

# CURRICULUM AT A GLANCE



Family & Community Medicine  
UNIVERSITY OF TORONTO

In accordance with the accreditation standards in family medicine put forth by the College of Family Physicians of Canada (CFPC), the DFCM at the University of Toronto has developed a competency based curriculum. Our curriculum was developed to meet the goals of the Triple C Curriculum and, as such, it is a curriculum that is Comprehensive, Focused on Continuity and is Centred in Family Medicine. Additionally, this curriculum incorporates all of the CanMEDS-FM roles. This document outlines the specific and necessary competencies to guide a resident's development into becoming a competent, comprehensive and compassionate family physician. The competencies are organized into overarching entrustable professional activities in family medicine followed by domain specific competencies. Our intention is that residents and faculty alike will use this document to help guide resident learning experiences and develop shared learning objectives.

The DFCM competency based curriculum is a living document where the competencies are updated on a regular basis to ensure that they remain both relevant and socially accountable. In 2023, the language of our curriculum was intentionally updated to reflect non-heteronormative gender inclusive and gender affirming terminology. Specific changes with their accompanying explanations are shown in the glossary below.

For a more detailed glossary of gender inclusive terminology please see the recently published "Caring for LGBTQ2S People: A Clinical Guide, 2nd edition".

Note: The mapping of the Curriculum at a Glance to the CanMEDS-FM roles along with site specific rotation competencies can be found on Quercus for DFCM Faculty and Residents by logging in with their UTor ID and Password.

Original Term	New Term	Explanation
sex	sex assigned at birth	sex assigned at birth is a gender-inclusive term used to distinguish between gender identify and biological sex
gender	gender identity	gender identity reminds us that gender is a reflection of an individual's subjective experience of their own gender, and is not necessarily fixed
women's health	Women's Health and Health for people assigned female at birth (AFAB)	AFAB is an acronym denoting individuals who were assigned female at birth; the use of this term facilitates a gender-inclusive and anatomical approach to delivering healthcare (i.e. not all people with a cervix identify as a woman)
men's health	Men's Health and health for people assigned male at birth (AMAB)	AMAB is an acronym denoting individuals who were assigned male at birth; the use of this term facilitates a gender-inclusive and anatomical approach to delivering healthcare (i.e. not all people with a prostate identify as a man)
men, women	people, person	maintains gender neutrality and inclusivity
his/her	one's, their	maintains gender neutrality and inclusivity
maternity care	conception and birthing	conception and birthing care may be delivered to individuals who do not identify as mothers or as a maternal figure
mother	birthing parent, pregnant person	
maternal	parental	
breast	breast tissue or chest tissue	transgender males and non-binary individuals with breast/chest tissue may feel uncomfortable with the use of the term 'breast' due to gendered implications, and 'breast tissue' or 'chest tissue' are often used as an alternatives
breastfeeding	breastfeeding or chestfeeding	transgender males and non-binary individuals with breast tissue may feel uncomfortable with the use of the term 'breastfeeding' and may use 'chestfeeding' as an alternative
external vulvar exam	external pelvic exam	transgender males and non-binary individuals with a vulva may feel uncomfortable with the use of the word vulva to describe their genitals, and a gender neutral term is preferred
internal vulvar exam	internal pelvic exam	

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## Entrustable Professional Activities in Family Medicine

**FAM01.** Understand the role of a generalist physician in the health care system.

- 1A. Appreciate how the knowledge, skills and attitudes of the generalist physician differ from the specialist physician.
- 1B. Provide continuity of care for a defined patient population and demonstrate consistency as coordinator of patient's care.
- 1C. Provide appropriate preventive care.
- 1D. Understand the role of the family physician in promoting the health of communities.

**FAM02.** Take an appropriately thorough history in a timely manner.

- 2A. Demonstrate the ability to effectively and selectively identify, assess and prioritize main presenting symptom(s).
- 2B. Move quickly into a focused history regarding the main symptom(s).
- 2C. Elicit pertinent associated symptoms, red flags and risk factors.
- 2D. Convey through the nature and sequence of questions that diagnostic hypotheses are being generated and tested.
- 2E. Collate information while taking into account social determinants of health.
- 2F. Take an appropriate occupational health and safety history

**FAM03.** Display effective, professional and non-judgmental communication skills.

- 3A. Employ a rich mixture of techniques such as open-ended questions, direct questions, scaling, narrative.
- 3B. Employ flexible style to suit varying cultural, educational levels.
- 3C. Observe boundaries and maintain confidentiality when assessing families, i.e. adolescent health and families.
- 3D. Communicate effectively and professionally with family members.
- 3E. Establish a therapeutic relationship with patients and families.

**FAM04.** Adopt a patient centered approach.

- 4A. Assess patient agenda and illness experience i.e. Feelings, Ideas, Functioning, Expectations (FIFE).
- 4B. Identify and articulate patient goals and priorities and negotiate patient priorities.
- 4C. Develop and monitor contracts with patients.
- 4D. Intervene logically from assessment incorporating bio-psycho-social goals.
- 4E. Clarify the patient's understanding and develop mutually agreeable treatment plan.
- 4F. Incorporate basic developmental stages of family life.
- 4G. Identify families at risk.
- 4H. Create a detailed family 3-generational genogram.
- 4I. Assess family stability around major life events (birth, disability, end of life care).

**FAM05.** Perform an appropriately thorough physical examination in a timely manner.

- 5A. Exhibit awareness of the role of the physical examination in making certain diagnoses more or less likely.
- 5B. Convey through the nature and sequence of the examination that the hypotheses from the history are being tested
- 5C. Employ special physical exam maneuvers when appropriate and understand their sensitivity and specificity.

**FAM06.** Construct an appropriately thorough differential diagnosis related to common symptoms that is congruent with the data generated by the history and physical and weighted according to probability.

- 6A. Demonstrate evidence based knowledge of the common diagnoses in creating a differential diagnosis

**FAM07.** Recognize the typical and atypical presentation of common diagnoses as well as possible emergent life-threatening disease.

- 7A. Identify emergent conditions that require immediate management or consultations
- 7B. Demonstrate appreciation of the unique considerations for recently hospitalized and/or post-operative patients.

**FAM08.** Demonstrate an effective approach to the presentation of undifferentiated symptoms / Medically Unexplained conditions.

- 8A. Exhibit a meaningful understanding of the clinical challenges that develop as a result the fact that the family physician sees a significant amount of transient and emotional illness and diseases presenting early in their course, prior to the full clinical picture developing.
- 8B. Consider subtle initial presentations of common diseases in the differential diagnosis.
- 8C. Explore the undifferentiated symptom as a possible complication of an established diagnosis.
- 8D. Consider medication side effects and interactions as a potential contributor to patient's symptoms.
- 8E. Assess the possible contributions of both organic and psychosocial factors in the development of undifferentiated symptoms.
- 8F. Explore the patient's cultural and social context to understand how these may influence the presentation of their symptom(s).
- 8G. Display cultural sensitivity and awareness of the social context of the patient when implementing a treatment plan.
- 8H. Employ a strategy of patient care over time (continuity) to facilitate diagnosis and treatment of non-urgent illness presenting in an undifferentiated stage.

- 8I. Commit only to diagnostic investigations that are justifiable in terms of pre-test likelihood of diseases, best available evidence, risk and cost.
- 8J. Build therapeutic rapport with patients presenting with undifferentiated disease/medically unexplained symptoms.
- 8K. Check with patients to ensure common ground with respect to the disposition of their undifferentiated/medically unexplained symptom(s).
- 8L. Plan appropriate follow-up of patients with undifferentiated/medically unexplained symptoms.
- 8M. Commit to ongoing care of “illness” in patients with undifferentiated/medically unexplained symptoms.
- 8N. Consider appropriate symptom-based treatment in the face of diagnostic uncertainty,

**FAM09.** Demonstrate an effective approach to the presentation of acute self-limiting illness and potentially life threatening illness.

- 9A. Formulate a differential diagnosis that includes the most likely diagnosis (taking into account the prevalence of the condition in the population), a hierarchy of likely alternatives, and the more serious or life-threatening possibility.
- 9B. Demonstrate an understanding of the natural history and prognosis of the established diagnosis when treated and untreated.
- 9C. Locate the relevant evidence when needed for diagnosis and treatment.
- 9D. Discuss the most relevant evidence for medical therapy for the diagnosis.
- 9E. Recommend only pharmaceuticals that are clearly indicated for the diagnosis.
- 9F. Outline for the patient the most common and the most serious risks associated with the pharmaceuticals.
- 9G. Reinforce to the patient the importance of appropriate non-pharmacological therapy.
- 9H. Explain to the patient when and/or why they need to follow up in the office.
- 9I. Manage the majority of common diagnoses without the need for referral.
- 9J. List and demonstrate the use of the essential skills, equipment and medications required to deal with acute, life threatening conditions in the office.
- 9K. Access, safely and expeditiously, emergency services for the patient with a potentially life-threatening condition.
- 9L. Share key information with emergency services when referring patients with life-threatening conditions.

**FAM10.** Demonstrate an effective approach to the diagnosis and management of common chronic diseases. Demonstrate an effective approach to the presentation of acute self-limiting illness and potentially life threatening illness

- 10A. Evaluate screening and case-finding recommendations for early detection of asymptomatic chronic disease.

- 10B. Screen asymptomatic patients where appropriate based on the most relevant evidence-based recommendations.
- 10C. Interpret correctly the results of tests used to diagnose chronic disease.
- 10D. Check to ensure a patient meets the diagnostic criteria for a chronic disease before confirming the diagnosis.
- 10E. Report the correct treatment targets for common chronic diseases as recommended by the most relevant clinical practice guidelines.
- 10F. Demonstrate an awareness of the major complications of common chronic diseases and how to appropriately monitor for them.
- 10G. Consider the possible role of an established chronic disease in contributing to a new patient symptom.
- 10H. Recommend pharmacotherapy when appropriate for alleviating symptoms, achieving treatment targets or preventing complications.
- 10I. Review as necessary the status of a patient's chronic disease(s), even when the entrance complaint is seemingly unrelated.
- 10J. Propose that the patient set small achievable lifestyle goals in order to maximize their ability to control their disease.
- 10K. Educate patients about their chronic disease and uses available tools and resources to do so, empowering them to take some ownership of the disease.
- 10L. Recommend to the patient that they seek out appropriate community resources to further educate and empower themselves.

**FAM11.** Demonstrate an effective approach to the presentation of illnesses with a strong psychological component.

- 11A. Identify examples where an interaction between the physical and the psychological is complicating the presentation and management of symptoms.
- 11B. Explore actively the underlying psychological issues that can contribute to illness in primary care.
- 11C. List common medications that can have psychological side effects.
- 11D. Explore intentionally the patient's cultural and social context to better understand the impact of these variables on their illness experience.
- 11E. Exhibit cultural sensitivity when implementing a treatment plan and seek common ground.
- 11F. Limit the number of referrals, investigations and medical interventions to those that will likely be of benefit to the patient.
- 11G. Employ the therapeutic power of the doctor-patient relationship in the patient's illness experience and recovery.
- 11H. Manage patients appropriately using psychological as well as pharmacological interventions.
- 11I. Mobilize an appropriate interdisciplinary team when necessary.



- 11J. Commit to the follow-up and care of patients with psychological and psychosomatic illness.

**FAM12.** Modify the differential diagnosis in light of unexpected or changing symptoms or when symptoms persist beyond what one would ordinarily expect.

**FAM13.** Justify selection of laboratory and imaging tests and employ them only when they would have an impact on patient management.

- 13A. Select investigations based on consideration of disease prevalence, evidence of benefit and risk, past experience of physician, patient's wishes, and cost.
- 13B. Determine and initiate further investigation or treatment when presented with abnormal screening investigations.
- 13C. Investigate presenting common symptoms appropriately to patient's life stage
- 13D. Perform diagnostic procedures as appropriate.

**FAM14.** Interpret the test results promptly and correctly.

**FAM15.** Communicate test results to the patient in a timely fashion.

- 15A. Demonstrate sensitivity in breaking bad news.

**FAM16.** Develop and implement an appropriate treatment plan.

- 16A. Inform patient about the diagnosis, possible alternative diagnoses and likely prognosis.
- 16B. Arrange appropriate time-lines and measures for follow up.
- 16C. Link patient's symptoms to a lifestyle behaviour and in doing do, employ the principles of disease prevention and health promotion
- 16D. Counsel on the risks and benefits of treatment if diagnosis is amenable to treatment.
- 16E. Synthesize and help focus treatment goals.
- 16F. Integrate the patient's viewpoint of the above.
- 16G. Judge the patient's understanding, ability to adhere to the plan and ability to pay and based on these factors adjust the treatment plan as necessary.
- 16H. Develop a personal pharmacopeia of common medications in primary care.
- 16I. Develop a list of resources to aid in medication prescribing.
- 16J. Describe the indication for the medication.
- 16K. List contraindications and precautions for the medication including drug interactions.
- 16L. Describe the parameters which need to be monitored for the medication including adverse effects.
- 16M. Write a complete and accurate prescription
- 16N. Recommend to the patient when and/or why they should present for reassessment.
- 16O. Revise patient treatment plan on the basis of new data.

**FAM17.** Demonstrate knowledge of unique diet modifications needed in the prevention and treatment of disease.

- 17A. Discuss dietary components that can promote cardiovascular risk reduction/ management with patient including cholesterol, triglyceride, weight, blood pressure.
- 17B. Demonstrate knowledge of the CPG goals for Nutritional Management of Diabetes.
- 17C. Provide introductory dietary advice for patients with IGT, IFG, metabolic syndrome, newly diagnosed diabetes, newly diagnosed with gestational diabetes.
- 17D. Demonstrate awareness of evidence for diet modifications needed in common GI disorders.
- 17E. Identify influences of weight and health behaviour
- 17F. Discuss interventions used in the medical and surgical management of appetite control and obesity including the appropriateness, effectiveness and risks of various commonly adopted diets.

**FAM18.** Document appropriately in the chart.

- 18A. Document clearly in chart to enhance effective patient follow-up visits.
- 18B. Utilize the cumulative patient profile (CPP).

**FAM19.** Participate effectively in collaborative practice, including appropriate referrals and consultations.

- 19A. Demonstrate knowledge of basic community resources and how to access them
- 19B. Communicate in a timely fashion with other relevant health care providers.
- 19C. Refer patients if they fail medical management, present beyond personal scope, or if surgical consultation is warranted and construct a meaningful referral letter.
- 19D. Engage appropriate health providers and community resources.
- 19E. Mobilize services within the health care and community institutions on behalf of the patient.
- 19F. Demonstrate awareness of the limitations of one's knowledge and skill and have a sound approach to searching for an answer.
- 19G. Facilitate collaboration and interprofessional and intraprofessional communication.

**FAM20.** Demonstrate an awareness of the need to become a lifelong learner.

- 20A. Employ, whenever possible, the principles of evidence-based medicine.
- 20B. Engage in quality improvement activities.
- 20C. Demonstrate effective teaching skills.
- 20D. Develop basic skills in research and scholarly inquiry.
- 20E. Commit to following up on clinical cases in order to learn from both good and bad patient outcomes.

**FAM21.** Develop skills related to practice management.

- 21A. Describe principles related to practice management including accurate billing, finances and human resources.
- 21B. Employ information technology including the electronic medical record to plan appropriately for patient care.
- 21C. Understand the need to manage scarce healthcare resources to achieve cost-effective care.
- 21D. Describe the basic structure and function of the health care system including different models of primary care organization and funding.
- 21E. Demonstrate effective time management.

**FAM22.** Demonstrate commitment to patients, colleagues, profession and society through ethical and reflective practice.

- 22A. Demonstrate an awareness of self leading to a commitment to physician well-being and personal reflection.
- 22B. Demonstrate core values of honesty, compassion, reliability, awareness of limits of clinical competence and appropriate patient boundaries.
- 22C. Demonstrate an awareness of the balance of work and leisure.
- 22D. Develop personal strategies for maintaining health.
- 22E. Incorporate feedback into learning and practice.
- 22F. Debrief critical incidents and near misses with preceptor or supervisor.
- 22G. Distinguish 'acceptable' errors from potential negligence.
- 22H. Understand the distinction between error and adverse event.
- 22I. Communicate effectively and work with patients/families when errors occur.
- 22J. Recognize and respond to other professionals in need.
- 22K. Understand the conflicts that can arise in the areas of clinical practice, research, and advocacy work.

**FAM23.** Consider and apply ethical concepts as they relate to family medicine practice.

- 23A. Understand legal consent requirements.
- 23B. Facilitate informed consent discussions with patients or their substitute decision makers (SDM).
- 23C. Understand the role of SDM's and the role they play vis a vis everyday clinical practice and at the various stages of the patient's life.
- 23D. Understand the professional, legal, and ethical codes of practice including the CMA's code of ethics.
- 23E. Understand the different forms of diminished capacity and how they should be managed.
- 23F. Assess a patient's capacity.
- 23G. Show respect for patients who do not have decision making capacity by seeking their assent whenever possible.

- 23H. Understand the substitute decision maker's ability to control access to personal health information.
- 23I. Incorporate families and other caregivers in the care of patients while abiding by the ethical standards of patient confidentiality.
- 23J. Understand the limitations of confidentiality and privacy as defined by professional practice standards and the law.

**FAM24.** Utilize the competencies of a family physician across the Life Cycle.

**FAM25.** Utilize the competencies of a family physician in different practice settings.

## Care of the Elderly

**COE01.** Utilize the competencies of a family physician when addressing care of the elderly

- FAM2. Take an appropriately thorough history in a timely manner.
- FAM3. Display effective, professional and non-judgmental communication skills.
- FAM4. Adopt a patient centered approach.
- FAM5. Perform an appropriately thorough physical examination in a timely manner.
- FAM14. Interpret the test results promptly and correctly.
- FAM15. Communicate test results to the patient in a timely fashion.
- FAM16. Develop and implement an appropriate treatment plan.
- FAM18. Document appropriately in the chart.
- FAM22. Demonstrate commitment to patients, colleagues, profession and society through ethical and reflective practice.

**COE02.** Understand the role of the generalist physician in the care of the elderly in the health care system.

- 2A. Identify anatomical and physiological changes seen with aging.
- 2B. Assess patient for health maintenance behaviours (nutrition, sexuality and exercise).
- 2C. Demonstrate awareness of screening guidelines with evidence for inclusion and exclusion in the periodic health exam in the elderly.
- 2D. Initiate maneuvers with evidence for inclusion in the periodic health exam in the elderly.

**COE03.** Take an appropriately thorough history from an elderly patient in a timely manner.

- 3A. Demonstrate ability to take a complete geriatric history including medical, functional, social and psychological aspects of health in the clinical setting (observed) effectively and efficiently.
- 3B. Construct a problem list independently.
- 3C. Demonstrate ability to take a history around lifecycle events and transitions associated with aging.
- 3D. Perform a complete and accurate functional history in an elderly patient independently.
- 3E. Identify determinants of health relevant to care of the elderly including financial resources, education, social support, housing and culture.

**COE04.** Perform an appropriately thorough physical examination in an elderly patient in a timely manner.

- 4A. Perform a complete and accurate physical examination in an elderly patient independently.

- 4B. Perform with supervision an appropriate initial physical exam in complex cases.
- 4C. Demonstrate ability to screen for problems with vision, hearing, gait, balance and mobility.

**COE05.** Engage and collaborate with other health care providers appropriately in the health care system.

- 5A. Identify and facilitate appropriate referral of patients with vision and hearing impairment, speech and language deficits, gait and mobility problems.
- 5B. Describe the spectrum of community-based resources, rehabilitation services and institutional care available to seniors in the province.
- 5C. Demonstrate awareness of knowledge of process for admission to long-term care.
- 5D. Participate in the assessment of a patient in their home.
- 5E. Make suggestions for modifications to the home environment and to patient's management plan based on a home visit and collaboration with other providers.
- 5F. Describe community resources for patients who fall or who are at high risk of falling (i.e. OT, PT, CCAC, day treatment centres).
- 5G. Demonstrate appropriate and timely referral to geriatrician or multidisciplinary geriatric assessment when patient needs go beyond scope.

**COE06.** Demonstrate an effective approach to the presentation of common conditions and undifferentiated illness in the elderly.

- 6A. Demonstrate ability to evaluate through history and physical, the atypical presentations of common conditions, undifferentiated illness, common medical disorders in the elderly.
- 6B. Demonstrate awareness of how diagnosis and treatment of common medical conditions (i.e. Diabetes Mellitus, Hypertension, Chronic Renal Failure) may differ in the elderly.
- 6C. Assess patients who have fallen to evaluate cause and consequence of fall.
- 6D. Demonstrate knowledge of elder abuse including types of abuse and risk factors.
- 6E. Question patient with regard to elder abuse in an efficient and sensitive manner.
- 6F. Demonstrate knowledge of skin ulcers in the elderly including types of ulcers, risk factors and prevention.
- 6G. Identify appropriate resources for referral of patients with skin ulcers.
- 6H. Demonstrate ability to determine cause of acute and chronic incontinence.
- 6I. Know about the different types of incontinence.
- 6J. Know the non-pharmacological and pharmacological management of different types of incontinence.
- 6K. Counsel patients on behavioural management of incontinence.
- 6L. Initiate appropriate referral of patients who need urological interventions.

**COE07.** Demonstrate an effective approach to care of the elderly patient in hospital.

- 7A. Identify possible preventive strategies for hazards associated with hospitalization.
- 7B. Assess patient for these conditions on admission to hospital and on regular basis and institute corrective measures.
- 7C. Prepare a patient for discharge with consideration to these issues.

**COE08.** Demonstrate an effective approach to the elderly patient presenting with confusion or cognitive impairment.

- 8A. Formulate a differential diagnosis based on an initial evaluation of a patient who presents with delirium, dementia or depression.
- 8B. Take a collateral history in a patient with delirium, dementia, and depression.
- 8C. Initiate urgently a diagnostic work-up to determine root-cause in an older patient with delirium.
- 8D. Recognize delirium as a medical urgency.
- 8E. Demonstrate awareness of non-pharmacological and pharmacological management of delirium.
- 8F. Understand the different types of dementia (Alzheimer's disease, vascular, Lewy Body Dementia).
- 8G. Know the spectrum of cognitive change in the elderly including normal changes associated with aging, mild cognitive impairment (MCI), dementia.
- 8H. Recognize dementia through administration and interpretation of the MoCA test.
- 8I. Initiate investigations in the work up of a patient with atypical dementia.
- 8J. Demonstrate ability to counsel patient and family on diagnosis of dementia.
- 8K. Identify appropriate community resources for patients with dementia (i.e. CCAC, OT, Alzheimer's society) Facilitates referral to these resources.
- 8L. Know the indications for use of cholinesterase inhibitors in treatment of dementia.
- 8M. Monitor a patient on a cholinesterase inhibitor for effectiveness of treatment and side effects.
- 8N. Identify which patients with dementia would benefit from a referral to a geriatrician or geriatric psychiatrist and refer appropriately.
- 8O. Counsel family on long term issues that arise in patients with dementia (advance care planning, substitute decision making, driving, long term care).
- 8P. Know the components of a history to assess driving safety in patients with cognitive impairment.
- 8Q. Describe the community resources for driver evaluation.
- 8R. Demonstrate awareness of the CMA Drivers Guide and/or Canadian Consensus Conference on Dementia Guidelines as a resource to evaluating the older driver).
- 8S. Know the behavioural and psychological symptoms of dementia (BPSD).
- 8T. Support family members and caregivers coping with dementia and other chronic illnesses.
- 8U. Determine whether an older person has sufficient capacity to give accurate history, make decisions, participate in a plan of care, and understands instructions.

- 8V. Demonstrate awareness of how to determine who the substitute decision maker is.
- 8W. Know the role of the substitute decision maker in cases where the patient is incapable.

**COE09.** Demonstrate an effective approach to end of life care in the elderly.

- 9A. Assess and manage end of life issues.
- 9B. Counsel patient and families on advance care planning.
- 9C. Document accurately advance care directives.
- 9D. Identify appropriate referrals to palliative care specialists when patient needs go beyond scope.
- 9E. Identify psychological social and spiritual needs of patients with advanced illness and those of their family members.
- 9F. Link identified needs with other interdisciplinary team members at the end of life.
- 9G. Counsel patient and family around end of life treatment decisions.
- 9H. Know how to fill in a death certificate.

**COE10.** Manage medications in the elderly effectively.

- 10A. Review periodically patient's medications with the patient and caregiver to assess adherence, eliminate ineffective, duplicate and unnecessary medications and assure that all medically indicated pharmacotherapy is prescribed.
- 10B. Counsel patient and caregiver on issues related to medications in the elderly.
- 10C. Demonstrate the ability to modify drug regimes to account for age related changes in renal and hepatic function, body composition, CNS sensitivity; common side effects in light of patient's co-morbidities, functional status, and other medications; drug-drug interactions.
- 10D. Identify medications most likely to cause adverse effects in the elderly.
- 10E. Explain all newly prescribed drugs to patient and caregiver assuring they understand how and why the drug should be taken, the possible side effects, and how and when the drug should be stopped.
- 10F. Use online drug interaction programs effectively to prevent adverse drug reactions (ADR) in the elderly.
- 10G. Consult pharmacist in prescribing and medication management.



## Children and Adolescents

**CHI01.** Utilize the competencies of a family physician when addressing the health of children and adolescents

- FAM2. Take an appropriately thorough history in a timely manner.
- FAM3. Display effective, professional and non-judgmental communication skills.
- FAM4. Adopt a patient centered approach.
- FAM5. Perform an appropriately thorough physical examination in a timely manner.
- FAM6. Construct an appropriately thorough differential diagnosis related to common symptoms that is congruent with the data generated by the history and physical and weighted according to probability.
- FAM14. Interpret the test results promptly and correctly.
- FAM15. Communicate test results to the patient in a timely fashion.
- FAM16. Develop and implement an appropriate treatment plan.
- FAM18. Document appropriately in the chart.
- FAM22. Demonstrate commitment to patients, colleagues, profession and society through ethical and reflective practice.

**CHI02.** Develop an approach to neonatal resuscitation.

- 2A. Perform antenatal risk assessment, determine need and prepare for neonatal resuscitation.
- 2B. Determine confidently APGAR scores.
- 2C. Obtain certification in neonatal resuscitation.
- 2D. Initiate and participate in neonatal resuscitation.

**CHI03.** Perform an appropriate assessment of a newborn.

- 3A. Recognize and initiate management of abnormalities
- 3B. Diagnose and initiate the management of common neonatal problems
- 3C. Recognize conditions for urgent newborn pediatric consultation and coordinate care.

**CHI04.** Perform an appropriate assessment of a well baby and child.

- 4A. Discuss the evidence for infant feeding with patients and demonstrate awareness of resources for breast/chest and bottle feeding support and management.
- 4B. Conduct and interpret anthropometric measurements of pediatric patients, newborn to adolescent, including use of most appropriate growth charts.
- 4C. Educate parents/caregivers/patient on the basics of infant nutrition, introduction of solids and age-appropriate food choices based on Canada's Food Guide.
- 4D. Monitor normal growth and development over the infancy and childhood years,

- 4E. Identify areas of concern due to anthropometric data, development and social determinants.
- 4F. Offer age appropriate anticipatory guidance to parents.
- 4G. List the indications, contraindications, adverse effects and schedule of routine immunizations.
- 4H. Provide immunization guidance to parents.
- 4I. Administer intramuscular and subcutaneous vaccinations.
- 4J. Provide anticipatory guidance and advice on effective parenting techniques.
- 4K. Demonstrate awareness of parent education and support services, both locally and electronically.
- 4L. Use validated tools to identify and facilitate intervention for developmental /learning problems (e.g. the Rourke Record, Nipissing Development Screen).
- 4M. Identify children and families who may be at added risk of difficulties due to social circumstances.
- 4N. Demonstrate awareness of community resources and collaborate to promote healthy environments for children.

**CHI05.** Develop an approach to common conditions of infancy and childhood in the out-patient setting.

- 5A. Recognize, diagnose and initiate management of common conditions of infancy and childhood in the outpatient setting.
- 5B. Recognize the need to refer conditions requiring specialist consultation.
- 5C. Continue to provide primary care to children with chronic illnesses in childhood.
- 5D. Recognize and document signs and symptoms of physical and sexual abuse and demonstrate awareness of reporting legislation.

**CHI06.** Develop an approach to psychological problems presenting in children.

- 6A. Describe the presentation of mood and anxiety disorders in childhood and adolescence.
- 6B. Perform initial evaluation for the presence of mood disorders in childhood and adolescence and facilitate appropriate referrals to consultants and community support.
- 6C. Provide ongoing supportive care to the child and family with mental health disorders.
- 6D. Demonstrate understanding of how conduct and attention deficit disorders present in childhood.

**CHI07.** Understand the developmental stages of an adolescent.

- 7A. Assess the physical development of adolescents (Tanner staging).
- 7B. Screen for risks and risky behaviours common to the adolescent period.

**CHI08.** Identify and manage common adolescent conditions.

- 8A. Assess the physical development of adolescents (Tanner staging).
- 8B. Assess the physical development of adolescents (Tanner staging).

## Emergency Medicine

**ER01.** Utilize the competencies of a family physician in the Emergency Department

- 1A. Demonstrate proficiency in managing unique situations in the Emergency Department including violent behaviour, drug seeking, and intoxication.
- 1B. Manage effectively interpersonal conflicts with patients in the Emergency Department.
- FAM2. Take an appropriately thorough history in a timely manner.
- FAM3. Display effective, professional and non-judgmental communication skills.
- FAM4. Adopt a patient centered approach.
- FAM5. Perform an appropriately thorough physical examination in a timely manner.
- FAM6. Construct an appropriately thorough differential diagnosis related to common symptoms that is congruent with the data generated by the history and physical and weighted according to probability.
- FAM14. Interpret the test results promptly and correctly.
- FAM15. Communicate test results to the patient in a timely fashion.
- FAM16. Develop and implement an appropriate treatment plan.
- FAM18. Document appropriately in the chart.
- FAM22. Demonstrate commitment to patients, colleagues, profession and society through ethical and reflective practice.

**ER02.** Demonstrate an effective approach to the presentation of potentially life threatening illness.

- 2A. Recognize the acutely ill patient.
- 2B. Initiate, with supervision, the stabilization of life-threatening conditions.

**ER03.** Take an appropriately thorough history in a timely manner in the Emergency Department.

**ER04.** Perform an appropriately thorough physical examination in a timely manner in the Emergency Department.

**ER05.** Justify selection of laboratory and imaging tests in the Emergency Department and employ them only when they would have an impact on patient management.

**ER06.** Construct an appropriately thorough differential diagnosis in the Emergency Department that is congruent with the data generated by the history and physical

- 6A. Conduct a focused and timely assessment of common emergent presentations through an appropriate history, physical examination and investigations.
  - i. Common Emergent Presentations

- 6B. Consider potentially emergent conditions requiring immediate intervention in the differential diagnoses and formulate an action plan consistent with the urgency of the presentation.
  - i. Potentially Emergent Conditions List 1
  - ii. Potentially Emergent Conditions List 2
  - iii. Potentially Emergent Conditions List 3
- 6C. Initiate the management for common emergent conditions.
  - i. Common Emergent Conditions

**ER07.** Demonstrate an effective approach to the presentation of potentially emergent conditions in the Emergency Department.

**ER08.** Develop an appropriate treatment plan in the Emergency Department.

- 8A. Manage stabilization of patient for transport to tertiary centre with supervision.
- 8B. Manage foreign body removal.
- 8C. Manage wounds using local anaesthesia, sutures, and dressings.

**ER09.** Document appropriately in the chart in the Emergency Department.

**ER10.** Engage other resources appropriately in the health care system in the Emergency Department.

- 10A. Decide on an appropriate disposition plan including consultation with other health care professionals as appropriate.
- 10B. Recognize legal responsibilities in the emergency room with regard to pronouncement of death/coroner review, reportable diseases, suspicion of child abuse, informed consent, and advanced directives.

**ER11.** Perform procedures independently in the Emergency Department

- 11A. Control the airway with the use of suction, oxygen, bag-valve ventilation.
- 11B. Manage C-spine precautions (e.g. log-roll).
- 11C. Obtain aspiration from major joints.
- 11D. Perform common procedures including peripheral IV access, arterial blood gas, nasogastric tube insertion, bladder catheterization, abscess I&D, toenail avulsion.
- 11E. Manage fractures using taping/splints/casting material where appropriate.
- 11F. Manage epistaxis using cautery and/or anterior nasal packing.
- 11G. Perform slit-lamp examination and tonometry.

**ER12.** Perform procedures with supervision in the Emergency Department

- 12A. Perform lumbar puncture with supervision.
- 12B. Perform closed reduction of fractures and dislocations with supervision.
- 12C. Perform procedural sedation with supervision.

- 12D. Demonstrate an understanding of the techniques used for needle thoracentesis and chest tube insertion.

**ER13.** Interpret the test results promptly and correctly in the Emergency Department

- 13A. Interpret ECG, plain x-rays, CT head and blood tests commonly ordered in the ER.
- 13B. Interpret results of joint aspiration, lumbar puncture, and paracentesis.

## In-Hospital Care

**HOS01.** Utilize the competencies of a family physician in the in-patient setting.

- 1A. Provide in hospital care as a most responsible physician.
- FAM2. Take an appropriately thorough history in a timely manner.
- FAM3. Display effective, professional and non-judgmental communication skills.
- FAM4. Adopt a patient centered approach.
- FAM5. Perform an appropriately thorough physical examination in a timely manner.
- FAM6. Construct an appropriately thorough differential diagnosis related to common symptoms that is congruent with the data generated by the history and physical and weighted according to probability.
- FAM14. Interpret the test results promptly and correctly.
- FAM15. Communicate test results to the patient in a timely fashion.
- FAM16. Develop and implement an appropriate treatment plan.
- FAM18. Document appropriately in the chart.
- FAM22. Demonstrate commitment to patients, colleagues, profession and society through ethical and reflective practice.

**HOS02.** Demonstrate an effective approach to conditions needing critical care support.

- 2A. Recognize clinical presentations of conditions needing critical care support.
- 2B. Initiate management and consultation / referral for conditions needing critical care support.

**HOS03.** Demonstrate an effective approach to common clinical presentations in the in-patient setting.

- 3A. Initiate assessment, with appropriate history and physical exam, of common clinical presentations in the in-patient setting.
- 3B. Manage common clinical conditions in the in-patient setting using an approved clinical pathway.
- 3C. Recognize early changes of departure from a clinical pathway.
- 3D. Recognize an acute exacerbation of a chronic illness in the context of the chronic clinical condition.
- 3E. Demonstrate knowledge concerning anticipated response to treatment which may include the use of appropriate resources for conditions where no articulated and approved clinical pathway exists.
- 3F. Recognize and seek consultation when patients who are stable for gas exchange and hemodynamically stable depart from the clinical pathway.
- 3G. Describe indications for consultation and referral for common clinical conditions in the in-patient setting.

**HOS04.** Interpret and act upon results from common medical investigations.

- 4A. Utilize clinical judgment in ordering only appropriate investigations
- 4B. Recognize inherent limitations of investigations when interpreting their results

**HOS05.** Address acute and/or chronic pain in the context of illness presentation of those patients under care.

**HOS06.** Conduct a functional assessment with Integrated Health Professionals (I.H.P) and contribute to the development of a rehabilitation and discharge plan

**HOS08.** Perform common diagnostic procedures.

**HOS09.** Communicate with patients and their families throughout the hospital experience.

- 9A. Develop appropriate communications skills to keep patients and their families informed of their medical illness and discharge plans
- 9B. Conduct effective patient-centered end of life and goals of care discussions



## Pregnancy and Birthing

**PAB01.** Utilize the competencies of a family physician when addressing conception, prenatal, intrapartum and postpartum care.

- FAM2. Take an appropriately thorough history in a timely manner.
- FAM3. Display effective, professional and non-judgmental communication skills.
- FAM4. Adopt a patient centered approach.
- FAM5. Perform an appropriately thorough physical examination in a timely manner.
- FAM6. Construct an appropriately thorough differential diagnosis related to common symptoms that is congruent with the data generated by the history and physical and weighted according to probability.
- FAM14. Interpret the test results promptly and correctly.
- FAM15. Communicate test results to the patient in a timely fashion.
- FAM16. Develop and implement an appropriate treatment plan.
- FAM18. Document appropriately in the chart.
- FAM22. Demonstrate commitment to patients, colleagues, profession and society through ethical and reflective practice.

**PAB02.** Develop an approach for preconception counselling and pregnancy planning.

- 2A. Assist patients with pregnancy planning
- 2B. Assess patient for common and important risk factors pertinent to a future pregnancy.
- 2C. Identify appropriate interventions as they relate to identified risk factors.

**PAB03.** Perform routine antenatal visits independently at appropriate intervals based on gestational age.

- 3A. Demonstrate facility with an antenatal record.
- 3B. Conduct a comprehensive initial antenatal history.
- 3C. Identify key social and lifestyle issues and risk behaviours.
- 3D. Counsel around key social and lifestyle issues and risk behaviours
- 3E. Perform routine antenatal physical exam independently.
- 3F. Perform an appropriate initial physical exam in complex cases with supervision. (i.e. obese patients, multiple pregnancies, patients with a history of abuse, transgender and non-binary patients, etc.)
- 3G. Perform routine screening and preventative interventions as appropriate for gestational age.
- 3H. Provide anticipatory guidance surrounding common and concerning complaints in pregnancy.
- 3I. Identify an at risk pregnancy.
- 3J. Demonstrate knowledge of common medical disorders in pregnancy.
- 3K. Initiate management of common complaints in pregnancy.

- 3L. Recognize potential problems in the third trimester and mobilizes appropriate resources

**PAB04.** Provide counseling with respect to medication use in pregnancy, with or without pharmacy assistance.

- 4A. Demonstrate awareness of the safety of key medications in pregnancy.
- 4B. Counsel regarding the risk and benefits of common medications in pregnancy.

**PAB05.** Collaborate with other health care professionals based on identified risk factors (i.e. dietician, psychiatry, obstetrics).

- 5A. Facilitate appropriate referral when patient needs go beyond personal scope.

**PAB06.** Assess common presentations in triage.

- 6A. Identify those presentations in triage requiring immediate attention and initiate timely and appropriate management and referral.
- 6B. Describe common indications and methods for induction of labour
- 6C. Perform a cervical exam and describe dilatation, effacement and presenting part.
- 6D. Know the indications and approach to a sterile speculum exam.
- 6E. Perform a sterile speculum exam with supervision.

**PAB07.** Manage a patient through labour and delivery with supervision.

- 7A. Advocate for / support the patients' wishes for their labour and delivery experience (while maintaining safety for birthing parent and baby).
- 7B. Counsel around options for pain management as available to local site.
- 7C. Undertake appropriate intrapartum parental and fetal surveillance.
- 7D. Know indications for continuous vs. intermittent auscultation.
- 7E. Identify labour dystocia
- 7F. Initiate management of labour dystocia including appropriate and timely consultation.
- 7G. Understand indications and precautions in performing amniotomy.
- 7H. Recognize normal and significantly abnormal fetal heart rate patterns.
- 7I. Understand indications and precautions for application of a fetal scalp electrode.
- 7J. Perform a normal spontaneous term vaginal delivery.
- 7K. Describe common indications for an assisted or operative delivery.
- 7L. Perform active management of the third stage of labour with supervision.
- 7M. Identify the degree of laceration with appropriate consultation
- 7N. Repair (with assistance) a first or second degree laceration.

**PAB08.** Develop an approach to intrapartum complications.

- 8A. List common risk factors for shoulder dystocia.

- 8B. Identify a shoulder dystocia and be aware of appropriate maneuvers to expedite delivery .
- 8C. Know common risk factors for postpartum hemorrhage.
- 8D. Identify a postpartum hemorrhage.
- 8E. Initiate basic management of postpartum hemorrhage by assessing the ABCs, calling for help, and performing bimanual massage.

**PAB09.** Provide postpartum care both prior to discharge from hospital and at the follow up outpatient visit.

- 9A. Provide anticipatory guidance regarding common health concerns of a pregnant person.
- 9B. Manage common postpartum complications including consultation as appropriate (attach list: postpartum pain, infections, hemorrhage and depression thyroiditis, HTN, DVT/PE, wound dehiscence)
- 9C. Educate patient empathically surrounding advantages, disadvantages and techniques of different neonatal feeding.
- 9D. Assess common difficulties in breastfeeding or chestfeeding.
- 9E. Demonstrate knowledge of resources available to patients for support of newborn feeding.
- 9F. Provide anticipatory guidance around implications of pregnancy complications for future pregnancies and long term health

## Men's Health (Cis and Trans)/Health for People Assigned Male at Birth

**AMAB01.** Utilize the competencies of a family physician when addressing Men's Health (Cis and Trans).

- 1A. Demonstrate sensitivity in assessing a patient's gender
- 1B. Evaluate critically new information taking into account sex assigned at birth and gender identity.
- 1C. Perform a history and physical examination appropriate for the patient's gender.
- 1D. Demonstrate consideration of how personal bias and the sex of the caregiver may impact on diagnosis, investigation and treatment of patients.
- FAM2. Take an appropriately thorough history in a timely manner.
- FAM3. Display effective, professional and non-judgmental communication skills.
- FAM4. Adopt a patient centered approach.
- FAM5. Perform an appropriately thorough physical examination in a timely manner.
- FAM6. Construct an appropriately thorough differential diagnosis related to common symptoms that is congruent with the data generated by the history and physical and weighted according to probability.
- FAM14. Interpret the test results promptly and correctly.
- FAM15. Communicate test results to the patient in a timely fashion.
- FAM16. Develop and implement an appropriate treatment plan.
- FAM18. Document appropriately in the chart.
- FAM22. Demonstrate commitment to patients, colleagues, profession and society through ethical and reflective practice.

**AMAB02.** Perform an appropriately thorough physical examination relating to the health of people assigned male at birth in a timely manner taking into account the patient life stage.

- 2A. Perform genital and digital rectal examinations as indicated in a trauma-informed manner, using patient-centered anatomical terms.

**AMAB03.** Construct an appropriately thorough differential diagnosis relating to Men's Health (Cis and Trans)/the health of people assigned male at birth that is congruent with the data generated by history and physical.

- 3A. Generate differential diagnoses related to common symptoms in conditions affecting Men (Cis and Trans)/people assigned male at birth, taking into account the life stage, anatomy, and risk factors of the patient.

**AMAB04.** Adopt best practice in incorporating sex assigned at birth and gender differences in health and disease in Men (Cis and Trans).

- 4A. Provide preventative advice for Men (Cis and Trans) of all age groups and risk factor categories (i.e. dietary, lifestyle, calcium /vitamin D supplementation, fall prevention,

immunization, sexual health, etc.).

- 4B. Counsel on and provide screening at appropriate intervals for people assigned male at birth of all age groups and risk factor categories.
- 4C. Screen for the presence of (domestic) violence / abuse / assault (i.e. emotional, sexual, financial etc.).
- 4D. Screen using available evidence through history, physical exam and investigations for common malignancies.

**AMAB05.** Perform accurate nutrition assessments related to the health of people assigned male at birth and develop appropriate care plans.

- 5A. Perform accurate anthropometric measurements and dietary intake history and assessment. Assess client readiness and barriers to change.
- 5B. Identify when collaboration with other health care professionals is warranted (dietician, pharmacist, etc) based on risk, patient's readiness to change & make appropriate referral.

**AMAB06.** Prescribe appropriate physical activity and nutrition guidelines for healthy people through the life cycle.

- 6A. Understand the requirement and guidelines for preventive equipment for the prevention of common injuries incurred during exercise or sport.
- 6B. Understand the elements of writing an Exercise Prescription as F-I-T-T

## Mental Health

**PSY01.** Utilize the competencies of a family physician in patients with mental health concerns.

- 1A. Demonstrate appropriate boundaries in interactions with patients.
- 1B. Explain the importance of appropriate boundaries in mental health.
- 1C. Recognize the boundary risks with specific mental health conditions (e.g. borderline, sexually abused).
- 1D. Manage challenges to boundaries with specific mental health conditions (e.g. borderline, sexually abused).
- 1E. Describe use of form 1, form 2 and form 3.
- 1F. Describe the requirements that need to be met for involuntary hospitalization
- FAM2. Take an appropriately thorough history in a timely manner.
- FAM3. Display effective, professional and non-judgmental communication skills.
- FAM4. Adopt a patient centered approach.
- FAM5. Perform an appropriately thorough physical examination in a timely manner.
- FAM6. Construct an appropriately thorough differential diagnosis related to common symptoms that is congruent with the data generated by the history and physical and weighted according to probability.
- FAM14. Interpret the test results promptly and correctly.
- FAM15. Communicate test results to the patient in a timely fashion.
- FAM16. Develop and implement an appropriate treatment plan.
- FAM18. Document appropriately in the chart.
- FAM22. Demonstrate commitment to patients, colleagues, profession and society through ethical and reflective practice.

**PSY02.** Perform an appropriate history and physical examination and order diagnostic tests to generate a differential diagnosis of medical conditions causing or contributing to psychiatric presentation for common axis 1 disorders.

- 2A. Elicit psychosocial factors contributing to presentation (e.g. job loss, marital discord).
- 2B. Perform risk assessment (self- harm / harm to others) and identify patients at imminent risk and initiates prompt intervention as needed.

**PSY03.** Generate a differential diagnosis and make a diagnosis using Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for common mental health disorders (list disorders (requires knowledge of DSM criteria) or make referral to clarify diagnosis where presentation is complex.

**PSY04.** Provide care for a patient presenting with depression.

- 4A. Demonstrate knowledge of common presentations of depression.
- 4B. Demonstrate knowledge of common risk factors for depression

- 4C. Utilize depression screening tool in practice.
- 4D. Prescribe antidepressant to treat depression
- 4E. Describe options for augmenting antidepressant, prescribe an augmenting agent in collaboration.

**PSY05.** Provide care for a patient presenting with anxiety disorder.

- 5A. Demonstrate knowledge of the common medical conditions and factors that cause or contribute to anxiety disorders (i.e. hyperthyroid, caffeine).
- 5B. Initiate management of common medical conditions contributing to anxiety
- 5C. Utilize Anxiety screening tool.
- 5D. Prescribe anti-anxiety medications to treat anxiety disorders.

**PSY06.** Provide care for a patient presenting with bipolar and psychotic disorders.

- 6A. List diagnostic criteria and differential presentation of Bipolar disorder, schizophrenia, schizoaffective disorder, psychotic depression and substance-induced psychosis.
- 6B. Initiate drug therapy in acute situations.
- 6C. Screen for common presentations of side-effects of anti-psychotic therapy (metabolic, movement disorders) and mood stabilizers.
- 6D. Identify and manage common side-effects (including hyperlipidemia, akathisia, parkinsonism, tardive dyskinesia, renal, liver, thyroid and hematological disorders).

**PSY07.** Provide care for patients presenting with or at risk of substance abuse.

- 7A. Screen for at-risk drinking and alcohol use disorders (AUD) and classify heavy drinkers as at-risk drinkers or mild, moderate and severe AUD.
- 7B. Identify and treat mental and physical disorders that commonly accompany at-risk drinking and AUD
- 7C. Identify opioid use disorder in patients on prescription opioids for chronic pain
- 7D. Ask all adolescents and adult patients about cannabis use and assess for cannabis use disorder in regular users
- 7E. Identify recurrent alcohol withdrawal and make an appropriate treatment plan for patients with moderate to severe alcohol use disorder.
- 7F. Demonstrate skill in prescribing naltrexone, acamprosate and disulfiram for alcohol use disorders.
- 7G. Outline the indications for structured opioid therapy, including tapering, frequent dispensing, and monitoring.
- 7H. State the indications for opioid substitution treatment with buprenorphine or methadone
- 7I. List indications and contraindications for common pharmacological interventions used for smoking cessation.
- 7J. Provide brief advice and follow up for at-risk drinking and mild AUD

- 7K. List the stages in the Stages of Change Model (SCM) and identify the patients current stage
- 7L. Offer brief advice and referral to addiction treatment for patients with moderate to severe alcohol use disorder.
- 7M. Provide ongoing supportive counselling, referral, and follow up for patients with substance use disorders using an approach similar to counselling for other chronic illnesses.
- 7N. Demonstrate awareness of differences in approach between abstinence based and harm reduction models.
- 7O. Minimize risk of overdose and addiction in chronic pain patients through careful patient selection for opioid therapy and careful opioid selection, dose titration, dispensing, and monitoring practices
- 7P. Describe the indications for tapering opioids and benzodiazepines, a protocol for tapering, and an approach to counselling during tapering
- 7Q. Know the indications, contraindications, and dose range for the pharmaceutical cannabinoids and for dried cannabis.

**PSY08.** Provide care for patients presenting with or at risk of intimate partner abuse.

- 8A. Take detailed history of relationship difficulties.
- 8B. Screen for relationship difficulties.
- 8C. Demonstrate awareness of common presentations of abuse (injuries, depression, unexplained physical complaints).
- 8D. Demonstrate awareness of – and make referrals to – community resources.
- 8E. Provide supportive therapy.
- 8F. Provide interventions based on patient need.
- 8G. Demonstrate knowledge of common interventions to ensure patient safety.

**PSY09.** Provide care for patients presenting with a history of sexual abuse.

- 9A. Take history of past sexual abuse.
- 9B. Demonstrate awareness of possible presentations of past history of sexual abuse.
- 9C. Provide supportive therapy.
- 9D. Make referrals where appropriate.
- 9E. Manage boundaries effectively.
- 9F. Demonstrate sensitivity about physical examination maneuvers.

**PSY10.** Provide care for patients presenting with a history of personality disorder.

- 10A. List DSM criteria for Borderline PD, Antisocial PD.
- 10B. Demonstrate awareness of common patterns of presentation of other personality disorders.
- 10C. Make referrals where appropriate.
- 10D. Demonstrate awareness of interventions and their limitations.



- 10E. Determine and act on risk of self harm and harm to others in context of personality disorders.
- 10F. Provide treatment for comorbid psychological and physical conditions where appropriate.
- 10G. Monitor and manage boundaries and counter transference when managing patients with personality disorders.
- 10H. Consult with colleagues or team members to monitor own response and prevent burn out.
- 10I. Understand the use of Dialectical Behaviour Therapy for personality disorders

**PSY11.** Provide continuity of care.

- 11A. Arrange core coordination for vulnerable and at risk patients
- 11B. Adjust dose or class of medications based on patient symptoms and functioning.
- 11C. Refer appropriately for specialized diagnosis and treatment including more in depth therapy (CBT), specialized mental health services, psychiatry, co-morbidities such as addictions.
- 11D. Document effective medical legal reports including disability reports, insurance forms, doctor's notes for absence.
- 11E. Provide ongoing primary care for physical health.

**PSY12.** Initiate and manage common pharmacologic treatments.

- 12A. Prescribe rationally common pharmacologic treatments.
- 12B. Provide ongoing follow up and monitoring
- 12C. Manage common side-effects.
- 12D. Understand the potential misuse of psychiatric medications including benzodiazapines and bupropion and ADHD medications

**PSY13.** Initiate common non-pharmacologic treatments for depression, anxiety disorders, bipolar

- 13A. Initiate supportive and solution focused therapy.
- 13B. Describe components of CBT and select patients that might benefit.
- 13C. Demonstrate knowledge of available community resources.
- 13D. Access community resources for a patient.
- 13E. Participate as a team member in providing care to patient.
- 13F. Educate patient and family on diagnosis.
- 13G. Involve family in care, where appropriate.
- 13H. Advocate for and with patient and patient family to access all appropriate resources and entitlements.

## Musculoskeletal Health

**MSK01.** Utilize the competencies of a family physician when addressing musculoskeletal issues.

- FAM2. Take an appropriately thorough history in a timely manner.
- FAM3. Display effective, professional and non-judgmental communication skills.
- FAM4. Adopt a patient centered approach.
- FAM5. Perform an appropriately thorough physical examination in a timely manner.
- FAM6. Construct an appropriately thorough differential diagnosis related to common symptoms that is congruent with the data generated by the history and physical and weighted according to probability.
- FAM14. Interpret the test results promptly and correctly.
- FAM15. Communicate test results to the patient in a timely fashion.
- FAM16. Develop and implement an appropriate treatment plan.
- FAM18. Document appropriately in the chart.
- FAM22. Demonstrate commitment to patients, colleagues, profession and society through ethical and reflective practice.

**MSK02.** Understand the role of the primary care physician in providing preventative musculoskeletal care.

- 2A. Prescribe appropriate physical activity guidelines for healthy patients through the life cycle and initiate appropriate physical activity advice for patients with medical disorders such as obesity, diabetes, cardiovascular disease and osteoarthritis as part of a treatment plan.
- 2B. Understand the requirement and guidelines for preventative equipment and harm reduction for the prevention of common injuries incurred during exercise or sport, including concussion.
- 2C. Understand the elements of writing an Exercise Prescription as Frequency, Intensity, Type and Time (F-I-T-T)

**MSK03.** Conduct a screening musculoskeletal history to identify:

- a) the presenting complaint
  - b) any emergent signs and symptoms
  - c) occupational MSK exposure"
- 3A. Understand the significance of red and yellow flag identification in the history for appropriate triage and management.

**MSK04.** Display effective communication and counselling skills for discussion of common musculoskeletal conditions.

- 4A. Formulate appropriate and timely consultations and referrals.

- 4B. Facilitate collaboration and interprofessional and intraprofessional communication.
- 4C. Advocate effectively on behalf of the patient for entitlement of benefits, including completion of WSIB and disability forms for reporting.

**MSK05.** Perform an appropriately thorough and focused musculoskeletal physical examination with appropriate cultural and gender awareness.

- 5A. Tailor examination procedures to patient presentation (i.e. pain, acute swelling, partial weight-bearing) while maximizing assessment and management
- 5B. Interpret examination findings for diagnostic decision making.

**MSK06.** Construct an appropriately thorough differential diagnosis that is congruent with the data generated by the history and physical.

- 6A. Select appropriate diagnostic investigations (i.e. radiography, ultrasound and MRI), if required, to support or refute differential diagnosis
- 6B. Interpret diagnostic investigations for common conditions for prognosis and management.

**MSK07.** Recognize the typical and atypical presentation of common diagnoses as well as possible emergent life-threatening and/or limb-threatening disease.

**MSK08.** Demonstrate an evidence-based approach for appropriate care of common conditions, including non-pharmacological and pharmacological management, rehabilitation and discussion of management options.

- 8A. Demonstrate understanding of the indications, contra-indications and side effect profile of medications.
- 8B. Describe the prescribing guidelines for opioid medications in non-cancer pain management.
- 8C. Determine appropriate return to activity, return to work and return to sport planning using evidence-based medicine in collaboration with the patient.
- 8D. Understand the psychosocial impact that pain and disability have on patient outcome and care.

**MSK09.** Demonstrate an effective approach to the assessment of conditions benefitting from joint injection.

- 9A. Describe the indications and contraindications for common joint and bursa injections including shoulder, elbow and knee.
- 9B. Perform a joint injection in the shoulder or knee with supervision.
- 9C. Aspirate and inject a bursa (pre-patellar and subacromial).

**MSK10.** Demonstrate an effective approach to the management of non-surgical bone and joint disorders with splinting and/or casting options.

- 10A. Understand basic splinting and casting contraindications.
- 10B. Fit a patient with a pre-fabricated brace for conditions of the ankle, knee, thumb and wrist.
- 10C. Perform the following urgent procedures: splinting of injured extremities, application of sling to upper extremity and simple joint reduction.

## Palliative Care

**PAL01.** Utilize the competencies of a family physician when providing palliative care.

- FAM2. Take an appropriately thorough history in a timely manner.
- FAM3. Display effective, professional and non-judgmental communication skills.
- FAM4. Adopt a patient centered approach.
- FAM5. Perform an appropriately thorough physical examination in a timely manner.
- FAM6. Construct an appropriately thorough differential diagnosis related to common symptoms that is congruent with the data generated by the history and physical and weighted according to probability.
- FAM14. Interpret the test results promptly and correctly.
- FAM15. Communicate test results to the patient in a timely fashion.
- FAM16. Develop and implement an appropriate treatment plan.
- FAM18. Document appropriately in the chart.
- FAM22. Demonstrate commitment to patients, colleagues, profession and society through ethical and reflective practice.

**PAL02.** Perform a comprehensive assessment of pain.

- 2A. Elicit a comprehensive pain history.
- 2B. Perform a relevant and focused physical exam.
- 2C. Order appropriate lab work and/or imaging with the intent to use the information to further individualize the pain management plan.
- 2D. Communicate findings effectively to other members of the health care team.

**PAL03.** Demonstrate an approach to the appropriate and effective use of opioids.

- 3A. Incorporate basic principles of opioid prescribing, including opioid rotation, in the development of a pain management plan.
- 3B. Prescribe a laxative routinely.
- 3C. Prescribe antiemetics appropriately.
- 3D. Educate patients and families about other possible common side effects and serious toxicities including sedation, myoclonus and delirium.
- 3E. Recognize: delirium, sedation, respiratory distress.
- 3F. Communicate management plans effectively to patients and their families.
- 3G. Refer patients with complex pain issues appropriately for specialty consultation.

**PAL04.** Incorporate adjuvant medications in the management of pain, as needed.

- 4A. Initiate augmentation of a pain management plan with appropriate adjuvant medication.

**PAL05.** Acquire an approach to the assessment and effective management of common symptoms.

- 5A. Recognize common symptoms by appropriately assessing (history and targeted physical examination, ordering relevant investigations) and develop a management plan for the following symptoms: nausea, vomiting, constipation (and obstruction), anorexia, cachexia, dyspnea, depression, anxiety and delirium.
- 5B. Participate in the collaboration with other interprofessional team members to develop a holistic symptom management plan.
- 5C. Monitor the efficacy of symptom management plans.
- 5D. Refer patients with complex symptom issues appropriately for specialty consultation.

**PAL06.** Demonstrate an understanding of the role for symptom screening and performance assessment tools.

- 6A. Administer the Edmonton Symptom Assessment System (ESAS) and further assess the active symptoms identified.
- 6B. Explain that declining Palliative Performance Score (PPS) scores over a period of time may indicate an increase in care needs requiring mobilization of community resources for patients and families.
- 6C. Assign an appropriate PPS score for a patient with advanced disease.

**PAL07.** Recognize palliative care emergencies.

- 7A. Recognize and assess symptoms suggestive of palliative care emergencies (spinal cord compression, malignant bowel obstruction, hypercalcemia, acute airway obstruction, SVC syndrome).
- 7B. Refer appropriately for specialty / emergency consultation.

**PAL08.** Display knowledge and skill in addressing grief and bereavement.

- 8A. Identify a patient's family member(s) in need of referral for bereavement care.
- 8B. Refer family members appropriately for grief support.
- 8C. Self-reflect on the impact the death of a patient has on the resident.

**PAL09.** Demonstrate an ability to address psychosocial, cultural, religious, spiritual and existential issues.

- 9A. Initiate a patient interaction with the intent of identifying needs within the spiritual or existential domains.
- 9B. Develop and implement a care plan to address psychosocial and spiritual issues for patients at the end of life in collaboration with other health professionals.
- 9C. Elicit a history of important religious and cultural traditions specific to the patient and family for whom they are caring.
- 9D. Link the patient and the family to the appropriate resources when necessary.

- 9E. Honour religious rites (providing they do not interfere with institutional rules or safety).

**PAL10.** Define the elements of the experience of suffering and the diverse manifestations.

- 10A. Discuss suffering within the physical, psychological and emotional, social and spiritual domains.

**PAL11.** Develop a personal plan for professional self-care.

- 11A. Recognize personal comfort or discomfort in responding to patient and family spiritual issues.
- 11B. Identify and reflect on how their life experience may affect their interaction with patients and their families.

**PAL12.** Describe the role of both family physicians and other interprofessional team members in advanced illness.

- 12A. Identify the role each interprofessional team member will play in the care at the end of a patient's life based on the practice setting.
- 12B. Communicate this information to patients in a timely and sensitive way.
- 12C. Elicit the expectations of patients and families with respect to the role the family physician should play in the end-of-life setting.
- 12D. Communicate that the physician will not abandon the patient and family, and will define their ability to participate in the care of the patient and their family through the illness, death and bereavement periods.

**PAL13.** Describe the elements of providing care to a dying patient in their home.

- 13A. Access home care resources appropriately.
- 13B. Identify unique aspects of caring for dying patients in the home (i.e. know how to use various routes of medication).

**PAL14.** Demonstrate knowledge of physician assisted suicide and euthanasia and palliative sedation, and withholding and withdrawing therapy.

- 14A. Define physician assisted suicide, euthanasia and withholding / withdrawing therapy.
- 14B. Identify the key legal and ethical issues relevant to physician assisted suicide, euthanasia and withholding / withdrawing therapy.

**PAL15.** Demonstrate an effective approach to advance care planning.

- 15A. Participate in discussion with patients and families that will define goals of care.
- 15B. Identify the elements that define "quality of life" for an individual patient living with advanced disease.

- 15C. Describe the elements of substitute decision making, power of attorney and living wills.
- 15D. Initiate discussions with patients and their families (treatment choices, location of care and resuscitation decisions).
- 15E. Refer for specialty consultation those patients with complex issues (conflict, questionable cognitive status).



## Public Health

**PH01.** Demonstrate an effective approach to disease prevention and health promotion.

- 1A. Describe how the health status of populations is measured.
- 1B. List the determinants of health and illness and how they affect the use of health services
- 1C. Explain how inequities and inequalities in health affect individuals and families.
- 1D. Assess patients for socio-behavioural risk factors and risk conditions in relevant populations.
- 1E. Provide evidence-informed brief contact interventions to reduce the risk of chronic diseases and injuries.
- 1F. Counsel and reinforce protective behaviours.
- 1G. Counsel patients in defined risk populations to receive recommended routine screening for cancer.
- 1H. Identify families at high risk for developmental and parenting challenges and refer them to public health or appropriate agency for follow-up (e.g. home visiting program, dental health program).

**PH02.** Demonstrate an effective approach to infectious disease prevention and control, including outbreaks.

- 2A. Demonstrate routine infection control practices for the care of all patients at all times, including recommended office infection control practices.
- 2B. Demonstrate transmission-based precautions in conjunction with routine practices when patients are suspected or confirmed of being infected with transmissible or epidemiological significant organisms.
- 2C. Recognize and report cases of notifiable diseases, conditions, and usual diseases or patterns to public health authorities.
- 2D. Coordinate management of individuals and families with broader public health investigation.
- 2E. Describe roles and responsibilities in preparing for and responding to infectious disease outbreaks, and other health emergencies and disasters

**PH03.** Demonstrate an effective approach to environmental health issues.

- 3A. Recognize features of community health determinants, patient history, symptoms, and signs that trigger differential diagnoses that include exposure to an environmental health hazard.
- 3B. Report potential cases to public health authorities for patients or populations who are likely being affected by an exposure to an environmental health hazard.

**PH04.** Develop and apply knowledge and skills necessary to assess a population's health.

- 4A. Describe how the determinants of health affect the health of one's patients and practice population.
- 4B. Describe how a community's profile of determinants of health contributes to the occurrence of selected conditions.
- 4C. Discuss a community's health needs considering underlying determinants of health, evidence for effective interventions, and existing services.
- 4D. Assess a practice population's status for clinical preventive services (eg. immunization rates, cancer screening rates, and socio-behavioural risk factors and conditions).
- 4E. Apply evidence-informed practice strategies to improve patient population coverage for preventive services (eg. routine questions, chart/computer reminders/prompts, patient invitations/recalls).

**PH05.** Demonstrate an effective approach to public communication, collaboration and advocacy.

- 5A. Communicate (when indicated) with individual patients, families, and the practice population regarding public health measures that concern their health and care.

**PH06.** Contribute to discussion and implementation of healthful policies in practice.

- 6A. Use a policy lens to approach patient-level issues in family medicine practice.
- 6B. Use program planning skills to improve quality and efficiency of family practice

**PH07.** Describe roles and responsibilities of clinicians and public health authorities in preparing for and responding health emergencies and disasters.

- 7A. Describe, in detail, what primary care providers must do in preparation for, and responding to, an emergency or disaster.
- 7B. Explain the triage system in Ontario
- 7C. Compare the means of communication with public health authorities, MOHLTC, and other emergency responders in emergency and non-emergency contexts.

**PH08:** Appraise critically, contribute to, and educate regarding population and public health relevant evidence.

- 8A. Initiate or participate in research that contributes to improved practice and the health of the public.
- 8B. Educate patients and colleagues about the principles of public health practice with a view to contributing to community wellbeing.

**PH09.** Counsel individuals / families to receive immunizations appropriate to their age and risk status.

- 9A. Assess patient needs for immunization (routine and high risk patients).
- 9B. Anticipate, recognize, and report potential adverse events.

9C. Describe immunization registry systems in Ontario.

**PH10.** Describe the elements of the primary care, health care and public health system in Canada and how they interact and communicate.

- 10A. Describe the contribution of family medicine to the achievement of broader public health goals.
- 10B. Detail the functions of a local public health unit and a regional public health authority.
- 10C. List the circumstances in which family physicians must, should and can interact with local public health units.
- 10D. Describe the various ways in which public health interacts with other health and community organizations to improve and protect the health of the public.

## Women's Health (Cis and Trans)/Health for People Assigned Female at Birth

**AFAB01.** Utilize the competencies of a family physician when addressing Women's Health (Cis and Trans)/the health of people assigned female at birth.

- 1A. Demonstrate sensitivity in assessing the impact of gender on patients' health care needs.
- 1B. Evaluate information critically in relationship to sex assigned at birth and gender-identity.
- 1C. Demonstrate consideration of how personal bias and the gender of the care provider may impact on diagnosis, investigation and treatment of patients.
- 1D. Provide preventative health counselling and offer evidence based screening for Women (Cis and Trans)/people assigned female at birth of all age groups and risk factor categories including individuals who are historically underscreened.
- 1E. Seek to identify, and address social/structural determinants of health affecting Women (Cis and Trans).
- 1F. Sensitively screen for the presence of (domestic) violence / abuse / assault (i.e. emotional, sexual, financial, physical etc.).
- 1G. Identify and initiate counselling for women and people assigned female at birth experiencing post partum mood disorders and the mental health impacts of a pregnancy termination or loss.

**AFAB02.** Take an appropriately thorough history in a sensitive and timely manner that is appropriate for the patient's gender and sexual orientation.

- 2A. Perform a comprehensive health history at all stages of life women and people assigned female at birth
- 2B. Uses a trauma informed approach when taking a person's health history by demonstrating sensitivity, encouraging choice and promoting empowerment.

**AFAB03.** Identify emergent gynecological conditions that require immediate management or consultations (i.e. ectopic pregnancy, PID, hemorrhage, sexual assault, IUD problems, post TA problems, and post partum psychosis).

**AFAB04.** Perform an appropriately thorough physical examination of people assigned female at birth (i.e. cis gender woman, transgender male, non-binary individual, etc.).

- 4A. Perform an external and internal pelvic exam, including speculum and bimanual exam in a timely and trauma-informed manner when indicated.
- 4B. Independently collect cervical cytology and cervical/vaginal swabs for infection.
- 4C. Recognize when forensic evidence may be required as part of an exam and refers appropriately
- 4D. Recognize potential limitations to performing a comprehensive assessment in

certain sensitive situations and refer as necessary (i.e. history of sexual abuse, addictions, mental health diagnoses, vaginismus, , transgender identity, sexual orientation, and pediatric patients)

**AFAB05** Construct an appropriately thorough differential diagnosis relating to Women's Health (Cis and Trans)/the health of people assigned female at birth that is congruent with the data generated by the history and physical exam, taking into account the life stage, anatomy, and risk factors of the patient.

- 5A. Recognize natural variations and atypical presentations of common conditions
- 5B. Consider urgent and emergent conditions in the diagnostic process
- 5C. Maintain an inclusive differential diagnosis for conditions that may present differently depending on sex assigned at birth (e.g. cardiovascular disease).
- 5D. Identify red flags in the patient presentation that might suggest the possibility of domestic violence/abuse/assault

**AFAB06.** Select appropriate diagnostic investigations related to the health of people assigned female at birth to support or refute differential diagnosis.

- 6A. Justify selection of laboratory and imaging tests and employ them only when they would have an impact on patient management.
- 6B. Interpret diagnostic investigations for common health conditions affecting people assigned female at birth to inform prognosis and management.
- 6C. Develop a plan of management for abnormal screening and diagnostic results
- 6D. Use a patient centered and collaborative approach when discussing recommended investigations

**AFAB07.** Demonstrate a comprehensive and evidence-based approach to management of common health conditions affecting Women (Cis and Trans)/people assigned female at birth including:

- Common gynecological concerns
  - STI
  - Fertility
  - Pregnancy – prevention/termination
  - Menopause
- 7A. Counsel on the indications, contra-indications and side effect profile of treatment options
  - 7B. Determine a mutually acceptable management plan using a patient centered approach taking into account individual circumstances, preferences and values
  - 7C. Refer urgent and emergent conditions that are outside of scope of practice
  - 7D. Access resources in the health care system including social and community supports.
  - 7E. Act in accordance with CPSO policy on Professional Obligations and Human Rights by acting in a manner that respects patient dignity and autonomy, upholds their fiduciary duty and does not impede equitable access to care

- 7F. Provide supportive counselling and demonstrate awareness of community resources, including legal counsel, in the setting of intimate partner violence and/or sexual assault.

**AFAB08.** Demonstrates an effective approach to procedures related to the health of Women (Cis and Trans)/people assigned female at birth.

- 8A. Counsel on the risk and benefits of common procedures including those for family planning and endometrial biopsies
- 8B. Perform procedures for family planning and endometrial biopsy with supervision