



Section of
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The College of
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Le Collège des
médecins de famille
du Canada

CanMEDS- FMU

Undergraduate Competencies from a Family Medicine Perspective

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Authored by the College of Family Physicians of Canada's Undergraduate Education
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Goal of this Document

The goal of this document is to provide a family medicine perspective on undergraduate medical education. This has been done by utilizing the CanMEDS and the CanMEDS-Family Medicine (CanMEDS-FM) frameworks in creating a specific set of undergraduate family medicine competencies for undergraduate educators to use.

Why a CanMEDS-Family Medicine Perspective in General

Family physicians comprise half of the physicians in the Canadian health care system¹ and are the largest provider of primary care to Canadians.

Family medicine is now recognized as a specialty based on a body of knowledge and an approach to care unique to its discipline. Because family physicians' commitment is to the person and not to a particular organ system, age group, or technique, they must be skilled in accepting responsibility for the full scope of care of patients in health and illness at all stages of the life cycle. While facets of this comprehensive patient-centred approach are present in the care provided by others, no other discipline has all of these tenets as its core raison d'être.²

This approach is described according to the four principles of family medicine:

1. The family physician is a skilled clinician,
2. The patient-physician relationship is central to the family physicians role,
3. The family physician is a resource to a defined population,
4. Family medicine is community based

While the Four Principles continue to guide our thinking about medical education, the CanMEDS framework has become the "lingua franca" for medical education in Canada and around the world. By incorporating a view from family medicine using the CanMEDS framework, our goal is to clarify the special contributions that family medicine can bring to undergraduate education. Building on the CFPC's postgraduate initiative, (CanMEDS-FM³) we have created a document that fits within the continuum of medical education (from undergraduate to postgraduate to CPD) using the CanMEDS framework, yet is a distinct entity from CanMEDS. We have used nearly identical language as this postgraduate document (CanMEDS-FM) in our definitions and descriptions of the Family Medicine roles to support and ensure this continuum.

¹ National Physician Survey 1997. http://www.nationalphysiciansurvey.ca/nps/2007_Survey/Results

² Rethinking Undergraduate Medical Education: A View from Family Medicine. Weston, WW and the Undergraduate Medical Education Committee of the College of Family Physicians of Canada 2007. 55 pages

³ CFPC Section of Teachers Working Group on Curriculum Review: D Tannenbaum Chair

Why a CanMEDS-Family Medicine Undergraduate Perspective

There are several reasons that family medicine should have a prominent role in undergraduate medical education. Family physicians have a unique position in the health care system because of their role in providing continuing and comprehensive care with a focus on the primacy of the relationship with their patients. Patients often present to their family physicians at an early, undifferentiated phase of their illnesses before the typical textbook picture develops. This provides an invaluable opportunity for students to learn clinical reasoning. Patients also present with complex mixtures of biological, psychological, and social problems that require the generalist skills of a family physician and the resources of an interprofessional team. In addition, patients often present with symptoms and predicaments that are not explainable by disease categories. From these patients, students can learn the value of a broader approach to patients' suffering.

Understanding the family medicine perspective is relevant to all students as students proceeding to any career should understand the family medicine perspective given that they will either be family physicians or will be working closely with family physicians in the care of patients. Royal College specialist will be sharing care with family physicians through consultation, referral and/or team based care and must understand the role and perspective of family medicine. For all of these reasons, the Family Medicine Perspective is critical to undergraduate medical education.

How this document can be used

This document is meant to contribute specific competencies to a broad and complete undergraduate curricula from the family medicine perspective. It is not meant to be a comprehensive list of competencies for an undergraduate medical curriculum—this is the responsibility of curricular committees and the CACMS/LCME. The competencies listed here cover areas of an undergraduate curriculum that are highlighted when the entire curriculum is looked at through a family medicine lens. Therefore some competencies described here are specific to a Family Medicine curriculum and some cross over to other disciplines or other areas of an integrated curriculum (both pre-clinical and clinical).

This document can be used to inform stakeholders of the CFPC's perspective on areas for focus and teaching from a family medicine perspective. Individuals who will find it useful include:

- Deans of Medicine
- Deans of undergraduate curriculum
- Curriculum committee members
- Department heads
- Undergrad directors of Family Medicine
- Clerkship directors of Family Medicine
- Postgraduate directors of Family Medicine

The following CanMEDS-FMU domains define what family physicians do and demonstrate the family medicine approach to care within a CanMEDS framework. From this CanMEDS-FMU perspective arise a number of competencies appropriate for general undergraduate medical education. These competencies are expected to help prepare students to enter any residency position.

How this Document was developed

This undergraduate CanMEDS-FMU document was written by family physician undergraduate educators who drew upon the CFPC's previously produced National Learning Goals and Objectives (2005) and through a review of the literature, an examination of existing goals and objectives/competencies from various institutions across Canada, a review of the American Society of Teachers of Family Medicine (clerkship core content curriculum—C4) and input from key stakeholders.

The development of the initial draft was followed by broad consultation and multiple revisions incorporating stakeholder feedback. We are grateful to the CFPC Working Group on Curricular Review for sharing their foundational work which we have used to define and describe the various CanMEDS-FMU domains. Based on the definition and description under each CanMED-FMU domain we have derived a specific series of competencies formulated specifically for the undergraduate medical student.

To be clear, each of the competencies defined in this document represent those elements of an undergraduate medical curriculum that are particularly expressed by viewing undergraduate education through the family medicine lens. We hope that by applying this lens to a medical school's curriculum, medical educators will be able to continue to train high quality health care providers ready to enter all residencies that will serve the health care needs of the people of Canada.

1. The Family Medicine Expert

Definition

Family physicians are skilled clinicians who provide comprehensive, continuing care to patients and their families within a relationship of trust. Family physicians apply and integrate medical knowledge, clinical skills and professional attitudes in their provision of care. Their expertise includes knowledge of their patients and families in the context of their communities, and their ability to use the patient-centred clinical method effectively.⁴ As Family Medicine Experts they integrate all the CanMEDS- Family Medicine (CanMEDS-FM) roles in their daily work.

Description

Family physicians provide care for a wide range of health issues throughout the lifecycle, from birth through death, in a variety of settings within the community. At presentation, the patient may bring multiple problems that are not pre-selected, and are often undifferentiated and interdependent. It is through expert judgement and clinical reasoning that family physicians formulate the clinical problems presented and, in partnership with the patient, arrive at decisions regarding investigation, management and monitoring. The clinical responsibilities of family physicians span the spectrum of medical care: health promotion and disease prevention; diagnosis; acute treatment, including the management of life-threatening illness; chronic disease management; rehabilitation; supportive care; and palliation. Family physicians approach and manage clinical problems effectively, often in situations of diagnostic uncertainty and limited resources.

Family physicians' unique expertise is intimately tied to their relationships with their patients, for whom they are often the primary and continuing contact for health care. Theirs is a generalist approach and their perspective is comprehensive, integrating elements from multiple domains. Family physicians are a resource to their practices and communities as they adapt their knowledge base and skills over time to the specific patient populations they serve and to local needs. The four principles of family medicine guide the work of the family physician.

Family physicians possess a core body of knowledge, clinical and procedural skills and professional attitudes. They use the patient-centred clinical method in assessing and managing clinical problems, which involves partnering with patients and families in health and illness.

⁴ Patient-centred Medicine: transforming the clinical method Stewart M, Brown JB, Weston WW, McWhinney IR, McWilliam CL, Freeman TR, 2003, Oxford, Radcliffe Medical Press 376 pages

Family physicians are skilled at acquiring and interpreting information and solving clinical problems. They adapt effectively to the situation at hand and identify relevant priorities.

Family physicians communicate and collaborate effectively with patients, families, communities and other health care professionals, including teams of providers. They serve as coordinators of care and demonstrate a long term commitment to their patients.

The role of the Family Medicine Expert draws on the competencies included in the roles of Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional and as such this role gives rise to all other roles listed in this document.

CanMEDS-FMU Competencies

1. The Family Medicine Expert Perspective

- 1.1. The learner⁵ will be able to describe how illness presents differently in the family medicine setting compared to other specialist settings and demonstrate an approach to the diagnosis and management of undifferentiated patient problems that present to family physicians
- 1.2. The learner will demonstrate an approach to the diagnosis and management of common patient problems that present to family physicians with particular reference to the Shared Canadian Curriculum in Family Medicine
<http://sites.google.com/site/sharcfm/welcome>
- 1.3. The learner will use patient centred record-keeping when caring for patients.
- 1.4. The learner will be able to obtain informed consent appropriate to their level of care.
- 1.5. The learner will use the patient-centred clinical method to conduct a supervised office visit for common presentations
- 1.6. The learner will be able to describe common sources of error in the assessment and management of patients
- 1.7. The learner will be able to identify what health-promotion and disease-prevention activities are appropriate to particular populations using evidence-based guidelines
- 1.8. The learner will demonstrate an approach to health promotion and disease prevention during patient encounters that reflect best evidence and patient preferences and values.
- 1.9. The learner will identify pharmacotherapeutic approaches to primary care conditions based upon the patient's context and issues such as:
pharmacodynamics, pharmacokinetics, adverse effects and important drug interactions

⁵ In this document learner is used in place of medical student to indicate the active student centred nature of teaching and learning

- 1.10. The learner will have an approach to polypharmacy
- 1.11. The learner will demonstrate the correct technique in common office procedural skills
- 1.12. The learner will understand the family physician's role in maternity care, palliative care and other settings in which family physicians work
- 1.13. The learner will appreciate the value of continuity of care for developing a deep knowledge of patients.
- 1.14. The learner will demonstrate application of an ethical framework in the clinical decision-making process.

2. The Family Medicine Communicator

Definition

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

Description

The patient-physician relationship is central to the role of the family physician. Family physicians integrate a sensitive, skillful, and appropriate search for disease and illness. They demonstrate an understanding of patients' experiences of illness, their ideas, feelings, and expectations and of the impact of illness on the lives of patients and families. They use repeated contacts with patients to build on the patient-physician relationship and to promote the healing power of interactions. Family physicians have an understanding and appreciation of the human condition, especially the nature of suffering and patients' responses to illness.

Family physicians are adept at working with patients and families to reach common ground on the definition of problems, goals of treatment, and roles of family physician and patient in management. They are skilled at providing information to patients in a manner that respects their autonomy and empowers them to take charge of their own health care and make decisions in their best interests.

Family physicians enable effective dynamic interactions with patients, families, caregivers, health professionals, and other individuals. They communicate in various ways and in a variety of settings through their own initiative or at the request of the patient or family with the purpose of achieving the best health outcomes for patients but also to comfort, reassure, and alleviate suffering.

Family physicians are able to establish and maintain effective communication in the face of patients' disabilities, cultural differences, age group differences and in challenging situations.

The competencies of this role are essential for establishing rapport and trust, formulating a diagnosis, delivering information, striving for mutual understanding, and facilitating a shared plan of care.

CanMEDS-FMU Competencies

2. The Family Medicine Communicator

- 2.1. The learner recognises that the patient-physician relationship is central to the practice of family medicine in allowing therapeutic relationships with patients to develop—the insights gained from the family medicine perspective will support learners in developing and understanding these relationships.
- 2.2. Demonstrates a willingness to become involved in the full range of difficulties which patients bring to their physicians and not just their biomedical problems.
- 2.3. Appreciates that communication skills have “no ceiling” and the importance of continuing to develop these skills throughout their careers.
- 2.4. Recognizes the difference between illness and disease and describes the importance of exploring both areas in the interview.
- 2.5. The learner will be able to carry out a patient-centred interview that will include the following:
 - 2.5.1. Introduces self and role
 - 2.5.2. Allows patients to complete their opening statement
 - 2.5.3. Listens effectively using active reflection – uses non-verbal and verbal encouragement for patients to complete the story of their illness; does not interrupt patients unless necessary to assist patients to focus on the issues at hand; gives patients time to think after asking questions,
 - 2.5.4. Early in the interview elicits a full list of patients’ concerns and, if time is insufficient to deal with all of them, will negotiate with patients to set priorities for addressing them and leaving some issues for another visit.
 - 2.5.5. Asks questions effectively – generally starting with open-ended questions and later following with closed-questions to fill in any important gaps or details in the history. The learner will demonstrate a genuine interest in getting to know the patient and understanding the story of their illness and exploring the differential diagnosis. The learner will demonstrate sensitivity when asking questions that the patient may experience as sensitive or embarrassing.
 - 2.5.6. Explores four key aspects of patients’ experiences of illness – their ideas about what is wrong (their explanatory model) and what it means to them, their feelings about their situation, how it is affecting their day-to-day function, and their expectations of the physician and healthcare team.
 - 2.5.7. Explores patients’ personal history and context including their family and other important relationships, occupation, socioeconomic status, support systems and spiritual aspects.
 - 2.5.8. Develops awareness of nonverbal cues of patients’ feelings and concerns (e.g., facial expressions, eye contact, gestures, posture, and verbal qualities such as tone, pace, volume and silence) and recognizes when it might be helpful to explore the cues (e.g., when they are incongruent with patients’ verbal statements or when they suggest important areas that need further elaboration). Students should begin to develop skills in exploring non-verbal behaviour.

- 2.6. Demonstrates skills in finding common ground with patients in three key aspects of management
 - 2.6.1. The nature of the problems.
 - 2.6.2. The goals of management.
 - 2.6.3. The roles of patient and physician in treatment.
- 2.7. Encourages patients to take as active a role as they are comfortable with in collaborating with the physician and healthcare team in deciding on a management plan.
- 2.8. Can describe the legal and ethical requirements for obtaining informed consent and demonstrate skills in discussing consent with patients based on these requirements.
- 2.9. Checks the patient's willingness and ability to follow the plan. Summarizes and affirms agreement with the plan.
- 2.10. Recognizes a range of approaches to collaborating with patients.
- 2.11. Respects patient confidentiality, privacy and autonomy.
- 2.12. Demonstrates sensitivity to cultural differences between physicians and patients and encourages patients to help their physician to understand these differences (new Canadian, first nations, etc.)
- 2.13. Recognizes the importance of doctor-patient boundaries and can describe common situations that create a risk for boundary violation.
- 2.14. Maintains clear, accurate, and appropriate records (e.g., written and electronic) of clinical encounters
- 2.15. Utilizes an electronic health record during interviews that enhances collaboration between physician and patient and does not create a barrier or distraction.
- 2.16. Presents verbal reports of clinical encounters that summarize the key findings in a succinct, well-organised manner that highlights the clinical reasoning process and provides a clear rationale for investigation and management.

3. The Family Medicine Collaborator

Definition

As Collaborators, family physicians work with patients, families, healthcare teams, other health professionals, and communities to achieve optimal patient care. In this role, family physicians provide continuity of care, in hospitals, other facilities as well as in community ambulatory settings

Description

Family physicians collaborate and consult with other professionals in the health care system who are involved in the care of individuals or specific groups of patients. Family physicians see themselves as part of a community network of health professionals and are skilled at collaborating as team members or team leaders. These skills are increasingly important in a multi-professional environment, where the goal of patient-centred care is widely shared. At the present time healthcare teams not only include a group of professionals working closely together at single sites, but also extended teams with a variety of perspectives and skills, in multiple locations. It is therefore essential for family physicians to be able to collaborate with patients, families, health professionals, community agencies and policy makers for the provision of optimal care, education and scholarship.

CanMEDS-FMU Competencies

3. The Family Medicine Collaborator

- 3.1. The learner will experience working in a collaborative team-based model as well as consult other health care professionals in the care and the continuity of care of their patients
 - 3.1.1. be able to describe the roles and responsibilities of family physician to other professionals
 - 3.1.2. understand the roles and responsibilities of other professionals within the health care system, as well as alternative medicine
 - 3.1.3. recognize and respect the diversity of roles, responsibilities and competencies of all health care professionals
 - 3.1.4. demonstrate an understanding of the structure of the health care system and its components including the role of family medicine in the provision of care and continuity of care
 - 3.1.5. will participate effectively in interprofessional team meetings

- 3.1.6. will demonstrate the ability to liaise with appropriate community resources in the care of a patient and recognize that community teams are distinct from hospital based teams
- 3.2. The learner will understand the principles the maintenance of a positive working environment with consulting health professionals, health care team members and community agencies
 - 3.2.1. will demonstrate a respectful attitude towards other colleagues and members of an interprofessional team and leadership when appropriate
 - 3.2.2. will utilize the principles of team dynamics to enhance team performance
 - 3.2.3. will respect team ethics and confidentiality
 - 3.2.4. will demonstrate professionalism in all aspects
 - 3.2.5. will be able to reflect on interprofessional team function
 - 3.2.6. will recognize one's own differences, misunderstanding and limitations which may contribute to improvement of collaboration
 - 3.2.7. will work with other to prevent conflicts
 - 3.2.8. will understand the team approach in the care of ambulatory patients (where a team is defined as a group of individuals who work toward the resolution of a patient problem).
- 3.3. The learner will demonstrate an understanding of how to engage patients or specific groups of patients (population) as active participants in their care (empowerment)
 - 3.3.1. Be able to find common ground on the identification of problems and priorities of intervention
 - 3.3.2. Be able to find common ground on the goals and methods of treatment
 - 3.3.3. Be able to work with patients, their family and other significant person to optimize health
 - 3.3.4. The learner will be able to formulate a written or verbal referral plan and justify this plan with respect to clarity, appropriateness, and succinctness.
 - 3.3.5. Demonstrate knowledge of reportable illnesses, as defined by public health agencies

4. The Family Medicine Manager

Definition

As Managers, family physicians are central to the primary health care team and integral participants in healthcare organizations. They use resources wisely and organize practices which are a resource to their patient population to sustain and improve health, coordinating care within the other members of the health care system.

Description

Family physicians interact with their work environment as individuals, as members of teams or groups, and as participants in the health system locally, regionally and nationally. They are often the first contact with the health care system and need to coordinate care with other members of the health care system, including the community. They manage everyday practice activities involving co-workers in the development of processes of care, human resource policy, and financial management as well as balancing their personal lives. They organize their practices using information systems as a resource to their patient population. Family physicians require the ability to prioritize, use health resources wisely, and effectively execute tasks collaboratively with colleagues. Family physicians are actively engaged as integral participants in decision-making in the operation of the health care system.

CanMEDS-FMU Competencies

4. The Family Medicine Manager

- 4.1. The learner will demonstrate an understanding of the role of the family physician, family medicine and primary health care in the overall function of the health care system. including family physician roles in office based care, emergency care, emergency care, inpatient and ambulatory hospital care, primary obstetrical care, continuing and long term care, and public health
- 4.2. The learner will describe the key elements of a family practice including:
 - 4.2.1. The impact of various office designs as supporting collaboration, patient flow, access and safety.
 - 4.2.2. The characteristics of office record systems, whether electronic or paper, as they impact collaboration, continuity and access to information
 - 4.2.3. Clinic organization and governance that supports individual FP participation in management and leadership.

- 4.2.4. Impact of various methods of practice finance and physician payment on quality, competitive incomes, access to service, meeting communities' needs and FP satisfaction.
- 4.2.5. The role of practice audits in continuous quality improvement
- 4.3. The learner will describe the supports and resources that enable family physicians to maintain a healthy work-life balance including:
 - 1.1.1. Flexibility for special clinical interest
 - 1.1.2. Support for personal and family responsibilities
 - 1.1.3. Parental leave
 - 1.1.4. Collegiality in mentoring and practice coverage
 - 1.1.5. Support for continuing professional development
 - 1.1.6. Acceptable work hours, on call and vacation arrangements
 - 1.1.7. And support for physicians in difficulty

5. Family Medicine Health Advocate

Definition

As health advocates, family physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Description

Family physicians recognize their duty and ability to improve the overall health of their patients and the society they serve. Family physicians identify advocacy activities as important for the individual patient, for populations of patients and for communities. Individual patients need their family physician to assist them in health promotion and enhancement navigating the healthcare system and accessing the appropriate health resources in a timely manner. Communities and societies need family physicians' special expertise to identify and collaboratively address broad health issues and the determinants of health. At this level, health advocacy involves efforts to change specific practices or policies on behalf of those served. Framed in this multi-level way, health advocacy is an essential and fundamental component of health promotion. Health advocacy is appropriately expressed both by the actions of individual family physicians and through collective actions with other health professionals in influencing population health and public policy.

CanMEDS-FMU Competencies

5. Family Medicine Health Advocate

- 5.1. The learner will be able to identify the health needs of an individual patient and how to work with this patient to improve their health
- 5.2. The learner will understand that the patient is part of a network that can be drawn upon (e.g. family, community, workplace) but also recognizes that stressors related to these networks can limit advocacy and care
- 5.3. The learner will understand how to advocate for patients in a patient centred manner
- 5.4. The learner will understand that advocacy is nested within a larger health care system and can recognize competing needs when advocating for a patient or a population
- 5.5. The learner will be able to describe the attributes of a population they have worked with or are working with and will be able to identify the initial steps on how to work with this population to improve its health.

- 5.6. The learner will be able to take a history that includes the non-biological determinants of health.
- 5.7. The learner will demonstrate application of an ethical framework in the clinical decision-making process and be able to identify that there can be competing demands in their role as an advocate for both patients and populations.
- 5.8. The learner will demonstrate an understanding of the key components of a professional relationship with colleagues and patients including clear communication, working within a team and adopting an appropriate role in caring for patients (both community teams and hospital teams).
- 5.9. The learner will demonstrate the ability to contact and liaise with hospital and community resources in the care of a patient when appropriate.
- 5.10. The learner will demonstrate an understanding of the range of organizations that promote the well-being of his or her patients (e.g., community agencies, self-help groups) and how to identify and work with these groups when appropriate.
- 5.11. The learner will be able to identify evidence based health promotion and disease prevention recommendations appropriate for populations
- 5.12. The learner will know how to judiciously apply these recommendations to particular populations and patients
- 5.13. The learner will understand the special needs vulnerable groups related to seeking and receiving care. (e.g. Aboriginals, recent immigrants, same-sex relationships, work status and poverty)

6. Family Medicine Scholar

Definition

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

Description

Often the focus of this role is the translation of knowledge for peers, colleagues, governments and most importantly patients. Family physicians engage daily in the search for answers to patient care questions and strive to adapt and increase their knowledge and skills to meet the needs of their patients and community. As reflective learners, they recognize the need to be continually learning and model this for others. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of knowledge. As teachers, they facilitate the education of their students, patients, colleagues, and others. Family physicians adopt a critical and evidence-informed approach to practice and maintain this approach through continued learning and quality improvement.

CanMEDS-FMU Competencies

6. Family Medicine Scholar

- 6.1. The student will demonstrate self-directed learning based on reflective practice.
- 6.2. From his her practice experience, the learner will
- 6.3. Identify learning needs in all the CanMEDS FM roles
- 6.4. Find appropriate resources
- 6.5. and integrate the new knowledge in family medicine settings
- 6.6. The learner will be able to demonstrate evidence-based approach to decision making within a patient centered clinical method.
- 6.7. The student will be name the ethical issues in the design of research.
- 6.8. The student will prepare a learner centered educational presentation or activity for peer colleagues and/or patients and families.
- 6.9. The student will provide constructive feedback for a peer presentation or learning activity.

7. Family Medicine Professional

Definition

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

Description

Family physicians have a powerful societal role as professionals who are dedicated to the health and caring of others. Their work requires the mastery of a complex body of knowledge and skills, as well as the art of medicine. As such, the Professional Role is guided by codes of ethics and a commitment to clinical competence, the embracing of appropriate attitudes and behaviors, integrity, altruism, personal well-being, and to the promotion of the public good within their domain. These commitments form the basis of a social contract between a physician and society.⁶ Society, in return, grants physicians the privilege of profession-led regulation with the understanding that they are accountable to those served.

CanMEDS-FMU Competencies

7. Family Medicine Professional

- 7.1. The learner will demonstrate an understanding of the key components of a professional relationship.
 - 7.1.1. The learner will be seen to be altruistic, behaving in a manner consistent with putting a patient's best interests first.
 - 7.1.2. The learner will be respectful to patients, their families, colleagues and other members of the health care team.
 - 7.1.3. The learner will be known as being honest, and will disclose areas of uncertainty, and promptly and voluntarily identify any errors of omission or commission.
 - 7.1.4. The learner will be seen to be responsible, by completing required tasks (including documentation of patient encounters and following-up on clinical tasks), meeting timelines on schedule, and promptly bringing to their preceptors' attentions when task completion is delayed or not possible.

⁶ Health Canada. Social accountability: a vision for Canadian medical schools. Cat no H39-602/2002. 2001. Ottawa. 2001

- 7.1.5. The learner will respect and maintain boundaries with patients, refraining from disclosing personal struggles, and refraining from using the doctor-patient relationship to their own benefit (other than their own development as a doctor).
- 7.2. The learner will reflect on his or her development as a physician.
- 7.3. The learner will strive towards personal balance (health, family, social, etc) as this will improve their ability to maintain professional standards of practice.
- 7.4. The learner will understand the patient, personal, and professional impact of medical error.