

Faculté de médecine

Université   
de Montréal

# TOWARDS A **COMPETENCY-BASED** **MEDICAL EDUCATION CURRICULUM**

## A TRAINING FRAMEWORK

Under the supervision of:

**Andrée Boucher**  
**Louis-Georges Ste-Marie**

For the

**CENTRAL**  
**COMPETENCY COUNCIL**



Les **Presses**  
du **CPASS**



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APPLIQUÉE AUX SCIENCES  
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See Appendix B for the names of the members of the CBA advisory committees for undergraduate and residency programs.

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*To establish a training framework for each competency, the seven committees and the Central Council of the Faculty of Medicine of Université de Montréal were inspired primarily by Frank, JR. (Ed). 2005. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada (<http://www.royalcollege.ca/portal/page/portal/rc/canmeds>) Adaptations were authorized by the RCPSC.*

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# PREFACE

For the professors in the Faculty of Medicine at Université de Montreal who developed this training framework, the physician is not only a healthcare professional but also a humanist who practices medicine as an art and a science dedicated to the well-being of the patient<sup>1</sup>. The therapeutic relationship between physician and patient is often the key to healing. It also helps soothe pain and distress until the end of life.

A physician necessarily initiates and maintains a close collaboration<sup>2</sup> with the patient and their family as well as with their colleagues who make up the healthcare team. They have a duty to develop their expertise and remain at the forefront of medical knowledge, but they must also show respect and appreciation for the expertise of their many colleagues in the field. It is with the assistance and knowledge of other healthcare professionals, particularly nurses, pharmacists and the administrative staff who support them, that a physician can provide the highest standard of care to their patient.

By offering the community at large this synthesis of the recommendations by the Central Competency Council, the Faculty of Medicine at Université de Montréal and the Office of the Vice Dean of Continuing Professional Education are demonstrating their commitment to full integration of the competency-based approach across a broad training continuum. They are deeply grateful to the many people who helped launch and further the vast project that is the new Competency-Based Medical Education Curriculum. By means of this guide, we hope to inspire other training institutions and help orient future physicians towards acquiring, maintaining, and developing their competencies throughout their professional lives.

In addition to being good communicators, collaborators, scholars and medical experts, the physicians of today and tomorrow must also expand their competencies as managers, health advocates, and health professionals in order to be as equipped as possible to deliver optimal patient care in every sense of the word.



A handwritten signature in black ink that reads "Hélène Boisjoly".

Dr. Hélène Boisjoly  
Dean of the Faculty of Medicine

<sup>1</sup> The patient may include anyone accompanying or helping them.

<sup>2</sup> The different components of this training framework are based on the notion that the physician-patient relationship is a partnership.

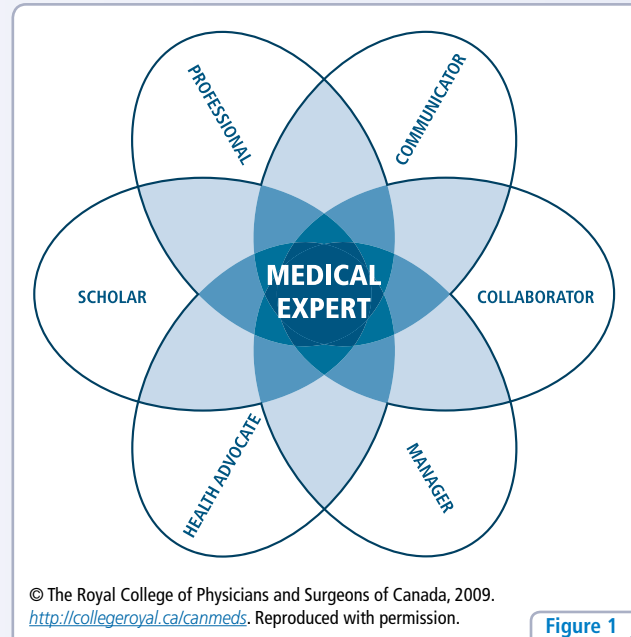


# INTRODUCTION

## Origins of the project

In 1996, the Royal College of Physicians and Surgeons of Canada (RCPSC) published the first draft of a competency framework called ProMEDS. In 2005, the CanMEDS<sup>1</sup> version was released (see figure 1). This framework classifies the work of the physician according to the following roles: medical expert, communicator, collaborator, manager, health advocate, scholar and professional. In publishing the CanMEDS version, the Royal College supplemented its certification criteria for medical education programs by requiring competency training for the seven roles.

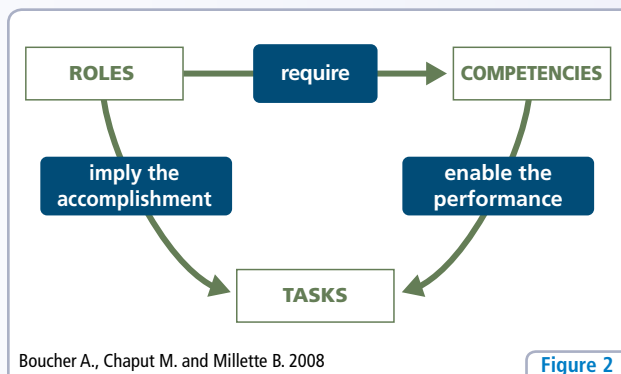
That same year, 2005, the Faculty of Medicine at Université de Montréal embarked on an extensive competency-based curriculum project which aimed at adopting a new pedagogical approach designed specifically to promote the progressive building of competencies. This approach entailed a review and reorganization of all the different programs that come under the medical studies umbrella, so that they dovetail with one another and thereby form a fully integrated training continuum.



## Central Competency Council and the seven competency committees

By January 2006, the Faculty of Medicine at Université de Montréal had already launched a comprehensive medical education renewal project whose purpose was to foster a deeper understanding of the different competencies physicians need in order to perform the many roles expected of them throughout their careers. The CPASS (Centre for Pedagogy Applied to Health Sciences) was mandated by the Dean and the Faculty Steering Committee to pilot a faculty-wide review of all programs with the intention of implementing the competency-based approach across the entire span of a physician's career, from admission to medical

school as a student all the way through to continuing education in their professional life. In order to accomplish this, a structure was put into place that includes the Central Council working in partnership with satellite competency committees that are dedicated specifically to studying each of the seven roles. This initiative involved more than 100 physicians, non-medical health professionals, patients, students, and residents who took part in a series of meetings and training sessions as well as consultation, validation and outreach activities. The methodology used and a more detailed description of their work will be published at a future date<sup>2</sup>.



<sup>1</sup> Frank JR, ed. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2005 <http://www.royalcollege.ca/portal/page/portal/rc/canmeds>.

<sup>2</sup> Fernandez N, Ste-Marie LG, Caire Fon N, Lebel P, Chaput M, Boucher A. Writing Competency-Development Pathways using Bloom's Taxonomy of Educational Objectives. Article for future publication.

**The Central Competency Council consists of:** the Chair, the chairs of the seven competency committees, members of the Faculty Steering Committee, members of CPASS, representatives of the medical undergraduate, residency and continuing professional development programs (CPD), a non-medical health sciences representative, a student representative, a resident representative, an expert patient, and at least one expert in pedagogy (see figure 3).

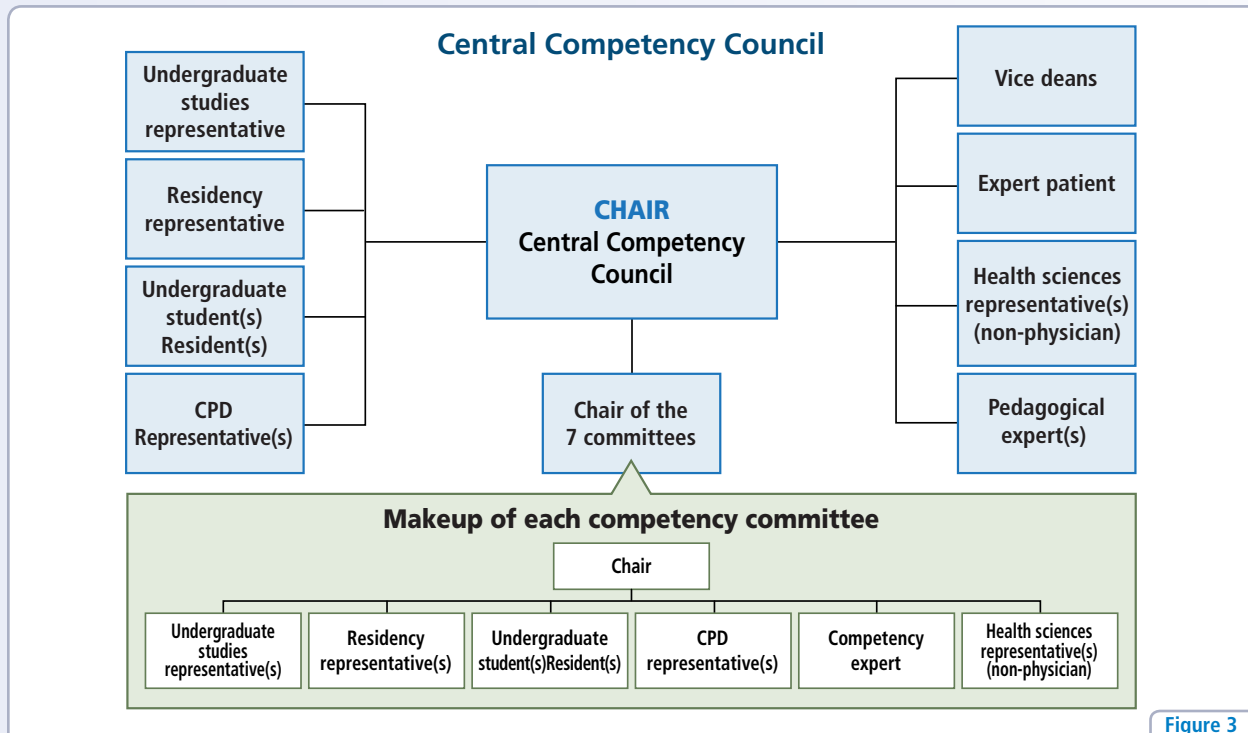


Figure 3

**The Council is mandated to:**

- Consider and reflect upon how best to transform the medical training continuum (pre-doctoral, post-doctoral, and continuing professional development) by applying the principles of a competency-based approach to the practice of medicine;
- Define the capacities (see glossary) required for each of the seven competencies and the level of mastery required at each stage, from the beginning of medical training until certification;
- Formulate recommendations about the changes required to implement the project (for example, learning and evaluation tools) from the undergraduate stage through to completion of post-doctoral studies.

**In concrete terms, for more than seven years the Central Competency Council made sure to:**

- Clearly indicate the make-up of each of the seven competency committees.
- Determine the timetable and priorities.
- Support the seven competency committees in their reflection.
- Encourage progress among participants and foster exchanges between the chairs.
- Coordinate and confirm the work by the committees.
- Exchange information on the educational front with key players in the field (directors of undergraduate rotations and residency programs).
- Inform those in charge of faculty programs of the results of the committees' work.
- Produce interim reports.
- Make the necessary representations in order to implement changes at the Faculty, in hospitals, and among professors and students.
- Facilitate ties with the other health science faculties at Université de Montréal, particularly for members of the Collaboration Committee.
- Ensure full and open communication with the Royal College, especially in the context of the CanMEDS 2015 revision.

## By the numbers

The **106 volunteer members** of the competency committees were recruited with a view to their input being representative of not only significant clinical experience but also medical pedagogy.

More than three quarters of the members came from different medical specialties<sup>1</sup>. Of these, some **60 percent** had more than **11 years** of teaching experience. Other professionals from the health sciences were also recruited to share their expertise, particularly with respect to the role of collaborator.

For each of these competency committees, the meetings added up to **150 hours** of collaborative efforts.

Analysis, compilation, and harmonization of the work by the Central Council was then undertaken for a period of one year before the training framework could appear in its current form.

## Professional identity at the heart of training

In 2008, a major forum<sup>2</sup> took place at the Faculty of Medicine at Université de Montréal, involving faculty heads, teaching clinicians and students alike. The fruit of these discussions and exchanges was the recognition of the importance of the physician's leadership role. Indeed a graduate of the Faculty of Medicine at Université de Montréal is one who will stand out because of **the committed leadership they demonstrate within the community they serve**. It is a vital characteristic, implicit in all aspects of the Central Council's work. Moreover, it is a characteristic that will be embodied in myriad ways in the coming years in all medical programs, because it will have been integrated into the CanMEDS competencies, imbuing them with the distinctive spirit of Université de Montréal.

Other compelling issues also inspired the authors of the competency statements and the development paths featured in this training framework. In particular, they sought to address major currents in the evolution of medicine today, such as **managing uncertainty, patient safety** and the concept of **global health**.

### Note

Among the internal resources on which the future physician must be able to rely are those attitudes<sup>3</sup> that typify professional behaviour. Unlike specific knowledge and skills, these attitudes are common to all competencies. In light of this, the Central Council proposes that certain fundamental attitudes be valued and encouraged in all programs. In turn, throughout their training, students will pay attention to occasions on which to exhibit these attitudes and will cement them as the foundation of their professional conduct. Students will be guided in this process by their supervisors.

#### In alphabetical order, these attitudes are:

- Altruism
- Commitment
- Empathy
- Honesty and integrity
- Humility and capacity for introspection
- Open mindedness
- Respect
- Rigour
- Sense of responsibility

<sup>1</sup> Family medicine is a medical specialty.

<sup>2</sup> Initiated by the Central Competency Council, the forum, entitled *Projet médecin 2015* took place January 23-24, 2008. It resulted in a report that provides an overview of the main issues: Beauchamp G, Chaput M, Millette B, Renaud S, Bourdy C, Boucher A. *Les futurs médecins formés à l'Université de Montréal, des leaders compétents et engagés dans leur communauté: Énoncé de position de la Faculté de médecine. Rapport du groupe de travail sur les médecins de l'An 2015*. Montreal: Université de Montréal, Faculté de médecine; 2009.

<sup>3</sup> Attitude is a settled opinion or way of thinking and the behaviour that reflects this. (Based on the definition provided in the Canadian Oxford Dictionary; 2004).



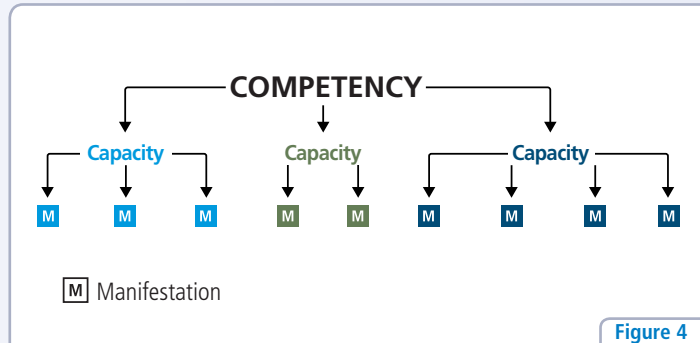
# TRAINING FRAMEWORK

Université de Montréal's competency-based framework is grounded in CanMEDS<sup>1</sup> and the seven roles<sup>2</sup> of the physician. It provides a **definition** and a **description** of each role as developed by the various competency committees and the Central Council and approved by the different groups consulted.

The competencies required to appropriately perform these roles were then examined on the basis of Tardif's definition (2006)<sup>3</sup> of competency as a "complex ability to act, which is supported by the mobilization and efficient combination of a variety of internal and external resources within a family of situations."

Each competency was analyzed, and the different **capacities**<sup>4</sup> that comprise it were enumerated.

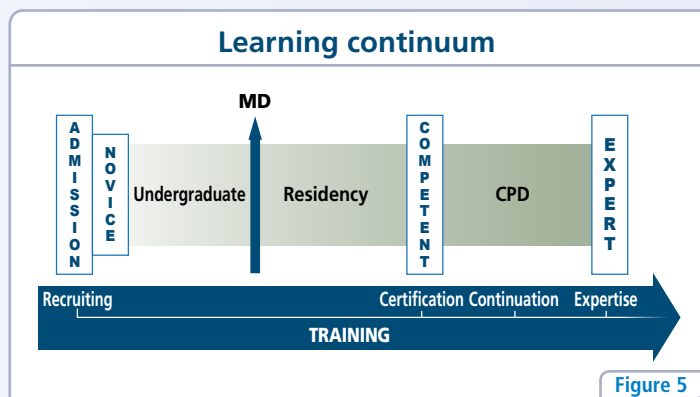
Each capacity was further divided into a series of **manifestations**<sup>5</sup> (see figure 4). Together, these elements reflect the vision of the Faculty of Medicine at Université de Montréal regarding the professional conduct and practice of a competent physician.



## Competency development paths

On a daily basis, physicians are called upon to perform the seven roles concurrently and apply all their acquired competencies as the situation demands. The same holds true for students, clerks and residents, who will have to demonstrate their mastery of the competencies in accordance with their level of training.

This forging of competency is progressive, taking place in an integrated learning continuum. It is based on the acquisition of new knowledge and its use in action. It is planned longitudinally, from the admission of a student into the program all the way to certification, and later still through the process of maintaining competency in order to become an expert (see figure 5).



<sup>1</sup> © Royal College of Physicians and Surgeons of Canada, <http://www.royalcollege.ca/portal/page/portal/rc/resources/aboutcanmeds>

<sup>2</sup> "Set of ways of acting which, in a given society, are meant to characterize the conduct of people in the exercise of a particular function." (Guy Rocher quoted in Le Grand dictionnaire terminologique) [http://www.granddictionnaire.com/BTML/FRA/r\\_Motclef/index800\\_1.asp](http://www.granddictionnaire.com/BTML/FRA/r_Motclef/index800_1.asp)

<sup>3</sup> Tardif J. L'évaluation des compétences – Documenter le parcours de développement. Montréal: Éditions de la Chenelière (p. 22); 2006.

<sup>4</sup> A component of competency that consists in an acquired skill that enables a person to effectively perform a professional activity. (Inspired by Legendre, R. Dictionnaire actuel de l'éducation. Librairie Larousse; 1988).

<sup>5</sup> Component of a capacity that facilitates its understanding and permits the setting of criteria by which to evaluate it. (Inspired by Lasnier F. Réussir la formation par compétences. Montréal: Guérin, éditeur Ltée; 2000.





## Detailed presentation of the competencies

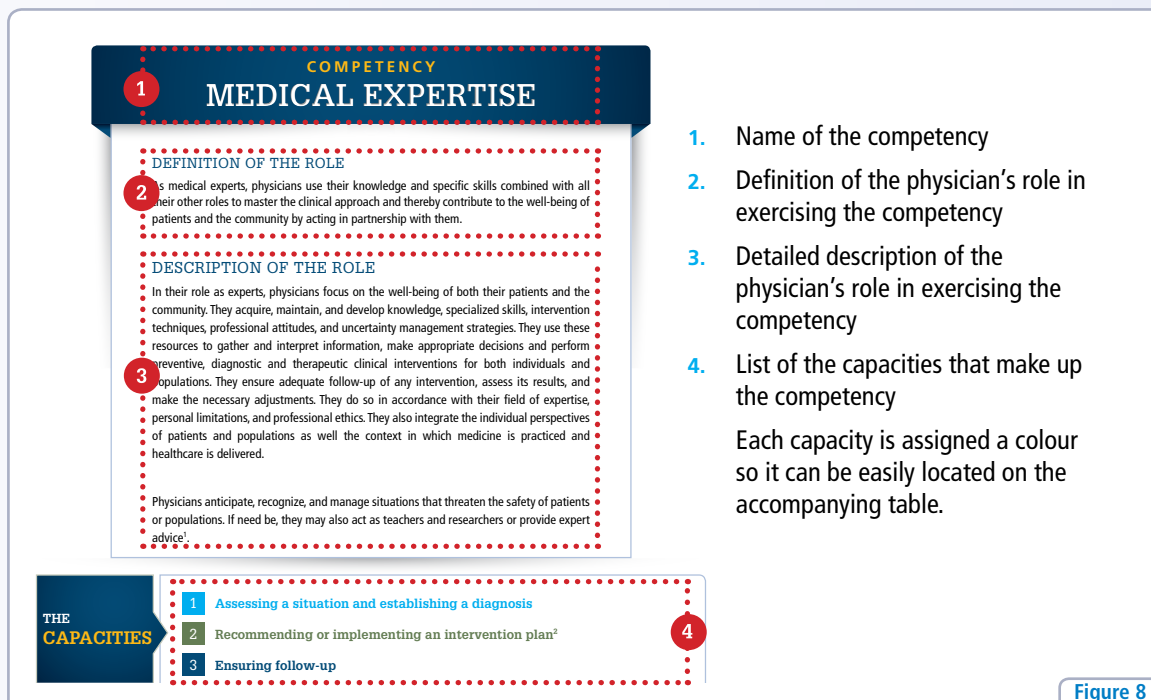
The following section contains the different competency statements developed by the Central Competency Council and then approved by the Faculty Council in May 2012. Among the seven competencies, medical expertise is considered a competency specific to medicine<sup>1</sup>, no matter the discipline<sup>2</sup>. On the other hand, collaboration, communication<sup>3</sup>, scholarship, management, professionalism, and health advocacy are presented as transversal competencies<sup>4</sup>.

To make consulting this document as easy as possible, the sections describing each competency are separated by tabs. Each one begins with the definition and description of the role followed by its attendant capacities and manifestations (see figures 8 and 9).

### By the numbers

The training framework presents the **7 competencies** subdivided into:

- **18** different capacities
- **82** manifestations of these capacities
- **753** indicators of expected behaviour

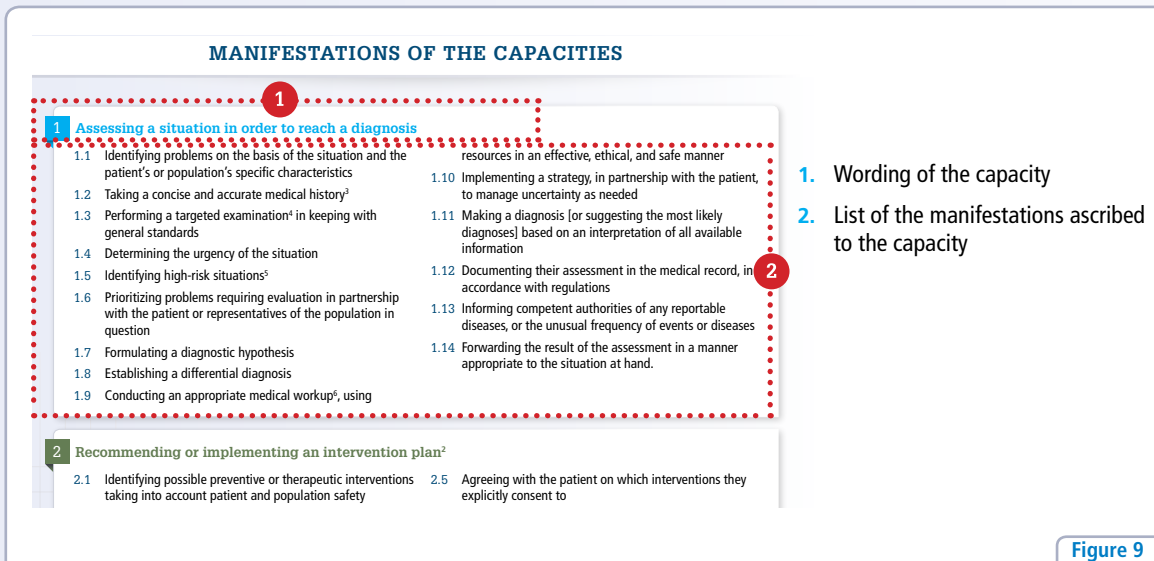


<sup>1</sup> Specific competencies are those that define us in our profession.

<sup>2</sup> Other health professions such as pharmacy have more than one specific competency.

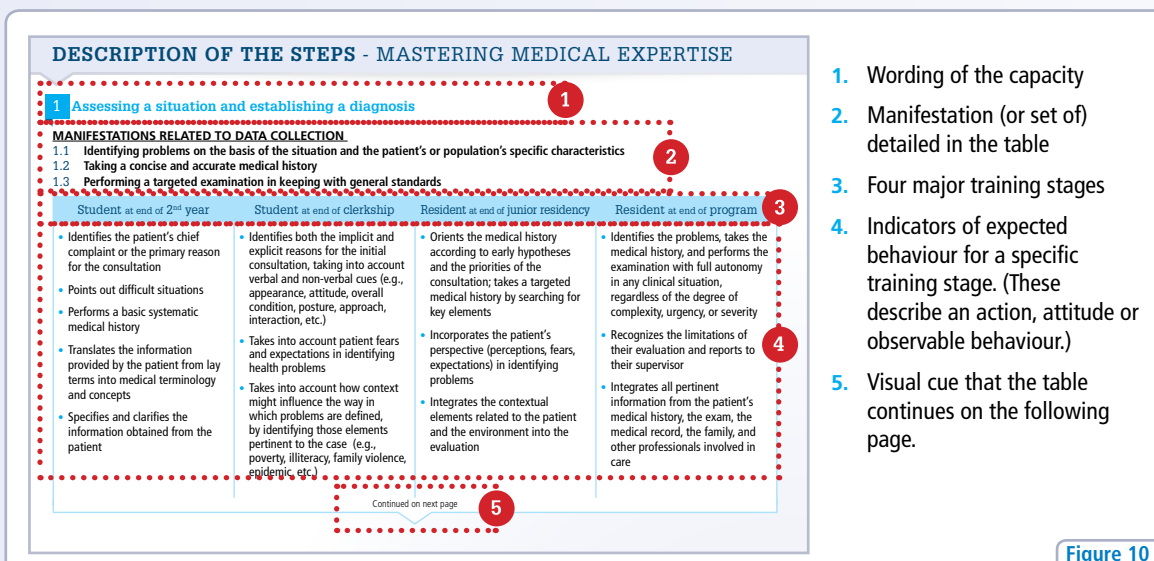
<sup>3</sup> Communication is defined as anything that relates to the means, the how-to of communicating. The content of communication relates more to expertise.

<sup>4</sup> Transversal competencies are integrated within the specific competencies and are common to many professions. The term refers to the "intrinsic roles" of the CanMEDS 2005.



The development paths of each competency are then presented in a series of more elaborate tables illustrating in detail each manifestation and the indicators of expected behaviour for each of the major training stages (see figure 10). It is important to remember that the behavioural indicators are not repeated in each of the subsequent stages, but are judged to have been mastered in a permanent way and must be demonstrated whenever a situation requires it.

These indicators will serve as guideposts for student learning, observation and evaluation—from the time they are admitted to medical school until the end of residency. In addition to helping students meet the requirements of accreditation organizations, knowledge of the expectations associated with each stage of training will prompt greater reflective practice. In this way, students will be able to easily identify gaps in their training and search out the tools required to achieve competency.



### Comment

To establish a training framework for each competency, the seven committees and the Central Council of the Faculty of Medicine at Université de Montréal were inspired primarily by Frank, JR. (Ed). 2005. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada (<http://www.royalcollege.ca/portal/page/portal/rc/canmeds>) Adaptations were authorized by the RCPSC.

### Advice on use

This training framework has been developed to address the professional conduct and practice of a competent physician. The elements within were included because of their potential for application to all individuals, whatever their discipline within the medical profession. Onto this common foundation will be grafted the aspects particular to each discipline and to the specific contexts in which a complex and multifaceted profession is exercised, the implications of which lie beyond the scope of this document. Instead, the training framework proposed by the Faculty of Medicine at Université de Montréal offers a comprehensive and adaptable structure for the benefit of students, residents and practising physicians alike.

### A framework of one's own

The following tables first took shape as an aid to better understanding the competency-based approach (CBA). They are specific to medicine and emphasize the conduct, actions, and way of being demonstrated on a daily basis by physicians faced with realities that demand full mastery of the different competencies. The main objective of the tables is to encourage teachers and instructors to commit and adhere to the CBA as a new pedagogical method, but they are also designed to permit learners to better prepare for their evolution from the status of student to that of full-fledged professional.

Neither the general framework nor the indicators were conceived as an evaluation tool. More specifically, the 753 indicators are not meant to be mastered point by point. Rather they serve as guidelines to clearly define expected behaviour and provide a means by which to better understand and grasp the competencies. Indicators should be grouped together and tailored to the particular needs of each discipline and context. An example of how they might be used as a teaching tool is given in the section on implementation.

## Editorial choices

Before arriving at this version of the training framework, the members of the Central Competency Council had to draw up the broad outline and, as a result, make editorial choices that have influenced the way in which this document is used.

- In order to make the content more accessible, particular attention was paid to the manifestations and indicators to ensure they were not repeated from one competency to another. **In certain instances, therefore, the Central Competency Council had to decide to ascribe them to the competency that it deemed most appropriate.** For example, the manifestations relating to teamwork were ascribed to collaboration even if they could just as easily have been included in communication; conversely, manifestations relating to communicating with the patient were ascribed to communication instead of collaboration.
- **The indicators of observable behaviour were classified by level of training on a generic basis, across all disciplines.** Terms such as *knows* or *is familiar with* are not part of observable conduct but are part of resources—that is to say, the knowledge, skills or attitudes required to master a competency. The indicators contain no qualifying adverbs such as *completely*, *efficiently*, or *thoroughly*, since in the competency-based approach, they are assumed to be inherent.
- In the context of undergraduate training, **this classification is uniform from one program to another; whereas during residency, mastering the different indicators can be done early or later in the training, depending on the discipline.** It is important, therefore, that each program adapt indicators and set expectations for mastering them according to their own professional context.

### Operational note

The competency-based framework was developed in a generic way to address different professional contexts as accurately as possible. It is crucial, therefore, that the framework be tailored to your learning activities.

On the other hand, the different capacities and manifestations—being common to all programs—should be used as is. We invite you to sort the indicators of expected behaviour by adding a level in cases where they are too generic for your purposes and would benefit from greater specificity. Moreover, you could also rearrange the order in

which mastery of an indicator is achieved, if it is required earlier in your training context.

In the case of health advocacy, for example, the indicators relating to the capacity of “performing interventions in the community...” might appear sooner in the field of public health than in other disciplines.

# IMPLEMENTATION

After the groundwork by the Central Council and the competency committees had been laid, the next step was to begin implementing the competency-based approach in clinical settings. To that end, a special task force was formed (Committee to Implement the Competency-Based Approach (CIAC), membership of which is included in appendix C). The CIAC's aim is to provide concrete support to the directors of undergraduate rotations and residency programs so they can effectively apply the CBA to the training of students and residents using the competency development paths provided in this framework.

Competency is achieved over time and evaluated in action. For this reason, it is crucial to develop tools that favour direct observation and feedback in professional situations in order to measure learning progress. The preferred tool to begin implementing the CBA in the field is the opportunity for learning (OFL). An OFL takes advantage of a current clinical situation requiring the learner to mobilize the capacities of at least two competencies. Its use during direct observation means that learning can be structured by providing feedback

based on explicit criteria. In addition, an OFL demands reflexivity on the part of the learner. By grouping together the different manifestations explicitly elicited by a given task, an easy-to-use observation grid can be drawn up and employed on a daily basis (table 1 summarizes the OFL characteristics as defined by the CIAC). The OFL is modeled on the other tools contained within the CBA, such as the competency integration task and the entrustable professional activities (EPA); but it is less weighty than the former and, unlike the latter, it aims at learning and assessment rather than sanctioning.

The CIAC was also mandated to create a compendium of OFLs in order to support the teaching faculty in all clinical settings. Table 2 provides an example of one of the OFLs it developed, which is aimed at junior residents.

**TABLE 1: FEATURES OF THE OFL**

<b>Definition</b>	The OFLs are common, complex (rich) situations that characterize clinical work in a great many settings. OFLs require mobilizing several capacities in at least two training framework competencies.
<b>Type of activity</b>	Training
<b>Context for use</b>	Fairly common situation that can be applied to a broad range of settings
<b>Task assessed</b>	Task particularly targeted by the rotation
<b>Assessment</b>	Training evaluation based on a feedback grid designed to determine where the learner is positioned in their mastery of each of the manifestation of the OFL (unsatisfactory, developing, mastered, next level). The points of view of both the learner and supervisor are drawn upon to produce a pedagogical prescription or a plan by the learner.

## OFL: INFORMED DISCHARGE

<b>OFL TITLE:</b> Informed discharge	<b>LEVEL OF TRAINING:</b> Junior resident
<b>STATEMENT OUTLINING THE SITUATION:</b> The resident meets the patient and their family at the end of treatment or prior to being discharged from hospital.	<b>EXAMPLES OF SITUATIONS:</b> At the end of a series of daily radiation treatments Discharge following a hospital stay
<b>INSTRUCTIONS:</b> The resident dispenses advice and recommendations to the patient and family for the appropriate follow-up.	
<b>TARGETED COMPETENCIES:</b> Medical expertise, communication, professionalism, health advocacy, scholarship and management	
<b>TARGETED CAPACITIES AND MANIFESTATIONS:</b>	
<p><b>Assessing a situation and establishing a diagnosis (Medical Expertise)</b></p> <ul style="list-style-type: none"> <li>Identifying potential problems that could arise following the patient's discharge, taking into consideration the situation and the specific features of the patient.</li> </ul> <p><b>Recommending or applying a treatment plan (Medical Expertise)</b></p> <ul style="list-style-type: none"> <li>Identifying possible preventive interventions, taking into consideration the safety of the patient or the population.</li> </ul> <p><b>Ensuring follow-up (Medical Expertise)</b></p> <ul style="list-style-type: none"> <li>Initiating follow-up appropriate to the context.</li> <li>Communicating the results of the follow-up to persons concerned.</li> <li>Recording the assessment in the file according to regulations.</li> </ul> <p><b>Exchanging information (Communication)</b></p> <ul style="list-style-type: none"> <li>Conducting the medical interview in partnership with the patient.</li> <li>Adapting the content and exchange of information to suit the individual, context, and means of communication, while showing empathy.</li> <li>Ensuring they understand the person they are speaking to and that they themselves are understood.</li> </ul> <p><b>Establishing a professional relationship (Communication)</b></p> <ul style="list-style-type: none"> <li>Fostering a feeling of trust in the other person.</li> <li>Validating the expression of feelings and responding accordingly.</li> <li>Interacting in a constructive and productive manner.</li> </ul>	<p><b>Acting in the patient's best interest taking into account collective needs (Professionalism)</b></p> <ul style="list-style-type: none"> <li>Respecting the patient as a person in every way.</li> <li>Ensuring patient safety and well-being.</li> <li>Ensuring continuity of patient care.</li> </ul> <p><b>Conducting themselves according to the values, standards, and rules of the profession (Professionalism)</b></p> <ul style="list-style-type: none"> <li>Maintaining an appropriate relationship with the patient and their family.</li> <li>Fulfilling their responsibilities.</li> </ul> <p><b>Promoting patient health and disease prevention (Health Advocacy)</b></p> <ul style="list-style-type: none"> <li>Helping the patient achieve awareness of elements affecting their health and, when needed, supporting them in taking steps to modify risk factors, maintain protective factors, and follow their treatment.</li> </ul> <p><b>Encouraging the learning of others while respecting the ethical principles that underlie the teacher-learner relationship (Scholarship)</b></p> <ul style="list-style-type: none"> <li>Providing education to patients and their families.</li> </ul> <p><b>Coordinating the organizational aspects of their professional practice (Management)</b></p> <ul style="list-style-type: none"> <li>Meeting medico-legal, ethical, and administrative obligations towards patients, society, and the institutions where they work.</li> </ul> <p><b>Contributing to efficient healthcare and services by demonstrating leadership (Management)</b></p> <ul style="list-style-type: none"> <li>Using human and material resources wisely.</li> </ul>
<p><b>LEARNING STRATEGY:</b></p> <ul style="list-style-type: none"> <li>Presenting the evaluation grid beforehand</li> <li>Observation and feedback</li> </ul> <p><b>EVALUATION STRATEGY:</b></p> <ul style="list-style-type: none"> <li>Appended evaluation grid</li> </ul>	<p><b>EXTERNAL RESOURCES:</b></p> <ul style="list-style-type: none"> <li>"Informed Discharge" The Canadian Medical Protective Association, March 2008 [Internet].  <a href="http://www.cmpa-acpm.ca/cmpapd04/docs/resource_files/infosheets/2006/com_is0663-e.cfm">http://www.cmpa-acpm.ca/cmpapd04/docs/resource_files/infosheets/2006/com_is0663-e.cfm</a></li> <li>Faculty course on informed discharge (R2)</li> </ul>

## OFL feedback grid: Informed discharge

**Competencies elicited:** Medical expertise, communication, professionalism, health advocacy, scholarship and management

Learner's name: \_\_\_\_\_ Level of training: \_\_\_\_\_ Observer's name: \_\_\_\_\_

MANIFESTATIONS SPECIFIC TO OFL	N/A N/O	INADEQUATE	DEVELOPING	MASTERED, END OF JUNIOR RESIDENCY	MASTERED, END OF TRAINING
Explains to the patient the instructions regarding regular follow-up*.		Does not explain or omits important elements.	Only partially explains but does not forget the important elements.	Explains all the instructions in the follow-up plan regarding treatment of common cases, taking into account non-compliance or natural evolution.	Explains the instructions specifically tailored to the needs of the patient and their family (in partnership), even for uncommon and complex cases.
Maintains an appropriate relationship with the patient and their family.		Shows a lack of respect in interactions.	Has difficulty setting limits when the patient or their family oversteps professional boundaries.	Shows respect towards the patient and their family at all times. Sets limits when the patient or family oversteps professional boundaries but demonstrates their availability after discharge to answer questions from the patient or other professionals (e.g., writes down their name and phone number legibly).	+Manages conflict situations as they arise.
Uses human and material resources wisely.		Disregards cost and availability of resources when making recommendations at the time of the discharge.	Considers the cost and availability of resources when making recommendations but does so only partially.	Is concerned about the cost and availability of resources when making recommendations at the time of the discharge.	+Manages access to limited community resources, consultants, and other professionals.
Explains the signs and symptoms that indicate a problem and the importance of taking the required action.		Gives very incomplete, contradictory, or erroneous information.	Provides only a partial explanation but does not omit serious signs and symptoms and makes no errors.	Explains all possible complications to the patient and their family.	Makes sure the patient understands why and when they must seek consultation because of their signs and symptoms.
Makes sure they understand the patient's concerns about being discharged.		Does not attempt to understand the patient's concerns.	Succinctly explores the patient's concerns.	Explores the patient's concerns using targeted questions. Shows empathy.	Explores the patient's concerns through pertinent questions in response to verbal and non-verbal cues during the visit.
Ensures the patient and their family understand their explanations.		Is not open to questions from the patient and their family.	Answers the patient's questions but does not check to see if the answers are understood.	Encourages the patient to ask questions. Helps the patient understand and retain instructions by repeating them or having the patient and their family summarize them.	Encourages the patient and their family to ask questions. Uses layperson's language to adapt information and explanations to the patient and their family's knowledge or gaps in their understanding.

## OFL feedback grid: Informed discharge

MANIFESTATIONS SPECIFIC TO OFL	N/A N/O	INADEQUATE	DEVELOPING	MASTERED, END OF JUNIOR RESIDENCY	MASTERED, END OF TRAINING
Records the discharge in the medical record according to regulations.		Does not document the discharge in the medical record or omits several key elements.	Provides an incomplete record of the discharge.	Documents the discharge including all relevant and important elements.	Ditto.
Communicates all relevant information about the patient care episode to the persons concerned.		Does not bother to communicate important information to the other professionals involved in the patient's care.	Communicates to other professionals the results of the treatment follow-up and any further steps but forgets certain elements.	Communicates the results of the treatment follow-up and any further steps to the family physician as well as to other professionals involved in the patient's care.	In more complex or unusual cases, communicates the results of the treatment follow-up and any further steps to the family physician as well as to other professionals involved in the patient-care episode and chooses the best means of communication (e.g., telephone, written note).
LEARNER'S PERSPECTIVE					
OBSERVER'S PERSPECTIVE					
PEDAGOGICAL PRESCRIPTION <input type="checkbox"/> LEARNER'S PLAN <input type="checkbox"/>					

\* Next appointment with the attending physician(s), follow-up examination/tests, appointments with other professionals, taking medication, reminder about good health and safety habits, whom to contact if problems occur.

### Signatures

Date: \_\_\_\_\_ Observer: \_\_\_\_\_ Learner: \_\_\_\_\_



# CONCLUSION

The implementation phase of the training framework promises to be lengthy. Its success depends upon educating teachers and securing their full adherence to this new pedagogical approach. To that end, the CPASS (Centre for Pedagogy Applied to Health Sciences) and the Faculty of Medicine at Université de Montréal have devised a training program called Leaders in Pedagogy and the Competency-Based Approach, the exponential effect of which is ensured by the creation of a group of experts who will, in turn, train their colleagues and peers. Launched in December 2010, its mission is to initiate a gradual change in the way the learning, teaching, and evaluation of medical training is both thought about and put into practice. Today more than 50 *leaders* have been trained and assigned to 10 university departments and hospital units. Their mandate is to “contribute to the implementation of the competency-based approach in the Faculty of Medicine and to continually

improve the pedagogical quality of training programs while, in particular, fulfilling their function as CPASS counsellors, trainers and collaborators.” The impact of their work is already being felt in their respective settings, where they have become catalysts for commitment to the CBA by virtue of their close ties to those responsible in the field for student and resident training.

Different but equally valid implementation of the framework will emerge from the different experiences of other institutions and communities, attesting to the individuality of every clinical setting. And it will be up to the health science programs that serve them to determine the best way to take advantage of the training framework and adapt it to their needs.

## A new challenge

Many exciting challenges lie ahead. For the Faculty of Medicine at Université de Montréal this means taking up the gauntlet and creating a perfect alignment of all stages in the training continuum, including continuing professional development. Longitudinal work committees comprised of key players in undergraduate, post-graduate and continuing professional development training are already up and running. They are working hard to tear down traditional silos and open up broader channels of communication to ensure the most effective implementation of a competency-based approach, regardless of the setting, the level of medical training, or the number of years of professional practice.



## COMPETENCY

# MEDICAL EXPERTISE

### DEFINITION OF THE ROLE

As medical experts, physicians use their knowledge and specific skills combined with all their other roles to master the clinical approach and thereby contribute to the well-being of patients and the community by acting in partnership with them.

### DESCRIPTION OF THE ROLE

In their role as experts, physicians focus on the well-being of both their patients and the community. They acquire, maintain, and develop knowledge, specialized skills, intervention techniques, professional attitudes, and uncertainty management strategies. They use these resources to gather and interpret information, make appropriate decisions and perform preventive, diagnostic and therapeutic clinical interventions for both individuals and populations. They ensure adequate follow-up of any intervention, assess its results, and make the necessary adjustments. They do so in accordance with their field of expertise, personal limitations, and professional ethics. They also integrate the individual perspectives of patients and populations as well the context in which medicine is practiced and healthcare is delivered.

Physicians anticipate, recognize, and manage situations that threaten the safety of patients or populations. If need be, they may also act as teachers and researchers or provide expert advice<sup>1</sup>.

### THE CAPACITIES

- 1 Assessing a situation and establishing a diagnosis
- 2 Recommending or implementing an intervention plan<sup>2</sup>
- 3 Ensuring follow-up

<sup>1</sup> For instance, in court proceedings, at the request of a government agency, as part of an advisory committee, or on behalf of an insurance company.

<sup>2</sup> The term intervention encompasses all forms of treatment including technical procedures, prescriptions and recommendations as well as the decision not to intervene. Implementing an intervention includes recommending or carrying out the intervention.

## MANIFESTATIONS OF THE CAPACITIES

### 1 Assessing a situation and establishing a diagnosis

- 1.1 Identifying problems on the basis of the situation and the patient's or population's specific characteristics
- 1.2 Taking a concise and accurate medical history<sup>3</sup>
- 1.3 Performing a targeted examination<sup>4</sup> in keeping with general standards
- 1.4 Determining the urgency of the situation
- 1.5 Identifying high-risk situations<sup>5</sup>
- 1.6 Prioritizing problems requiring evaluation in partnership with the patient or representatives of the population in question
- 1.7 Formulating a diagnostic hypothesis
- 1.8 Establishing a differential diagnosis
- 1.9 Conducting an appropriate medical workup<sup>6</sup>, using resources in an effective, ethical, and safe manner
- 1.10 Implementing a strategy, in partnership with the patient, to manage uncertainty as needed
- 1.11 Making a diagnosis [or suggesting the most likely diagnoses] based on an interpretation of all available information
- 1.12 Documenting their assessment in the medical record, in accordance with regulations
- 1.13 Informing competent authorities of any reportable diseases, or the unusual frequency of events or diseases
- 1.14 Forwarding the result of the assessment in a manner appropriate to the situation at hand

### 2 Recommending or implementing an intervention plan<sup>2</sup>

- 2.1 Identifying possible preventive or therapeutic interventions taking into account patient and population safety
- 2.2 Consulting other health professionals as needed
- 2.3 Determining appropriate interventions<sup>2</sup> for a patient or population, taking into consideration their specific characteristics, perspectives and environments (familial, social, work and other)
- 2.4 Discussing possible interventions<sup>7</sup> and objectives with the patient and concerned individuals in order to help inform the decision
- 2.5 Agreeing with the patient on which interventions they explicitly consent to
- 2.6 Ensuring interventions are carried out in a safe, effective, and timely manner
- 2.7 Documenting the intervention plan and any interventions performed in the medical record in accordance with regulations
- 2.8 Forwarding recommendations to various stakeholders, in a manner appropriate to the situation at hand

### 3 Ensuring follow-up

- 3.1 Implementing follow-up appropriate to the context
- 3.2 Evaluating patient response to the interventions on the basis of targeted goals
- 3.3 Reviewing the diagnostic approach if need be
- 3.4 Continuing, modifying<sup>8</sup>, or discontinuing one or more interventions at the appropriate time in the interests of patient safety
- 3.5 Communicating results of the follow-up to the individuals concerned
- 3.6 Documenting their evaluation in the medical record in accordance with regulations

<sup>3</sup> The medical history includes a record of all relevant, available information.

<sup>4</sup> Examination includes both physical, psychiatric, and functional components, as well as anything that relates to the population aspect.

<sup>5</sup> The risk may involve the safety of patients, their families and healthcare workers, or the possibility of diagnostic errors.

<sup>6</sup> An appropriate medical workup includes the decision not to perform a workup.

<sup>7</sup> Possible interventions include non-intervention or inappropriate interventions requested by the patient or their family.

<sup>8</sup> Modifying an intervention includes intensifying or reducing it or trying another intervention.

# DESCRIPTION OF THE STEPS - MASTERING MEDICAL EXPERTISE

## 1 Assessing a situation and establishing a diagnosis

### MANIFESTATIONS RELATED TO DATA COLLECTION

- 1.1 Identifying problems on the basis of the situation and the patient's or population's specific characteristics
- 1.2 Taking a concise and accurate medical history
- 1.3 Performing a targeted examination in keeping with general standards

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>• Identifies the patient's chief complaint or the primary reason for the consultation</li> <li>• Points out difficult situations</li> <li>• Takes a basic systematic medical history</li> <li>• Translates the information provided by the patient from lay terms into medical terminology and concepts</li> <li>• Specifies and clarifies the information obtained from the patient</li> <li>• Recognizes the characteristics of a normal exam and certain clinical signs and symptoms of the most common pathologies</li> <li>• Secures the patient's cooperation by showing respect and consideration for their comfort, modesty, and safety</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies both the implicit and explicit reasons for the initial consultation, taking into account verbal and non-verbal cues (e.g., appearance, attitude, overall condition, posture, approach, interaction, etc.)</li> <li>• Takes into account patient fears and expectations in identifying health problems</li> <li>• Takes into account how context might influence the way in which problems are defined, by identifying those elements pertinent to the case (e.g., poverty, illiteracy, family violence, epidemic, etc.)</li> <li>• Performs the review of systems, paying particular attention to those that may be affected by the problems identified</li> <li>• Actively looks for the presence or absence of key elements in the medical history that would confirm or refute their hypotheses</li> <li>• Uses the information provided by the patient's family and other persons involved to define the problems</li> <li>• Locates and uses pertinent elements in the patient's medical record</li> <li>• Performs a thorough exam</li> <li>• Recognizes the physical signs of common pathologies and actively looks for those consistent with the diagnoses suggested by the medical history or the initial indications</li> <li>• Conveys their evaluation in a synthetic manner when presenting the case to their supervisor</li> <li>• Indicates to the supervisor those elements that must be verified as well as any areas in which they require further training</li> </ul>	<ul style="list-style-type: none"> <li>• Orients the medical history according to early hypotheses and the priorities of the consultation; takes a targeted medical history by searching for key elements</li> <li>• Incorporates the patient's perspective (perceptions, fears, expectations) in identifying problems</li> <li>• Integrates the contextual elements related to the patient and the environment into the evaluation</li> <li>• Performs a targeted exam based on identified problems</li> <li>• Correctly interprets any observed anomalies in the exam</li> <li>• Looks for clinical signs consistent with the suggested diagnosis and makes appropriate use of additional examination techniques</li> <li>• Performs the evaluation in the expected timeframe for straightforward cases</li> <li>• Identifies, on their own initiative, those aspects of the medical history and exam about which they are unsure and that require assistance or verification by a supervisor or consultant in order to ensure patient safety</li> <li>• Takes note of the information in the medical record and actively seeks to obtain pertinent information from the patient's family, other professionals involved, and consultants</li> <li>• Summarizes the case to the supervisor or a consultant by focusing on essential elements</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies the problems, takes the medical history, and performs the examination with full autonomy in any clinical situation, regardless of the degree of complexity, urgency, or severity</li> <li>• Recognizes the limitations of their evaluation and reports to their supervisor</li> <li>• Integrates all pertinent information from the patient's medical history, the exam, the medical record, the family, and other professionals involved in care</li> <li>• Performs their evaluation in the time expected for complex cases</li> </ul>

**MANIFESTATIONS RELATED TO ASSESSING PRIORITIES**

1.4 Determining the urgency of a situation

1.5 Identifying high-risk situations

1.6 Prioritizing problems requiring evaluation in partnership with the patient or representatives of the population in question

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Recognizes a potentially urgent situation that is either life-threatening or that could cause significant morbidity</li> <li>Promptly informs their supervisors and other persons concerned in order to determine the required intervention</li> </ul>	<ul style="list-style-type: none"> <li>Recognizes the early warning or danger signs of a potentially urgent condition affecting the health of an individual or community</li> <li>Initiates emergency response protocol</li> <li>Identifies the most common physical, chemical, toxic, and infectious risks that could quickly and significantly affect the health and safety of individuals, the community, or themselves</li> <li>Gives priority to urgent problems as soon as they are identified</li> <li>Adjusts the length and scope of their evaluation so as not to delay communication of pertinent information to their supervisors</li> </ul>	<ul style="list-style-type: none"> <li>Gives priority to a patient who is potentially medically unstable or to an urgent situation affecting the community</li> <li>Effectively evaluates patients who are potentially medically unstable or urgent situations affecting the community</li> <li>Prioritizes problems with their supervisor's approval</li> <li>Initiates the necessary therapeutic measures and mobilizes required resources to prevent a situation from deteriorating during the evaluation</li> <li>Takes these steps with the assistance of their supervisor but is able to initiate them on their own</li> <li>Actively looks for and identifies any high-risk health situation, giving it priority in the collecting of data</li> <li>Takes into account morbidity, possible interventions, and the needs and expectations of the patient and their family or of the community in order to reach an agreement about those problems that require evaluation</li> <li>Takes into account the personal, familial, social, and cultural context in establishing priorities for those problems that require evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Identifies urgent or high-risk situations, mobilizes the necessary resources, and intervenes effectively to assess and prioritize problems with full autonomy, even when the situations are complex or occur simultaneously</li> <li>Prioritizes problems to be evaluated in partnership with patients or the community and guides them, while respecting their value systems, so that they can make informed choices in complex situations</li> </ul>

**MANIFESTATIONS RELATED TO DIAGNOSIS**

1.7 Formulating a diagnostic hypothesis

1.8 Establishing a differential diagnosis

1.9 Conducting an appropriate medical workup, using resources in an effective, ethical, and safe manner

1.10 Implementing a strategy, in partnership with the patient, to manage uncertainty as needed

1.11 Making a diagnosis [or suggesting the most likely diagnoses] based on an interpretation of all available information

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Analyzes the data on the problem (e.g., case presentation, simulated case) in order to pinpoint key elements and establish a relationship between them and the pathophysiological processes of certain illnesses</li> <li>Summarizes the data in order to draw up a list of problems</li> </ul>	<ul style="list-style-type: none"> <li>Organizes the key elements of the medical history, examination, and the results of paraclinical exams in order to formulate a differential diagnosis</li> <li>Begins to rank the diagnostic hypotheses taking into account the frequency and potential severity of the illnesses</li> </ul>	<ul style="list-style-type: none"> <li>Presents a synthesis of each case to their supervisors by organizing key elements and taking into account their diagnostic hypotheses</li> <li>Efficiently combines all available data to formulate the most likely diagnosis and ranks the differential diagnoses according to their degree of probability and potential severity</li> </ul>	<ul style="list-style-type: none"> <li>Formulates diagnostic hypotheses, including the pertinent differential diagnosis, and retains those which are most likely given the full set of data in rare or complex situations (e.g., undifferentiated, atypical, or multisystemic disorders or those presenting multiple comorbidities)</li> </ul>

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**MANIFESTATIONS RELATED TO DIAGNOSIS**

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>• Proposes hypotheses without necessarily being able to rank them</li> <li>• Suggests medical workups likely to yield data useful in understanding a situation</li> <li>• Provides an interpretation of the results of the workup</li> <li>• Incorporates the data from the workup into the overall clinical data</li> <li>• Expresses their uncertainties</li> </ul>	<ul style="list-style-type: none"> <li>• Includes functional causes where appropriate in their diagnostic hypothesis</li> <li>• Outlines the required and appropriate workup and reviews it with their supervisors</li> <li>• Suggests basic tests to their supervisor, taking into consideration their features and limitations (e.g. reliability, sensitivity, specificity), their availability, their acceptability for the patient and their inherent risks</li> <li>• In the most straightforward or common cases, proposes to their supervisor the most likely diagnosis using basic diagnostic test results</li> <li>• Identifies their level of uncertainty at each step of the diagnostic process, explains the underlying reasons, and confers with their supervisor about them</li> <li>• Devises and uses certain strategies to manage their uncertainty</li> <li>• Suggests to their supervisor ways of discussing the inherent uncertainty of a situation with the patient</li> <li>• After reaching agreement with their supervisors, conveys their diagnostic impressions to the patient or their family, taking into account their level of comprehension and possible reactions</li> </ul>	<ul style="list-style-type: none"> <li>• Correctly assesses their own degree of certainty about the hypotheses in order to determine whether a supplementary evaluation is required</li> <li>• Presents and discusses their diagnostic impressions with (or delivers a diagnosis to) the patients after having conferred with their supervisors in more complex cases</li> <li>• Establishes a workup plan in conjunction with their supervisors, taking into consideration the needs of the patient and the need to clarify a diagnosis or eliminate others based on the results of any investigations and clinical data already available</li> <li>• Proposes a workup basing their choice of tests on the best evidence and using a step-by-step approach, if necessary, in order to confirm or reject a diagnosis with a minimum of required testing</li> <li>• When appropriate and with their supervisor's consent, obtains a diagnostic opinion or specialized evaluation from consultants</li> <li>• Decides and justifies when additional workup is unwarranted</li> <li>• Discusses with the patient the degree of uncertainty inherent in the situation</li> <li>• Establishes an agreement with the patient or their family about which investigation methods will or will not be used and obtains informed consent</li> <li>• Assesses and seeks to appropriately minimize the patient's concerns about the workup stage</li> <li>• Makes the most likely diagnosis in straightforward and common cases</li> </ul>	<ul style="list-style-type: none"> <li>• Demonstrates an efficient diagnostic approach even in the most difficult contexts (e.g., limited time, having to respond to an array of service needs, a major emergency situation, difficulty communicating with a patient and/or their family, etc.)</li> <li>• Formulates and appropriately conveys their diagnostic impressions to the patient and their family with full autonomy, taking into account the potential impact of a diagnosis on the patient and their family as well as any other medico-legal and ethical aspects, etc.</li> <li>• Establishes on their own the appropriate workup plan for complex or atypical cases as well as for those with multisystemic involvement, simultaneous pathologies, or rare clinical presentations; is able to suggest how to adapt or innovate investigation methods to deal with new situations</li> <li>• Devises with the patient a strategy and plan to manage uncertainty</li> <li>• Coordinates the workup when several consultants are involved and in accordance with the healthcare context (e.g., family physician, internist, etc.)</li> <li>• Performs the workup as efficiently as possible</li> <li>• Limits any workup that would be superfluous or dangerous for a patient given their particular characteristics</li> </ul>

## MANIFESTATIONS RELATED TO RECORD KEEPING AND INFORMATION SHARING

1.12 Documenting their assessment in the medical record, in accordance with regulations

1.13 Informing competent authorities of any reportable diseases, or the unusual frequency of events or diseases

1.14 Forwarding the result of their assessment in a manner appropriate to the situation at hand

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Respects the medical record consultation guidelines</li> <li>Is able to locate the information they need in the medical record</li> <li>Identifies notifiable diseases as part of their training (MADO<sup>9</sup> in Quebec)</li> </ul>	<ul style="list-style-type: none"> <li>Writes an organized, clear and legible account of clinical data, workup data and the diagnoses</li> <li>Writes organized, clear and legible requests for workups, requests and notes for consultation, and prescriptions and submits them to their supervisor</li> <li>Verifies with their supervisor whether a diagnosis is related to a notifiable disease, a work-related accident, an occupational illness, the side-effects of medication, any accident or incident that must be reported</li> </ul>	<ul style="list-style-type: none"> <li>Writes concise and pertinent notes in the medical record and population survey record</li> <li>Verifies and applies the standards for record keeping of their institution and area of specialization</li> <li>At the appropriate time and under supervision, writes up the file summary, transfer note, hospitalization summary, and discharge summary, relaying the key elements of the workup and the principal, proven, or most likely diagnoses</li> <li>Takes into account medico-legal aspects when documenting and communicating the elements in the medical record</li> <li>After confirming with their supervisor and using the appropriate procedure, alerts the competent authorities to all information and diagnoses relating to a notifiable disease, a work-related injury, an occupational illness, an adverse event as well as any event or accident that must be reported</li> <li>Writes up a consultation report containing all elements pertinent to the request, has it validated by their supervisor, and submits it</li> </ul>	<ul style="list-style-type: none"> <li>Writes up a consultation or expert report with full autonomy, taking into account all medico-legal and ethical aspects and ensures they have their supervisor's agreement</li> <li>Ensures record keeping even in the most complicated cases</li> </ul>

## 2 Recommending or implementing an intervention plan

### MANIFESTATIONS RELATED TO IDENTIFYING INTERVENTIONS

2.1 Identifying possible preventive and therapeutic interventions taking into account patient and population safety

2.2 Consulting other health professionals as needed

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Formulates the elements of a safe preventive and therapeutic plan by discussing them with the other members of the group</li> </ul>	<ul style="list-style-type: none"> <li>Formulates a medical intervention plan that is both preventive and therapeutic for those cases assigned to them by their supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Formulates a detailed intervention plan for common problems</li> <li>Chooses interventions according to the characteristics of the patient or the situation</li> </ul>	<ul style="list-style-type: none"> <li>Produces a complete and detailed intervention plan for complex situations</li> <li>Adapts the plan to the situation at hand</li> </ul>

Continued on next page

<sup>9</sup> MADO (Maladies à déclaration obligatoire) refers to nationally notifiable (reportable) diseases.



Continued

**MANIFESTATIONS RELATED TO IDENTIFYING INTERVENTIONS**

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Identifies situations that require intervention by other health professionals</li> </ul>	<ul style="list-style-type: none"> <li>Suggests interventions, taking into account indications and contraindications as well as specific side-effects</li> <li>With the approval of their supervisor, requests consultation by a healthcare professional</li> </ul>	<ul style="list-style-type: none"> <li>When appropriate and with the consent of their senior resident, requests consultation by another healthcare professional</li> <li>Ensures the plan is in compliance with guidelines or evidence-based data and applies it in accordance with the situation at hand</li> </ul>	

**MANIFESTATIONS RELATED TO DETERMINING INTERVENTIONS**

2.3 Determining appropriate interventions for a patient or population, taking into consideration their specific characteristics, perspectives and environments (familial, social, work and other)

2.4 Discussing possible interventions and objectives with the patient and concerned individuals in order to help inform the decision

2.5 Agreeing with the patient on which interventions they explicitly consent to

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Recognizes the importance of the specifics of a given situation affecting the patient or population, the appropriate degree of intervention, and obtaining consent</li> </ul>	<ul style="list-style-type: none"> <li>Actively participates in discussions about the medical intervention plan</li> <li>Identifies opportunities in which they themselves can discuss proposed interventions with the patient</li> <li>Discusses these interventions with the patient after getting their supervisor's approval</li> <li>Explores the patient's preferences and concerns about possible interventions</li> </ul>	<ul style="list-style-type: none"> <li>Establishes and implements an intervention plan for common situations with their supervisor's approval</li> <li>Presents options to the patient, taking into account their specific characteristics</li> <li>Partners with the patient to decide the degree of care and the appropriate interventions</li> <li>Agrees with the patient on interventions to be performed and registers their consent</li> </ul>	<ul style="list-style-type: none"> <li>Establishes and implements an intervention plan for complex situations, with their supervisor's approval</li> </ul>

**MANIFESTATIONS RELATED TO PERFORMING INTERVENTIONS**

2.6 Ensuring interventions are carried out in a safe, effective, and timely manner

2.7 Documenting the intervention plan and any interventions performed in the medical record in accordance with regulations

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Describes the main interventions (preventive and therapeutic)</li> <li>Executes certain simulated interventions</li> </ul>	<ul style="list-style-type: none"> <li>Assists in implementing interventions</li> <li>Implements simple interventions under direct supervision and ensures the comfort, respect for modesty, and safety of the patient</li> <li>Writes a prescription for an intervention and has it approved by their supervisor</li> <li>Writes up the intervention in the medical record</li> </ul>	<ul style="list-style-type: none"> <li>Implements simple interventions without direct supervision</li> <li>For more complicated cases, implements supervised interventions</li> <li>Implements interventions with an eye to saving time and resources</li> <li>Implements interventions at the most convenient time for the patient and the healthcare team</li> <li>Writes up the intervention reports</li> </ul>	<ul style="list-style-type: none"> <li>Implements the most complicated interventions</li> <li>Implements their interventions efficiently in terms of time and human and material resources</li> </ul>

## MANIFESTATIONS RELATED TO TRANSMITTING RECOMMENDATIONS

### 2.8 Forwarding recommendations to the various stakeholders, in a manner appropriate to the situation at hand

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Describes the respective roles of the consultant and attending physician</li> </ul>	<ul style="list-style-type: none"> <li>Writes up a consultation suggesting an expert opinion for a simple or common problem</li> </ul>	<ul style="list-style-type: none"> <li>Writes up a concise, targeted consultation for a patient with a more complex problem</li> </ul>	<ul style="list-style-type: none"> <li>Writes up an expert opinion</li> </ul>

## 3 Ensuring follow-up

### 3.1 Implementing follow-up appropriate to the context

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Discusses the importance of compliance and follow-up</li> <li>Identifies potential vulnerabilities for compliance and follow-up</li> </ul>	<ul style="list-style-type: none"> <li>Identifies the patients/interventions that require follow-up</li> <li>Outlines a follow-up plan for common interventions/cases taking into account anticipated risks</li> <li>Refers to clinical practice guidelines for follow-up</li> </ul>	<ul style="list-style-type: none"> <li>Chooses the appropriate parameters for the follow-up from those commonly used</li> <li>Implements the appropriate follow-up for common interventions/cases, taking into account negative effects, potential complications, non-compliance<sup>10</sup>, or natural progression</li> </ul>	<ul style="list-style-type: none"> <li>In addition to standard criteria, uses recent research data to establish the parameters of the follow-up</li> <li>Plans a follow-up tailored to all of their patients' situations</li> <li>Implements cyclical evaluations for situations of more complex progression</li> </ul>

### 3.2 Evaluating patient response to the interventions on the basis of targeted goals

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Describes the reasons for common failed or suboptimal responses to basic interventions</li> </ul>	<ul style="list-style-type: none"> <li>Describes anticipated variations in follow-up parameters</li> <li>Interprets variations in the follow-up parameters for simple interventions/cases: clinical and paraclinical results, complications, and negative effects</li> <li>Lists possible reasons for failed or suboptimal response to interventions</li> </ul>	<ul style="list-style-type: none"> <li>Interprets variations in the follow-up parameters for common interventions</li> <li>Specifies possible reasons for failed or suboptimal response in common interventions</li> <li>Determines the expected response rate for a given intervention by referring to the literature</li> </ul>	<ul style="list-style-type: none"> <li>Interprets variations in follow-up parameters for all their patients</li> <li>Determines the reasons for failure or suboptimal response</li> </ul>

### 3.3 Reviewing the diagnostic approach if need be

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Recognizes that diagnostic error is a reasonable hypothesis to consider in the case of failed or suboptimal response to an intervention</li> </ul>	<ul style="list-style-type: none"> <li>Raises the possibility of repeating the diagnostic approach in the case of failure or suboptimal response</li> <li>Establishes a safety net (to manage uncertainty)</li> </ul>	<ul style="list-style-type: none"> <li>For common situations, initiates a new diagnostic approach when appropriate</li> <li>Interprets the new diagnostic results, reviews the diagnostic approach as needed, and reconsiders possible options</li> </ul>	<ul style="list-style-type: none"> <li>In complex or unusual situations, initiates a new diagnostic approach when appropriate</li> </ul>

<sup>10</sup>Compliance includes adherence to therapy and persistence (perseverance).

### 3.4 Continuing, modifying, or discontinuing one or more interventions at the appropriate time in the interest of patient safety

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Discusses and recognizes the importance of taking into account safety issues when it comes to continuing, modifying, or discontinuing an intervention</li> </ul>	<ul style="list-style-type: none"> <li>In straightforward cases, suggests continuing, modifying, or discontinuing an intervention</li> <li>Ensures patient safety</li> </ul>	<ul style="list-style-type: none"> <li>In straightforward cases, recommends and/or carries out the decision to continue, modify, or discontinue an intervention at the best time for the patient and the care team</li> <li>Verifies how the patient's preferences evolve</li> </ul>	<ul style="list-style-type: none"> <li>In complex or unusual cases, recommends and/or carries out the decision to continue, modify, or discontinue an intervention</li> <li>Modulates the intervention to ensure optimal response in accordance with the situation</li> <li>Adapts the intervention to patient response and changes in patient preferences</li> </ul>

### 3.5 Communicating results of the follow-up to the individuals concerned

### 3.6 Documenting their evaluation in the medical record in accordance with regulations

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Demonstrates their understanding of the importance of discussing the assessment of the response to an intervention</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates their understanding of the potential impact that information about the assessment may have on the patient and their family</li> <li>In straightforward cases, communicates to the appropriate individuals the results of intervention follow-up in the appropriate manner, at a convenient time, and after approval from their supervisor</li> <li>Formulates a recommendation to continue, modify, or discontinue an intervention</li> <li>Writes a note in the medical record</li> </ul>	<ul style="list-style-type: none"> <li>In straightforward cases, communicates the results of their follow-up of the interventions</li> <li>Verifies that the persons concerned understand the results of the assessment of the response to intervention</li> <li>Communicates the benign, adverse results of the intervention (side effects and exacerbation of the situation) to the people, institutions, and organizations concerned and does so in an efficient and ethical manner</li> <li>Writes up an intervention evaluation report</li> <li>Records the adverse events of the interventions in the appropriate format</li> <li>Writes down any information about a change in the direction of the intervention plan in the medical record</li> </ul>	<ul style="list-style-type: none"> <li>In complex or unusual cases, communicates the results of their follow-up of the interventions</li> <li>Conveys to the persons concerned all adverse results of the intervention, including healthcare errors and does so in an efficient and ethical manner</li> </ul>



# COMPETENCY COLLABORATION

## DEFINITION OF THE ROLE

As collaborators, physicians work effectively within teams and networks in order to deliver optimal care to individuals and populations and, from a wider standpoint, to better perform their other professional activities.

## DESCRIPTION OF THE ROLE

In their role as collaborators, physicians act in partnership with the patient and their family as well as with all stakeholders in a range of situations that require leadership sharing. Situations can involve coordinating technical procedures in acute care contexts, consulting, developing care plans, co-managing care programs, teaching, preparing research protocols, etc.

Within these teams<sup>1</sup>, physicians adapt their role as collaborators depending on the individuals, organizations, communication methods, and fields of intervention. Physicians contribute to the team functioning at its best, to its continuing development, and to self-evaluation of its processes and results. To prevent conflicts, they also take part in resolving difficulties related to team dynamics.

## THE CAPACITIES

- 1 Taking part in how the team functions
- 2 Resolving conflicts within a team
- 3 Planning, coordinating and delivering team care safely

<sup>1</sup> Among these teams, the healthcare team is made up principally of a care manager (the physician or another healthcare professional) and the patient. The team might also include the patient's family and other professional stakeholders as well as students, technicians, caregivers and support staff.

## MANIFESTATIONS OF THE CAPACITIES

### 1 Taking part in how the team functions

- 1.1 Fulfilling their role and responsibilities within the team
- 1.2 Playing a part in defining the mandate and common targets
- 1.3 Contributing to team organization through rules and procedures
- 1.4 Contributing to harmonious relations among team members
- 1.5 Exercising professional leadership while respecting that of the other team members
- 1.6 Contributing to team development and evaluation through a process of continuous improvement

### 2 Resolving conflicts within a team

- 2.1 Characterizing conflict situations
- 2.2 Applying the conflict-resolution approach

### 3 Planning, coordinating and delivering team care safely

- 3.1 Consulting with other professionals in a cooperative manner
- 3.2 Helping develop a care plan<sup>2</sup> that reflects a shared vision
- 3.3 Helping implement the care plan
- 3.4 Contributing to reviewing the care plan

<sup>2</sup> A care plan can have various features depending on the complexity of the clinical situation or the context. It includes: i) setting goals to be reached for one or several of the patient's health issues, ii) stakeholders and the patient and their family choosing and sharing preventive, curative, rehabilitative or palliative interventions, iii) following up on the interventions. The plan is added to the patient's medical record.

# DESCRIPTION OF THE STEPS - MASTERING COLLABORATION

## 1 Taking part in how the team<sup>3</sup> functions

### 1.1 Fulfilling their role and responsibilities within the team

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>• Shares tasks and responsibilities with team members</li> <li>• Accomplishes tasks associated with their role</li> <li>• Assumes the responsibilities inherent in their role within the team</li> <li>• Makes their role and responsibilities clear when interacting with others</li> <li>• Helps other team members accomplish their tasks</li> </ul>	<ul style="list-style-type: none"> <li>• Clarifies from the outset expectations about their role and responsibilities within a new team</li> <li>• Identifies, depending on the context, the appropriate person with whom to exchange information</li> <li>• Explains their role and that of team members to other professionals and the patient and their family</li> <li>• Shows an interest in better understanding the roles of fellow team members by communicating with them, asking questions, and reading the notes written in the patient's file by other professionals</li> <li>• Clarifies the limits of their role with the other team members</li> </ul>	<ul style="list-style-type: none"> <li>• Explains to trainees the roles played by the members of a team</li> <li>• Helps team members accomplish their tasks</li> </ul>	<ul style="list-style-type: none"> <li>• Negotiates the tasks within the team, taking into account the constraints of the healthcare setting and the responsibilities of each member</li> </ul>

### 1.2 Playing a part in defining the mandate and common targets

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>• Using a grid, analyzes the team's decision-making process regarding the mandate and common targets</li> <li>• Participates in defining the team's mandate and common targets</li> </ul>		<ul style="list-style-type: none"> <li>• Identifies pitfalls in team decision-making with respect to the mandate and common targets and takes part in applying the appropriate solutions</li> </ul>	<ul style="list-style-type: none"> <li>• Leads a team meeting using techniques to facilitate shared decision making regarding the mandate and common targets</li> </ul>

### 1.3 Contributing to team organization through rules and procedures

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>• Agrees on the implementation of team operating rules and procedures</li> <li>• Acts as team facilitator and secretary</li> </ul>	<ul style="list-style-type: none"> <li>• Learns the operating rules and procedures a team has adopted and applies them</li> </ul>	<ul style="list-style-type: none"> <li>• Explains to trainees beginning their rotation what the team operating rules and procedures are</li> <li>• Adapts facilitation strategies to the situations that arise within the team</li> </ul>	<ul style="list-style-type: none"> <li>• Applies appropriate facilitation strategies when team meetings become dysfunctional</li> </ul>

<sup>3</sup> Among these teams, the healthcare team is made up principally of a care manager (the physician or another healthcare professional) and the patient. The team might also include the patient's family and other professional stakeholders as well as students, technicians, caregivers and support staff.

## 1.4 Contributing to harmonious relations among team members

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>• Responds appropriately to the legitimate needs of team members</li> <li>• Expresses their opinion to the team in a constructive fashion</li> <li>• Demonstrates attentive and respectful listening</li> <li>• Expresses to a peer any discomfort about their behaviour by stating the facts without value judgments</li> <li>• Demonstrates an open-mind regarding comments made about their own behaviour</li> <li>• Identifies with the team sources of tension between members</li> <li>• Suggests ways to reduce tension</li> <li>• Enlists, as needed, the help of a third party to solve a problem before it becomes a conflict</li> </ul>	<ul style="list-style-type: none"> <li>• When interacting with team members, respects the hierarchy, the roles and responsibilities as well as the experience and expertise of each</li> <li>• Prepares the patient and their family for integration into the team</li> <li>• Expresses discomfort to a team member about their behaviour by stating the facts and without passing judgement</li> <li>• Expresses disagreement in a constructive fashion when witnessing a lack of respect by one team member towards another</li> </ul>	<ul style="list-style-type: none"> <li>• Creates a climate of respect, favourable to open and honest exchange between team members</li> <li>• Facilitates the integration of trainees within the team</li> <li>• Integrates the patient and their family into the team, taking into consideration the patient's personal circumstances and the clinical context</li> <li>• Establishes a climate in which the patient and their family are progressively empowered to make free and informed choices</li> <li>• Takes into account the dynamics and workings of a team when dealing with its individual members</li> <li>• Promotes the points of view and contributions of other team members</li> <li>• Takes into account the constraints facing another professional in their dealings with them</li> <li>• Acts without excluding other professionals, while respecting the scope of activity specific to each</li> <li>• Recognizes disruptive behaviour by a team member and discusses it with their supervisor</li> <li>• Maintains effective professional relations with other team members during stressful situations</li> </ul>	<ul style="list-style-type: none"> <li>• Recognizes the group effort involved in any success</li> <li>• Fosters a climate favourable to shared learning by team members</li> <li>• Helps integrate new team members</li> <li>• Maintains a healthy team dynamic by demonstrating appropriate behaviour and constructive interaction</li> <li>• Ensures that decisions are taken in a context where every team member can express themselves without undue pressure</li> <li>• When there is a perception that power is not shared equitably, implements measures to correct the situation and establish a true partnership</li> <li>• Deals promptly with disruptive behaviour by a team member</li> </ul>

## 1.5 Exercising professional leadership while respecting that of the other team members

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>• Makes appropriate use of what has been acquired through prior academic and life experiences in their role as team leader</li> </ul>	<ul style="list-style-type: none"> <li>• Takes their proper place within the team on their own initiative</li> <li>• Verbalizes their questioning of the decision being contemplated</li> <li>• Supports the decisions made by the team</li> </ul>	<ul style="list-style-type: none"> <li>• Makes the patient and their family aware of the importance of consulting another professional about their care</li> <li>• Makes other professionals aware of the importance of the patient and their family's particular background with respect to their care needs</li> <li>• Negotiates with a team professional how best to apply the recommendations so as to take into account the general circumstances of the patient and their family</li> <li>• Faithfully informs the patient and their family of the team's recommendations with a view to empowering them to make free and informed choices</li> </ul>	<ul style="list-style-type: none"> <li>• Refocuses teamwork on the objectives, tasks to be accomplished, and the specific circumstances of the patient and their family</li> <li>• Mobilizes team members to resolve a difficulty</li> <li>• Ensures periodic feedback on the operation of the team</li> <li>• Encourages team members to express themselves, disagree, question, and act in a responsible manner to ensure patient safety and minimize the risks inherent in the system</li> <li>• Contributes to ensuring the patient and their family's choices are respected when these are not understood or are questioned by one or more professionals</li> </ul>

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### 1.5 Exercising professional leadership while respecting that of the other team members

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
		<ul style="list-style-type: none"> <li>Participates in the team's acute care interventions, without undermining the work of the other team members and exerting undue pressure</li> <li>Is recognized by the care team as a source of privileged information concerning the patient and their family</li> <li>Is identified by the patient and their family as favoured contact person in the care team</li> </ul>	<ul style="list-style-type: none"> <li>Recognizes situations where the leadership of other team members should be encouraged</li> </ul>

### 1.6 Contributing to team development and assessment through a process of continuous improvement

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Improves their participation in the team by bearing in mind feedback from other members</li> <li>Gives constructive feedback to other team members</li> <li>Takes part in assessing how the team functions by taking a critical look at their own role and that of others</li> <li>Suggests ways to improve how the team functions</li> </ul>	<ul style="list-style-type: none"> <li>Identifies both beneficial and dysfunctional elements and incidents that affect how the team operates and discusses them with their supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Contributes to implementing modifications to improve how the team functions</li> </ul>	<ul style="list-style-type: none"> <li>Initiates modifications to improve how the team functions</li> <li>Recognizes the group effort involved in any success</li> </ul>

## 2 Resolving conflicts within a team

### 2.1 Characterizing conflict situations

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Identifies situations that require intervention by a person of authority</li> <li>Takes part in analyzing the nature and sources of conflict</li> <li>Recognizes their own responsibility, if any, in a conflict</li> </ul>	<ul style="list-style-type: none"> <li>Expresses, in their own words, the point of view of the team member with whom they are experiencing conflict</li> </ul>	<ul style="list-style-type: none"> <li>Identifies any of their own behaviour or attitudes that might be a source of tension for other team members</li> <li>Separates out the similarities and differences in the points of view of team members experiencing a disagreement</li> </ul>	<ul style="list-style-type: none"> <li>Calls team members' attention to any disagreement that undermines the proper functioning of the team and does so in a respectful and constructive manner</li> </ul>

### 2.2 Applying the conflict-resolution approach

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Identifies their own style of conflict resolution within a team of peers and informs their supervisor</li> <li>Participates in devising an action plan for conflict resolution</li> </ul>	<ul style="list-style-type: none"> <li>Proposes a strategy for conflict resolution appropriate to the situation facing the team</li> </ul>	<ul style="list-style-type: none"> <li>Applies the appropriate strategy for conflict resolution within the team</li> </ul>	<ul style="list-style-type: none"> <li>Ensures that the process of conflict resolution within the team is undertaken in the appropriate way</li> </ul>

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## 2.2 Applying the conflict-resolution approach

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>• Applies an appropriate strategy for conflict resolution within a team of peers</li> <li>• Consults the person in charge in the event of a complex situation in which the action plan fails</li> </ul>			<ul style="list-style-type: none"> <li>• Refocuses the discussion on patient needs and safety rather than on individual or professional stakes in the conflict</li> <li>• Establishes the need to involve an external mediator to resolve any highly complex conflict within the team</li> </ul>

## 3 Planning, coordinating and delivering team care safely

### 3.1 Consulting with other professionals in a cooperative manner

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
	<ul style="list-style-type: none"> <li>• Identifies the medical consultant or specialist appropriate for the needs of the patient and their family</li> <li>• In straightforward situations, states the reason for their consultation and provides the required information according to established rules and procedures</li> <li>• Communicates, as a consultant, with the care team to clarify, where needed, the reasons for the consultation and obtain any additional information</li> <li>• Makes sure that the patient or their family understands the reasons for the consultation and the role of the consultant and obtains their approval</li> </ul>	<ul style="list-style-type: none"> <li>• Adopts an attitude and behaviour that facilitate a working relationship with the physician or professional consultant</li> <li>• Assesses the priority of the request for consultation and responds in a timely fashion</li> <li>• Clarifies with the consultant the goal of the consultation and the role expected of them</li> <li>• Tailors their response to a request for consultation so as to answer the question of the referring physician and to make clear and pertinent recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Takes into account the constraints of the setting and available professional resources when requesting a medical or professional consultation</li> <li>• As a consultant, assesses the need to support the attending physician or the team with respect to their recommendations and ensures proper follow-up</li> </ul>

### 3.2 Helping develop a care plan<sup>4</sup> that reflects a shared vision

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
	<ul style="list-style-type: none"> <li>• Validates the patient's point of view in clinical decision-making by taking into account their particular needs and preferences</li> <li>• Obtains valid consent for any care they provide</li> <li>• Invites, prepares and, if necessary, educates the patient and their family about the nature of a care plan as well as the phases of its implementation and the sharing of roles</li> <li>• Takes into account in their notes any medical information garnered from other professionals and physicians</li> <li>• Summarizes all relevant psychosocial information for the team</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritizes a list of patient needs and problems with the team, taking into consideration the opinion and personal circumstances of the patient and their family</li> <li>• Helps the patient and family to define their objectives and the actions they are willing to assume and to identify the resources necessary to do so</li> <li>• Identifies the patient's family spokesperson if necessary</li> <li>• Summarizes the general understanding of the needs and problems of the patient and family (whether the patient and family shares the full understanding or not) following discussions with team professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Encourages team members' deeper understanding of the patient and their family's problems</li> <li>• Facilitates, if possible, optimal patient participation within the team</li> <li>• Guides the team towards interventions adapted to the specific circumstances of the patient and their family</li> <li>• Makes sure that tasks are assigned according to the abilities of team members, especially with respect to acute care</li> <li>• Ensures the care plan is the result of a rigorous process</li> </ul>

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<sup>4</sup> A care plan can have various features depending on the complexity of the clinical situation or the context. It includes: i) setting goals to be reached for one or several of the patient's health issues, ii) stakeholders and the patient and their family choosing and sharing preventive, curative, rehabilitative or palliative interventions, iii) following up on the interventions. The plan is added to the patient's medical record.

Continued

### 3.2 Helping develop a care plan<sup>4</sup> that reflects a shared vision

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
	<ul style="list-style-type: none"> <li>• Informs the team of the needs expressed by the patient and their family and of any specific personal circumstances relevant to the care plan</li> <li>• Explains to their supervisor the reasoning behind the decisions taken regarding the care plan</li> </ul>	<ul style="list-style-type: none"> <li>• After having discussed available options, makes a choice with the team members about the interventions appropriate for each of the primary needs or problems of the patient and their family</li> <li>• When the patient and their family are not present, acts in their interest in the formulation of the care plan</li> <li>• Clarifies the goals of the care plan with the team members in partnership with the patient and their family</li> <li>• Takes part in setting up a timeline for attaining the objectives of the care plan</li> <li>• Discusses the care plan with the patient and their family, with a view to empowering them to make free and informed choices</li> <li>• Respects decisions taken by the patient and their family</li> </ul>	<ul style="list-style-type: none"> <li>• Supports less experienced professionals, students, and the patient and their family in the implementation of an interdisciplinary intervention plan</li> <li>• Concludes with the discussions held with team members in order to facilitate a shared decision-making process</li> </ul>

### 3.3 Helping implement the care plan

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
	<ul style="list-style-type: none"> <li>• Carries out the interventions that concern them as part of the care plan</li> </ul>	<ul style="list-style-type: none"> <li>• Communicates information to professionals in another institution in order to ensure treatment continuity</li> <li>• Ensures the patient and their family have been properly trained regarding the steps in the treatment process that they will have to assume on their own</li> </ul>	<ul style="list-style-type: none"> <li>• Supports less experienced professionals and students in delivering and coordinating care and services for the patient and their family</li> <li>• Coordinates the sequence of interventions by team members in an acute care context</li> <li>• Identifies a professional who will coordinate the interdisciplinary intervention plan and facilitates their participation</li> <li>• Verbalizes their observations and intentions to team members, specifically in the context of acute care intervention</li> </ul>

### 3.4 Contributing to reviewing the care plan

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
	<ul style="list-style-type: none"> <li>• Updates the file with relevant medical information about care plan follow-up</li> <li>• Obtains information about care plan follow-up and conveys it to their supervisor</li> <li>• Periodically verifies that the patient and their family are complying with the care plan</li> <li>• Communicates to the team members, when appropriate, all relevant information about the patient's progress</li> </ul>	<ul style="list-style-type: none"> <li>• Discusses with team members the obstacles encountered in implementing the care plan</li> <li>• Fine-tunes the care plan with the team as the situation evolves</li> </ul>	<ul style="list-style-type: none"> <li>• Suggests alternate interventions to the team in the event that the care plan has not met its objectives</li> </ul>



# COMPETENCY COMMUNICATION

## DEFINITION OF THE ROLE

As communicators, physicians enhance the physician-patient relationship (including their family) in order to establish a true partnership. At the same time, physicians foster the dynamic exchange of information between all the individuals they encounter as they carry out their duties.

## DESCRIPTION OF THE ROLE

In medicine, communication is defined as an exchange between the physician and the patient and family, other health professionals, or a given population. Communication must enable the give and take of information, on the one hand, and on the other, establish a relationship by means of a personal medium such as speaking, making a gesture, writing, or using more technical means.

Professional communication takes into account cognitive, emotional, and social aspects. Accordingly, physicians adapt their exchanges to the cognitive style of the individual, their world views, their level of education, and their literacy in health matters<sup>1</sup>. Physicians identify the feelings and emotions of the individual with whom they are speaking and express their understanding without hurting, upsetting, or otherwise offending them. They adjust their exchanges based on the individual's social characteristics, such as religion, cultural background or economic status.

## THE CAPACITIES

- 1 **Exchanging information with the patient and their family** as well as with colleagues, students, members of the care team, the support staff, and managers
- 2 **Establishing a professional relationship with the patient and their family** as well as with colleagues, students, members of the care team, the support staff, and managers

<sup>1</sup> Health literacy affects the patient's ability to find, understand, and use information so as to make sound healthcare decisions.

## MANIFESTATIONS OF THE CAPACITIES

**1 Exchanging information with the patient and their family** as well as with colleagues, students, members of the care team, the support staff, and managers

- 1.1 Conducting the medical interview in partnership with the patient
- 1.2 Adapting the content and the exchange of information to suit the individual, the context, and the means of communication while showing empathy
- 1.3 Ensuring they understand the person they are speaking to and that they themselves are understood

**2 Establishing a professional relationship with the patient and their family** as well as with colleagues, students, members of the care team, the support staff, and managers

- 2.1 Fostering a feeling of trust in the person they are speaking to
- 2.2 Supporting the expression of feelings and responding accordingly
- 2.3 Interacting in a constructive and productive manner

# DESCRIPTION OF THE STEPS - MASTERING COMMUNICATION

**1 Exchanging information with the patient and their family** as well as with colleagues, students, members of the care team, the support staff, and managers

- 1.1 Conducting the medical interview in partnership with the patient
- 1.2 Adapting the content and the exchange of information to suit the individual, the context, and the means of communication while showing empathy
- 1.3 Ensuring they understand the person they are speaking to and that they themselves are understood

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<b>PREPARES THE INTERVIEW<sup>1</sup></b>			
<ul style="list-style-type: none"> <li>• Identifies the points they wish to address, taking into account the patient's condition</li> <li>• Makes sure there is a comfortable physical space and arranges it to meet the patient's needs</li> </ul>	<ul style="list-style-type: none"> <li>• Summarizes relevant information in the medical chart</li> <li>• Identifies elements that need to be verified</li> <li>• Identifies the points they want to address, taking into account factors such as the patient's age, gender, the severity and urgency of the problem, etc. as well as the health-care context</li> <li>• Minimizes the chances of external interruptions during the interview</li> </ul>	<ul style="list-style-type: none"> <li>• Identifies potential difficulties related to the presence of individuals accompanying the patient</li> </ul>	<ul style="list-style-type: none"> <li>• Determines the relevance of anyone accompanying the patient</li> </ul>
<b>BEGINS THE INTERVIEW (I)</b>			
<ul style="list-style-type: none"> <li>• Makes initial contact</li> <li>• Introduces themselves and indicates their level of training</li> <li>• Verifies the patient's identity</li> <li>• Verifies the relationship between the patient and anyone accompanying them</li> <li>• Explains the rules of confidentiality</li> <li>• Makes clear to the patient the limitations of their role</li> </ul>	<ul style="list-style-type: none"> <li>• Determines the reasons for the consultation</li> <li>• Prompts patient to verbalize their expectations of the medical consultation</li> <li>• Considers the clinical context in identifying reasons for the consultation or hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>• Suggests how the visit might unfold according to the needs expressed by the patient and any clinical priorities</li> </ul>	<ul style="list-style-type: none"> <li>• If necessary, negotiates with the patient the goals of the visit and how it will unfold</li> </ul>
<b>GATHERS INFORMATION (II)</b>			
<ul style="list-style-type: none"> <li>• Explores the patient's problems                             <ul style="list-style-type: none"> <li>- Starting from the latter's perspective</li> <li>- From a biomedical and psychosocial perspective</li> </ul> </li> <li>• Adapts vocabulary to the patient and clinical context</li> <li>• Exhibits tact and sensitivity throughout the interview</li> <li>• Identifies any obvious or potential emotional factors and informs their supervisor</li> <li>• Adjusts the medical questionnaire                             <ul style="list-style-type: none"> <li>- According to the patient's physical condition and the health-care context</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Explores the patient's problems                             <ul style="list-style-type: none"> <li>- Taking into account the form and the means of communication used</li> <li>- According to the nature of the topics addressed</li> </ul> </li> <li>• Adjusts their questionnaire                             <ul style="list-style-type: none"> <li>- Taking into account emotions expressed verbally and non-verbally by the patient</li> </ul> </li> <li>• Clarifies the role of persons accompanying the patient and takes them into consideration during the interview</li> </ul>	<ul style="list-style-type: none"> <li>• Systematically looks for the patient's emotions and perceptions of their health problem</li> <li>• Ascertains patient preferences</li> <li>• Ascertains the indicators of the patient and family's degree of literacy</li> <li>• Adapts their questionnaire to the patient's cognitive abilities, degree of literacy and experiential knowledge</li> <li>• After obtaining the patient's permission, decides whether or not to solicit information and opinions from those accompanying them</li> <li>• Makes sure the patient understands the problem</li> </ul>	<ul style="list-style-type: none"> <li>• Adapts their questionnaire to the way in which the encounter unfolds</li> </ul>

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<sup>1</sup> The steps involved in the medical interview were inspired by and adapted from: Lussier M-T, Richard C. La Communication professionnelle en santé. Éditions du Nouveau Pédagogique Inc. (ERPI); 2005.

Continued

1.1 Conducting the medical interview in partnership with the patient

1.2 Adapting the content and the exchange of information to suit the individual, the context, and the means of communication while showing empathy

1.3 Ensuring they understand the person they are speaking to and that they themselves are understood

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<b>STRUCTURES (GUIDES) THE INTERVIEW PROCESS (III)</b>			
<ul style="list-style-type: none"> <li>Announces each new stage of the interview process</li> <li>Observes the time allotted</li> <li>Maintains the focus of the interview on tasks that need to be accomplished</li> </ul>	<ul style="list-style-type: none"> <li>Periodically summarizes the information exchanged</li> </ul>	<ul style="list-style-type: none"> <li>Respects the time limits of the interview</li> <li>Guides and frames the input of those accompanying the patient</li> <li>Adapts the interview to the demands of the clinical situation</li> </ul>	<ul style="list-style-type: none"> <li>Makes optimal use of the time available for the interview</li> </ul>
<b>COMMUNICATES DURING PHYSICAL EXAMINATION (IV)</b>			
<ul style="list-style-type: none"> <li>Gives the patient suitable instructions about undressing for the purposes of the examination</li> <li>Explains their actions and avoids any sudden movements</li> <li>Gives simple instructions</li> <li>Controls their emotions</li> </ul>		<ul style="list-style-type: none"> <li>Makes comments that are adapted to their observations during the examination as the situation requires</li> <li>Recognizes patient anxiety or discomfort and responds appropriately</li> </ul>	<ul style="list-style-type: none"> <li>Responds to questions and comments from the patient or those accompanying them without compromising the physical examination process</li> </ul>
<b>EXPLAINS THE SITUATION AND PLANS THE FOLLOW-UP (V)</b>			
<ul style="list-style-type: none"> <li>Summarizes the situation with the patient</li> </ul>	<ul style="list-style-type: none"> <li>Validates their summary of the situation with the patient</li> <li>Considers the patient's comprehension and sensitivity when presenting diagnostic hypotheses</li> <li>Helps the patient understand the diagnostic hypotheses in straightforward cases</li> <li>Delivers the diagnosis using the suitable amount and type of information in straightforward cases</li> <li>When needed, outlines the stages of the workup and treatment, incorporating the patient's perspective</li> <li>Solicits questions from the patient regarding the treatment plan and encourages them to express their opinion</li> <li>Shows empathy in order to support the patient</li> </ul>	<ul style="list-style-type: none"> <li>In complex cases, delivers the diagnosis with the proper information and helps the patient understand it</li> <li>Adapts their explanations using the patient's answers as a guide in determining the suitable amount and type of information to provide</li> <li>Summarizes the information</li> <li>Reaches shared understanding with the patient</li> <li>Helps the patient understand and retain the information by repeating the important elements and having the patient explain the problem in their own words</li> <li>Provides information at the right time</li> <li>Prepares the patient for possible bad news</li> <li>Tactfully delivers potentially bad news using generally accepted protocol</li> <li>Explains the risks and inherent uncertainty of any illness, medical workup, or treatment using language adapted to the patient</li> <li>Conveys news of the patient's death to the family with tact and sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>Anticipates and understands a patient's emotional reaction to information about potential risks</li> <li>Uses the appropriate vocabulary to explain the degree of uncertainty in the case of an unclear diagnosis</li> <li>In complex situations, explains the degree of uncertainty surrounding a treatment</li> <li>Agrees with the patient on the choice of treatment and the level of risk acceptable to them</li> <li>Conveys the news of imminent death to the patient and family with empathy</li> </ul>

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1.1 **Conducting the medical interview in partnership with the patient**

1.2 **Adapting the content and the exchange of information to suit the individual, the context, and the means of communication while showing empathy**

1.3 **Ensuring they understand the person they are speaking to and that they themselves are understood**

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<b>ENDS THE INTERVIEW (VI)</b>			
<ul style="list-style-type: none"> <li>• Signals the end of the interview</li> <li>• Reminds the patient of their role as learner and indicates that the treating physician will ensure follow-up care</li> <li>• Politely says goodbye to the patient and those accompanying them</li> </ul>	<ul style="list-style-type: none"> <li>• Briefly summarizes the meeting and makes sure to have responded to the patient's main preoccupations when these fall within the scope of their role</li> </ul>	<ul style="list-style-type: none"> <li>• Agrees with the patient on the next steps</li> <li>• Repeats essential instructions</li> </ul>	

**2 Establishing a professional relationship with the patient and their family** as well as with colleagues, students, members of the care team, the support staff, and managers

2.1 **Fostering a feeling of trust in the person they are speaking to**

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>• Projects a level of confidence appropriate to their status</li> <li>• Politely welcomes the other person</li> <li>• Makes sure the person they are speaking to is comfortable</li> <li>• Listens attentively to the other person</li> <li>• Maintains contact with the patient even when reading or writing in the medical record</li> <li>• Behaves and expresses themselves with tact when discussing delicate subject matters</li> </ul>	<ul style="list-style-type: none"> <li>• In straightforward clinical situations, exhibits ease in using verbal and non-verbal communication strategies that support the relationship</li> </ul>	<ul style="list-style-type: none"> <li>• Partners with the patient in the clinical approach</li> <li>• Creates a warm and friendly climate</li> </ul>	<ul style="list-style-type: none"> <li>• Proceeds with suitable restraint in situations where it is helpful for the patient to hear examples from the physician's own experience</li> <li>• Adapts their intervention to minimize patient worry and maintain hopefulness</li> </ul>

2.2 **Supporting the expression of feelings and responding accordingly**

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>• Recognizes the positive and negative emotions expressed by the person they are speaking to</li> <li>• Expresses to their supervisor the emotions the patient triggers in them</li> <li>• Where appropriate, names the perceived emotion for the other person</li> </ul>	<ul style="list-style-type: none"> <li>• Shows empathy towards the patient</li> </ul>	<ul style="list-style-type: none"> <li>• Responds to positive and negative emotions with tact and sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>• Prepares themselves to respond with tact and sensitivity to anticipated emotional reactions</li> </ul>

2.3 **Interacting in a constructive and productive manner**

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>• Maintains a professional relationship at all times</li> <li>• In routine clinical situations, uses verbal and non-verbal communication strategies that encourage patient participation</li> <li>• Identifies signs that communication is becoming dysfunctional and responds accordingly</li> </ul>	<ul style="list-style-type: none"> <li>• Recognizes potentially stigmatizing diagnoses that could affect the relationship</li> <li>• Warns the other person when the interview needs to be prematurely interrupted because it exceeds the intended framework and consults their supervisor</li> <li>• Determines whether third-party intervention is required</li> <li>• Recognizes inappropriate requests by the patient and discusses them with their supervisor</li> </ul>	<ul style="list-style-type: none"> <li>• Reduces or overcomes obstacles to the professional relationship arising from the patient or setting</li> <li>• Partners with the patient for time management of the visit</li> <li>• Politely and firmly indicates that an inappropriate request cannot be allowed</li> <li>• Informs their supervisor when they notice a problem persists after clarification</li> </ul>	<ul style="list-style-type: none"> <li>• Limits as needed any interference caused by the person accompanying the patient</li> </ul>



## COMPETENCY

# HEALTH ADVOCACY

### DEFINITION OF THE ROLE

As health advocates, physicians encourage health, social integration and the well-being of individuals, communities, and populations.

### DESCRIPTION OF THE ROLE

In their role as health advocates, physicians encourage their patients to take responsibility for their health and well-being and to use available tools to do so. Physicians take into account all the factors that affect health: personal behaviour and lifestyle, social and financial status, access to medical and social services, environmental conditions, and public policies.

Their thinking and actions are based as much on a local as a global perspective. They are concerned with the community in which they work and take action to increase the latter's ability to positively influence health and its decisive factors.

To fulfill this role, they gather information, use education and empowerment, and advocate for the health and well-being of individuals and communities.

### THE CAPACITIES

- 1 Carrying out health-promotion and disease-prevention interventions with the patient**
- 2 Carrying out initiatives within their community (including the workplace) to promote and protect public health and prevent disease** in order to meet the priority needs of the population and, when required, interceding on the community's behalf with the authorities concerned, thereby fulfilling their social responsibility

## MANIFESTATIONS OF THE CAPACITIES

### 1 Carrying out health-promotion and disease-prevention interventions with the patient

- 1.1 Assessing with the patient their personal and work habits, lifestyle, and any other factors that may affect their health
- 1.2 Applying screening recommendations and recognized preventive measures, in partnership with the patient, taking into account their habits, lifestyle, and illnesses
- 1.3 Helping the patient achieve awareness of elements affecting their health and, when required, supporting their efforts to modify risk factors, maintain protective factors, and follow their treatment
- 1.4 Assisting the patient in the defense of their legitimate interests, orienting them towards appropriate resources and services and, when needed, interceding on their behalf with third parties

### 2 Carrying out initiatives within their community (including the workplace) to promote and protect public health and prevent disease in order to meet the priority needs of the population and, when required, interceding on the community's behalf with the authorities concerned, thereby fulfilling their social responsibility

- 2.1 Showing vigilance about the state of health among communities and applying appropriate measures to protect it
- 2.2 Contributing to the health of vulnerable groups<sup>1</sup>
- 2.3 Getting involved in at least one local or international health issue and defending the rights of the population

<sup>1</sup> Groups who are vulnerable because of any of the following factors: social condition, socio-economic level, marginalization regarding health or access to services, recent immigration, risk of or status as declared carriers of a chronic illness, mental health issues, and the presence of abuse or violence.

# DESCRIPTION OF THE STEPS - MASTERING HEALTH ADVOCACY

## 1 Carrying out health-promotion and disease-prevention interventions with the patient

### 1.1 Assessing with the patient their personal and work habits, lifestyle, and any other factors that may affect their health

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Systematically enquires about the patient's habits and lifestyle</li> </ul>	<ul style="list-style-type: none"> <li>Identifies risk factors (biological, psychological, familial, socioeconomic, cultural, environmental, occupational, religious, etc.)</li> </ul>		

### 1.2 Applying screening recommendations and recognized preventive measures, in partnership with the patient, taking into account their habits, lifestyle, and illnesses

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Identifies clinical situations where screening is required because of the patient's medical history</li> <li>Identifies vaccines indicated for a given individual</li> <li>Verifies the patient's immunization status according to the context</li> </ul>	<ul style="list-style-type: none"> <li>Discusses with the patient the benefits of screening in straightforward cases</li> <li>Informs patients about measures to prevent and control the spread of the most common or serious communicable diseases</li> <li>Advises the patient about appropriate vaccines</li> </ul>	<ul style="list-style-type: none"> <li>Prioritizes the various screening options</li> <li>Counsels the patient about the relevance or not of tests and workups</li> <li>Counsels a patient who is a member of an at-risk population about vaccination</li> <li>Prescribes antibiotics and chemoprophylaxis</li> </ul>	

### 1.3 Helping the patient achieve awareness of elements affecting their health and, when required, supporting their efforts to modify risk factors, maintain protective factors, and follow their treatment

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Recognizes the different stages needed to change patient behaviour and identifies resistance or potential barriers to change with regard to a specific factor</li> </ul>	<ul style="list-style-type: none"> <li>Uses a motivational interview to help the patient become aware of the need to make changes</li> <li>Informs the patient of resources available to help them change their habits</li> </ul>	<ul style="list-style-type: none"> <li>Helps the patient find their own ways of overcoming any identified barriers to change</li> <li>Guides the patient in their search for suitable resources</li> </ul>	

### 1.4 Assisting the patient in the defense of their legitimate interests, orienting them towards appropriate resources and services and, when needed, interceding on their behalf with third parties

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Identifies a few clinical situations requiring the defense of legitimate patient interests in which the physician plays an important role</li> </ul>	<ul style="list-style-type: none"> <li>Detects situations where the patient's interest is threatened</li> <li>Suggests to their supervisor suitable means of intervention (e.g., speaking on the patient's behalf to others, special support and guidance towards appropriate resources and services)</li> <li>Distinguishes situations warranting the legitimate defense of patient interest</li> </ul>	<ul style="list-style-type: none"> <li>Lobbies certain authorities within the network on the patient's behalf (access to tests or treatments)</li> <li>Recognizes their responsibilities regarding the results of pressing for particular treatments or services</li> <li>Refers to the appropriate stakeholders, organizations, and institutions</li> </ul>	<ul style="list-style-type: none"> <li>Lobbies certain authorities outside the network (school/ employer)</li> <li>Intercedes on the patient's behalf with others without losing sight of collective needs</li> </ul>

**2 Carrying out initiatives within their community (including the workplace) to promote and protect public health and prevent disease** in order to meet the priority needs of the population and, when required, interceding on the community's behalf with the authorities concerned, thereby fulfilling their social responsibility

**2.1 Showing vigilance about of the state of health among communities and applying appropriate measures to protect it**

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Recognizes the outbreak of a communicable disease or the potential impact of an environmental factor</li> <li>Describes the necessary precautions to be taken in terms of prevention according to clinical situations</li> <li>Applies universal precautions</li> <li>Ensures they have themselves received the necessary vaccines</li> </ul>	<ul style="list-style-type: none"> <li>Recognizes an epidemiological threat in their environment</li> <li>Mentions to their supervisor that the case must be reported to the regional public health authority</li> <li>Given an outbreak in the population, finds out which specific protective measures concern their clinical practice and applies them</li> </ul>	<ul style="list-style-type: none"> <li>Alerts the appropriate authorities (public health or other) in the presence of an illness or poisoning at risk of spreading</li> <li>Helps promote vaccination to achieve optimal coverage</li> <li>Monitors the vaccination rates in their group of patients in terms of universal programs and those for populations at risk</li> <li>Fills out forms on public health statistics as needed</li> </ul>	<ul style="list-style-type: none"> <li>Promotes vaccination in their practice</li> <li>Where applicable, monitors their patients' vaccination rates in regard to universal vaccination programs</li> <li>Where applicable, monitors the vaccination rates of members of certain at-risk populations (children, adolescents, those susceptible to hepatitis, influenza, etc.)</li> </ul>

**2.2 Contributing to the health of vulnerable groups<sup>2</sup>**

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Identifies vulnerable groups</li> <li>Proposes types of intervention in collaboration with other professionals to ensure continuity of care among vulnerable groups</li> </ul>	<ul style="list-style-type: none"> <li>Identifies vulnerable groups in their environment based on epidemiological indicators and other demographic data</li> <li>Takes part in intervention procedures in order to improve the health of different vulnerable populations</li> </ul>	<ul style="list-style-type: none"> <li>Has a comprehensive vision of the clientele in their practice environment (sociodemographic characteristics, needs)</li> <li>Targets the vulnerable groups within their area of specialization</li> <li>Performs a critical analysis of services with a view to improving them</li> </ul>	<ul style="list-style-type: none"> <li>Exhibits sound judgement and strategic thinking</li> <li>Identifies the flaws (organizational problems in their clinical setting) regarding follow-up of the vulnerable clientele</li> <li>Identifies strategies to reach the vulnerable clientele with a view to adapting services</li> <li>Suggests solutions to tailor services to the needs of vulnerable groups</li> <li>Operationalizes follow-up: e.g., uses data collection systems that facilitate follow-up of vulnerable groups and, if no system exists, encourages setting one up</li> <li>Acquires computerized tools to ensure proper follow-up (e.g., family medicine group/24 hours)</li> <li>Coordinates resources and the appropriate authorities</li> </ul>

**2.3 Getting involved in at least one local or international health issue and defending the rights of the population**

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Documents their interest in a particular cause</li> </ul>	<ul style="list-style-type: none"> <li>Takes part in an activity linked to a public health issue</li> <li>Uses the components of community diagnosis<sup>3</sup> to analyze their chosen public health issue</li> </ul>	<ul style="list-style-type: none"> <li>Actively takes part in a project to defend the rights of patients in their area of specialty or community</li> <li>Applies the components of community diagnosis<sup>3</sup> to prepare the intervention (prioritizes the different problems, formulates a strategy, determines an action plan)</li> </ul>	<ul style="list-style-type: none"> <li>Defends the rights of the population by acting on its behalf with third parties and uses political influence to, among other things, improve access to services</li> <li>Is responsible for a project to defend the rights of patients in their area of specialty or their community</li> <li>In respect of the components of community diagnostics<sup>3</sup>, intercedes according to the stage of the project in which their area of specialty is called for</li> </ul>

<sup>2</sup> Groups who are vulnerable because of any of the following factors: social condition, socio-economic level, marginalization regarding health or access to services, recent immigration, risk of or status as declared carriers of a chronic illness, mental health issues, and the presence of abuse or violence.

<sup>3</sup> By community diagnosis, we mean data collection and analysis of a group of people, their general health, and the factors influencing it. Critical analysis of this information leads to a choice of interventions (effective and feasible) to remedy or attenuate the identified health problems.

# COMPETENCY MANAGEMENT

## DEFINITION OF THE ROLE

As managers, physicians are actively involved in organizing and running efficient health services and assuming the medical administrative obligations related to their professional practice.

## DESCRIPTION OF THE ROLE

On a daily basis, physicians must set priorities in order to ensure optimal care delivery for the well-being of their patients. They execute organizational tasks efficiently and make judicious choices using available human, material, and financial resources.

The role of manager also means that physicians are involved in the decision-making that affects their practice and that of the healthcare system at the local, regional, or national level, depending on the administrative responsibilities they are entrusted with. Moreover, an efficient physician is one who manages their professional practice while balancing their personal life.

## THE CAPACITIES

- 1 **Contributing to efficient healthcare and services by demonstrating leadership**
- 2 **Coordinating the organizational aspects of their professional practice**

## MANIFESTATIONS OF THE CAPACITIES

### 1 Contributing to efficient healthcare and services by demonstrating leadership

- 1.1 Using human and material resources wisely
- 1.2 Offering services that take into account the healthcare system as a whole
- 1.3 Taking part in medical administrative activities and clinical governance
- 1.4 Presenting and introducing innovations that improve the quality of care, patient safety and the general operation of the organization

### 2 Coordinating the organizational aspects of their professional practice

- 2.1 Managing the human, equipment, information and financial resources of their medical practice, according to needs and contexts
- 2.2 Meeting medico-legal, ethical and administrative obligations towards their patients, society and the institutions where they work
- 2.3 Managing their time taking into account professional and personal obligations
- 2.4 Keeping career objectives consistent with personal goals



# DESCRIPTION OF THE STEPS - MASTERING MANAGEMENT

## 1 Contributing to efficient healthcare and services by demonstrating leadership

### 1.1 Using human and material resources wisely

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Incorporates intervention costs in their discussions</li> <li>Takes into account available human resources</li> </ul>	<ul style="list-style-type: none"> <li>Chooses diagnostic and therapeutic interventions according to costs and availability of resources as well as the way in which care is organized</li> <li>After discussions with the patient, suggests to their supervisor suitable resources towards which to orient the patient</li> <li>Uses information technology effectively</li> </ul>	<ul style="list-style-type: none"> <li>Justifies their use of diagnostic and therapeutic resources as well as of different services (relevance, efficacy, efficiency)</li> <li>Prioritizes certain patients based on their condition and their wait time for admission, clinical investigation, treatment, etc.</li> <li>In common situations, decides on suitable use of resources in partnership with the patient and other professionals</li> </ul>	<ul style="list-style-type: none"> <li>In complex situations, decides on the suitable use of resources in partnership with patients</li> <li>Manages access to limited community resources and to consultants and other health professionals</li> </ul>

### 1.2 Offering services that take into account the healthcare system as a whole

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
	<ul style="list-style-type: none"> <li>Participates proactively in professional tasks</li> <li>Adapts to the features and way of working particular to each rotation and its setting</li> </ul>	<ul style="list-style-type: none"> <li>Adjusts their work pace to the needs of the particular service while remaining productive</li> </ul>	<ul style="list-style-type: none"> <li>Responds to a request as needed while respecting their role as physician and that of the other health professionals as well as the responsibilities of the patient</li> <li>Knows to say "no" when necessary</li> </ul>

### 1.3 Taking part in medical administrative activities and clinical governance

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
	<ul style="list-style-type: none"> <li>Writes up the file summary (summary sheet) within the deadline and under supervision</li> <li>Properly completes simple forms (e.g., sick leave, exception drugs)</li> </ul>	<ul style="list-style-type: none"> <li>Actively participates, in a professional manner, in group activities to improve care</li> </ul>	<ul style="list-style-type: none"> <li>Oversees activities designed to further improve the quality of patient care and services</li> <li>Performs various administrative tasks; for example, preparing on-call lists, scheduling scientific presentations, etc.</li> <li>Is involved in care organization committees</li> </ul>

### 1.4 Presenting and introducing innovations that improve the quality of care, patient safety and the general operation of the organization

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Identifies obstacles to the quality of care and patient safety in specific situations</li> <li>In an observation context, suggests improvements or solutions to a problematic organizational situation</li> </ul>	<ul style="list-style-type: none"> <li>Is aware of obstacles to the quality of care and patient safety that they are involved in providing</li> <li>Applies the changes decided upon by those in charge, within the limits of their responsibilities</li> <li>Takes note of the positive and negative impacts of administrative decisions</li> <li>In a simulation, suggests improvements or solutions to a problematic organizational situation</li> <li>Uses new information and communication technologies (ICT) in care delivery</li> </ul>	<ul style="list-style-type: none"> <li>Collaborates with and contributes to ongoing efforts to improve the quality of patient care and services</li> <li>Uses the process and performance indicators commonly accepted in their work environment to manage care and services</li> </ul>	<ul style="list-style-type: none"> <li>Suggests ways to improve patient care and services</li> <li>Suggests ways to improve the quality of rotations</li> <li>Chooses process or performance indicators for use in managing care and services</li> <li>Oversees or implements a change in care and service practices where applicable</li> </ul>

## 2 Coordinating the organizational aspects of their professional practice

### 2.1 Managing the human, equipment, information and financial resources of their medical practice, according to needs and contexts

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
		<ul style="list-style-type: none"> <li>Anticipates how clinical activities will unfold in order to properly furnish their work environment (equipment, resources, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Coordinates the use of human resources for which they are responsible</li> <li>Makes management decisions in complex clinical and professional situations even in the face of uncertainty</li> </ul>

### 2.2 Meeting medico-legal, ethical and administrative obligations towards their patients, society and the institutions where they work

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Uses their basic knowledge of the legal, ethical and organizational aspects of medical practice (ALDO in Quebec)<sup>1</sup> in their professional encounters</li> </ul>	<ul style="list-style-type: none"> <li>Identifies when legal, ethical and organizational aspects (ALDO in Quebec) apply, such as guardianship, informed consent or attestation of death; suggests and justifies which course of action to take</li> <li>Identifies the ramifications of drafting legal and administrative documents</li> </ul>	<ul style="list-style-type: none"> <li>Completes the usual administrative forms according to their level of training</li> </ul>	<ul style="list-style-type: none"> <li>Takes the appropriate steps regarding administrative matters such as protective supervision, death certificates, etc. without undermining the other aspects of their training</li> </ul>

### 2.3 Managing their time taking into account professional and personal obligations

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Plans studies and personal activities in order to meet deadlines</li> </ul>	<ul style="list-style-type: none"> <li>Performs clinical tasks and personal activities so as to meet training demands in the time allotted to them</li> </ul>	<ul style="list-style-type: none"> <li>Performs time management of straightforward cases</li> <li>Organizes themselves so as to meet the different needs and requests of patients in a timely manner</li> <li>Organizes their work environment according to their clinical activities</li> </ul>	<ul style="list-style-type: none"> <li>Performs time management for the majority of complicated cases</li> <li>Adapts to unexpected situations</li> </ul>

### 2.4 Keeping career objectives consistent with personal goals

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Takes advantage of personal and professional experiences to explore potential professional fields of interest</li> <li>Uses planning tools to make career choices that reflect their abilities and meet their personal goals</li> <li>Clearly identifies ways of taking advantage of the possibilities and challenges they encounter in order to further their career objectives</li> </ul>	<ul style="list-style-type: none"> <li>Makes an informed and strategic choice of residency program</li> </ul>	<ul style="list-style-type: none"> <li>Plans their career according to the requirements of regional medical staffing and special medical activities (AMP<sup>2</sup>, PREM<sup>3</sup> and PEM<sup>4</sup>) as well as methods of compensation</li> <li>Assesses the compatibility of their initial career goals, those they hold currently (choices and areas of interest and what impact they may have), and their future outlook</li> </ul>	

<sup>1</sup> A task to be undertaken in the future is determining which notions of the legal, ethical, and organizational dimensions of medicine should be acquired and at which stages.

<sup>2</sup> Specific Medical Activities (AMP in Québec)

<sup>3</sup> Regional Medical Staffing Plan (PREM in Québec)

<sup>4</sup> Medical Staffing Plan (PEM in Québec)

## COMPETENCY

# PROFESSIONALISM

### DEFINITION OF THE ROLE

As professionals, physicians are committed to enhancing the well-being of patients and communities while respecting both individuals and the standards of medical practice and norms that govern their profession; accountable for their actions, they take full responsibility for their conduct, professional activities, and the protection of their own health.

### DESCRIPTION OF THE ROLE

As health professionals, physicians master the art of medicine and its complex corpus of specific knowledge and skills. They are committed to maintaining and furthering their clinical competencies, abiding by the laws and codes governing their profession, and displaying appropriate attitudes and behaviour, such as kindness, compassion and integrity.

This commitment is the basis of the social contract between physicians and society, which in return grants physicians privileges such as the right to perform certain controlled acts and engage in self-regulation of their profession.

Although physicians are first and foremost devoted to the health and well-being of their patients and the community, they must also be mindful of themselves and of their families and colleagues. Throughout their career, they must maintain a balance between their professional and personal life.

### THE CAPACITIES

- 1 **Acting in the patient's best interest taking into account collective needs**
- 2 **Conducting themselves according to the values, standards, and rules of the profession**
- 3 **Taking care of their own health**

## MANIFESTATIONS OF THE CAPACITIES

### 1 Acting in the patient's best interest taking into account collective needs

- 1.1 Respecting the patient as a person in every way
- 1.2 Basing their actions on sound, ethical practice
- 1.3 Ensuring patient safety and well-being
- 1.4 Acting with fairness and impartiality in the delivery of care and services
- 1.5 Ensuring the patient receives care even when it is at odds with the physician's personal beliefs
- 1.6 Ensuring continuity of patient care

### 2 Conducting themselves according to the values, standards, and rules of the profession

- 2.1 Maintaining an appropriate relationship with the patient and their family
- 2.2 Showing respect towards people in their professional environment
- 2.3 Respecting the rules governing conflicts of interest
- 2.4 Conducting their professional activities with integrity
- 2.5 Fulfilling their responsibilities
- 2.6 Taking part in professional self-regulation

### 3 Taking care of their own health

- 3.1 Establishing a healthy balance between patient care, community needs, the demands of the practice, and personal and family activities
- 3.2 Dealing with stressful and emotional situations in their personal and professional life
- 3.3 Being vigilant about risks inherent in their professional practice

# DESCRIPTION OF THE STEPS - MASTERING PROFESSIONALISM

## 1 Acting in the patient's best interest taking into account collective needs

### 1.1 Respecting the patient as a person in every way

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>• Considers the patient's perspective at every step of their clinical approach</li> <li>• Identifies signs of suffering<sup>1</sup> in the patient and advises their supervisor</li> <li>• Obtains the patient's consent for those actions performed as a student</li> <li>• Applies the rules of confidentiality to any patient information</li> <li>• Respects the limits inherent in their level of responsibility in transmitting information to the patient</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporates the patient's needs and priorities in the care plan they are proposing</li> <li>• Incorporates the issue of patient suffering in the care plan they are proposing</li> <li>• Obtains the patient's consent before performing any actions</li> <li>• In straightforward situations, respects the patient's right to know the truth</li> <li>• Discusses with their supervisor situations in which a patient's right to the truth could potentially cause them harm</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporates the patient's needs and priorities into their clinical decision</li> <li>• Establishes a care plan in partnership with the patient to alleviate suffering</li> <li>• Identifies clinical situations that constitute an exception to the rule of informed consent and discusses them with their supervisor</li> <li>• In complex situations, respects the patient's right to the truth, taking into account both the context and ethical issues in order to prevent any potential harm</li> </ul>	<ul style="list-style-type: none"> <li>• Makes a clinical decision in partnership with the patient, taking into account collective needs</li> <li>• Helps the patient regain control of their life despite the losses experienced</li> <li>• With their supervisor's approval, takes appropriate measures in clinical situations that constitute exceptions to the rule of informed consent</li> <li>• Presents a valid argument in exceptional circumstances where they can resort to therapeutic privilege<sup>2</sup></li> </ul>

### 1.2 Basing their actions on sound, ethical practice

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>• Presents a structured argument about various ethical stakes encountered in medical practice</li> </ul>	<ul style="list-style-type: none"> <li>• Clearly states the ethical stakes of clinical situations when drawing up a care plan</li> <li>• Devises a strategic approach for these types of clinical situations with their supervisor</li> </ul>	<ul style="list-style-type: none"> <li>• Establishes a dialogue with the patient and any person affected by the ethical aspects of the clinical situation in order to ensure shared decision-making</li> </ul>	<ul style="list-style-type: none"> <li>• Uses appropriate ethical strategies to respond to patient needs and priorities in cases where opinion about care is divided</li> </ul>

### 1.3 Ensuring patient safety and well-being

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>• Applies medical practice rules designed to protect patients</li> <li>• Adopts appropriate measures to ensure patient comfort</li> <li>• Adopts appropriate measures to respect patient privacy</li> </ul>	<ul style="list-style-type: none"> <li>• Delivers safe care to patients</li> <li>• Identifies situations that expose patients to risk and advises their supervisor</li> <li>• Uses appropriate means to ensure patient safety in the face of inappropriate behaviour by a third party</li> <li>• Takes the appropriate steps to disclose, under supervision, the nature of an incident</li> </ul>	<ul style="list-style-type: none"> <li>• Participates in the delivery of safe patient care and services in a complex setting</li> <li>• Ensures that any adverse events (without serious consequences) or close calls that they either witnessed or were involved in are reported in accordance with the required procedure</li> <li>• Submits a blueprint for disclosing adverse events to their supervisor</li> <li>• Contributes to improving patient safety as part of the activities overseen by the risk management committee (e.g., incident review/quality improvement committee, morbidity-mortality committee, assessment using objective criteria)</li> </ul>	<ul style="list-style-type: none"> <li>• Ensures that any adverse event they witness or are involved in is reported in accordance with the required procedure</li> <li>• Discloses the occurrence of an adverse event according to accepted standards and with the approval of their supervisor</li> </ul>

<sup>1</sup> The term "suffering" is used in a general sense to denote physical pain as well as psychological, spiritual, social and moral distress.

<sup>2</sup> The expression "therapeutic privilege" refers to the physician withholding certain information or providing only general information in the consent process in the belief that emotional factors would make the patient unable to confront more complete explanations prior to treatment.

#### 1.4 Acting with fairness and impartiality in the delivery of care and services

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Explains the issues involved in resources allocation</li> </ul>	<ul style="list-style-type: none"> <li>Identifies clinical situations where the patient faces difficult access to care</li> <li>Identifies clinical situations that result in unequal access to care</li> </ul>	<ul style="list-style-type: none"> <li>Takes the appropriate steps to resolve problems of patient access to care</li> <li>Takes the appropriate steps to ensure fair access to care</li> </ul>	<ul style="list-style-type: none"> <li>Intervenes with governing bodies to minimize problems of access to care and services in their environment</li> <li>Participates in public discourse to prevent problems of patient access to care and services</li> </ul>

#### 1.5 Ensuring the patient receives care even when it is at odds with the physician's personal beliefs

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>In a simulation, identifies situations where their personal beliefs might be at odds with ordinary medical care and discusses these with their supervisor</li> </ul>	<ul style="list-style-type: none"> <li>In a clinical context, discusses with their supervisor any objections they may have on personal grounds</li> <li>Takes appropriate measures so that the patient receives the required care</li> </ul>	<ul style="list-style-type: none"> <li>Delivers care according to the rules about conscientious objection when their personal, religious, or moral beliefs are an obstacle to treatment</li> </ul>	

#### 1.6 Ensuring continuity of patient care

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
	<ul style="list-style-type: none"> <li>Reconciles their personal and professional obligations, giving priority to patient needs</li> <li>Ensures the patient obtains the necessary professional services when they are temporarily or permanently absent</li> </ul>		<ul style="list-style-type: none"> <li>Identifies situations in which it is appropriate to end the physician-patient relationship</li> <li>Applies the rules of professional conduct in ending a physician-patient relationship</li> </ul>

## 2 Conducting themselves according to the values, standards, and rules of the profession

### 2.1 Maintaining an appropriate relationship with the patient and their family

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Maintains appropriate physical and professional distance when meeting patients</li> <li>Shows respect towards the patient and their family at all times</li> <li>Sets limits when the patient oversteps the professional relationship</li> </ul>			

### 2.2 Showing respect towards people in their professional environment

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Adopts a respectful attitude free of harassment, intimidation, or discrimination towards everyone they encounter in a professional setting</li> <li>Interacts with people in a professional setting by recognizing and valuing the role played by each</li> </ul>			

### 2.3 Respecting the rules governing conflicts of interest

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Identifies the areas in which conflicts of interest can arise in medical practice</li> </ul>	<ul style="list-style-type: none"> <li>Discusses with their supervisor any potential sources of conflicts of interest in their work and training</li> </ul>	<ul style="list-style-type: none"> <li>Discloses and resolves unavoidable conflicts of interest in the patient's best interest</li> </ul>	<ul style="list-style-type: none"> <li>Takes the necessary steps to preserve their professional independence</li> <li>Adopts solutions appropriate to the resolution of conflicts of interest that arise in research and training</li> <li>Recruits the patient as a research subject while respecting the specific demands of the physician-patient relationship</li> </ul>

### 2.4 Conducting their professional activities with integrity

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Respects faculty rules concerning plagiarism</li> <li>Writes up case histories according to the data collected from the medical history and physical exam performed</li> <li>Recognizes their mistakes and rectifies the situation as needed</li> </ul>	<ul style="list-style-type: none"> <li>Conveys truthful and complete information in all professional communication</li> </ul>		<ul style="list-style-type: none"> <li>Gives written and verbal attestations that do not contain any information they know to be false</li> </ul>

### 2.5 Fulfilling their responsibilities

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Is punctual, assiduous, interested, and intellectually curious in all areas of their training</li> <li>Performs the tasks assigned to them with seriousness and diligence</li> <li>Identifies and corrects their behaviour when it hinders their professional responsibilities</li> <li>Responds in an appropriate way to the difficulties and needs they identify in their peers</li> </ul>	<ul style="list-style-type: none"> <li>Ensures medical follow-up of the patients assigned to them</li> <li>Responds appropriately to difficulties and needs identified among their colleagues and other professionals</li> </ul>	<ul style="list-style-type: none"> <li>Performs the different tasks connected with each of the roles assigned to them during their rotation</li> </ul>	

### 2.6 Taking part in professional self-regulation

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Observes the standards and obligations set by regulatory authorities and the institutions they attend</li> <li>Complies with the standards of the regulatory authorities regarding any personal health issue that represents a potential risk for patients</li> </ul>		<ul style="list-style-type: none"> <li>Participates in the assessment of the quality of medical acts in their work environment, such as the incident review/quality improvement committee, the risk management committee, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Complies with the demands of regulatory authorities during inquiries into the practice of medicine (college of physicians, accreditation, council of physicians, dentists and pharmacists)</li> </ul>

### 3 Taking care of their own health

#### 3.1 Establishing a healthy balance between patient care, community needs, the demands of the practice, and personal and family activities

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Identifies factors in their training that could have a negative impact on their personal life</li> <li>Adopts solutions suitable to maintaining a healthy personal life in line with their values</li> <li>If needed, seeks help in correcting situations that interfere with their personal life</li> <li>Identifies factors in their personal life (habits, personal or family problems) that could undermine their training</li> <li>Adopts appropriate solutions that will enable them to maintain their learning capacity for optimal training</li> <li>As needed, seeks help in order to correct any situations that interfere with their training</li> </ul>	<ul style="list-style-type: none"> <li>Identifies professional risk factors that could have negative repercussions on their personal life</li> <li>Identifies factors in their personal life (habits, personal or family problems) that could jeopardize their practice and the quality of the care they deliver</li> <li>Adopts appropriate solutions that enable them to maintain a practice that satisfies the demands of quality care</li> <li>As needed, seeks help in order to correct situations that interfere with their practice and the quality of the care they deliver</li> </ul>		

#### 3.2 Dealing with stressful and emotional situations in their personal and professional life

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>If need be, warns their supervisor about any signs of emerging personal issues that could adversely affect them</li> <li>Names the feelings they experience in the face of learning difficulties and the real or perceived threat of failure in their training</li> <li>Adopts suitable solutions to deal with these emotions and difficulties</li> <li>Develops mechanisms to protect themselves against professional burnout</li> </ul>	<ul style="list-style-type: none"> <li>Identifies their emotional reactions when faced with difficult clinical situations</li> <li>Names the feelings that occur when confronted by the suffering or death of others</li> <li>Takes a step back from the situation, puts it in perspective, and finds the optimal distance in order to deal with it</li> <li>Develops an empathetic attitude while avoiding identifying with the problems of others</li> </ul>	<ul style="list-style-type: none"> <li>Identifies their emotional response in clinical situations where their actions have unexpected results (error or failure)</li> <li>Adopts suitable solutions in order to confront these emotions and situations</li> </ul>	

#### 3.3 Being vigilant about risks inherent in their professional practice

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Identifies their own vulnerabilities that might expose them to greater risk</li> <li>Complies with the standards of prevention required by the training centres and the institutions they attend</li> <li>Complies with universal healthcare protection measures</li> </ul>	<ul style="list-style-type: none"> <li>Takes the steps necessary to protect their health and safety in potentially dangerous clinical situations</li> </ul>	<ul style="list-style-type: none"> <li>Takes appropriate measures in clinical situations that put the health and safety of patients and other personnel at risk</li> </ul>	<ul style="list-style-type: none"> <li>Takes part in developing protocols to monitor and anticipate professional risk</li> </ul>



# COMPETENCY SCHOLARSHIP

## DEFINITION OF THE ROLE

As scholars, physicians are committed to continually developing their professional competencies, which involves using the principles of the scientific approach and reflective practice in their learning, researching, and teaching activities.

## DESCRIPTION OF THE ROLE

As healthcare settings evolve, they imply rapid proliferation and widespread use of new information, which requires that physicians keep updating their knowledge and skills. Accordingly, physicians use critical thinking and maintain reflective practice throughout their careers. They recognize that they need to keep learning and nurturing their scientific curiosity. They are involved in developing medical knowledge and implementing validated innovative practices. They are concerned with the learning needs of their patients, students, colleagues, and the public; and they facilitate the learning process while promoting autonomy.

## THE CAPACITIES

- 1 Ensuring continuing professional development through reflective thinking for all the competencies required to perform their roles
- 2 Encouraging the learning of others while respecting the ethical principles that underlie the teacher-learner relationship
- 3 Contributing to furthering professional knowledge and new practices

## MANIFESTATIONS OF THE CAPACITIES

### 1 Ensuring continuing professional development through reflective thinking for all the competencies required to perform their roles

- 1.1 Determining their training needs after conducting a critical analysis
- 1.2 Using learning methods suitable for their particular needs, taking into account their learning style
- 1.3 Assessing the impact of their learning on their practice
- 1.4 Adjusting their continuing professional development strategy as needed

### 2 Encouraging the learning of others while respecting the ethical principles that underlie the teacher-learner relationship

- 2.1 Helping others determine their own learning needs
- 2.2 Guiding others in the choice and use of appropriate learning methods
- 2.3 Providing teaching when needed
- 2.4 Assessing learning and correcting it as needed

### 3 Contributing to furthering professional knowledge and new practices

- 3.1 Taking part in research projects/programs/initiatives using a scientific approach
- 3.2 Carrying out a critical analysis of research data and interpreting the results

# DESCRIPTION OF THE STEPS - MASTERING SCHOLARSHIP

## 1 Ensuring continuing professional development through reflective thinking for all the competencies required to perform their roles

### 1.1 Determining their training needs after conducting a critical analysis

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Reflects on both their perceived and demonstrated training needs, taking into account training situations and demands</li> <li>Shares the needs they have identified with their peers</li> <li>Justifies their chosen training goals to supervisors (tutors and instructors)</li> </ul>	<ul style="list-style-type: none"> <li>Defines both their perceived and demonstrated needs, taking into account training demands and the clinical situations they encounter</li> </ul>	<ul style="list-style-type: none"> <li>Determines their training needs according to the levels of competency required in their residency program</li> <li>Formulates specific learning-based questions</li> </ul>	<ul style="list-style-type: none"> <li>Uses the competencies required for their future practice as an essential tool for professional development</li> <li>Uses recognized methods to analyze their needs (perceived, demonstrated, normative)</li> <li>Pinpoints specific questions to be asked based on their experience in different professional situations</li> <li>Organizes a personalized training program</li> </ul>

### 1.2 Using learning methods suitable for their particular needs, taking into account their learning style

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Lists learning methods available to them</li> <li>Chooses methods that enable them to meet the demands of the program</li> <li>Realizes what their personal learning style is and takes it into account</li> <li>Explains their approach to their supervisors and obtains feedback</li> </ul>	<ul style="list-style-type: none"> <li>Takes the initiative to participate in learning activities that will help them attain the goals of their clerkship</li> <li>In addition to compulsory activities, selects appropriate personal methodologies to meet their learning needs and style</li> <li>In clinical situations, familiarizes themselves with literature search tools</li> </ul>	<ul style="list-style-type: none"> <li>Uses literature search tools in clinical situations</li> <li>Adapts their way of using learning methods to their own needs and style</li> <li>Justifies their use of particular learning methods</li> </ul>	<ul style="list-style-type: none"> <li>Consults pertinent literature and interprets it according to their practice</li> <li>Proposes other learning methods than those in the curriculum</li> </ul>

### 1.3 Assessing the impact of their learning on their practice

### 1.4 Adjusting their continuing professional development strategy as needed

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Notes their performance level and compares it to expectations</li> <li>Analyses the effect of their learning strategies on their progress in acquiring competencies</li> <li>Based on their performance level and feedback, discusses modifications to their learning strategies, methodology, or tools with their supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Analyses significant events that occurred during their rotations to assess how they applied what they learned</li> <li>Using feedback, rotation assessments and various experiences, demonstrates their modifications to learning strategies, methodologies, or tools to their supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrates autonomy in documenting their progress by linking it to learning</li> <li>Once or twice a year, or as directed by their supervisor, provides the latter with important examples of the impact of their learning on their practice</li> </ul>	<ul style="list-style-type: none"> <li>Plans an assessment strategy for all aspects<sup>1</sup> of their professional practice</li> <li>Assesses their own learning approach (process) and capacity for scholarship in greater detail</li> <li>Documents their approach according to the methodology recommended by recognized organizations<sup>2</sup></li> <li>Uses recognized methods to evaluate the impacts of their learning on patient health</li> </ul>

<sup>1</sup> Incorporates the seven CanMEDS roles in their strategy, thereby ensuring they are not limited to medical expertise alone.

<sup>2</sup> In the context of Université de Montréal, these entities are first and foremost, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, and the Collège des médecins du Québec.

## 2 Encouraging the learning of others while respecting the ethical principles that underlie the teacher-learner relationship

### 2.1 Helping others determine their own learning needs

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<p><b>Peers</b></p> <ul style="list-style-type: none"> <li>Identifies with peers those aspects that are problematic for individual or group comprehension</li> </ul>	<p><b>The patient and their family</b></p> <ul style="list-style-type: none"> <li>Solicits questions from the patient and their family</li> </ul>	<p><b>The patient and their family</b></p> <ul style="list-style-type: none"> <li>Identifies those areas in which the patient and family need to be educated so they can collaborate in their healthcare</li> </ul> <p><b>Students</b></p> <ul style="list-style-type: none"> <li>Makes sure that the student is aware of the normative requirements of their particular level</li> <li>Asks questions to elicit reflection by students and greater understanding of their learning needs</li> <li>Reframes perceived needs for all the competencies that must be mastered at every stage of training</li> <li>Observes the student in order to uncover gaps in their learning and suggest further objectives</li> </ul> <p><b>Peers and other professionals</b></p> <ul style="list-style-type: none"> <li>Notes, based on the input of other professionals, any information or training needs in relation to the clinical situation and informs their supervisor</li> </ul>	<p><b>Students</b></p> <ul style="list-style-type: none"> <li>Explains how perceived needs may or may not be fulfilled during a learning activity</li> </ul> <p><b>Peers and other professionals</b></p> <ul style="list-style-type: none"> <li>Inquires about the needs of other professionals</li> <li>Suggests learning objectives in relation to clinical situations</li> </ul>

### 2.2 Guiding others in the choice and use of appropriate learning methods

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<p><b>Peers</b></p> <ul style="list-style-type: none"> <li>Proposes learning methods and tools</li> </ul>	<p><b>The patient and their family</b></p> <ul style="list-style-type: none"> <li>Identifies learning methods that are useful to the patient and family in collaboration with them</li> </ul>	<p><b>Students</b></p> <ul style="list-style-type: none"> <li>Guides the learner in how to perform research in the medical literature and using online sources</li> </ul>	<p><b>Students</b></p> <ul style="list-style-type: none"> <li>Asks the learner about which methods to use to attain their learning objectives</li> <li>Discusses with the learner the methods used and, if required, helps them identify which changes need to be made</li> <li>Makes sure the learner chooses a methodology that helps them attain their objectives in each of the competencies</li> </ul> <p><b>Peers and other professionals</b></p> <ul style="list-style-type: none"> <li>Shares their experience using different learning methods and the results obtained</li> </ul>

### 2.3 Providing teaching when needed

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<p><b>Peers</b></p> <ul style="list-style-type: none"> <li>• Greets questions from their peers with respect</li> <li>• Explains concepts that are not well understood</li> <li>• Plays an active role in fostering an environment conducive to learning</li> <li>• Respect copyrights, correctly attributes references, and gives credit where it is due</li> </ul>	<p><b>The patient and their family</b></p> <ul style="list-style-type: none"> <li>• Calls upon appropriate healthcare professionals when more specific instruction is needed</li> <li>• Recognizes their limitations as a teacher</li> <li>• Explains straightforward concepts to the patient</li> </ul> <p><b>Peers</b></p> <ul style="list-style-type: none"> <li>• Gives oral presentations and answers questions</li> <li>• In the advent of a phenomenon of particular interest, prepares an information capsule for their colleagues</li> </ul>	<p><b>Students</b></p> <ul style="list-style-type: none"> <li>• Uses the targeted competencies of the rotation (normative needs: objectives) to prepare a plan for teaching clerks</li> <li>• Adapts the content of their teaching plan to the learner's level of knowledge and autonomy</li> <li>• Uses a questioning technique to make the learner an active participant in their learning</li> <li>• Has the learner explain their clinical approach and corrects misconceptions</li> <li>• Teaches know-how skills, taking into account the safety of the patient and learner</li> <li>• Reasons aloud to help the learner develop their own clinical reasoning</li> <li>• Acts as a role model and makes it explicit if necessary</li> <li>• Respects the patient and avoids superfluous questions or investigations in a teaching situation</li> <li>• Uses teaching/learning methods adapted to the workload and the clinical responsibilities of the learners</li> <li>• Uses different teaching contexts (e.g., bedside, simulation)</li> </ul>	<p><b>Students</b></p> <ul style="list-style-type: none"> <li>• Recognizes opportunities for teaching medical expertise and transversal competencies in a given clinical situation</li> <li>• Involves the learners in the planning of teaching content</li> <li>• Adapts teaching content to learner knowledge and gaps</li> <li>• Tries out new strategies or teaching techniques</li> </ul> <p><b>Peers and other professionals</b></p> <ul style="list-style-type: none"> <li>• Adapts teaching content while respecting each person's area of expertise</li> </ul> <p><b>Peers</b></p> <ul style="list-style-type: none"> <li>• Identifies training needs in a request for consultation</li> <li>• Guides colleagues towards appropriate resources in the case of intimidation or harassment</li> </ul>

### 2.4 Assessing learning and correcting it as needed

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<p><b>Peers</b></p> <ul style="list-style-type: none"> <li>• Discusses attaining the group's learning objectives and suggests corrections if needed</li> </ul> <p><b>Teachers</b></p> <ul style="list-style-type: none"> <li>• Provides feedback about teaching they received without expressing a value judgment</li> </ul>	<p><b>The patient and their family</b></p> <ul style="list-style-type: none"> <li>• Ensures that the patients and their families understand the content of teaching provided in straightforward situations</li> </ul> <p><b>Teachers</b></p> <ul style="list-style-type: none"> <li>• Offers feedback about teaching they received from supervisors, including residents</li> </ul>	<p><b>The patient and their family</b></p> <ul style="list-style-type: none"> <li>• Ensures that the patient and their family have understood the content of teaching provided in more complex clinical situations</li> </ul> <p><b>Students</b></p> <ul style="list-style-type: none"> <li>• Gives their opinion during the evaluation at the end of the learner's rotation, basing it on targeted competencies and avoiding assessment bias</li> <li>• Observes the student during a learning task and takes notes so as to provide focused feedback based on observed actions and behaviour</li> </ul>	<p><b>Peers</b></p> <ul style="list-style-type: none"> <li>• Recognizes the difficulties peers may experience and directs them toward the appropriate resources</li> </ul> <p><b>Students</b></p> <ul style="list-style-type: none"> <li>• Can proactively identify those specific elements in the learner-patient interaction that they will be observing and informs the learner</li> <li>• Offers frequent and timely training assessments</li> <li>• Identifies learners who are in difficulty and informs the professor concerned</li> <li>• Makes sure to regularly observe the learners they believe to be in difficulty</li> </ul>

Continued on next page

## 2.4 Assessing learning and correcting it as needed

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
		<p><b>Students (continued)</b></p> <ul style="list-style-type: none"> <li>Assesses teaching provided in terms of concrete situations (e.g., junior resident who must evaluate a senior resident or boss)</li> </ul> <p>After critical incidents</p> <ul style="list-style-type: none"> <li>Reflects on their actions with particular attention to their role teaching clerks or more junior residents and makes changes as needed</li> <li>Seeks feedback on their teaching from learners</li> <li>Uses feedback they receive to modify the elements mentioned</li> </ul>	<ul style="list-style-type: none"> <li>Reflects <u>systematically</u> on their actions as a teacher and corrects them as necessary</li> <li>Contributes to learner evaluations that result in sanctions</li> </ul>

## 3 Contributing to furthering professional knowledge and new practices

## 3.1 Taking part in research projects/programs/initiatives using a scientific approach

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Asks questions about the scientific basis of medical practice</li> </ul>	<ul style="list-style-type: none"> <li>Presents a field in which there is insufficient evidence-based data to their supervisor</li> </ul>	<ul style="list-style-type: none"> <li>Suggests avenues of research to their supervisor<sup>3</sup></li> <li>Takes part in a research project and is involved in one or several of the following stages: <ul style="list-style-type: none"> <li>Collecting existing data on a subject needing further research</li> <li>Clarifying a specific and relevant research question</li> <li>Applying appropriate research methods</li> <li>Interpreting the data</li> <li>Publicizing the results</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Assesses the relevance of a research protocol for patients</li> <li>In addition to the stages described for a junior resident, takes part in a research project and is involved in one or several of the following stages: <ul style="list-style-type: none"> <li>Choosing the appropriate research methods</li> <li>Formulating a research protocol<sup>4</sup></li> <li>Performing statistical analysis</li> </ul> </li> </ul>

## 3.2 Carrying out a critical analysis of research data and interpreting the results

Student at end of 2 <sup>nd</sup> year	Student at end of clerkship	Resident at end of junior residency	Resident at end of program
<ul style="list-style-type: none"> <li>Applies the protocol for automated database searches (e.g., PubMed)</li> <li>As a group activity, performs a structured critical analysis of a scientific article</li> </ul>	<ul style="list-style-type: none"> <li>Undertakes their own structured critical analysis of a scientific article</li> </ul>	<ul style="list-style-type: none"> <li>Performs a structured critical analysis of medical literature on a subject determined by their supervisor<sup>3</sup></li> <li>When a problem is encountered in the management of a patient, consults the literature appropriate to their training level</li> </ul>	<ul style="list-style-type: none"> <li>Performs a structured critical analysis of the literature on a subject they choose based on their clinical experience</li> <li>Applies the research data to solving a patient's problem</li> </ul>

<sup>3</sup> The supervisor is a person responsible for guiding the junior resident throughout the course of their training.

<sup>4</sup> Depending on the opportunities, these research activities can begin during junior residency or can be entirely undertaken during senior residency.

# GLOSSARY

Term	French equivalent	Definition
<b>Attitude</b>	Attitude	Attitude is a settled opinion or way of thinking and the behaviour that reflects this. (Based on the definition provided in the Canadian Oxford Dictionary; 2004)
<b>Capacity</b>	Capacité	A component of competency consisting in an acquired skill that enables a person to effectively perform a professional activity. (Inspired by Legendre R. Dictionnaire actuel de l'éducation. Librairie Larousse; 1988.) The term capacity is favoured by Université de Montréal over capability because it refers to a broader set of behaviours than just intellectual ability, responsibility, aptitudes, and skills.
<b>Collaborator (role)</b>	Collaborateur (rôle)	
<b>Collaboration (competency)</b>	Collaboration (compétence)	
<b>Communicator (role)</b>	Communicator (rôle)	
<b>Communication (competency)</b>	Communication (compétence)	
<b>Competency</b>	Compétence	
<b>Competency Integration Task</b>	Tâche intégratrice	Professional task, structured, real or simulated, that elicits a specific competency (medical expertise) at the same time as one or several transversal competencies. The resources needed to mobilize the task are defined and acquired before performing it. In the context of protected study time, the learner is observed and receives training feedback using tools specifically conceived for that purpose. (Inspired by Lasnier F. Réussir la formation par compétences. Montreal: Guérin, éditeur ltée; 2000).
<b>Development path</b>	Trajectoire de développement	A development path is a structured representation of the acquisition of a competency, which shows the learning progression using indicators of observable behaviours for each of the major training stages. It can be used over time to assess mastery of a competency.
<b>External resources</b>	Ressources externes	External resources come from the academic or professional environment (books, articles, databases, other professionals, etc.) or from the social and cultural environment (community, opinion leaders, family, friends, media, etc.) (Adapted from: Durand M.-J., Chouinard R., et al. L'évaluation des apprentissages: de la planification de la démarche à la communication des résultats. Montréal: Hurtubise, collection Parcours pédagogiques; 2006.)
<b>Health Advocacy (competency)</b>	Promotion de la santé (compétence)	
<b>Health Advocate (role)</b>	Promoteur de la santé (rôle)	
<b>Indicator of expected behaviour</b>	Indicateur du comportement attendu	The indicators are unambiguous statements containing an action verb that describes an observable action, attitude, or behaviour.

Term	French equivalent	Definition
Internal resources	Ressources internes	Internal resources consist of all knowledge, know-how, and knowing how to be. (Adapted from: Durand M.-J., Chouinard R., et al. L'évaluation des apprentissages: de la planification de la démarche à la communication des résultats. Montréal: Hurtubise, collection Parcours pédagogiques; 2006.)
Manager (role)	Gestionnaire (rôle)	
Management (competency)	Gestion (compétence)	
Manifestation	Manifestation	Component of a capacity that facilitates its understanding and permits the setting of criteria by which to evaluate it. (Inspired by Lasnier F. Réussir la formation par compétences. Montréal: Guérin, éditeur ltée; 2000.)
Medical expert (role)	Expert médical (rôle)	
Medical expertise (competency)	Expertise médicale (compétence)	
Patient	Patient	Person who uses medical or paramedical services whether they are sick or not (undergoing a medical examination, following treatment, or undergoing surgery). The notion of patient may include those close to or accompanying them. (Adapted from the Office de la langue française. <a href="http://gdt.oqlf.gouv.qc.ca/ficheOqlf.aspx?Id_Fiche=1299070">http://gdt.oqlf.gouv.qc.ca/ficheOqlf.aspx?Id_Fiche=1299070</a> ; 2001).
Professional (role)	Professionnel (rôle)	
Professionalism (competency)	Professionnalisme (compétence)	
Roles	Rôles	"Set of ways of acting in a society that are supposed to characterize the conduct of people in the exercise of a particular function (Guy Rocher quoted in Le grand dictionnaire terminologique. <a href="http://www.granddictionnaire.com/BTML/FRA/r_Motclef/index800_1.asp">http://www.granddictionnaire.com/BTML/FRA/r_Motclef/index800_1.asp</a> ).
Scholar (role)	Érudit (rôle)	
Scholarship (competency)	Érudition (compétence)	
Specific competency	Compétence spécifique	Specific competencies are those that define us in our profession.
Transversal competency	Compétence transversale	Transversal competencies are integrated within the specific competencies and are common to many professions. The term refers to the "intrinsic roles" used in CanMEDS, as described by Sherbino J., Frank J., Flynn L., Snell L. (see bibliography).



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# APPENDIX A

## Competency committee contributors (2006-2011)

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\* Inspired notably by Frank JR, ed. The CanMEDS 2005 physician competency framework. Better standards. Better physicians. Better care. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2005 (<http://www.royalcollege.ca/portal/page/portal/rc/canmeds>). Adaptations were authorized by the RCPSC.

Faculté de médecine

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CENTRE DE PÉDAGOGIE  
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DE LA SANTÉ

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- Excellence and rigour
- Acknowledgement
- Collaboration and partnership
- Humanism
- Social responsibility and engagement

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