consent from competent patients, facilitate collaboration with the patient and the patient's supporters 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.

[iii] 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.

[iv] 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 supporters 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).)