University of Toronto MD Program - Competencies and Milestones

Preamble

A competency-based set of program objectives

The University of Toronto MD Program has adopted a competency-based model for its program objectives. A "competency" in medical education may be defined as: "An observable ability of a health professional that develops through stages of expertise from novice to master clinician."*· For each of the seven CanMEDS roles, several "key" or overarching competencies have been defined, and for each of these, several "enabling" competencies have been specified. By mastering each of the enabling competencies to a sufficient level, the requirements for learning of the key competencies will be met. The descriptions of the competencies do not generally themselves include a specification of the level of ability required.

Definition of milestones, and levels of milestones defined for U of T MD Program

In order to define the required levels of achievement for each of the competencies, milestones may be used. A milestone in medical education may be defined as: "The expected ability of a health professional at a stage of expertise."* Two levels of milestones have been defined for the U of T MD Program: one level to describe what is expected at entry to clerkship, and the second level at the time of graduation.

Generally, the milestones to be achieved *at entry to clerkship* either involve knowledge about relevant topics, or the ability to carry out tasks in a simulated setting or with relatively routine problems in real patients. The milestones to be achieved *prior to graduation* involve the application of knowledge to clinical settings, including to problems that are more complex and with patients who may be quite ill. In all cases, students require substantial supervision although for milestones to be achieved prior to graduation, the supervision is generally "at a distance", meaning it is readily available but not necessarily in the same room as the patient and graduate.

How the milestones in this document may be used

The milestones serve three inter-related functions:

(i) They provide greater detail and elaboration of each of the competencies, which can be used in organizing the broad outline of the curriculum.
(ii) They can assist in the specific planning of teaching activities in a given domain to help ensure the abilities required to achieve competence are being sufficiently developed.
(iii) They can assist in determining the content of assessment exercises, to ensure that students are mastering the required competencies to the appropriate level.

In all cases, a milestone to be achieved prior to clerkship is also something the graduate will need to be able to demonstrate at the time of graduation. Some enabling competencies do not have a milestone to be achieved prior to clerkship.

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·*Frank JR et al. Competency-based medical education: theory to practice. Med Teacher 2010;32(8):638-645.

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Key Competencies	Enabling Competencies	Milestones *A U of T graduate is able to:*	
		Achieved prior to Clerkship	**Achieved prior to graduation**
1. Apply medical knowledge, clinical skills and professional attitudes to the provision of patient centered care	1.1 Demonstrate integration of the CanMEDS roles into the practice of medicine in order to address the health care needs of individual patients and populations throughout the life cycle	a. Identify and describe the CanMEDS roles b. In simulated cases, identify which CanMEDS role(s) is/are relevant to the patient care and/or population health scenario	a. Explain how the CanMEDS roles relate to the practice of medicine and demonstrate a duty of care towards patients, while engaging as a learner in the clinical environment b. Demonstrate the consistent deployment of competencies across all relevant CanMEDS roles in the care of individual patients c. Demonstrate an awareness of all CanMEDS roles relevant to the health care needs of populations

	1.2. Apply and integrate knowledge in the following domains, relevant to the study and practice of medicine:
	FOUNDATIONAL DISCIPLINES
	  o Biomedical sciences *
	  o Population and public health sciences
	  o Social sciences *
	  o Medical humanities *
	CLINICAL TOPICS
	  o Approach to clinical presentations *
	  o Features of common and/or life-threatening acute and chronic illnesses*
	  o Use of diagnostic tests *
	  o Application of therapeutic interventions *
		a. Describe the foundational discipline concepts relevant to, and the pathophysiology of, common medical problems
		b. Integrate and apply knowledge of foundational disciplines and clinical topics to diagnose common medical problems in simulated clinical cases, and to propose management plans for them
		c. Describe the psychological and social factors that influence the presentation and impact of illness
			a. Describe the foundational discipline concepts relevant to, and the pathophysiology of, uncommon or more complex medical problems
			b. Integrate and apply knowledge of foundational disciplines and clinical topics together with clinical skills to diagnose and address common medical problems in patients
			c. Address psychological and social factors when assessing patients and developing care plans
			d. Describe community and population level interventions when assessing patents and developing care plans

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Key Competencies	Enabling Competencies	Milestones *A U of T graduate is able to:*	
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	1.3. Demonstrate an awareness of limits of their expertise and their potential biases	a. Describe the nature of clinical expertise and of its limits b. Describe the potential for cognitive bias when making a clinical diagnosis related to one's perspective and experience. (Other biases are addressed in Communicator enabling competency 1.3.)	a. Demonstrate the capacity to reflect on their own competencies and identify situations where one requires help b. Demonstrate the capacity to identify situations where cognitive biases may have affected their patient management c. Describe the scope of practice of physicians and their role within the health care system
	1.4 Recognize the complexity, uncertainty and ambiguity inherent in medicine	a. Recognize that there is a degree of uncertainty in all clinical decision making	a. Identify clinical situations in which complexity, uncertainty, and ambiguity may play a role in decision-making
	1.5 Carry out professional duties in the face of multiple, competing demands	a. Demonstrate an approach to balancing clinical duties as a clinical clerk with the need to continue learning as a medical student	a. Recognize competing demands in professional duties and seek assistance in determining priorities
2. Perform a patient-centered clinical assessment	2.1 Prioritize issues to be addressed in a patient encounter	a. In the interaction with a stable patient presenting with a straightforward problem, identify the concerns and goals of patients and their families for that specific encounter	a. In the interaction with a patient presenting with an acute illness and/or a complex problem, identify the concerns and goals of patients and their families for that specific encounter
	2.2 Obtain a history of the clinical presentation of the patient *	a. Perform a detailed, comprehensive history b. Be able to document and review the clinical encounter in an oral presentation, as a written document, and entered into an electronic medical record	a. Perform a focused history based on all relevant information b. Be able to document and review the clinical encounter concisely in an oral presentation, as a written document, and entered into an electronic medical record
	2.3 Perform a physical and mental status examination relevant to the patient's presentation *	a. Perform an assessment of vital signs b. Perform a detailed physical examination of all body systems c. Detect obvious major abnormalities on physical examination d. Apply appropriate patient draping and exposure	a. Perform a focused physical examination based on the patient's chief complaint and review of systems b. Detect all significant abnormal findings on physical examination

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	2.4 Order and interpret appropriate diagnostic investigations based on the clinical assessment	a. Select common investigations relevant to the findings on history and physical examination b. Describe the purpose of common diagnostic tests, including blood tests, tests of other body fluids, ECG and basic imaging tests c. In a simulated case, interpret the results of commonly ordered tests	a. Select investigations focused on a possible diagnosis based on the history and physical examination, and interpret the results in the context of a patient presenting with the full spectrum of clinical problems b. Describe more specialized investigations, the limitations of these diagnostic tests and implications of the results
	2.5 Generate a problem list and for each problem a differential diagnosis and working diagnosis, when applicable	In a stable patient presenting with a straightforward problem: a. Generate a problem list b. Formulate a broad differential diagnosis for each problem, based on the clinical encounter and investigations done to date c. Propose a most likely or working diagnosis for each problem	In a patient presenting with one or more acute illnesses and/or complex problems: a. Generate a problem list b. Formulate a broad differential diagnosis for each problem, based on the clinical encounter and investigations done to date c. For each problem, formulate a working diagnosis and provide an interpretation of the clinical situation
	2.6 Recognize a patient who requires urgent or emergent care	a. Describe the characteristics of an acutely ill patient in terms of findings on history, physical examination and basic laboratory investigations	a. Recognize when a patient has abnormal vital signs that requires immediate attention and investigation b. Recognize when a patient has a complaint or physical finding that suggests the possibility of a severe illness (including life- or limb-threatening) and therefore requires immediate attention and investigation
	2.7 Obtain, as needed, additional information about the patient's history from other sources including health records, family members, friends, and other health care providers	a. Describe the various sources that one may access for additional information b. For straightforward problems, and with the consent of the patient, in order to complete the database: - interview family members - contact other health professionals - review basic documents from the health record	a. For both straightforward and complex problems, efficiently gather data from family members, other health professionals, and old health records to complete the database

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3. Propose and participate (under appropriate supervision) in implementing management plans	3.1 Involve the patient and family in developing the care plan and determining goals of care *	a. In a stable patient presenting with a straightforward problem and who is able to participate in the relevant conversation, develop the outline of a treatment plan that respects the patient's desires and goals	a. In a patient presenting with one or more acute illnesses and/or complex problems , establish a treatment plan considering the patient's and family's wishes
	3.2 Formulate a plan of management that includes a description and explanation of further investigations and/or therapeutic interventions, including considerations of priority and timing	a. In a simulated case discussion, or in a stable patient presenting with a straightforward problem, propose a preliminary management plan	a. In a patient presenting with one or more acute illnesses and/or complex problems, establish a therapeutic and management plan with appropriate timelines and follow up
	3.3 Under appropriate supervision, implement plans for assessment and/or treatment		a. in a stable patient presenting with a straightforward problem, implement a plan for assessment and/or treatment under supervision
	3.4 Obtain informed consent	a. Describe the underlying ethical principles and legal process of informed consent b. Describe the process of how to obtain informed consent for a test or treatment procedure	a. Demonstrate the approach to obtaining and documenting informed consent under direct supervision by a resident or attending physician
	3.5 Perform, under appropriate supervision, essential medical procedures* skillfully and safely with attention to patient comfort, including providing appropriate care prior to and following the procedure	a. Describe the indications for essential medical procedures, how they are performed, common risks, and follow-up care	a. Implement plans for care prior to a procedure b. Perform essential medical procedures in a supervised or simulated setting c. Implement plans following the procedure, including monitoring for post-procedure complications and intervening effectively for major complications that occur
	3.6 Propose a follow-up plan regarding results of investigation and response to interventions	a. In a simulated case discussion, or in a stable patient presenting with a straightforward problem, propose a basic follow-up plan regarding results of investigations and response to interventions	a. In a patient presenting with one or more acute illnesses and/or complex problems propose a comprehensive follow-up plan regarding results of investigations and response to interventions

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	3.7 Initiate evaluation and treatment of a patient who requires urgent or emergent care, and seek help	a. Describe the steps taken in the emergency care of acutely ill patients	a. Identify potential underlying causes of a patient's deterioration b. Apply BCLS as needed c. Initiate a "code blue" when required d. Communicate effectively with the responding code blue team as needed e. Start the initial emergency care plan for a patient with common life- threatening conditions f. Demonstrate familiarity with ACLS and ATLS protocols g. Effectively call for help as needed h. Update family members as needed about the patient's condition i. Clarify goals of care when deterioration is first appreciated
	3.8 Set priorities and manage time effectively when involved in the care of multiple patients		When involved in the care of more than one patient: a. Make a plan to attend to the care of each patient within the available time b. Identify patients with the most urgent issues and attend to them first c. Identify if the clinical demands exceed one's capacity to manage, and seek help to ensure safe care
4. Understand and participate in continuous improvement in health care quality and patient safety	4.1 Describe the concept of continuous improvement in health care quality and be engaged in this process	a. Describe the need for continuous improvement in health care quality b. List and describe the 6 aims of health care quality (safe, timely, effective, efficient, equitable, and patient- centered) c. Discuss examples of common health care quality problems (e.g.. lack of access, low screening rates) and identify underlying reasons for this and propose potential solutions d. Describe internal and external methods of tracking ongoing personal clinical performance (e.g. logging cases, reviewing complications, benchmarking, etc.)	a. Identify instances in clinical practice where continuous improvement in health care quality can be applied b. Reflect on performance data and identify opportunities for improvement c. Plan a small personal learning/ improvement project using the model for improvement

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	4.2. Identify an approach to patient safety based on individual and system factors	a. Describe how cognitive and technical performance as it relates to patient care is heavily influenced by both human (e.g., fatigue, stress, cognitive biases) and environmental factors (e.g., work interruptions, equipment, technology) b. Define and explain commonly used patient safety incident terms such as adverse event, error, preventable adverse event, and near miss c. Describe how adverse events as harms related to the provision of health care are different from harm due to the underlying medical illness	a. Describe the features of a fair and non-punitive approach to patient safety b. Recognize in the clinical care environment factors (e.g., environments with frequent interruptions, after-hours and weekend care) that threaten cognitive and technical performance, and apply strategies to mitigate their negative effects c. Identify and describe an approach to patient safety based on individual factors that can affect human performance (including sleep deprivation and stress) and system factors (including resource availability and physical and environmental factors) d. Recognize examples of patient safety incidents (adverse events, error, near misses, preventable adverse event) in the clinical setting e. Differentiate between cases where an adverse event has occurred from those that are due to the underlying medical illness f. Demonstrate disclosure of a simple medical error to a patient or family (e.g. inadvertent cancellation of a test), following established guidelines such as those recommended by the Institute for Healthcare Improvement g. Propose an approach to reducing the frequency of medical error in response to a patient safety incident

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5. Contribute to improving the health of individuals and the population	5.1 Assess the health status of individuals and of populations, in terms of the impact of determinants of health	a. Describe the social determinants of health b. Describe how the social determinants of health impact the health status of an individual and of populations c. Explain how the differential distribution of health determinants influences health status	a. Describe how the social determinants of health have specifically influenced the health of one's patient and population b. Apply an understanding of the social determinants of health to the diagnosis and management of common problems in patients
	5.2. Apply principles of health promotion, health protection, health equity and disease prevention in the management of the health of individuals and populations	a. Define and describe the key principles relevant to: • health promotion • disease prevention • health protection • health equity b. Describe the levels of prevention including primary, secondary and tertiary prevention and apply to individual and population scenarios c. Describe the principles of screening tests to detect disease	a. Apply the concepts of health promotion, disease prevention, health protection and health equity in the care of patients with straightforward health problems b. Propose measures to be taken related to occupational and environmental health c. Identify and apply screening tests appropriate at different life stages d. Describe the evidence which supports the use of different disease prevention strategies
	5.3. Work together with public health to manage the health of individuals in situations that require public health intervention, including those subject to legal requirements	a. Describe the rationale behind and legal requirements for reporting communicable disease	a. Report communicable diseases to public health agencies b. Describe the impact on the patient and patient contacts on reporting of communicable diseases c. Document in the patient record the need for communication about communicable disease d. Interact effectively with public health agencies, including communicating relevant information
	5.4. Describe the roles of physicians and public health in the identification of health problems in the community, and their role in diagnosis and management of these problems	a. Describe the role of the public health agencies	a. Describe the individual physician role in diagnosis and management of health problems in the community
	5.5 Work together with community-based agencies to support patient care and community health	a. Describe the spectrum of community agencies and how they may support the care of patients and populations	a. Identify when and how to access community agency support for a patient based on their needs b. Complete referral forms for community-based agencies c. Interact in a professional manner with staff at community-based agencies

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	5.6. Use epidemiological methods and data and other appropriate information sources to describe and assess the health of individuals and populations, and to assist in the diagnosis of disease	a. Describe, measure and record the factors that affect the health status of a population b. Be aware of important sources of data to describe the health of a population c. Describe the concepts of and be able to calculate incidence, prevalence, attack rates and case fatality rates d. Apply the methods of epidemiology in analyzing a clinical and community health case scenario	a. Identify how epidemiological methods assist in the diagnosis of disease

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1. Establish professional therapeutic relationships with patients and their families	1.1 Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion	In interviewing and counseling a real patient who is medically stable and presenting with a simple illness, the student: a. Adheres to the principles outlined in the Calgary-Cambridge Guide to achieve patient-centeredness b. Encourages the patient to reveal their complete agenda by *actively* listening c. Uses verbal and non-verbal techniques to respond with empathy to the patient	In interviewing and counseling a real patient who is acutely ill and/or presenting with a complex illness, the student: a. Adheres to the principles outlined in the Calgary-Cambridge Guide to achieve patient-centeredness b. Encourages the patient to reveal their complete agenda by *actively* listening c. Uses verbal and non-verbal techniques to respond with empathy to the patient
	1.2 Engage the patient by optimizing the physical environment for patient comfort, dignity, privacy, and safety	In interviewing, counseling, and examining a real patient who is medically stable in an outpatient clinical setting, the student: a. Adjusts the environment for patient comfort, dignity, privacy, engagement, and safety	In interviewing, counseling, and examining a real patient who is acutely ill, in a hospital emergency or ward room, the student: a. Adjusts the environment for patient comfort, dignity, privacy, and safety
	1.3. Recognize when professional or personal values, biases or perspectives may have an impact on the quality of care and modify the approach to the patient accordingly	In interviewing and counseling a simulated patient or observing another health professional interview and counsel a real patient, the student: a. Identifies and describes the impact of professional values, biases or perspectives on the interaction b. Demonstrates respectful communication that reflects sensitivity to gender, culture, ethnic, socioeconomic and other diversities in the patient's background c. Recognizes professional boundaries such as limits of knowledge and expertise, and knows how to modify the approach to the patient's care to account for these	In interviewing and counseling a real patient, the student: a. Identifies and describes impact of professional values, biases or perspectives on the interaction b. Demonstrates respectful communication that reflects sensitivity to gender, culture, ethnic, socioeconomic and other diversities in patient's background c. Recognizes professional boundaries such as limits of knowledge and expertise, and knows how to modify the approach to the patient's care to account for these

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	1.4 Respond to patients' cues and use appropriate behaviour to enhance communication	In interviewing and counseling a real patient who is medically stable and presenting with a simple illness, the student: a. Recognizes verbal and non-verbal cues b. Responds to patient cues by effectively adjusting direction, tone, pace, eye contact and body posture to the patient's needs c. Manages the flow of the interview so that it is experienced as logical and organized by the patient In examining a real patient who is medically stable, the student: d. Recognizes verbal and non-verbal cues e. Responds to patient cues by effectively adjusting physical examination technique to the patient's needs without compromising completeness	In interviewing and counseling a real patient who is acutely ill and/or presenting with a complex illness, the student: a. Recognizes verbal and non-verbal cues b. Responds to patient cues by effectively adjusting direction, tone, pace, eye contact and body posture to the patient's needs c. Manages the flow of the interview so that it is experienced as logical and organized by the patient In examining a real patient who is acutely ill, the student: d. Recognizes verbal and non-verbal cues e. Responds to patient cues by effectively adjusting physical examination technique to the patient's needs without compromising completeness
	1.5 Appropriately respond to disagreements and emotionally charged conversations	In interviewing and counseling a simulated patient who presents communication challenges such anger, distress, a talkative nature, etc., the student: a. Acknowledges the communication challenge affecting the "doctor-patient" relationship in a manner that is respectful b. Demonstrates a range of appropriate communication techniques to respond to the challenge and manage the flow of the clinical encounter c. Recognizes and adheres to appropriate boundaries in emotional situations	In interviewing and counseling a real patient who presents a communication challenge such as anger, distress, a talkative nature, etc., the student: a. Acknowledges the communication challenge affecting the "doctor-patient" relationship in a manner that is respectful b. Demonstrates a range of appropriate communication techniques to respond to the challenge and manage the flow of the clinical encounter c. Recognizes and adhere to appropriate boundaries in emotional situations

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	1.6 Demonstrate adaptability towards patients' unique needs and preferences and their clinical circumstances	In interviewing, counseling, and examining a real patient who is medically stable, presenting with a simple illness who can clearly articulate his/her needs and preferences, the student: a. Elicits the needs and preferences of the patient b. Demonstrates sensitivity to the patient's medical concerns and the capacity to engage in a clinical encounter	In interviewing, counseling, and examining a real patient who cannot clearly articulate his needs/preferences, the student: a. Elicits and clarifies the unique needs and preferences of the patient b. Demonstrates sensitivity to the patient's level of understanding and complexity of illness, as well as the capacity to engage in a clinical encounter
2. Use patient-centred skills to seek, gather, select and interpret accurate and relevant information of the clinical situation, incorporating the perspectives of patients and their families to inform management	2.1 Effectively seek and gather relevant biomedical and psychosocial information from a variety of sources including the patient, family, caregivers and/or other relevant individuals, while adhering to principles of confidentiality and consent	In interviewing and counseling a real patient who is medically stable and presenting with a simple illness, the student: a. Elicits the patient's beliefs, concerns and expectations about their medical problem b. Performs, under supervision, a comprehensive history that includes all the information needed to understand the key medical problems and the patient's experience of illness c. Recognizes when a patient is unable to provide a clear history and can identify some potential alternate sources of information (e.g., interpreter, family member) d. Can be guided by their supervisor to integrate and synthesize relevant information from all sources	In interviewing and counseling a real patient who is acutely ill and/or who presents with a complex illness, the student: a. Elicits the patient's beliefs, concerns and expectations about their illness and treatment b. Performs, with minimal supervision, a comprehensive history to thoroughly understand the patient's medical condition and experience of illness c. Recognizes when the patient is unable to provide a clear history and addresses the problem by using alternate sources to gather information (e.g., interpreter, family member) d. Integrates and synthesizes, with minimal reliance on the supervisor, the relevant information gathered from all sources
	2.2 Accurately select and interpret biomedical and psychosocial information	In interviewing a real patient who is medically stable and presents with a simple illness, the student: a. Chooses which aspects of the history are worth spending additional time exploring and clarifying b. Asks questions designed to explore and clarify the aspects of the history that are most relevant c. Elicits pertinent positives and negatives to generate a <u>broad</u> differential diagnosis	In interviewing a real patient who is acutely ill and/or presents with complex illness, the student: a. Chooses which aspects of the history are worth spending time exploring and clarifying b. Asks questions that work to explore and clarify the aspects of the history that are most relevant c. Elicits pertinent positives and negatives to generate a <u>working</u> diagnosis and targeted differential diagnosis

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	2.3 Provide a clear structure for and manage the flow of the entire clinical encounter	In interviewing and counseling a patient who is medically stable and presenting with a simple illness, the student: a. Clearly explains and negotiates the agenda for the patient's visit b. Uses appropriate questioning techniques (e.g. open versus closed questioning) to guide the flow of the interview c. Adapts the structure and direction of the interview according to the unique needs of the patient, with some guidance from the supervisor d. Displays effective time management	In interviewing and counseling a patient who is acutely ill and/or presenting with a complex illness, the student: a. Clearly explains and negotiates the agenda for the patient's visit b. Uses appropriate questioning techniques (e.g. open versus closed questioning) to guide the flow of the interview c. Adapts the structure and direction of the interview according to the unique needs of the patient, with minimal guidance from the supervisor d. Displays effective time management
	2.4 Deliver messages (which are the sum total of everything that has been gathered, selected, interpreted, and managed) to patients and their caregivers in a clear and concise manner	In counseling a patient and family member/caregiver about a simple illness, the student: a. Uses language that is understood by the patient and family/caregiver when summarizing information, clarifying information, or requesting patient feedback b. Checks to ensure that the patient and family/caregiver understand the information	In counseling a patient and family member/caregiver about a complex illness, the student: a. Uses language uses language that is understood by the patient and family member/caregiver when summarizing information, clarifying information, or requesting patient feedback b. Checks to ensure that the patient and family member/caregiver understand the information
3. Engage patients and their families in developing plans that reflect the patient's health care needs and goals	3.1 Approach discussions with patients and families in a manner that is respectful, non-judgmental, and culturally safe	a. The student can discuss the impact of socio-cultural factors and principles of health equity on the medical interview In interviewing a real patient who can clearly articulate their expectations of care as influenced by socio-cultural factors, the student: b. Explores the perspective of the patient, their family and/or caregivers and can identify the impact of these perspectives on the therapeutic options c. Adjusts their communication techniques to adapt to the socio-cultural expectations of the patient	In interviewing and counseling a patient who is not forthcoming with their expectations of care as influenced by socio-cultural factors, the student: a. Is able to elicit the perspective of the patient, their family/caregivers and can incorporate these perspectives into the therapeutic plan b. Adjusts their communication techniques to adapt to the socio-cultural expectations of the patient

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	3.2 Assist patients and their families to identify, access and make use of information and communication technologies to support their care and manage their health	In counseling a real patient who is medically stable and presents with a common and simple illness, the student: a. Evaluates the patient's health literacy with guidance from the supervisor, and adapts their communication and information sharing techniques to ensure patient and family member/caregiver understand the information b. Directs patients and family members/caregivers to relevant multimedia sources for decision-making	In counseling a real patient who is acutely ill and/or presents with a complex, rare, or life-threatening illness, the student: a. Evaluates the patient's health literacy with minimal guidance from their supervisor and adapts information sharing to ensure patient and family member/caregiver understand the information b. Directs patients and family members/caregivers to relevant multimedia sources for decision-making
	3.3 Support patients and their families to make informed decisions regarding their health	In counseling a simulated patient who is presenting with a simple illness, the student: a. Verifies the patient's and family member's/caregiver's understanding of the illness and explains the diagnosis, prognosis, and treatment using aids such as diagrams and pictures where appropriate b. Explains the indications, risks, and benefits of common treatment options including procedures c. Provides opportunities for patients and caregivers to ask general questions, seek clarification and express doubts d. Achieves, with the patient, a shared understanding of their medical problem(s) and, with input from their supervisor, creates a treatment plan that respects the patient's perspectives e. Acknowledges the patient's right to decline the treatment when the patient is capable of doing so	In counseling a real patient who is presenting with a complex illness, the student: a. Verifies the patient's and family member's/caregiver's understanding of the illness and explains the diagnosis, prognosis, and treatment using aids such as diagrams and pictures b. Explains the indications, risks, and benefits of common treatment options including procedures. c. Provides opportunities for patient and family members/caregivers to ask questions, seek clarification and express doubts d. Achieves, with the patient, a shared understanding of their medical problem(s) and, with minimal input from their supervisor, creates a treatment plan that respects the patient's perspectives e. Acknowledges the patient's right to decline the treatment when the patient is capable of doing so

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4. Share health care information and plans with patients and their families while adhering to principles of confidentiality and consent	4.1 Ensure information is shared in a timely and accurate manner which is adapted to the patient's and family's needs	a. In counseling a simulated patient, the student adheres to the principles of confidentiality and privacy, and accurately explains relevant information to them in a clear and coherent manner	a. In counseling a patient who is acutely ill and/or presenting with a complex illness, the student conveys accurate and relevant information regarding the patient's health to the patient and the family member/caregiver in a clear and coherent manner b. In managing real patients, the student includes or excludes relevant others in a manner that respects the principles of confidentiality and privacy c. Provide clear and accurate oral and written instructions to the patient and the family member/caregiver about investigations and management

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		A U of T graduate is able to:	
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	4.2 Appropriately* respond to adverse events* affecting patients and the health care team	a. The student describes, using examples, an approach to dealing with common adverse events, on an individual and systems level	a. The student describes an appropriate strategy to address, on an individual and systems level, an adverse event that has occurred b. In a *simulated* setting, the student discloses a major adverse event to the patient and/or their family member/caregiver and discusses the event, including: • providing a description of the event and its potential consequences; • expressing empathy, and if appropriate regret and apology, while avoiding placing blame; • promising to follow-up with further information as it becomes known. c. In a *clinical* setting, the student discloses a minor adverse event (as defined by the clinical setting) to the patient and their family member/caregiver and discusses the event, including: • providing a description of the event and its potential consequences; • expressing empathy, and if appropriate regret and apology, while avoiding placing blame; • promising to follow-up with further information as it becomes known. d. In a *clinical* setting, the student documents the minor event and the discussion in the medical record

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Key Competencies	Enabling Competencies	Milestones *A U of T graduate is able to:*	
		Achieved prior to clerkship	**Achieved prior to graduation**
5. Document and share written and electronic information about the medical encounter, and share this information orally, with other members of the health care team, to optimize clinical decision-making, patient safety, and privacy	5.1 Document clinical encounters in an accurate, complete, timely and accessible manner, in compliance with legal and regulatory requirements	a. For patients who are stable with a medical illness, summaries of the clinical encounter are documented promptly, all relevant details are included, and comply with legal and regulatory requirements b. The student describes the policies governing medical records set out by regulatory bodies including those related to access, use, and storage c. The student can effectively access and use the written or electronic medical record of a patient with a simple medical history in compliance with the regulatory policies governing their use	a. For patients with complex medical illness, summaries of clinical encounters are documented promptly, all relevant details are included, and comply with legal and regulatory requirements b. The student can effectively access and use the written or electronic medical record of a patient with a complex medical history in compliance with the regulatory policies governing their use c. The student composes written and electronic medical records that are in compliance with the regulatory policies governing their use
	5.2 Effectively communicate using a written health record, electronic medical record, or other digital technology, such as phone, social media or email	In communicating the case of a medically stable patient presenting with a simple illness, using the medical record, telephone, email or other social media, the student: a. Effectively organizes the information in a manner that is easy to follow for the reader, and adheres to traditional schemata (e.g. SOAP) b. Uses language that is clear, accurate and appropriate for the intended reader c. Conveys clearly their clinical reasoning and rationale for care decisions d. Uses communication strategies that reflect patient-centeredness e. Adheres to the policies governing communication media such as email, etc., set out by regulatory bodies	In communicating the care of an acutely ill patient and/or one presenting with a complex illness, using the medical record, telephone, email, or other social media, the student: a. Effectively organizes the information in a manner that is easy to follow for the reader, and adheres to traditional schemata (e.g. SOAP) b. Uses language that is clear, accurate and appropriate for the intended reader c. Conveys clearly their clinical reasoning and rationale for care decisions d. Uses communication strategies that reflect patient-centeredness e. Adheres to the policies governing communication media such as email, etc., set out by regulatory bodies

Communicator

Key Competencies	Enabling Competencies	Milestones	
		A U of T graduate is able to:	
		Achieved prior to clerkship	**Achieved prior to graduation**
	5.3 Present orally, to other members of the health care team, information about the medical encounter that is concise, thorough and logically organized, and in a manner that respects patient privacy and confidentiality	In communicating orally with other health care professionals about a real patient who is medically stable and presents with a simple illness, the student: a. Is organized and logical in their approach b. Synthesizes and presents relevant clinical information and a prioritized differential diagnosis and care plan c. Is respectful and professional in their language and tone d. Adheres to the principles of patient confidentiality and privacy	In communicating orally with other health professionals about a real patient who is acutely ill and/or presents with a complex illness, the student: a. Is organized and logical in their approach b. Synthesizes and presents relevant clinical information and a prioritized differential diagnosis and plan appropriate to the specified purpose, setting and audience c. Is respectful and professional in their language and tone d. Adheres to the principles of patient confidentiality and privacy
	5.4 Effectively communicate (by writing or electronically) instructions or requests to other health professionals, including prescriptions, in-hospital orders, and requests for investigations or consultations	a. Write a clear and accurate prescription for a single, straightforward medication, that includes the medication's generic name, route, dose, frequency, and amount to be dispensed b. Describe the elements of admission orders	a. Write a clear and accurate prescription for multiple medications (including those that are less commonly used), that includes for each the medication's generic name, route, dose, frequency, and amount to be dispensed b. Write (and enter into an electronic health record) admitting and other in-hospital orders, in a manner that covers all the required elements of these orders (e.g., diet, activity, vital signs, investigations and treatments, reasons for notification, etc.) c. Write a request for a consultation directed to another health professional, including a physician from a consulting service and other health professionals, that includes the reason for the consultation, relevant background information, and an indication of the urgency of the request

Collaborator

Key Competencies	Enabling Competencies	Milestones *A U of T graduate is able to:*	
		Achieved prior to Clerkship	**Achieved prior to graduation**
1. Work effectively with physicians, trainees and other colleagues in the health care professions	1.1 Cultivate healthy relationships with collaborating colleagues in the clinical environment	a. Demonstrate healthy relationships with classmates and preceptors b. Demonstrate a general understanding of unhealthy relationships and a willingness to address them	a. Demonstrate a capacity to build and maintain healthy professional relationships across all clinical environments
	1.2 Explain how the organization, policies, and financing of the health care system impact collaborative patient care	a. Display a general understanding of how health care funding and policies across systems and organizations impact collaborative patient care	a. Describe specific examples of how current health care policies promote collaborative patient care
	1.3 Demonstrate an understanding of the roles and responsibilities of collaborators in the clinical environment	a. Identify the various different collaborators they will work with in the clinical environment to provide patient care b. Demonstrate a general understanding of the roles and responsibilities of collaborators in the clinical environment	a. Demonstrate an in-depth understating of the roles, responsibilities and contributions of collaborators in the clinical environment b. Develop collaborative patient management strategies that reflect their understanding of the contributions of collaborating team members
	1.4 Employ a distributed leadership approach when solving problems with the health care team and be able to facilitate the creation of an optimal environment for collaborative practice	a. Describe the distributed leadership approach as it pertains to their roles in health care	a. Utilize the distributed leadership approach in collaborative clinical scenarios b. Demonstrate situational awareness when working in teams
2. Consult effectively with physicians, trainees and other colleagues in the health care professions to provide care for individuals, communities and populations	2.1 Recognize a clinical situation that requires expertise beyond one's own	a. Recognize the scope of practice of a clinical clerk, resident and medical doctor b. Articulate one's personal and professional limitations as they pertain to patient care	a. Identify clinical situations that require expertise beyond one's own, and demonstrate the ability to recruit the appropriate colleague to assist
	2.2 Prioritize, based on urgency, the need for consultation	a. Describe the factors that contribute to urgency of consultation	a. Demonstrate the ability to prioritize the need for consultation in a manner cognizant of the quality of patient care, resource allocation and safe delivery of care
	2.3 Demonstrate comprehensive oral and written communication to the consultant that defines the rationale for consultation, urgency of consultation, and proposed clinical follow-up	a. Describe the factors that must be included in communication to a consultant to ensure optimal patient care	a. Demonstrate comprehensive oral and written communication when seeking consultation that defines the reason for consultation, urgency of the request, and specific aspects of the management plan that require consultation

Collaborator

Key Competencies	Enabling Competencies	Milestones *A U of T graduate is able to:*	
		Achieved prior to Clerkship	**Achieved prior to graduation**
	2.4 Carry out recommendations proposed by other colleagues in the health care professions as appropriate and/or ensure that transfer of care takes place	a. Recognize one's duty to follow up on recommendations provided by colleagues when seeking consultation	a. Demonstrate the ability and willingness to integrate various recommendations proposed by other colleagues to ensure optimal patient care
	2.5 Act collegially and responsibly when other health care providers request assistance and when requesting assistance from others	a. Recognize the importance of collegiality and civility when working collaboratively with others in a consultative scenario	a. Demonstrate collegial interactions and professional behavior when collaborating with other health care providers b. Clearly explain the rationale for omission of any recommendations into a patient care plan in a professional manner
3. Work with physicians, trainees and other colleagues in the health care professions to prevent misunderstandings, manage differences, and resolve conflicts	3.1 Show respect toward collaborators	a. Show respect towards collaborators in all clinical and educational environments	
	3.2 Identify the common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals	a. Describe factors that tend to stimulate conflict in teams	a. Identify clinical scenarios that are likely to lead to conflict b. Describe the root causes of conflict in interprofessional teams
	3.3 Recognize one's own approach to conflict and be able to recognize the conflict handling type in team members	a. Recognize one's own approach to conflict b. Describe the different conflict handing types and traits unique to each one	a. Recognize other team members' approach to conflict
	3.4 Implement strategies to resolve conflict in a manner that supports a collaborative culture	a. Describe approaches to conflict resolution	a. Synthesize a strategy to manage conflict in teams based on the different conflict handling types of the individuals involved b. Demonstrate the capacity to resolve conflicts that occur with colleagues related to issues such as prioritization of duties
	3.5 Apply basic principles of negotiation when collaborating with team members to ensure optimal patient outcomes	a. Define the basic principles of negotiation b. Describe clinical scenarios where successful negotiation can positively impact patient outcomes	a. Demonstrate a capacity for negotiating with collaborating team members to ensure optimal patient outcomes

Collaborator

Key Competencies	Enabling Competencies	Milestones *A U of T graduate is able to:*	
		Achieved prior to Clerkship	**Achieved prior to graduation**
	3.6 Seek help and advice when necessary, recognizing personal and professional limitations in conflict resolution	a. Recognize that certain conflict scenarios will require guidance and assistance from supervisors	a. Demonstrate insight into one's personal and professional limitations in clinical conflict scenarios b. Demonstrate different strategies to seeking help and advice in challenging situations of conflict in the clinical environment
4. Effectively and safely transfer care to another health care professional	4.1 Determine when care should be transferred to another physician or health care professional	a. Recognize the range of possible transitions a patient may encounter (e.g., hospital to home, hospital to long term care facility, emergency department to ward)	a. Demonstrate an understanding of why and when care of a patient should be transferred to another physician or health care professional
	4.2 Demonstrate safe handover of care, using both structured verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care	a. List the elements of a high quality *written* "handover of care" document b. List the elements of a high quality *verbal* handover of care c. Describe the importance of multi-disciplinary involvement in transitions of care d. Describe the importance, during transitions of care, of patient/family involvement, shared decision-making and provider-patient communication	a. Perform structured verbal handover of care that includes all relevant information necessary for safe transition of care (severity of illness, patient summary, to-do-items and contingency planning) b. Utilize standardized documentation tools and communication strategies for clear and timely exchange of patient information at care transitions c. Demonstrate up-to-date record keeping of relevant transfer of care documents (e.g., sign-out lists, discharge summaries)
	4.3 Recognize the impact on patient safety of poor handover of care and identify the common sources of error and barriers to safe handover of care	a. Describe the importance of the handover environment b. Describe how improving handover of care can help reduce medical errors and improve value (e.g. not repeating tests c. Describe vulnerable times for transitions (e.g. after hours, weekends)	a. Describe the relationship between handover, communication failures and sentinel events in a variety of clinical settings and contexts b. Select the appropriate environment to complete handover duties c. Demonstrate the ability to manage interruptions during the handover process

Leader

| Key Competencies | Enabling Competencies | Milestones |
| | | *A U of T graduate is able to:* |
		Achieved prior to Clerkship	**Achieved prior to graduation**
1. Contribute to the improvement of health care delivery in teams, organizations, and systems	1.1 Describe the governance, structure, financing, and operation of the health care system and its facilities and how this influences patient care, research and educational activities at a local, provincial/territorial, regional, and national level	a. Describe the federal and provincial roles in health care governance and funding in Canada and how those are similar to or different from the roles of governments in other countries b. Describe models of physician funding and their perceived pros and cons c. Describe the scope of practice of non-physician professionals and their roles in the health care team d. Understand the Canadian approach to professional self-regulation and the role e. Discuss the role of funding and governance of the health care system as it pertains to quality improvement and patient safety f. Describe professional regulations that pertain to hospitals and health care providers' handling of patient safety incidents (e.g., Quality of Care Information Protection Act – QCIPA) and that the Canadian Medical Protective Association or provincial licensing body may be involved g. Describe large scale efforts (organizational or provincial) that measure and track quality performance (e.g. NSQIP, QBPs **in Ontario)	

Leader

Key Competencies	Enabling Competencies	Milestones	
		A U of T graduate is able to:	
		Achieved prior to Clerkship	**Achieved prior to graduation**
	1.2 Apply the science of quality improvement to contribute to improving systems of patient care	a. Recognize that quality improvement methodologies are grounded in science and represent legitimate forms of scholarship b. Differentiate between QI and traditional Research c. Describe the key elements of the Model for Improvement*** d. Propose a Plan-Do-Study-Act cycle (for a personal learning/ improvement goal)	a. Construct a "SMART" aim statement for a quality problem (personal, learning, or clinical) b. Define and provide an example of an outcome, process and balancing measure c. Provide examples of how patient/family engagement can facilitate quality improvement d. Use basic QI diagnostic tools such as process maps and fishbone/ Ishikawa diagrams * e. Understand and respect the diverse expertise of inter-professional QI team members f. Recognize the importance of active stakeholder engagement in QI initiatives g. Recognize the importance of an inter-professional team approach to quality improvement
	1.3 Contribute to a culture that promotes patient safety	a. Demonstrate an understanding of the culture of safety in hospital and office practice settings including both the concept of legislated standards for safety (such as operating room check lists and the emergency kit all physicians must have in their office) and the need for continuous quality improvement strategies focused on safety. b. Describe the impact of highly hierarchical contexts on a culture of safety c. Demonstrate an understanding of the concept and principles (behavioural choices, duties and skills) of a just culture and specifically how it applies to quality and safety in health care organizations	a. Demonstrate the role of a medical student in recognizing and reporting patient safety incidents (PSIs) b. Identify situations where a highly hierarchical structure may deter from a culture of safety c. Report a PSI that occurs in a clinical setting in a constructive manner, including avoiding the adoption of a name-blame-shame approach

Leader

Key Competencies	Enabling Competencies	Milestones *A U of T graduate is able to:*	
		Achieved prior to Clerkship	**Achieved prior to graduation**
	1.4 Analyze patient safety incidents to enhance systems of care	a. Describe the overall burden of healthcare associated harm (i.e., patient safety incidents) in Canada b. Demonstrate knowledge of systems theory as it applies to the practice of medicine and, with specific reference to the quality and safety agendas, how management systems rely on modelling to ensure the ongoing monitoring and evaluation of patient safety and the quality of care c. Describe the five characteristics of high reliability organizations and how these characteristics contribute to an environment of quality and safety	a. Describe the importance of a systems-approach for evaluating PSIs b. Outline elements of recognized frameworks designed to comprehensively and non-judgmentally analyze PSI (e.g., Canadian Incident Analysis Framework[1]) c. Contribute, wherever appropriate, to the open and transparent analysis of a PSI
	1.5 Use health informatics to improve the quality of patient care and optimize patient safety	a. Describe how the capture, organization, tabulation and display of health information can impact patient care and outcomes, facilitate or impede information exchange and influence the safety and efficiency of the health care delivery b. Describe how the care and safety of the patient can be affected by the way their health data is captured c. Use information and communication technologies to enhance knowledge, skills and judgment in providing evidence-informed, safe, effective and efficient patient care d. Articulate an information need and gather relevant data from a variety of sources, including literature, web-based resources, electronic health records and databases e. Critically assess the reliability, quality and comprehensiveness of all data used to inform health care decisions	a. Enter data in EHRs and EMRs in a way that supports safe and effective care b. Appraise, consolidate, apply and evaluate electronic and print information acquired to care for and manage patients, bearing in mind their unique biological, personal and cultural circumstances c. Employ decision-support tools as an adjunct to clinical judgment in providing timely, evidence-based, safe interventions d. Recognize basic usability problems in EHRs/EMRs and develop strategies to avoid common user errors e. Recognize how the structure of EHRs and EMRs and the manner in which data is recorded can distort the data and negatively affect patient safety, and effectively advocate for and implement harm-reduction strategies to address this

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[1] Incident Analysis Collaborating Parties. Canadian Incident Analysis Framework. Edmonton, AB: Canadian Patient Safety Institute; 2012. Incident Analysis Collaborating Parties are Canadian Patient Safety Institute (CPSI), Institute for Safe Medication Practices Canada, Saskatchewan Health, Patients for Patient Safety Canada, Paula Beard, Carolyn E. Hoffman and Micheline Ste-Marie

Leader

Key Competencies	Enabling Competencies	Milestones	
		A U of T graduate is able to:	
		Achieved prior to Clerkship	**Achieved prior to graduation**
2. Engage in the stewardship of health care resources	2.1 Allocate health care resources for optimal patient care	a. Describe each of the elements of the 'Triple Aim" of health care (achieving improved population health, enhanced patient experience, at the lowest per capita cost) b. Define value in healthcare in terms of quality divided by cost c. Describe the phenomena of resource stewardship, appropriate allocation of health care resources, high value care and effective care d. Describe how resource stewardship has implications on both a patient and societal level e. Describe harms that can occur with medical overuse	a. Adopt an approach to patient care that respects the principles of resource stewardship and high value care b. Recognize situations when a patient has been harmed by medical overuse c. Identify barriers that trainees and other health care providers face when trying to apply principles of resource stewardship during their clinical work d. Utilize methods to overcome these barriers to resource stewardship e. Recognize the need to balance resource stewardship and individual patient advocacy
	2.2 Apply evidence and management processes to achieve cost-appropriate care	a. Describe the different types of health care costs, including direct costs, opportunity costs, downstream costs, and quality-adjusted life-year cost effectiveness b. Describe the impact of excess health care spending on quality of care c. Describe processes, models, and international organizations (including Choosing Wisely [2]) that are dedicated to promoting and educating health care providers and patients about resource stewardship and high value care d. Describe the nature of variations in health care utilization and spending patterns across individuals, organizations and provincial/national jurisdictions	a. Describe health care delivery processes that support high-value care b. Utilize processes and tools, such as decision aids, that serve to promote the appropriate use of healthcare resources c. Describe quality indicators developed to measure health care cost and value d. Describe factors that promote overuse of healthcare resources on an individual and organizational level e. Identify wastes in the health care environment and discuss strategies to help eliminate them f. Identify data sources that may provide information on an institution's/department's clinical performance relative to peer organizations

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[2] http://www.choosingwiselycanada.org/

Leader

Key Competencies	Enabling Competencies	Milestones *A U of T graduate is able to:*	
		Achieved prior to Clerkship	**Achieved prior to graduation**
3. Demonstrate leadership in professional practice	3.1 Develop their leadership skills to enhance health care	a. Describe what emotional intelligence is, why it is a fundamental leadership skill, and how it relates to healthcare b. Describe recognized leadership styles. c. Identify aspects of their own leadership style(s) (including, strengths, weaknesses, and biases d. Identify and describe one or more frameworks for leadership development e. Participate in reflective processes to inform their personal leadership development, understanding the need to be able to use an array of leadership styles, when each can or should be used and their preferred leadership styles f. Appreciate that leadership is not demonstrated only by leaders but that all physicians will be required to demonstrate "leadership" in the course of their careers g. Reflect on motivations, capabilities, skills, boundaries, and purpose as a leader h. Describe the importance of teamwork and collaboration in the healthcare setting, and participate in team-building and collaboration exercises	a. Identify examples of each of the components of emotional intelligence in members of one's clinical teams and in one's self b. Be able to identify the leadership styles of members of a clinical team c. Apply different leadership styles in specific situations and clinical contexts, according to the strengths and weaknesses of these styles d. Reflect on personal leadership styles learned during pre-clerkship years and, in a context enriched by clinical experience, be able to translate that learning into a choice of leadership style appropriate to clinical circumstances. e. Describe the fundamentals of teamwork and collaboration in general, and specifically the roles of leadership and motivation in clinical teams that function well f. Describe common situations in which conflicts arise in professional settings, in particular in the clinical setting g. Demonstrate preparedness to respond to conflict in the clinical setting h. Identify and employ tactics that facilitate conflict resolution

Leader

Key Competencies	Enabling Competencies	Milestones *A U of T graduate is able to:*	
		Achieved prior to Clerkship	**Achieved prior to graduation**
	3.2 Facilitate change in health care to enhance services and outcomes	a. Describe the core metrics of health system performance measurement and describe the performance of the Canadian health care system including comparing it to other countries b. Describe the role of physician leadership in healthcare systems improvement c. Describe how healthcare leadership impacts patient experiences and clinical outcomes d. Describe a recent local and/or national health system change and the basis for acceptance or resistance to this change e. Articulate the key components, purpose and use of health informatics in health information systems f. Demonstrate a working knowledge of health informatics g. Describe how health and population information can be used for disease surveillance, adverse event tracking, population health monitoring, and risk management h. Describe the principles of managing and using health and population information	a. Describe the roles that physicians play in various clinical settings and their accountability for system improvement and optimal patient outcomes b. Describe the roles of clinical clerks and residents as both learners and health care providers in clinical settings c. Describe the performance metrics that can be used to assess and track performance in different clinical settings d. In the course of one's clinical placements, identify examples of: positive patient experiences, negative patient experiences, successful patient outcomes, and unsuccessful patient outcomes e. Describe why positive/successful results were achieved, and how negative/unsuccessful results could be improved f. Describe how a change in local and/or national health policy has had an impact on clinical performance g. Describe the role and potential impact of information and communication technologies to deliver patient-centred care to diverse populations in a variety of settings h. Assess benefits and limitations of health information systems in clinical environments i. Contrast the benefits and limitations of various health information systems and apply this knowledge to patient management, patient safety and continuous quality improvement in all clinical environments where one works

Leader

Key Competencies	Enabling Competencies	Milestones	
		A U of T graduate is able to:	
		Achieved prior to Clerkship	**Achieved prior to graduation**
4. Manage one's time and plan one's career	4.1 Set priorities and manage time to integrate professional learning and personal life	a. Develop a systematic approach to learning and a time management strategy for pre-clerkship b. Access supports available to students to deal with stress and the health issues that are common in medical school c. Describe the importance of punctuality in clinical service settings	a. Develop a systematic approach to learning and a time management strategy for clerkship b. Demonstrate punctuality in clinical service settings c. Make, and adhere to, a rational plan each work day to ensure clinical obligations are met d. Develop short-, medium- and long-term learning goals in clinical service settings and seek feedback and guidance on goal selection and attainment
	4.2 Develop and implement a career plan	a. Describe the forces that drive health human resource planning b. Develop a strategy for creating and maintaining a curriculum vitae c. Demonstrate skills of reflection on one's abilities, aptitudes and interests and how these relate to career choices as one is exposed to them d. Access opportunities for career exploration in both scheduled and unscheduled timeframes	a. Demonstrate an understanding of residency and longer term career opportunities in specific disciplines and programs when choosing priorities for residency matching and incorporate those as well as personal factors in selecting choices for residency applications b. Create written materials and establish effective interviewing skills for residency applications

Health Advocate

Key Competencies	Enabling Competencies	Milestones *A U of T graduate is able to:*	
		Achieved prior to Clerkship	**Achieved prior to graduation**
1. Respond to the individual patient's health needs by advocating with the patient within and beyond the clinical environment	1.1 Work with patients and their families, in the context of their communities, to identify and take action on the determinants of health that impede their ability to maintain or achieve the best possible health outcomes	a. Describe the social determinants of health and how these may impact health b. Describe strategies to mitigate the adverse impact of social determinants of health	Individual Patient Advocacy: a. Obtain and then share a narrative patient story, including a full overview of their biopsychosocial issues and context. b. Identify the social determinants of health that may be impacting a patient and propose interventions to address the health issues
	1.2 Work with patients and their families, in the context of their communities, to recognize and overcome barriers to facilitating and supporting healthy behaviour	a. Describe barriers to healthy behaviour b. Describe strategies to reduce barriers to healthy behaviour	a. In the course of interacting with a patient, identify barriers to healthy behaviour b. Propose strategies to overcome these barriers, and with appropriate supervision, participate in implementing these
	1.3 Identify and reduce barriers to disease prevention and health promotion for individual patients	a. Describe barriers to disease prevention and strategies to reduce these b. Describe barriers to health promotion and strategies to reduce these	c. In the course of interacting with a patient, identify barriers to disease prevention and health promotion d. Propose strategies to overcome these barriers, and participate in implementing these

	1.4 Contribute to working with patients and their families to navigate health care and social support systems to secure the resources and supports required to maintain or achieve the best possible health outcomes	a. Identify resources which can benefit patients and communities, particularly those who are disadvantaged
		b. Demonstrate awareness and proficiency in the use of key provincial and federal websites related to advocating for patients and populations, including:
		  • The Government of Canada's Canada Benefits (Canadabenefits.gc.ca)
		  • Community Legal Education Ontario (CLEO) (Yourlegalrights.on.ca)
		  • Ontario's community and social services (211ontario.ca)
		c. Demonstrate a familiarity with and a general understanding of the Canada Health Act, the Canadian Charter of Rights and Freedoms, and provincial human rights legislation.
			a. Demonstrate proficiency in the use of the Health Equity Impact Assessment tool.
			b. Demonstrate the capacity to complete either a federal or provincial financial assistance form (e.g., Canada Pension Plan, Ontario Disability Support Program, Ontario Works Program, Ontario Mandatory Special Necessities Benefit Request, Ontario Application for Special Diet Allowance).
			c. With appropriate supervision, intervene on behalf of patients to secure appropriate health care and other relevant services.

Health Advocate

Key Competencies	Enabling Competencies	Milestones *A U of T graduate is able to:*	
		Achieved prior to Clerkship	**Achieved prior to graduation**
2. Respond to the needs of the communities or patient populations they serve by advocating with them for system-level change	2.1 Work with a community and a population to identify the determinants of health that affect them	a. Describe the social determinants of health and how these affect populations	Community Partnerships: a. Assess a health issue from a community perspective through a survey of community needs, including for medically underserved populations, using individual interviews, attendance at community meetings or events, and a survey of community resources
	2.2 Contribute to taking action with patients and their families, their communities, relevant organizations, the health care sector, and private sector and political institutions to foster the conditions that promote good health and health equity	a. Identify resources which can benefit patients and communities, particularly those who are disadvantaged: b. Demonstrate awareness and proficiency in the use of key provincial and federal websites related to advocating for patients and populations, including: • The Government of Canada's Canada Benefits (Canadabenefits.gc.ca) • Community Legal Education Ontario (CLEO) (Yourlegalrights.on.ca) • Ontario's community and social services (211ontario.ca) c. Demonstrate a familiarity with and a general understanding of the Canada Health Act, the Canadian Charter of Rights and Freedoms, and provincial human rights legislation.	Community/Patient Population Advocacy: a. Demonstrate familiarity with the variety of options for advocacy activities, including: - publicity (e.g., press conference/op-ed/letter to the editor) - writing a policy brief - writing an MP/MPP - speaking at municipal/legislative/parliamentary committees - membership on expert panels/committees - drafting policy briefs - participation with lobby groups - participation in public consultation and - direct action (protests) b. Demonstrate the ability to actively participate in at least one of these activities.
	2.3 Informed by principles of health equity, address the unique health needs and barriers to access to appropriate health and social services of medically underserved populations*	a. Describe the special health needs of medically underserved populations b. Describe the major barriers to accessing health and social services experienced by medically underserved populations	a. Demonstrate the capacity to work with a patient from any of the medically underserved populations, in order to: • Identify their special health needs • Identify barriers to accessing care that they may be experiencing • Propose ways to overcome these barriers • Participate in implementing strategies to address the special health needs and overcome barriers to access

Scholar

Key Competencies	Enabling Competencies	Milestones *A U of T graduate is able to:*	
		Achieved prior to Clerkship	**Achieved prior to graduation**
1. Engage in the continuous enhancement of their professional activities through ongoing learning	1.1 Develop, monitor and revise a personal learning plan to enhance professional learning	a. Describe principles of effective learning relevant to medical school. b. Discuss physicians' obligation for lifelong learning and enhancement of competence.	a. Create a learning plan in collaboration with a supervisor and others, as needed, to achieve medical school learning objectives, and clerkship and longer-term career goals. b. Describe learning opportunities, resources (people and information resources), and assessment and feedback opportunities relevant to learning in the clinical setting. c. Monitor progress of learning in the clinical setting using the structured approaches and evaluation reports provided by the program.
	1.2 Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources	a. Define reflective learning as it relates to medicine. b. Identify and prioritize, with guidance, personal learning needs to achieve pre-clerkship curriculum learning objectives	a. Use reflective tools (e.g journals, logbook or e-portfolio) to identify learning opportunities. b. Use examination results and feedback from teachers and peers to enhance self-assessment and improve learning. c. Identify and prioritize, with guidance, personal learning needs based on formal curriculum learning objectives. d. Seek and respond to feedback from supervisors, peers and others. e. Compare, with guidance, self-assessment with external assessment.
	1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice	a. List attributes of successful collaborative group learning.	a. Actively participate in collaborative group learning with fellow medical students/postgraduate medical trainees, and with students from other health professions..

Scholar

Key Competencies	Enabling Competencies	Milestones	
		A U of T graduate is able to:	
		Achieved prior to Clerkship	**Achieved prior to graduation**
2. Teach students, residents, and other colleagues in the health care professions	2.1 Recognize the influence of role-modeling and the impact of the formal, informal, and hidden curriculum on learning	a. Describe the concepts of the formal, informal and hidden curriculum	a. Identify behaviours associated with positive and negative role-modelling
	2.2 Promote a safe learning environment	a. Describe factors that can positively or negatively affect the learning environment	a. Contribute to a positive atmosphere in the classroom and in clinical learning settings by demonstrating the following behaviours: - Participating enthusiastically as a learner - providing encouragement to colleagues - refraining from belittling colleagues' efforts b. Describe strategies for reporting and managing witnessed or experienced mistreatment
	2.3 Maintain patient safety when learning in the clinical setting		a. Work within their limitations, seeking guidance and supervision when needed b. Speak up in situations in the clinical environment where patient safety may be at risk because of learner involvement
	2.4 Plan and deliver a learning activity	a. Describe effective teaching approaches used in medical education	a. Plan and deliver an effective presentation
	2.5 Provide feedback to enhance learning and performance		a. Describe the features of effective feedback and its importance for teaching and learning b. Provide constructive feedback to colleagues about aspects of their clinical competence when requested to do so
	2.6 Assess and evaluate learners, teachers, and programs in an educationally appropriate manner	a. Evaluate teachers and programs in an honest, fair, and constructive manner	

Scholar

Key Competencies	Enabling Competencies	Milestones *A U of T graduate is able to:*	
		Achieved prior to Clerkship	**Achieved prior to graduation**
3. Integrate best available evidence into practice	3.1 Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them	a. Describe the different kinds of evidence and their roles in clinical decision-making.	a. For a given clinical scenario, formulate a well-structured question to guide the search for further information from the medical literature and other resources, using available frameworks such as PICO (population, intervention, comparison, outcome).
	3.2 Identify, select, and navigate evidence-based resources to address knowledge gaps. These resources include online applications and publications that provide summaries and appraisals of clinical evidence and also primary research articles. The U of T medical graduate is able to use digital technology for efficient retrieval of these resources and for their application at the point-of-care.	a. Describe the advantages and limitations of pre-appraised resources. b. Select appropriate sources of knowledge as they relate to addressing focused questions.	a. Identify, select, and navigate pre-appraised resources for given clinical scenarios.
	3.3 Critically evaluate the integrity, reliability, and applicability of health-related research, literature and digital technologies	a. Identify appropriate sources that answer a clinical question. b. Interpret study findings, including a critique of their relevance to clinical questions using a valid framework (such as the JAMA Users' Guides to the Medical Literature) . c. Determine the validity and risk of bias in a source of evidence using a valid framework. d. Describe study results in both quantitative and qualitative terms using a valid framework.	a. Evaluate the applicability (external validity or generalizability) of evidence from a resource using a valid framework (such as the JAMA Users' Guides to the Medical Literature) b. Critically evaluate the integrity, reliability, and applicability of health-related research and literature using a valid framework.
	3.4 Integrate evidence into decision-making in their practice		a. Use evidence, as appropriate, during clinical decision-making. b. Describe the principles of knowledge translation and the knowledge to-action framework.

Scholar

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4. Contribute to the creation and dissemination of knowledge and practices applicable to health	4.1 Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in contemporary health care.	a. Describe the basic scientific principles of research and scholarly inquiry.	a. Begin to integrate the application of research and scholarly inquiry into clinical practice.
	4.2 Identify ethical principles for research and incorporate them into obtaining informed consent, considering the potential harms and benefits, and protecting vulnerable populations.	a. Identify and critically analyze fundamental ethical principles as they apply to research and scholarly inquiry	a. Adhere to responsible practices and ethical behaviors when contributing to or participating in research. b. Appropriately apply ethical principles when contributing to or participating in research.
	4.3 Contribute to the work of a research project.	a. Describe the basic components of a research project. b. Describe the different roles and responsibilities of principal investigators and collaborators in a research project. c. Collaborate with a research team in the articulation of a research question, the performance of a literature review, and the development of a research strategy to address the research question. d. Act as a member of a research team by carrying out assigned duties within their scope of competence in a diligent and responsible manner. e. Contribute to the written and oral presentation of results of a research project.	a. Describe strategies for balancing the roles and responsibilities of a researcher with the clinical roles and responsibilities of a physician.
	4.4 Pose questions amenable to scholarly inquiry and select appropriate methods to address them		a. Describe the characteristics of a well-constructed research question. b. In response to a scholarly topic of interest to the graduate, propose a well-constructed research question that could be the basis of a research study c. Identify and provide a rationale for one or more research methods that might be used to investigate a research question that has been created, and identify the strengths and limitations of each method.

Scholar

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	4.5 Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry.		a. Discuss with peers and faculty the findings of applicable studies and reports. b. Explain to patients and families in general terms the results of research studies and their application to clinical issues.

Professional

Key Competencies	Enabling Competencies	Milestones *A U of T graduate is able to:*	
		Achieved prior to Clerkship	**Achieved prior to graduation**
1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards	1.1 Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, respect for boundaries, and maintenance of confidentiality	a. Describe the unique ethical obligations of medical students as developing physicians. b. Recognize the influence of one's own values, assumptions, attitudes and emotions on their own decision-making and practice. c. Recognize the need to engage and manage when confronted with an ethical concern.	a. Exhibit honesty and integrity with patients, physicians and other health professionals. b. Demonstrate caring and compassion during all interactions with patients. c. Recognize the importance of trusting relationships with patients and others. d. Recognize and maintain boundaries when interacting with patients. e. Demonstrate sensitivity with respect to peers, colleagues, and patients. f. Consistently maintain patient confidentiality in all clinical, social and electronic settings, while recognizing situations that require disclosure of confidential information. g. Be sensitive to different levels of power that are relevant in health care encounters and do not abuse the power that one has as a physician or future physician.
	1.2 Exhibit a willingness to receive and act upon both positive and constructive feedback from teachers, colleagues, other health care professionals, and patients	a. Consistently seek out and welcome feedback from others b. Accept constructive feedback c. Demonstrate the capacity to reflect upon feedback and use this as a basis for enhanced learning of relevant competencies	

Professional

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	1.3 Demonstrate a commitment to excellence in all aspects of practice	a. Reflect on experiences in the preclinical setting to identify areas requiring improvement and modify behaviour by use of ethical frameworks.	a. Reflect on experiences in the clinical setting to identify areas requiring improvement and modify behaviour by use of ethical frameworks.
	1.4 Be reliable and responsible in fulfilling obligations	a. Be consistently aware of one's obligations in the academic setting b. Consistently ensure all academic obligations are met c. Keep promises	a. Be consistently aware of one's obligations in the academic and clinical setting b. Balance clinical and academic responsibilities c. Consistently ensure all obligations are met including keeping promises that have been made d. Prioritize obligations such that the most urgent responsibilities are attended to first e. If initially unable to meet an obligation as had been promised, manage the situation including describing a plan to fulfill the obligation in future
	1.5 Recognize and respond to ethical issues in practice	a. Recognize ethical issues presented in case vignettes. b. Recognize ethical dilemmas presented in case vignettes. c. Describe the importance of evaluating ethical decisions. d. Describe ethics as relational, including involving others to assist with ethical decision-making. e. Begin the process of examining their personal values in relation to challenges in the clinical domain. f. Describe and discuss ethical issues in the context of differing values. g. Describe what counts as an ethical justification of a decision or action.	a. Describe principles and theories of core ethical concepts. b. Describe the nature of ethical reasoning and ethical justification within the clinical and academic environment. c. Identify and discuss ethical values and principles and their integration/application in the health care setting. d. Identify ethical issues in inter-professional practice and apply ethical reasoning skills to case situations. e. Examine their own personal values and how these influence their interactions with both patients and colleagues. f. Recognize, understand, and act appropriately with respect to complex ethical issues.

Professional

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	1.6 Recognize and manage conflicts of interest	a. Describe the University policies and guidelines on conflicts of interest and relationships with industry.	a. Describe the implications of potential personal, financial, and institutional conflicts of interest, including conflicts of interest with industry. b. Recognize the potential for personal conflicts of interest and demonstrate an approach to managing them.
	1.7 Exhibit professional behaviours in the use of technology-enabled communication and social media	a. Describe the requirements to maintain confidentiality of personal information in the context of technology-enabled communication. b. Avoid disclosing confidential patient information in online communications.	a. Explain the potential abuses of technology-enabled communication and their relationship to professionalism. b. Describe University and CPSO policies related to technology-enabled communication. c. Use technology-enabled communication, including their on-line profile, in a professional, ethical, and respectful manner. Ensure responsible use of social media consistent with legal, professional and ethical obligations. d. Follow relevant policies regarding the appropriate use of electronic medical records.
	1.8 Demonstrate appreciation for patient autonomy and respect for persons in patient-physician interactions		a. Demonstrate the application of patient autonomy and respect for persons in specific case situations.

Professional

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2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care	2.1 Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians		a. Describe the social contract between the profession of medicine and society and explain its impact. b. Explain physician roles and duties in the promotion of the public good. c. Describe the tension between the physician's role as advocate for individual patients and the need to manage scarce resources.
	2.2 Demonstrate a commitment to patient safety and quality improvement	a. Describe the importance of the commitment to patient safety and quality improvement as core daily activities for all physicians. b. Define near misses, adverse events and patient safety incidents (PSIs), and recognize that the health care system is fallible and that such adverse events will occur. c. Reflect on the role that physicians play in addressing health care quality, patient safety, and resource overuse problems. d. Recognize that both professional accountability and ethical standards are to uphold patient safety in a transparent way, which involves speaking up, reporting PSIs and disclosing PSIs. e. Recognize the patient experience as having equal importance to clinical quality and patient safety.	a. Demonstrate a commitment to patient safety and quality improvement in their day-to-day work in the clinical setting. b. Reflect on examples from their clinical rotations and acknowledge that near misses, adverse events and patient safety incidents (PSIs) will occur. c. Alert others, including supervising staff and senior residents, about unsafe situations. d. List the key elements that should be included in the disclosure of a PSI (i.e., description of the facts, display of empathy, apology, commitment to prevent future errors). e. Reinforce the importance of trusting relationships between patient and physician.

Professional

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3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation	3.1 Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice	a. Demonstrate their understanding that the obligations of physicians include decisions to act using legal powers and duties.	a. Describe the regulatory structures governing physicians and the profession. b. Describe the sources of physicians' legal obligations including key legislation, and the powers and procedures of the CPSO and other regulators, including procedures involved in addressing patient complaints, and billing investigations. c. Describe legal principles that courts use to judge whether medical care met the required standard. d. Describe significant statutory provisions relating to: Consent, Capacity, Confidentiality, Duty to Report. e. Demonstrate awareness of and the ability to locate key regulatory provisions contained in CPSO policies, and demonstrate general familiarity with their contents.* f. Demonstrate awareness of and the ability to locate significant university policies and guidelines governing student conduct, and a general familiarity with their contents.**
	3.2 Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions		a. Describe and recognize behaviours that are unprofessional or unethical. b. Describe the options available to respond to peer group lapses in professional conduct.
	3.3 Participate in peer assessment		a. Describe the clinical and professional expectations for performance in the clinical setting. b. Demonstrate the ability to give feedback to colleagues in a respectful manner when they fall short of expectations. c. Describe the factors (including health challenges and other stressors) that may impact a colleague's performance.

Professional

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4. Demonstrate a commitment to physician health and well-being to foster optimal patient care	4.1 Exhibit self-awareness and manage influences on personal well-being and professional performance	a. Identify strategies to develop, increase and support self-awareness of personal and professional needs b. Develop an understanding of the importance and array of resilience skills c. Identify available resources that support personal well-being and professional performance, including family, social networks, and within the Faculty of Medicine d. Identify and reflect on personal strategies to foster self-care and resilience	a. Describe how students are vulnerable to physical, emotional, and spiritual illness. b. Use strategies to improve self-awareness to enhance performance. c. Demonstrate appropriate use and enhancement of resilience skills d. Describe the connection between self-care and patient safety.
	4.2 Manage personal and professional demands for a sustainable practice throughout the physician life cycle	a. Reflect on the transition from pre-clerkship to clerkship b. Develop approaches to evaluate career options throughout clerkship c. Access a primary health care provider	a. Identify strategies to support personal well-being, a healthy lifestyle and appropriate self-care, with the help of a primary health professional, therapist, and/or spiritual advisor. b. Describe the transitions through a physician's life cycle, including periods of vulnerability. c. Manage personal and professional demands for a sustainable learning environment and ongoing professional development. d. Seek appropriate health care for their own needs. e. Use strategies to mitigate stressors and enhance professional development during transitions. f. Consider career options that will promote personal strengths and enhance well-being, while addressing the needs of society. g. Incorporate self-care into personal and professional routines. h. Seek mentorship to address professional development needs.

Professional

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	4.3 Promote a culture that recognizes, supports, and responds effectively to colleagues in need		a. Describe the multiple ways in which poor student health can present, including disruptive behaviour, and offer support to peers when needed. b. Describe the importance of early intervention for colleagues in need of assistance, identify available resources through student support services, and describe professional and ethical obligations and options for intervention. c. Practice positive behaviours and deal with negative behaviours in others to promote a collegial environment. d. Contribute to a culture of open communication and student support for assistance.
	4.4 Protect personal health and safety in clinical settings	a. Demonstrate the procedures involved in universal body substance precautions, including handwashing, and donning and doffing of gowns, gloves, masks and eye protection b. Describe and apply principles of infection control when dealing with a patient who may have a communicable disease	a. Demonstrate safe disposal of sharps b. Demonstrate the ability to maintain personal and patient safety when dealing with a potentially violent patient c. Describe and access the occupational health and safety services available in a clinical setting d. Describe the steps to follow in the event of a personal injury in the clinical setting, such as a needlestick injury or other exposure to potentially hazardous material

* CPSO Policies (as of 2016)
- Blood Borne Pathogens
- Confidentiality of Personal Health Information
- Decision-making for the End of Life
- Mandatory and Permissive Reporting
- Medical Records
- Physicians' Relationships with Industry: Practice, Education and Research
- Professional Obligations and Human Rights
- Professional Responsibilities in Undergraduate Medical Education
- The Practice Guide

** University Policies and Guidelines (as of 2016)
- Code of Student Conduct
- Code of Behaviour on Academic Matters
- Guidelines for Appropriate use of the Internet, Electronic Networking and Other Media
- Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education
- Standards of Professional Practice Behaviour for all Health Professional Students