



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

October 15, 2010

Dear Undergraduate Medicine faculty member:

This is a letter to assist and support you with regards to the many requests for CaRMS references I'm sure that you or your colleagues receive over the course of a given year from students. You may also have noticed that this time of year (September through November) is particularly busy in this regard!

Why? All CaRMS documents and reference letters must be submitted before the last week of November if they are to be included in the full application review by postgraduate programs across the country. The closer to the date that the application closes, the more nervous students get about reference letters that have not yet been received by CaRMS. We strongly recommend mailing these letters (or submitting them electronically) well before November 15th.

The information included comes at the request of many faculty (new and seasoned) who are new to the reference letter process, the students requesting the letters, and postgraduate program directors at UBC. The latter are clear that they would like to receive appropriate reference letters with useful content, or no letter at all. In fact, to date, the reference letter is the only portion of the selection process that correlated with the outcome of the match.

Attached are: 1) some general pointers, 2) an example letter, 3) a template you can use as a UBC Faculty Member, and 4) the CanMEDS competencies. We hope that these will be helpful to you and your department over the weeks and year to come. Our office will update this letter and its attachments as appropriate per CaRMS and program needs. We all want to provide our students with the best opportunity possible as they move into the next phase of their training, and appreciate the support you provide each and every one of them.

Please do not hesitate to contact me, or any of the Office of Student Affairs faculty at any site, should you have any questions.

Yours sincerely,

A handwritten signature in black ink that reads "Trevor Corneil".

Trevor Corneil, MD MHSc CCFP FRCPC
Director, Career Counseling Program
Undergraduate Medical Program



CaRMS TIPS SHEET: WRITING A REFERENCE LETTER

DO I HAVE TO?

No you don't. However, as a member of our faculty we hope you can find the time and energy to support our students as they apply for the next phase of their training. Remember those who supported us along the way? Well, this is an opportunity to give our UBC students a hand-up or even a shout-out! It is a commitment and does take time, so don't leave it to the deadline (last week of November) or let it fall off your desk. It is the only portion of the application process that has been shown with statistical confidence, to alter the outcome of a student's match.

SHOULD I SAY YES OR NO?

If you do not feel that you can provide a supportive, positive letter of reference then best not. Please let the student know and include the reasons behind your decision. Use it as an opportunity for constructive summative feedback, which is always useful to students in their clinical years.

IS THIS LETTER CONFIDENTIAL?

Please mention in the first paragraph that the student in question *"has not read and will not see the final contents of this letter"*. This not only increases the validity of your letter's content, but it is a requirement for most programs to consider the letter at all. In addition, CaRMS (or our local offices for those who send letters in before the application site opens) will not share the letters with students before or after the residency match.

AM I THE RIGHT PERSON?

Most letters must be from a clinical supervisor in the clerkship and/or elective year. Describe the type and duration of your contact with the student. For rotations that involve many supervisors, the letter can be a summary of collegial opinions as well as your own personal reflections. Some students will ask for a non-clinical, or character letter. This is requested by some programs, and can be useful in particular circumstances. Be clear regarding what type of letter you are writing.

HOW DO I KNOW 'YOU' AGAIN?

If you do not remember a student, it may be helpful to meet with them briefly. Have them bring their rotation evaluation and CV to jog your memory. Though a student may describe a delightful experience working at your side, do feel beholden to provide a reference you cannot give in good faith!

IS THERE ANYTHING PARTICULAR I SHOULD WRITE ABOUT?

Yes. Begin with the prescribed content (below) as determined in consultation with the AFMC postgraduate committee, and then add any personal content to the body of the letter.

- cognitive skills and knowledge
- problem solving and patient management
- behaviour and attitudinal skills
- communication skills and working relationships
- ability to work in a team
- motivation and punctuality,
- sense of responsibility
- procedural (or other) skills specific to the discipline

Ask the student if there are any special requirements they need in their letter. Note that it is fine if you



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cannot comment on one or two particular categories based on the type of experience you had with the student. In general, a letter should be no less than $\frac{3}{4}$ of a page, and no more than $1\frac{1}{2}$ pages.

WHAT IF I AM AT A LOSS FOR WORDS?

Look to the CanMEDS competencies for hundreds of pertinent descriptors (eg. collaborator, leader, advocate) and where possible provide examples involving the student, or summative descriptions similar to those found in an evaluation. Note that CanMEDS competencies are relevant to both family practice programs and royal college specialty programs.

YOU WANT HOW MANY REFERENCE LETTERS !?!

Sometimes a student may request several letters due to the complexity of the application process (eg. a general letter, a specialty specific letter, etc.). Please be patient and understanding, as some programs are very competitive. We recommend that most students have a second choice application and career plan to be sure that they match a specialty they enjoy. This is often solved with a general letter for the student addressing the standard referee requirements, with an interchangeable paragraph for particulars.

ANYTHING ELSE?

Yes. You may want to provide the readers with a reference point (eg. average, above average, top 5% this year, etc.) to which others can compare students. Be sure to mention your specialty, position, faculty appointment, and any relevant contact information below your signature. These are very important for program directors who may not be familiar with your name or clinical institution and use these as another source of validity regarding content. Finally be sure to include the student's CaRMS Code, and the Reference Request Number provided to you by the student.

DO I HAVE TO USE THE MAIL?

No! In fact more than half of all letters are now submitted electronically via the CaRMS referee portal (www.carms.ca/referee). You can upload your signed letter in PDF (scanned) format, or create an e-letter using their online form. Note that they do not accept faxes or emails for the first iteration.

CAN YOU HELP ME?

Well, we won't write your letters for you, just as we don't write the students' applications and personal letters. But we are here should you need some advice! Our contact information is as follows...

VANCOUVER | 604 875 4500

- Sharon Salloum, Associate Dean Student Affairs sharon.salloum@ubc.ca
- Barb Fitzgerald, Assistant Dean Student Affairs (VFMP) barbara.fitzgerald@ubc.ca
- Trevor Corneil, Director Career Counseling Program trevor.corneil@ubc.ca

VICTORIA | 250 472 5508

- Dr. Darlene Hammell, Assistant Dean Student Affairs (IMP) dhammell@uvic.ca

PRINCE GEORGE | 250 960 5165

- Dr. Ann Neary, Assistant Dean Student Affairs (NMP) nearya@unbc.ca

Thanks for helping our UBC students!

November 15th, 20[REDACTED]

REGARDING: [REDACTED]
REFERENCE REQUEST: [REDACTED]

Dear Program Director,

I am very pleased to write a letter of reference on behalf of Mr. [REDACTED] for his family practice applications. He has not seen this letter, nor will he receive a copy of it. I have known Mr. [REDACTED] in his capacity as a 4th year clerk, having spent a significant amount of time with him in a direct supervisory role during a four week inner-city primary care elective. Along with a review of his CV, I am thus able to comment on several key CFPC/CanMEDS qualities and many of the dimensions recommended by AFMC/CaRMS Task Force (in bold). In summary, [REDACTED] is an extremely capable student and deserving of a very strong recommendation. I do not hesitate to suggest that he be considered for a rank order within your top 5% of applicants.

Mr. [REDACTED] is one of the most capable medical students I have had the opportunity to work with in the clinical setting over the course of the last several academic years. **His baseline knowledge in general medicine, capacity to problem solve, and ability to manage patients** exceeded all expectations. In a very short period of time, [REDACTED] realized that he would be managing clinical topics not addressed in most hospital or community settings. These topics included addiction medicine, youth health, transgender health, and concurrent disorders. Though I am sure he spent time reading outside of our scheduled clinics, he learned quickly by listening to patients and preceptors, and directly applying advanced knowledge to his baseline over the course of a given day. He did so without losing focus on the problems at hand. We were all similarly impressed by this particular application of his **cognitive skills**.

[REDACTED] also showed a great interest in, and respect for, patients from various diverse inner-city communities: from HIV positive injection drug users, to individuals struggling with gender dysphoria, to patients with mixed chronic pain syndrome. He demonstrated true empathy and caring for some of our society's most marginalized persons. Many patients commented on his positive behaviour, good attitude, and strong ability to **communicate effectively**. In our clinical context, this was a true litmus test of Mr. [REDACTED] significant relational capacities such as empathy, caring, and compassion. He is clearly committed to the **doctor-patient relationship** as a key component of clinical care. Mr. [REDACTED] always demonstrated a **strong sense of responsibility**, was **motivated**, and showed commitment to his work. He never left before a clinic was over and the last patient went home, another indicator of his **integrity and attitude** as a student clinician.

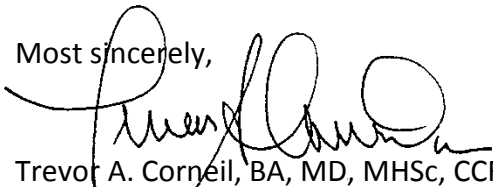
[REDACTED] is a truly skilled generalist, in subject content and personal qualities alike. We see this in his past and current extracurricular activities. His masters degree in a practical clinical area (prevention of concussion) relevant to a specific **patient population** (head injury in hockey players), allowed for exploration of **inquiry and scholarly work**. This concluded with several peer reviewed publications and presentations. His extracurricular activities show interest in **health care management and policy**

(BC Medical Association internship), and **patient advocacy** (CHIUS and Doctors Without Borders). His personal interests are varied and well rounded.

Above all Mr. [REDACTED] is a consummate professional which, as we know, is the most predictive quality for the majority of postgraduate learning outcomes. He will be extremely successful as resident physician and a tremendous contribution to your team. It is without hesitation that I recommend [REDACTED] to your program.

Please do not hesitate to contact me directly should you have any questions or require further elaboration on any aspects Mr. [REDACTED] educational experience. I can be reached on my mobile at (604) 218 5718 at any time.

Most sincerely,



Trevor A. Corneil, BA, MD, MHSc, CCFP (FCFP), FRCPC
Clinical Associate Professor, FP and SPPH, UBC
Medical Director, Urban Primary Care, VCHA



[name]
[address]

TEMPLATE

Canadian Residency Matching Service
171 Nepean Street, Suite 300
Ottawa, ON
K2P 0B4

[month, day, year]

RE: [student name], CaRMS [code]
Reference Request Number: [RR#]

Dear Program Director and/or Selection Committee Member:

I am writing you this letter of reference in regards to Ms/r. [name] application to be a resident in your [specialty] postgraduate program. I had the pleasure of working with this 3rd/4th year student during their [specialty] rotation at [hospital, clinic], over the course of [#] weeks. Ms/r. [name] has not read and will not see the final contents of this letter.

Cognitive skills and knowledge ... [excellent/very good/good/na] [how do I know?]
Problem solving and patient management ... [excellent/very good/good/na] [how do I know?]
Behaviour and attitudinal skills ... [excellent/very good/good/na] [how do I know?]
Communication skills and working relationships ... [excellent/very good/good/na] [how do I know?]
Ability to work in a team ... [excellent/very good/good/na] [how do I know?]
Motivation and punctuality ... [excellent/very good/good/na] [how do I know?]
Sense of responsibility ... [excellent/very good/good/na] [how do I know?]
Procedural skills specific to the discipline ... [excellent/very good/good/na] [how do I know?]

We very much enjoyed the time Ms/r. [name] spent on our service/with our team. Having taught many medical students over the years, I am able to say with confidence that s/he sits within the top [1,2,5,10,25,30%] of her/is peers. Ms/r. [name] will be a very positive addition to your postgraduate program. I wish [name] all the best in he/is endeavors.

Sincerely,

Signature

[referee name] MD, [CCFP/FRCPC/S], ETC.
[Clinical] [Instructor] [Assistant/Associate] [Professor], Department/School of [name]
[title] [hospital/clinic]
Phone: [#] Email [xyz@ubc.ca]



CanMEDS 2005 Framework

MEDICAL EXPERT

Definition: As *Medical Experts*, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. *Medical Expert* is the central physician Role in the CanMEDS framework.

Description: Physicians possess a defined body of knowledge, clinical skills, procedural skills and professional attitudes, which are directed to effective patient-centered care. They apply these competencies to collect and interpret information, make appropriate clinical decisions, and carry out diagnostic and therapeutic interventions. They do so within the boundaries of their discipline, personal expertise, the healthcare setting and the patient's preferences and context. Their care is characterized by up-to-date, ethical, and resource-efficient clinical practice as well as with effective communication in partnership with patients, other health care providers and the community. The Role of Medical Expert is central to the function of physicians and draws on the competencies included in the Roles of Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional.

Key Competencies: *Physicians are able to...*

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care;
2. Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice;
3. Perform a complete and appropriate assessment of a patient;
4. Use preventive and therapeutic interventions effectively;
5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic;
6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.

Enabling Competencies: *Physicians are able to...*

- 1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care**
 - 1.1. Effectively perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional
 - 1.2. Demonstrate effective use of all CanMEDS competencies relevant to their practice
 - 1.3. Identify and appropriately respond to relevant ethical issues arising in patient care
 - 1.4. Effectively and appropriately prioritize professional duties when faced with multiple patients and problems
 - 1.5. Demonstrate compassionate and patient-centered care
 - 1.6. Recognize and respond to the ethical dimensions in medical decision-making
 - 1.7. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed
- 2. Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice**
 - 2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to the physician's specialty

- 2.2. Describe the RCPSC framework of competencies relevant to the physician's specialty
 - 2.3. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
 - 2.4. Contribute to the enhancement of quality care and patient safety in their practice, integrating the available best evidence and best practices
- 3. Perform a complete and appropriate assessment of a patient**
- 3.1 Effectively identify and explore issues to be addressed in a patient encounter, including the patient's context and preferences
 - 3.2 For the purposes of prevention and health promotion, diagnosis and or management, elicit a history that is relevant, concise and accurate to context and preferences
 - 3.3 For the purposes of prevention and health promotion, diagnosis and/or management, perform a focused physical examination that is relevant and accurate
 - 3.4 Select medically appropriate investigative methods in a resource-effective and ethical manner
 - 3.5 Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans
- 4. Use preventive and therapeutic interventions effectively**
- 4.1 Implement an effective management plan in collaboration with a patient and their family
 - 4.2 Demonstrate effective, appropriate, and timely application of preventive and therapeutic interventions relevant to the physician's practice
 - 4.3 Ensure appropriate informed consent is obtained for therapies
 - 4.4 Ensure patients receive appropriate end-of-life care
- 5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic**
- 5.1 Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to their practice
 - 5.2 Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to their practice
 - 5.3 Ensure appropriate informed consent is obtained for procedures
 - 5.4 Appropriately document and disseminate information related to procedures performed and their outcomes
 - 5.5 Ensure adequate follow-up is arranged for procedures performed
- 6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise**
- 6.1 Demonstrate insight into their own limitations of expertise via self-assessment
 - 6.2 Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care
 - 6.3 Arrange appropriate follow-up care services for a patient and their family

COMMUNICATOR

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

Description: Physicians enable patient-centered therapeutic communication through shared decision-making and effective dynamic interactions with patients, families, caregivers, other professionals, and important other individuals. 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. Poor communication can lead to undesired outcomes, and effective communication is critical for optimal patient outcomes. The application of these communication competencies and the nature of the doctor-patient relationship vary for different specialties and forms of medical practice.

Key Competencies: *Physicians are able to...*

1. Develop rapport, trust and ethical therapeutic relationships with patients and families;
2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals;
3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals;
4. Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care;
5. Convey effective oral and written information about a medical encounter.

Enabling Competencies: *Physicians are able to...*

1. Develop rapport, trust, and ethical therapeutic relationships with patients and families

- 1.1. Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- 1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- 1.3. Respect patient confidentiality, privacy and autonomy
- 1.4. Listen effectively
- 1.5. Be aware and responsive to nonverbal cues
- 1.6. Effectively facilitate a structured clinical encounter

2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals

- 2.1. Gather information about a disease, but also about a patient's beliefs, concerns, expectations and illness experience
- 2.2. Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers and other professionals

3. Accurately convey relevant information and explanations to patients and families, colleagues and other professionals

- 3.1. Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable, encourages discussion and participation in decision-making

4. Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care

Communicator – cont'd

- 4.1. Effectively identify and explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences
 - 4.2. Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making
 - 4.3. Encourage discussion, questions, and interaction in the encounter
 - 4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care
 - 4.5. Effectively address challenging communication issues such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding
- 5. Convey effective oral and written information about a medical encounter**
- 5.1. Maintain clear, accurate, and appropriate records (e.g., written or electronic) of clinical encounters and plans
 - 5.2. Effectively present verbal reports of clinical encounters and plans
 - 5.3. When appropriate, effectively present medical information to the public or media about a medical issue

COLLABORATOR

Definition: As *Collaborators*, physicians effectively work within a healthcare team to achieve optimal patient care.

Description: Physicians work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients. This is increasingly important in a modern multiprofessional environment, where the goal of patient-centred care is widely shared. Modern healthcare teams not only include a group of professionals working closely together at one site, such as a ward team, but also extended teams with a variety of perspectives and skills, in multiple locations. It is therefore essential for physicians to be able to collaborate effectively with patients, families, and an interprofessional team of expert health professionals for the provision of optimal care, education and scholarship.

Key Competencies: *Physicians are able to...*

1. Participate effectively and appropriately in an interprofessional healthcare team;
2. Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict.

Enabling Competencies: *Physicians are able to...*

1. Participate effectively and appropriately in an interprofessional healthcare team

- 1.1. Clearly describe their roles and responsibilities to other professionals
- 1.2. Describe the roles and responsibilities of other professionals within the health care team
- 1.3. Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- 1.4. Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)
- 1.5. Where appropriate, work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities
- 1.6. Participate effectively in interprofessional team meetings
- 1.7. Enter into interdependent relationships with other professions for the provision of quality care
- 1.8. Describe the principles of team dynamics
- 1.9. Respect team ethics, including confidentiality, resource allocation and professionalism
- 1.10. Where appropriate, demonstrate leadership in a healthcare team

2. Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict

- 2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team
- 2.2. Work with other professionals to prevent conflicts
- 2.3. Employ collaborative negotiation to resolve conflicts
- 2.4. Respect differences, misunderstandings and limitations in other professionals
- 2.5. Recognize one's own differences, misunderstanding and limitations that may contribute to interprofessional tension
- 2.6. Reflect on interprofessional team function

MANAGER

Definition: As *Managers*, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.

Description: Physicians interact with their work environment as individuals, as members of teams or groups, and as participants in the health system locally, regionally or nationally. The balance in the emphasis among these three levels varies depending on the nature of the specialty, but all specialties have explicitly identified management responsibilities as a core requirement for the practice of medicine in their discipline. Physicians function as Managers in their everyday practice activities involving co-workers, resources and organizational tasks, such as care processes, and policies as well as balancing their personal lives. Thus, physicians require the ability to prioritize, effectively execute tasks collaboratively with colleagues, and make systematic choices when allocating scarce healthcare resources. The CanMEDS Manager Role describes the active engagement of all physicians as integral participants in decision-making in the operation of the healthcare system.

Key Competencies: *Physicians are able to...*

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems;
2. Manage their practice and career effectively;
3. Allocate finite healthcare resources appropriately;
4. Serve in administration and leadership roles, as appropriate.

Enabling Competencies: *Physicians are able to...*

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems

- 1.1. Work collaboratively with others in their organizations
- 1.2. Participate in systemic quality process evaluation and improvement, such as patient safety initiatives
- 1.3. Describe the structure and function of the healthcare system as it relates to their specialty, including the roles of physicians
- 1.4. Describe principles of healthcare financing, including physician remuneration, budgeting and organizational funding

2. Manage their practice and career effectively

- 2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
- 2.2. Manage a practice including finances and human resources

- 2.3. Implement processes to ensure personal practice improvement
- 2.4. Employ information technology appropriately for patient care

3. Allocate finite healthcare resources appropriately

- 3.1. Recognize the importance of just allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care
- 3.2. Apply evidence and management processes for cost-appropriate care

4. Serve in administration and leadership roles, as appropriate

- 4.1. Chair or participate effectively in committees and meetings
- 4.2. Lead or implement a change in health care
- 4.3. Plan relevant elements of health care delivery (e.g., work schedules)

HEALTH ADVOCATE

Definition: As *Health Advocates*, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Description: Physicians recognize their duty and ability to improve the overall health of their patients and the society they serve. Doctors identify advocacy activities as important for the individual patient, for populations of patients and for communities. Individual patients need physicians to assist them in navigating the healthcare system and accessing the appropriate health resources in a timely manner. Communities and societies need 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 individual and collective actions of physicians in influencing public health and policy.

Key Competencies: *Physicians are able to...*

1. Respond to individual patient health needs and issues as part of patient care;
2. Respond to the health needs of the communities that they serve;
3. Identify the determinants of health of the populations that they serve;
4. Promote the health of individual patients, communities and populations.

Enabling Competencies: *Physicians are able to...*

1. Respond to individual patient health needs and issues as part of patient care

- 1.1. Identify the health needs of an individual patient
- 1.2. Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care

2. Respond to the health needs of the communities that they serve

- 2.1. Describe the practice communities that they serve
- 2.2. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
- 2.3. Appreciate the possibility of competing interests between the communities served and other populations

3. Identify the determinants of health for the populations that they serve

- 3.1. Identify the determinants of health of the populations, including barriers to access to care and resources
- 3.2. Identify vulnerable or marginalized populations within those served and respond appropriately

4. Promote the health of individual patients, communities, and populations

- 4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve
- 4.2. Describe how public policy impacts on the health of the populations served
- 4.3. Identify points of influence in the healthcare system and its structure
- 4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
- 4.5. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
- 4.6. Describe the role of the medical profession in advocating collectively for health and patient safety

SCHOLAR

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

Description: Physicians engage in a lifelong pursuit of mastering their domain of expertise. As 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 medical knowledge. As teachers, they facilitate the education of their students, patients, colleagues, and others.

Key Competencies: *Physicians are able to...*

1. Maintain and enhance professional activities through ongoing learning;
2. Critically evaluate information and its sources, and apply this appropriately to practice decisions;
3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate;
4. Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices.

Enabling Competencies: *Physicians are able to...*

1. Maintain and enhance professional activities through ongoing learning.

- 1.1. Describe the principles of maintenance of competence
- 1.2. Describe the principles and strategies for implementing a personal knowledge management system
- 1.3. Recognize and reflect learning issues in practice
- 1.4. Conduct a personal practice audit
- 1.5. Pose an appropriate learning question
- 1.6. Access and interpret the relevant evidence
- 1.7. Integrate new learning into practice
- 1.8. Evaluate the impact of any change in practice
- 1.9. Document the learning process

2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions

- 2.1. Describe the principles of critical appraisal
- 2.2. Critically appraise retrieved evidence in order to address a clinical question
- 2.3. Integrate critical appraisal conclusions into clinical care

3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others, as appropriate

- 3.1. Describe principles of learning relevant to medical education
- 3.2. Collaboratively identify the learning needs and desired learning outcomes of others
- 3.3. Select effective teaching strategies and content to facilitate others' learning
- 3.4. Demonstrate an effective lecture or presentation
- 3.5. Assess and reflect on a teaching encounter
- 3.6. Provide effective feedback
- 3.7. Describe the principles of ethics with respect to teaching

4. Contribute to the development, dissemination, and translation of new knowledge and practices

- 4.1. Describe the principles of research and scholarly inquiry
- 4.2. Describe the principles of research ethics
- 4.3. Pose a scholarly question
- 4.4. Conduct a systematic search for evidence
- 4.5. Select and apply appropriate methods to address the question
- 4.6. Appropriately disseminate the findings of a study

PROFESSIONAL

Definition: As *Professionals*, 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: Physicians have a unique 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. Society, in return, grants physicians the privilege of profession-led regulation with the understanding that they are accountable to those served.¹

Key Competencies: *Physicians are able to...*

1. Demonstrate a commitment to their patients, profession, and society through ethical practice;
2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation;
3. Demonstrate a commitment to physician health and sustainable practice.

Enabling Competencies: *Physicians are able to...*

1. Demonstrate a commitment to their patients, profession, and society through ethical practice
 - 1.1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
 - 1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
 - 1.3. Recognize and appropriately respond to ethical issues encountered in practice
 - 1.4. Appropriately manage conflicts of interest

¹ This description is adapted from Cruess S, Johnston S, Cruess R. 2004. "Profession": a working definition for medical educators. *Teaching and Learning in Medicine*. 16(1): 74-6.

- 1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
 - 1.6. Maintain appropriate relations with patients.
- 2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation**
- 2.1. Appreciate the professional, legal and ethical codes of practice
 - 2.2. Fulfill the regulatory and legal obligations required of current practice
 - 2.3. Demonstrate accountability to professional regulatory bodies
 - 2.4. Recognize and respond to others' unprofessional behaviours in practice
 - 2.5. Participate in peer review
- 3. Demonstrate a commitment to physician health and sustainable practice**
- 3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice
 - 3.2. Strive to heighten personal and professional awareness and insight
 - 3.3. Recognize other professionals in need and respond appropriately

Source: Frank, JR., Jabbour, M., et al. Eds. Report of the CanMEDS Phase IV Working Groups. Ottawa: The Royal College of Physicians and Surgeons of Canada. March, 2005.