

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

CanMEDS–FMU 2019

*Undergraduate competencies from
a family medicine perspective*



CanMEDS–Family Medicine

CanMEDS-Family Medicine Undergraduate 2019

Undergraduate competencies from a family medicine perspective
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Dear colleagues,

The College of Family Physicians of Canada (CFPC)'s Undergraduate Education Committee is pleased to share *CanMEDS-FMU 2019: Undergraduate competencies from a family medicine perspective* (CanMEDS-FMU 2019). We understand from medical students that they need and want family doctors to be more involved in their learning. CanMEDS-FMU 2019 sets out that role for family medicine in the undergraduate curriculum.

This document was written to inform and inspire the teaching and learning of generalism and generalist practice in the undergraduate medical curriculum, and to highlight the important role family physicians play in educating future physicians. These generalist competencies will help prepare students to enter any residency and are relevant regardless of student career direction. CanMEDS-FMU 2019 can be used to develop an entire generalist curriculum, or can be mapped to specific areas within the undergraduate medical curriculum (e.g., family medicine clerkship).

This is an updated version of the original CanMEDS-FMU document used by family medicine undergraduate directors since 2009, and is aligned with CanMEDS 2015 and CanMEDS-FM 2017. It is a living document to be disseminated and used widely.

We practice in a dynamic environment with emerging technologies that increasingly include virtual care settings/patient encounters. The educational environment needs to evolve and keep pace with these changes. The CFPC together with family physician teachers are working to ensure that medical students are exposed to virtual care experiences that support compassion, patient centredness, and continuity of care.

We look forward to hearing how you plan to use CanMEDS-FMU 2019 and would be pleased to hear your feedback on ways to continually improve it.

Sincerely,

The members of the Undergraduate Education Committee:

Maria Hubinette, Nathalie Boudreault, Amanda Condon, Caitlin Davidson, Risa Freeman, Lisa Graves, Kathleen Horrey, George Kim, Amy Tan, Ramita Verma, Wayne Weston

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Executive summary

This document was written to inform and inspire ongoing improvements to teaching and learning generalism in undergraduate MD curriculum in Canada, and the important role that family physicians play in educating future physicians. CanMEDS-FMU is a framework that describes generalist competencies from a family medicine perspective. It aims to support Canadian medical education programs in their efforts to meet the Committee on Accreditation of Canadian Medical Schools (CACMS) Standards and Elements requirements for medical schools.¹ Written by family physician undergraduate educators, CanMEDS-FMU 2019 builds on CanMEDS-FMU 2009² and aligns with CanMEDS 2015³ and the CFPC's CanMEDS-Family Medicine 2017 (CanMEDS-FM 2017).⁴

Each CanMEDS-FMU role includes a definition, a description and a list of key and enabling competencies for use by anyone involved in undergraduate medical education including family medicine educators.

The seven CanMEDS-FMU role definitions

Medical Expert: Family physicians, as skilled generalists, provide high quality, responsive, community-adaptive care across the life cycle, from prevention to palliation, in multiple settings, and for diverse populations. They value continuity of care with their patients and collaboration with other health care providers to optimize outcomes. They use compassionate, patient-centred care⁵ when assessing and managing patient concerns, forming partnerships with patients, families, other health care professionals, and communities. They advocate for improvements to living conditions, resources, access, and care.

Communicator: As Communicators, family physicians foster therapeutic relationships with patients and their families. This involves the dynamic exchanges that occur before, during, and after the medical encounter that facilitate gathering and sharing essential information for effective patient-centred health care.

Collaborator: As Collaborators, family physicians work with patients, families, health care teams, other health professionals, and communities to achieve optimal patient care.

Leader: Using leadership and management skills, family physicians are integral participants in health care organizations. Family physicians actively contribute to implementing and maintaining a high-quality health care system and take responsibility for delivering excellent patient care through their activities as clinicians, administrators, scholars, and/or teachers.

Health Advocate: As Health Advocates, family physicians contribute their expertise and mobilize resources working with and/or for patients, their families, and communities to obtain services that would not otherwise be provided. Sometimes this involves modifying existing policies or procedures and promoting changes in legislation.

Scholar: As Scholars, family physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and teaching others; gathering, combining, and evaluating evidence; and contributing to creating, translating, and disseminating knowledge.

Professional: As Professionals, family physicians are committed to the health and well-being of their patients and society through competent medical practice; accountability to their patients, the profession, their colleagues, and society; profession-led regulation; ethical behaviour; and maintenance of personal well-being.

The opportunity

The CFPC's Undergraduate Education Committee shares CanMEDS-FMU to help support teaching generalism and generalist competencies across medical schools. By sharing it with undergraduate directors, teachers, preceptors, medical students, undergraduate deans, and all involved in undergraduate education the Committee hopes that the goal of more "broad exposure to, and experience in, generalist care including comprehensive family medicine"¹ will be offered to all medical students in Canadian medical schools.

Introduction and background

Goal of this document

The goal of this document is to provide a family medicine perspective of undergraduate medical education, including areas that tend to receive inadequate attention in medical school curriculum related to generalism. This has been accomplished by adapting to and aligning with CanMEDS-FMU 2009, CanMEDS 2015, and the CanMEDS-FM 2017 frameworks to highlight a specific set of undergraduate competencies that reflect a view of family medicine for undergraduate medical educators and learners to use.

Why use a CanMEDS-FM perspective

Half of the physicians in the Canadian health care system are family physicians and are the major providers of primary care to Canadians.⁶

Family medicine is recognized as a specialty in Canada. Family physicians are generalists who receive certification from the CFPC after demonstrating competence in family medicine generalist practice. Because their commitment is to the whole person, and not a particular organ system, age group, or technique, they accept responsibility for the full scope of care of patients in all stages of the life cycle. While others provide facets of this comprehensive patient-centred approach, no other medical discipline has the *raison d'être* that extends across this wide a scope of practice.⁷

The Four Principles of Family Medicine⁸ (Four Principles) guide family physicians in how they practice and how they are educated.

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

CanMEDS 2015 describes the roles and competencies expected of all Canadian physicians. In 2017, the CFPC released its adapted version, CanMEDS-FM, with competencies specific to family medicine highlighted. The CFPC's Family Medicine Professional Profile⁹ with its depiction of the scope of work family physicians do, together with the Four Principles, and CanMEDS-FM offer a fulsome description of the discipline. CanMEDS-FMU was written in alignment with these three documents, and with attention paid to describing generalist competencies for undergraduate medical education using a family medicine perspective.

What a family medicine perspective brings to undergraduate curriculum

There are several reasons why family medicine should have a prominent role in undergraduate medical education. Family physicians are generalists who use a

philosophical approach grounded in generalism when providing patient care and teaching undergraduate medical learners. As highlighted by the Association of Faculties of Medicine of Canada (AFMC)¹⁰ and required by CACMS Element 6.4.1,¹ all medical students are expected to receive “broad exposure to, and experience in, generalist care including comprehensive family medicine.” CanMEDS-FMU 2017 was created to help medical schools successfully achieve this.

Family physicians have a unique role in the health care system providing continuing and comprehensive care for patients. Patients often present to their family physicians at an early, undifferentiated phase of an illness before the typical picture develops. This provides an invaluable opportunity for students to learn clinical reasoning skills and to acquire an approach to developing integrated care plans that reflect the biological, psychological, and social issues for which generalist family physicians working in interprofessional teams have expertise to manage. Given the reality of increasingly complex and aging populations, studies reveal that people who have access to a strong primary care system have superior health outcomes.¹¹

Learning offered in family medicine provides an ideal setting for students to experience common acute problems presented by ambulatory patients; management of chronic diseases including multimorbidity, health promotion, and disease prevention; and the importance of continuity of care. With its broad scope of practice and generalist management approach, family physicians are well placed to demonstrate how to care for patients across different clinical domains, in multiple clinical settings and with varying levels of acuity. Family medicine settings are also ideal places to assess learners for the AFMC’s defined Entrustable Professional Activities (EPAs)¹².

Understanding and being exposed to the role of family physicians is important for all medical students, regardless of their future specialty career choice. Students will either become a family physician or will work closely with family physicians in the care of patients. CanMEDS-FMU can help describe the advocacy, collaborative care, professionalism, leadership, scholarship, and medical expertise roles inherent in generalists. Family physicians are advocates for patients and populations experiencing health inequities, and they respond and adapt to community needs. For these reasons it is critical that all medical students have sufficient opportunities to understand the perspective and approach of family physicians in the care of patients.

How to use this document

CanMEDS-FMU aims to help curricular committees understand how family medicine can offer learning experiences that augment broad exposure to generalist care as defined by CACMS¹³ and the Liaison Committee on Medical Education¹⁴. The CanMEDS-FMU competencies may seem aspirational and ambitious to be achieved by the end of medical school; however, they do align with the AFMC’s 12 EPAs, defined as necessary for medical graduates to transition from medical school to residency (see Table 1). While some competencies can be learned within a family medicine curriculum, others can be taught across other generalist disciplines creating a more integrated curriculum (both pre-clinical

and clinical) committed to teaching generalism. The family medicine perspective can provide insights to guide developing and revising curricula for topics and approaches that tend to receive too little attention yet are highlighted in CACMS (element 6.4.1 requiring “broad exposure to, and experience in, generalist care including comprehensive family medicine”).

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

- Deans of medicine
- Deans of undergraduate medical education
- Curriculum committee members
- Clerkship committee members
- Department heads
- Undergraduate directors of family medicine
- Clerkship directors of family medicine
- Postgraduate directors of family medicine

These competencies are expected to help prepare students to enter any residency position. CanMEDS-FMU can be used to develop an entire generalist curriculum or can be mapped to specific areas within the undergraduate MD curriculum (e.g., family medicine clerkship).

Table 1. EPAs for transition from medical school to residency

EPA	CanMEDS-FMU Key and Enabling Competencies
EPA 1-Obtain a history and perform a physical examination adapted to the patient’s clinical situation	Family Medicine Expert 2.2 Communicator 1.3, 2
EPA 2-Formulate and justify a prioritized differential diagnosis	Family Medicine Expert 2.3
EPA 3-Formulate an initial plan of investigation based on the diagnostic hypotheses	Family Medicine Expert 2.4
EPA 4-Interpret and communicate results of common diagnostic and screening tests	Family Medicine Expert 2.4
EPA 5-Formulate, communicate and implement management plans	Family Medicine Expert 2.3, 2.5 Communicator 3, 4
EPA 6-Present oral and written reports that document a clinical encounter	Communicator 5

EPA 7-Provide and receive the handover in transitions of care	Collaborator 3
EPA 8-Recognize a patient requiring urgent or emergent care, provide initial management and seek help	Family Medicine Expert 2.1
EPA 9-Communicate in difficult situations	Communicator 1.3.7 Collaborator 2 Professional 1
EPA 10-Participate in health quality improvement initiatives	Family Medicine Expert 5 Leader 1 Professional 2.2
EPA 11-Perform general procedures of a physician	Family Medicine Expert 3
EPA 12-Educate patients on disease management, health promotion and preventive medicine	Family Medicine Expert 1.6, 7

How this document was developed

The first edition of the undergraduate CanMEDS-FMU document was written by family physician undergraduate educators who drew on the National Learning Goals and Objectives (2005),¹⁵ as well as through a review of literature, an examination of existing goals and objectives/competencies from various institutions across Canada, a review of the Society of Teachers of Family Medicine Clerkship Core Content Curriculum (C4),¹⁶ and input from key stakeholders.

The development of this second edition was followed by broad consultation and multiple revisions incorporating stakeholder feedback. We are grateful to the CFPC CanMEDS-FM 2017 Working Group and 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. We also thank the Canadian Undergraduate Family Medicine Education Directors and the CFPC Section of Medical Students for their contributions and feedback. Based on the definition and description under each CanMEDS-FMU domain, we have derived a series of competencies formulated specifically for the undergraduate medical student.

The CFPC recognizes the role systemic racism plays in the health and social disparities experienced by Indigenous people in Canada as described in *Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada*.¹⁷ Along with this recognition and in light of the *Truth and Reconciliation Commission of Canada: Calls to*

Action,¹⁸ attaining specific competencies in Indigenous health is important for family physicians in order to provide the best care to this population. A special supplement to CanMEDS-FM 2017 is forthcoming about Indigenous health competencies providing a framework to build important skills supporting therapeutic interactions and culturally safe care. This supplement is anticipated to inform future iterations of CanMEDS-FMU.

In this document, we have chosen to use the term **equity-oriented health care** rather than culturally safe care. The former is a broader term that has similar aims to and encompasses culturally safe care, but includes all populations experiencing health inequities and all factors contributing to inequities. This is a departure from CanMEDS-FM, which uses culturally safe care.

Terminology

There are a number of terms used throughout the document that may require further explanation:

The **patient-centred clinical method**¹⁹ is a technique for understanding the patient as well as the disease, addressing both the physician's and the patient's agendas. This helps the physician understand the information offered by the patient. The physician must be receptive to patient cues, and understand the patient's perspective, expectations, feelings, and fears. In contrast, the disease-centred method addresses only the doctor's biomedical agenda.

Patient safety is the “absence of preventable harm to a patient during the process of health care and reduction of risk of unnecessary harm associated with health care to an acceptable minimum. ... Clear policies, organizational leadership capacity, data to drive safety improvements, skilled health care professionals and effective involvement of patients in their care, are all needed to ensure sustainable and significant improvements in the safety of health care.”²⁰ Patient safety has been emphasized in this updated version.

Equity-oriented health care (EOHC)²¹ is centred on the principle of directing resources to those in greatest need. EOHC incorporates tenets of trauma- and violence-informed care, culturally safe care, and harm reduction. The goal of EOHC is to reduce the impacts of inequities in the social determinants of health; intersecting forms of oppression (e.g., poverty, racism, sexism); and the enduring consequences of violence and trauma, including that enacted by systems and structures (e.g., policies that inequitably disadvantage some groups).

Trauma-informed care takes into account “an understanding of trauma in all aspects of service delivery and place priority on trauma survivors’ safety, choice and control. ... [creating] a treatment culture of nonviolence, learning, and collaboration.”²² Using this approach does not necessarily require disclosure of trauma by the patient.

Culturally safe health care is an approach to care that “considers how social and historical contexts, as well as structural and interpersonal power imbalances, shape health and health care experiences.”²³ It originated in nursing education and has been used to address

improved care for various populations, including Indigenous populations. Safety is verified by the recipient of the health care. Key to the success of this approach is an acknowledgement by the provider of care that their own cultural beliefs may influence the care provided.

Family Medicine Expert

Definition

Family physicians, as skilled generalists, provide high quality, responsive, community-adaptive care across the life cycle, from prevention to palliation, in multiple settings, and for diverse populations. They value continuity of care with their patients and collaboration with other health care providers to optimize outcomes. They use compassionate, patient-centred care when assessing and managing patient concerns, forming partnerships with patients, families, other health care professionals, and communities. They advocate for improvements to living conditions, resources, access, and care.

Description

As medical experts, family physicians practice according to the Four Principles, which underpins their values and contributions to the health care system. Moving beyond a disease-focused approach, family physicians attend to the whole person—their life story, values, and goals for health and well-being—and strive to help their patients address the full impact of their illnesses on their ability to achieve what matters to them: to live their chosen lives. They work effectively across different care settings to manage ambiguity, complexity, and multi-morbidity, often in situations of diagnostic uncertainty and limited resources.

Their skill set is that of a generalist, often being the first point of contact at an early, undifferentiated stage of illness presentation before the textbook description of disease has developed. Consequently, they require clinical skills for interviewing, physical examination and clinical reasoning of the highest order. They address issues across the life cycle and a broad spectrum, providing health promotion and disease prevention; acute treatment, including the management of life-threatening illness; chronic disease management; rehabilitation; supportive care; and palliation. They consider the impact of health, illness, and adverse life events on persons, families, and communities.

Family physicians value continuity of care and commitment to long-term relationships between patients and their physician, family, and community. They critically apply existing evidence and contribute to the generation of new evidence to best guide patient care in the context of their family and community. They collaborate with patients, their families, other health care professionals, and key stakeholders and are often called on to coordinate care provided by a team of professionals. They use resources wisely to maximize quality, facilitate access, and ensure seamless sharing and/or transitions of care. As skilled observers of the health care needs of their patient population and community, they adapt to meet the changing needs, expanding or focusing their scope of practice as needed.

The role of the Family Medicine Expert draws on and integrates the competencies included in the roles of Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional.

Key and enabling competencies

1. Applies a generalist approach to the practice of medicine

- 1.1. Demonstrates patient-centred compassionate care of patients
- 1.2. Describes how illness often presents differently in the family medicine setting compared to other specialist settings, including the challenges of undifferentiated problems and illness without disease
- 1.3. Describes the life cycle of individuals and of the family, and how illness at different stages of the life cycle will have a different impact
- 1.4. Explains the value of continuity of care for developing a deep knowledge of patients and their life context and for building a strong relationship
- 1.5. Describes the family physician's role in diverse settings including maternity care, palliative and end-of-life care, emergency care, and other settings in which family physicians work
- 1.6. Participates in the care of patients through the spectrum of health promotion and disease prevention; diagnosis and treatment, including life-threatening illness; acute and chronic care; rehabilitation; supportive care; intrapartum care; palliation and end-of-life care
- 1.7. Recognizes complexity, uncertainty, and ambiguity inherent in medical practice

2. Performs a patient-centred clinical assessment and recommends a management plan of common patient presentations to family physicians as outlined in LearnFM - The Shared Canadian Curriculum in Family Medicine²⁴

- 2.1. Recognizes a patient requiring urgent or emergent care, providing initial management and seeking help
- 2.2. Demonstrates the patient-centred clinical method to conduct a supervised office visit for common presentations, including a history and physical examination relevant to the patient's clinical presentation
- 2.3. Demonstrates a clinical reasoning approach (based on a broad differential diagnosis) to the assessment and management of common patient presentations to family physicians
- 2.4. Recommends pertinent laboratory investigations
 - 2.4.1 Justifies the tests based on diagnostic hypotheses, best evidence, and the Choosing Wisely Canada recommendations²⁵
 - 2.4.2 Interprets and communicates the results of common diagnostic and screening tests
- 2.5. Recommends pharmacotherapeutic and non-pharmacotherapeutic approaches to common conditions seen in family practice

- 2.5.1 Recommends medications based on principles of rational prescribing
- 2.5.2 Counsels patients about how to take their medications, important side effects, potential drug interactions including over-the-counter medications, and recommended follow-up
- 2.5.3 Writes a prescription correctly
- 2.5.4 Demonstrates a rational approach to polypharmacy and deprescribing

3. Plans and performs procedures and therapies for assessment and/or management with supervision

- 3.1. Discusses whether or not to perform a given procedure based on indications, contraindications, personal skill level, and context
- 3.2. Explains indications and contraindications to a given procedure
- 3.3. Obtains and documents informed consent appropriate to degree of learner involvement in care
- 3.4. Gets ready for a procedure by preparing the physical environment and through cognitive preparation
- 3.5. Demonstrates safe and correct techniques in common office procedural skills
- 3.6. During a procedure, continuously re-evaluates the situation, and stops and/or seeks assistance as required

4. Contributes to plans for ongoing care and timely consultation when appropriate

- 4.1. Works collaboratively with patients, their families, and other health care colleagues to participate in providing comprehensive care to individual patients
- 4.2. Assists patients in accessing care from a family physician when needed

5. Actively facilitates continuous quality improvement for health care and patient safety, both individually and as part of a team

- 5.1. Identifies common sources of error and risks to patient safety

6. Contributes to an inclusive and equity-oriented practice environment

- 6.1. Demonstrates humility and openness to a patient's ideas and knowledge
- 6.2. Seeks to understand and respects culturally based health beliefs
- 6.3. Explores how the patient's previous experiences, including adverse life events, impact individual clinical encounters and interactions with the health system and incorporates this understanding in the provision of care

7. Recommends plans for health promotion and disease prevention

- 7.1. Demonstrates an approach to health promotion and disease prevention during patient encounters that reflect evidence-based guidelines and patient preferences and values

- 7.1.1 Participates in conducting an appropriate well-child/baby assessment using the Rourke Baby Record²⁶ and an adolescent assessment using the Greig Health Record²⁷
- 7.1.2 Participates in conducting a preventive health examination in a healthy adult based on the Canadian Task Force on Preventive Health Care²⁸ recommendations

Family Medicine Communicator

Definition

As Communicators, family physicians foster therapeutic relationships with patients and their families. This involves the dynamic exchanges that occur before, during, and after the medical encounter that facilitate gathering and sharing essential information for effective patient-centred health care.

Description

The patient-physician relationship and patient-centred approach are central to the family physician role. Skilled communication is essential to obtain detailed and accurate information about patients' presentations in order to make a correct diagnosis. Of all the sources of information used for clinical reasoning, the history is the most important. Beyond that, skilled and compassionate communication is the basis for developing a therapeutic relationship. Family physicians enable therapeutic communication by listening to patients' stories about their illness in order to promote healing and return their patients to a sense of well-being. These healing conversations skillfully explore patients' perspectives—including their fears, other feelings, and ideas about their illness—as well as understand the full impact of their illness on their ability to achieve what matters to them.

Skillful communication with patients and their families is essential for creating the trusting relationship needed to obtain a full and accurate story of the patients' illnesses and to increase the likelihood that they will follow through on the shared treatment plan. By building trust, family physicians are able to establish and maintain effective communication in the face of patients' disabilities, cultural differences, age group differences, language barriers, and other challenging situations.

Family physicians provide information to patients in a manner that respects their autonomy and empowers them in their health care decision making. Family physicians seek common ground for the definition of problems and treatment goals, and to clarify the respective roles of the family physician, other health care professionals, the patient, and their caregivers in their management.

The family physician integrates this knowledge and, together with the patient, co-develops a shared plan that incorporates the patient's needs, values, and preferences, as well as their life context, including culture, socio-economic status, medical history, family history, stage of life, living situation, work or school setting, and other relevant psychological and social issues. This plan should be informed by evidence and guidelines.

Key and enabling competencies

- 1. Develops rapport, trust, and ethical therapeutic relationships with patients and their families**
 - 1.1. Describes the effects of effective communication on patient outcomes

- 1.2. Establishes positive therapeutic relationships with patients that are characterized by understanding, trust, respect, honesty, and compassion
- 1.3. Carries out a patient-centred interview that includes the following:
 - 1.3.1 Introduces self and their role on the team
 - 1.3.2 Allows patients to speak with minimal interruption
 - 1.3.3 Listens effectively and respectfully
 - 1.3.4 Elicits a full list of patients' concerns and, if time is insufficient to deal with all of them, negotiates to set priorities for addressing them, and leaves some issues for another visit
 - 1.3.5 Asks questions effectively, generally starting with open-ended questions
 - 1.3.6 Demonstrates a genuine interest in getting to know patients, understanding the story of their illness, and exploring the differential diagnosis
 - 1.3.7 Demonstrates sensitivity when asking questions that the patient may experience as sensitive or embarrassing
 - 1.3.8 Demonstrates awareness of patients' nonverbal cues
- 1.4. Optimizes the environment for patient comfort, dignity, privacy, engagement, and safety
- 1.5. Respects patient confidentiality, privacy, and autonomy
- 1.6. Adapts communication to the unique needs and preferences of each patient and to their clinical condition and circumstances, ensuring that care is inclusive and equity-oriented
- 2. Elicits and synthesizes accurate and relevant information from, and perspectives of, patients and their families**
 - 2.1. Demonstrates a willingness to explore the full range of patients' difficulties and contextual factors, not just biomedical problems
 - 2.2. Explores key aspects of patients' experiences of illness including their symptoms, ideas, feelings and concerns, effects on function, and expectations of care
 - 2.3. Explores patients' personal history and context including their family and other important relationships, occupation, socio-economic status, support systems and spiritual aspects
- 3. With support, shares health care information and plans with patients and their families**
 - 3.1. Shares information and explanations that are clear and accurate, while checking for patient and family understanding

4. With support, engages patients and their families in developing plans that reflect the patient's health care needs, values, and goals

- 4.1. Demonstrates skills in finding common ground with patients regarding the nature of problems, goals of management, and roles of patient and physician in treatment
- 4.2. Facilitates conversations with patients about the goals and plan of care in a way that is respectful, inclusive, non-judgmental, and equity-oriented
- 4.3. Helps patients clarify their values and feelings, to cope with uncertainty and evaluate their options for care

5. Documents and shares written and electronic information about the medical encounter to optimize clinical decision making, patient safety, confidentiality, and privacy

- 5.1. Presents verbal reports of clinical encounters that summarize the key findings in a succinct, well-organized manner that highlights the clinical reasoning process and provides a clear rationale for investigation and management
- 5.2. Maintains clear, accurate, and appropriate written or electronic records of clinical encounters
- 5.3. When using an electronic health record during interviews ensures that use enhances collaboration between physician and patient and does not create a barrier or distraction

Family Medicine Collaborator

Definition

As Collaborators, family physicians work with patients, families, health care teams, other health professionals and communities to achieve optimal patient care.

Description

Collaboration is essential for safe, high-quality, patient-centred care. Family physicians collaborate with patients and their families, other physicians, and health care providers, communities, community partners, and health system stakeholders. Family physicians work with a variety of individuals who have complementary skills in multiple settings across the continuum of care. Teams include groups of providers with a variety of perspectives and skills, working together at a common location (e.g., the Patient's Medical Home²⁹) or as extended teams across multiple locations.

Family physicians see themselves as core participants in this broad community network of health care providers and are skilled at collaborating as both team members and team leaders. Collaboration is strengthened by longitudinal relationships based on trust, respect, and shared decision making. It involves sharing knowledge, perspectives, and responsibilities, and a willingness to learn together. This requires understanding the roles and perspectives of others, pursuing common goals and outcomes, and managing differences. Collaboration skills are broadly applicable to activities beyond clinical care, such as administration, education, advocacy, and scholarship.

Key and enabling competencies

1. Works effectively with others in a collaborative team-based model

- 1.1 Describes the roles and responsibilities of family physicians, other professionals within the health care system, and one's own role as a learner
- 1.2 Recognizes and respects the diversity of roles while ensuring integrated patient-centred care
- 1.3 Participates effectively in interprofessional team meetings
- 1.4 Describes differences between community-based teams and hospital-based teams
- 1.5 Contacts and liaises with hospital and community resources for patient care when appropriate
- 1.6 Describes the overall structure of the Canadian health care systems, the main provisions of the *Canada Health Act*,³⁰ the roles of the federal and provincial governments in health care, health care costs to patients, and major challenges within the Canadian health care systems

- 2. Cultivates and maintains positive working environments by promoting a shared understanding, managing differences, minimizing misunderstandings, and mitigating conflicts**
 - 2.1 Demonstrates a respectful attitude towards others
 - 2.2 Recognizes and reflects on one's own contributions and limitations, and their impact on team function
 - 2.3 Respects team confidentiality
 - 2.4 Works with others to prevent or mitigate conflicts
 - 2.5 Describes the benefits and challenges of a team approach in the care of ambulatory patients
 - 2.6 Demonstrates knowledge of reportable illnesses, as defined by public health agencies
- 3. Facilitates effective and safe handover, referral, or transfer of care**
 - 3.1 Assists in making referrals to allied health professionals and consultant physicians

Family Medicine Leader

Definition

Using leadership and management skills, family physicians are integral participants in health care organizations. Family physicians actively contribute to implementing and maintaining a high-quality health care system and take responsibility for delivering excellent patient care through their activities as clinicians, administrators, scholars, and/or teachers.

Description

At a system level, family physicians are responsible for developing and delivering comprehensive, continuing patient-centred health care. Working toward this goal with others, family physicians demonstrate collaborative leadership and management within the health care system. This requires the ability to set priorities, use health resources wisely, and execute tasks collaboratively with colleagues. At the local level, family physicians actively contribute to continuous quality improvement within their own practice environment. Family physicians integrate their personal lives with their clinical, administrative, scholarly, and teaching responsibilities. They function as individual care providers, members of teams, and participants and leaders at all levels of the health care system.

Key and enabling competencies

1. Contributes to the improvement of comprehensive, continuing patient-centred health care delivered in teams, organizations, and systems

- 1.1 Describes the benefits and steps in conducting a quality improvement project
- 1.2 Identifies an area of care that could benefit from a quality improvement project
- 1.3 Describes the impact of adverse events and medical error on patients, self and the profession

2. Engages in the wise stewardship of health care resources

- 2.1 Describes the need for and goals of guidelines for stewardship, such as Choosing Wisely Canada
- 2.2 Applies the recommendations of Choosing Wisely Canada and other evidence-informed guidelines when recommending tests and treatments
- 2.3 Manages health care resources judiciously

3. Demonstrates collaborative leadership to enhance health care

- 3.1 Demonstrates communication skills for effective leadership and organizational skills for effective management

3.2 Identifies a significant health problem and participates in developing effective solutions

4. Describes the supports and resources that enable learners and physicians to maintain a healthy work-life integration and resilience

4.1 Identifies practices and common misconceptions that contribute to increased stress

4.2 Identifies strategies and develop strong supports to cope with common stressors of medical training and practice

4.3 Identifies structural and systemic factors and organizations that support learner well-being

Family Medicine Health Advocate

Definition

As Health Advocates, family physicians contribute their expertise and mobilize resources working with and/or for patients, their families, and communities to obtain services that would not otherwise be provided. Sometimes this involves modifying existing policies or procedures and promoting changes in legislation.

Description

Family physicians are accountable to society, recognizing their duty to contribute to efforts to improve the health and well-being of their patients, communities, and the broader populations they serve.

Family physicians have privileged access to patients' illness narratives and understand the impact of the social determinants of health and structural and systemic inequities on health outcomes. Family physicians support patients in navigating the health care system and advocate with them to access appropriate resources in a timely manner. They promote healthy communities and populations by improving the quality of their clinical practice and organizations, and directly and indirectly influence the health care system.

Advocacy requires action: family physicians engage patients, communities or populations to call for change, and they speak up when needed. They support or lead the mobilization of financial, material, and human resources. Family physician advocacy occurs within complex systems that require developing partnerships with patients, their families and support networks, other health care professionals, community organizations, administrators, and policy makers.

Key and enabling competencies

- 1. Responds to a patient's health needs by advocating with the patient within and beyond the clinical environment**
 - 1.1 Works with patients and their families and social or cultural support networks to address determinants of health that affect them and their access to needed health services or resources
 - 1.2 Works with patients and their families to identify strengths and resources to support achievement of their health-related goals
 - 1.3 Incorporates disease prevention, health promotion, and health surveillance into interactions with individuals
- 2. Participates in a process to promote health equity in a specific population, incorporating understanding about the social determinants of health and risk factors for illness relating to this population**

- 2.1 Describes the attributes of a population they have worked with or are working with and identify their assets, goals, and unmet needs
- 2.2 Determines relevant resources in the community or population (e.g., support groups, social services, public health programs, etc.)
- 2.3 Outlines the initial steps of how to work with this population to promote health equity
- 2.4 Identifies the special health care needs of vulnerable groups (e.g., Indigenous peoples, recent immigrants, racial and ethnic minorities, socio-economically disadvantaged, LGBTQ+ groups) and works with others to improve access to equity-oriented care

Family Medicine Scholar

Definition

As Scholars, family physicians demonstrate a lifelong commitment to excellence in practice through: continuous learning and teaching others; gathering, combining, and evaluating evidence; and contributing to creating, translating, and disseminating knowledge.

Description

Family physicians pursue excellence by continually evaluating the processes and outcomes of their daily work, sharing and comparing their work with others, and actively seeking feedback in the interest of high-quality care. Using multiple ways of learning, they strive to meet the needs of individual patients and their families, learners, other health care providers, and health care systems.

Family physicians work toward mastery of their discipline and share their knowledge. As lifelong learners, they implement a planned approach to improve in each CanMEDS-FM role and model this practice for others. As teachers, they facilitate individually and through teams the education of learners, colleagues, co-workers, the public, and others.

Family physicians identify and rigorously evaluate evidence that is relevant to the primary care context considering the epidemiology of disease, comorbidity, and the complexity of patients. Engaging in shared and evidence-informed decision making, family physicians recognize uncertainty in practice and formulate questions to bridge knowledge gaps. Skillful in navigating information resources, they identify and synthesize knowledge relevant to these questions, arriving at evidence-informed clinical decisions, taking patients' values and preferences into account. They contribute to the creation, application, dissemination, and translation of knowledge applicable to their community of practice, and more broadly to health and health care. Family physicians appreciate the importance of research and applying it as part of their practice to improve patient care, and participating in the creation of new knowledge.

Key and enabling competencies

- 1. Engages in the continuous enhancement of their professional activities through ongoing learning**
 - 1.1 Develops, implements, monitors, and revises a personal learning plan to enhance professional practice
 - 1.2 Identifies opportunities for learning and improvement by regularly reflecting on and addressing their performance using various sources
 - 1.3 Engages in collaborative learning and improvement to continually improve personal practice and contribute to collective improvements in practice

- 2. Facilitates the education of other learners, the public, and other health care professionals**
 - 2.1 Recognizes and addresses the impact of the formal, informal, and hidden curriculum on learners, including the public
 - 2.2 Promotes a safe learning environment
 - 2.3 Ensures patient safety by requesting closer supervision, when they recognize a need for additional learning or experience
 - 2.4 Plans and delivers a learning activity for peers, teachers, and/or patients and families
 - 2.5 Supervises and provides feedback to junior colleagues
- 3. Integrates best available evidence into practice considering context, epidemiology of disease, comorbidity, and the complexity of patients**
 - 3.1 Recognizes uncertainty and knowledge gaps in clinical and other professional encounters, and generates focused questions that have the potential to bridge the gaps
 - 3.2 Identifies, selects, and navigates pre-appraised resources and clinical practice guidelines relevant to family practice
 - 3.3 Accesses and applies appropriate knowledge resources at the point of care
 - 3.4 Critically evaluates the integrity, reliability, and applicability of health-related research and literature that is relevant to the learner's setting
 - 3.5 Integrates evidence into decision making in practice
- 4. Contributes to the creation, translation, and dissemination of knowledge relevant to family medicine**
 - 4.1 Demonstrates an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
 - 4.2 Critically reviews a clinical research study
 - 4.3 Identifies a knowledge gap and conducts a literature review of the current state of relevant knowledge
 - 4.4 Employs ethical principles in the development, conduct and evaluation of scholarship
 - 4.5 Summarizes and communicates findings of relevant research and scholarly inquiry to professional and lay audiences, including patients, their families, and communities

Family Medicine Professional

Definition

As Professionals, family physicians are committed to: the health and well-being of their patients and society through competent medical practice; accountability to their patients, the profession, their colleagues, and society; profession-led regulation; ethical behaviour; and maintenance of personal well-being.

Description

Family physicians serve an essential societal role as professionals dedicated to the health and care of others. Their work requires mastery of the art, craft, science, and technology of medicine. A family physician's professional identity is central to this role. The Professional Role reflects contemporary society's expectations of family physicians, which include clinical competence, a commitment to ongoing professional development, promotion of the public good, social accountability, adherence to ethical standards; and values such as integrity, honesty, altruism, humility, respect for diversity, and transparency relating to potential conflicts of interest. To provide optimal patient care, family physicians must take responsibility for their own and their colleagues' health and well-being. Professionalism is the basis of the implicit contract between society and the medical profession, granting the privilege of physician-led regulation with the understanding that family physicians are accountable to those served, society, their profession, and themselves.³¹

Key and enabling competencies

1. Demonstrates a commitment to patients through clinical excellence and high ethical standards

- 1.1 Exhibits appropriate professional behaviours and relationships in all clinical settings, demonstrating honesty, integrity, humility, commitment, accountability, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality giving priority to patients' best interests
- 1.2 Demonstrates a commitment to excellence in all aspects of practice
- 1.3 Discloses areas of uncertainty, and promptly and voluntarily identifies any errors of omission or commission
- 1.4 Completes required tasks (including documentation of patient encounters and follow-up on clinical tasks), meets timelines on schedule, and promptly brings to their preceptor's attention when task completion is delayed or not possible
- 1.5 Exhibits professional behaviours and adheres to principles of confidentiality and privacy including with technology-enabled communication
- 1.6 Maintains appropriate professional boundaries
- 1.7 Recognizes and responds to ethical issues encountered in practice

1.8 Recognizes and manages conflicts of interest

2. Demonstrates a commitment to society by recognizing and responding to societal needs in health care

2.1 Demonstrates appropriate accountability to patients and society

2.2 Demonstrates a commitment to quality care and continuous quality improvement

3. Demonstrates a commitment to the profession by adhering to professional standards

3.1 Relates to peers, teachers, patients and their families, and other health care professionals with respect

3.2 Recognizes and responds to unprofessional or unethical behaviours in peers and colleagues

3.3 Participates in peer assessment

4. Demonstrates a commitment to physician health and well-being to foster optimal patient care

4.1 Reflects on personal development as a physician to achieve self-awareness and manage influences on personal well-being and professional performance

4.2 Works toward a healthy integration of their developing professional identity with their identity as family member and member of society

4.4 Promotes a culture that recognizes, supports, and responds effectively and compassionately to peers and colleagues at risk

5. Demonstrates a commitment to reflective practice

5.1 Demonstrates the ability to gather, interpret, and appropriately act on information about personal performance, and know one's own limits and seek help when needed

5.2 Demonstrates a self-awareness and an understanding of how one's attitudes and beliefs, assumptions, values, preferences, feelings, privilege, and perspective impact their care of patients and interaction with peers, teachers, and other health professionals

5.3 Reflects on learning events in classrooms, small groups, and clinical settings, especially critical incidents, to deepen self-knowledge and recognize when a change in behaviour is needed

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