

UBC MDUP Exit Competencies: Role Descriptions, Key and Enabling Competencies

Medical Expert: Role

The UBC medical graduate provides high quality, culturally safe, collaborative and patient centred care that evolves throughout their training with expanding medical knowledge, clinical skills and professional ethics. Graduates provide in-person and virtual care in hospital, community, rural and remote settings, that acknowledges provision of care in the face of uncertainty and requires innovation. In undergraduate medical education, the medical expert is committed to comprehensive holistic care and embraces life-long learning.

Beginning with a patient-centred ethos and proceeding with informed consent the graduate partners with the patient to gather and interpret all relevant clinical and non-clinical information, perform an appropriate physical examination, recommend diagnostic procedures and develop and implement a management plan, under appropriate supervision. Contextualized decision-making is guided by evidence-informed best practices, and takes into account the patient’s preferences, circumstances and availability of resources. Their practice is conducted in collaboration with patients, their circle of support, relevant members of the community and other members of the health care team. Graduates of the MD Undergraduate Program are prepared to embrace generalist or specialist postgraduate training to further prepare them for medical practice.

Medical Expert: Key Competencies	Enabling Competencies		AFMC ¹ EPA ²
The UBC MD graduate is able to:	Achieved prior to Clerkship	Achieved prior to Graduation	

¹ AFMC: Association of the Faculties of Medicine of Canada

² Entrustable Professional Activities

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<p>1. In a collaborative interaction with the patient, having obtained appropriate consent, gather a medical history appropriate to the clinical situation including the individual, interpersonal and social factors that impact health;</p>	<p>In partnership with a medically stable or a simulated patient,</p> <ol style="list-style-type: none"> Obtain consent from a patient Identify the concerns and goals of a patient and their circle of support for that specific encounter Gather a detailed medical history appropriate to the patient’s context and situation Identify interpersonal and social factors that impact health. 	<p>In partnership with a patient presenting with an acute, chronic or complex problem,</p> <ol style="list-style-type: none"> Obtain consent from a patient or substitute decision-maker Identify the concerns and goals of patients and their circle of support for that specific encounter Gather a detailed or focused medical history, appropriate to the to the patient’s context and situation Identify interpersonal and social factors that impact health. 	<p>EPA 1 - Obtain a history and perform a physical examination adapted to the patient’s clinical situation</p>
<p>2. In a collaborative interaction with the patient, having obtained appropriate consent, conduct a physical examination, appropriate to the clinical situation and the individual, interpersonal and social factors that impact health;</p>	<p>In partnership with a medically stable or a simulated patient,</p> <ol style="list-style-type: none"> Obtain consent from a patient Conduct a physical examination appropriate to identified concerns in a thorough and systematic way Describe and/or demonstrate special (physical examination) tests to aid with the clinical diagnosis 	<p>In partnership with a patient presenting with an acute illness and/or a complex problem,</p> <ol style="list-style-type: none"> Obtain consent from a patient or substitute decision-maker Conduct a detailed focused physical examination and/or a general physical examination adapted to the patient’s clinical situation Demonstrate special (physical examination) tests to aid with the clinical diagnosis 	
<p>3. Based on all relevant findings, (history, physical examination, and/or diagnostic investigations) and clinically relevant knowledge from the foundational medical sciences, generate a prioritized differential diagnosis, problem list and diagnostic plan</p>	<p>In partnership with a medically stable or a simulated patient,</p> <ol style="list-style-type: none"> Generate a problem list Formulate a differential diagnosis for each problem based on the clinical encounter and investigations done to date Select investigations relevant to the differential diagnosis 	<p>In partnership with a patient presenting with one or more acute, chronic or complex problems:</p> <ol style="list-style-type: none"> Generate a problem list Formulate a prioritized differential diagnosis for each problem, based on the clinical encounter and investigations done to date 	<p>EPA 2 - Formulate and justify a prioritized differential diagnosis</p> <p>EPA 3 - Formulate an</p>

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	<ul style="list-style-type: none"> d. Describe the purpose and limitations of common diagnostic tests, including blood tests, tests of other body fluids, ECG and basic imaging tests e. Interpret the results of commonly ordered tests f. Describe the foundational discipline concepts relevant to, and the pathophysiology of, common medical problems 	<ul style="list-style-type: none"> c. Formulate an investigation plan based on the history and physical examination d. Interpret the results of diagnostic laboratory tests and imaging based on the history and physical examination e. Describe more specialized investigations, the limitations of these diagnostic tests and implications of the results f. Integrate and apply knowledge of foundational disciplines and clinical topics together with clinical skills to diagnose common medical problems in patients 	<p>initial plan of investigation based on the diagnostic hypotheses</p> <p>EPA 4 - Interpret and communicate results of common diagnostic and screening tests</p>
<p>4. Develop and implement a management plan using all relevant sources of information, including foundational science knowledge and evidence-informed guidelines, tailored to the patient’s goals of care (preventive, curative and/or palliative), values, beliefs, medical conditions, co-morbidities and social situation.</p>	<p>In partnership with a medically stable or a simulated patient</p> <ul style="list-style-type: none"> a. Integrate and apply knowledge of foundational disciplines and clinical topics to propose management plans b. Describe the psychological, social factors, and health care barriers that influence the presentation and impact of illness on a management plan 	<p>In partnership with a patient and their circle of support</p> <ul style="list-style-type: none"> a. Integrate and apply knowledge of foundational disciplines to co-construct management plans for common medical concerns b. Address psychological and social factors when assessing patients and developing investigation and care plans c. Establish a management plan with appropriate timelines and follow-up 	<p>EPA 5 - Formulate, communicate and implement management plans</p>
<p>5. Initiate evaluation and management of a patient who requires urgent or emergent care and know when to seek help</p>	<p>In a simulated emergency case scenario,</p> <ul style="list-style-type: none"> a. Identify a patient who requires emergency care b. Demonstrate Basic Cardiac Life Support (BCLS) skills c. Apply the ABCDE (Airway-Breathing-Circulation-Disability-Expose and Examine) urgent care assessment tool 	<p>In a simulated or actual emergency case scenario,</p> <ul style="list-style-type: none"> a. Identify a patient who requires emergency care b. Identify potential underlying causes of a patient’s deterioration c. Apply BCLS and ABCDE management as needed 	<p>EPA 8 - Recognizes the clinical importance of unstable vital signs, seeks help and</p>

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	<ul style="list-style-type: none"> d. Demonstrate seeking help using a structured communication tool (e.g., ISBAR - Identity-Situation-Background-Assessment-Response) e. Demonstrate an approach to eliciting goals of care from patients and their circle of support 	<ul style="list-style-type: none"> d. Initiate a “code blue” when required e. Effectively call for help as needed using a structured communication tool (e.g., ISBAR) f. Participate in the initial emergency care plan for a patient with common life-threatening conditions g. Demonstrate familiarity with emergency life-saving protocols (e.g., Advanced Cardiac Life Support (ACLS) and Acute Trauma Life Support (ATLS)) h. With support from a preceptor, update patient’s circle of support about the patient’s condition i. Elicit goals of care as early as possible (and ideally prior to patient deterioration) 	<p>participates in stabilization.</p>
<p>6. Perform, under appropriate supervision, essential medical procedures skillfully and safely with attention to patient comfort, including providing appropriate care prior to and following the procedure</p>	<p>In partnership with a medically stable or a simulated patient</p> <ul style="list-style-type: none"> a. Describe the indications for and contraindications of essential medical procedures, how they are performed, common risks and complications, personal limitations and follow-up care to the patient and the preceptor b. After obtaining consent from a patient and after adequate preparation and attention to patient safety and comfort, demonstrate injections and suturing techniques in a simulated or supervised setting 	<p>In partnership with the patient and after obtaining their consent,</p> <ul style="list-style-type: none"> a. Justify whether or not to perform a procedure, explain indications and contraindications and describe common complications b. Prepare a patient for a procedure including attention to patient safety and comfort c. Perform essential medical procedures (as defined in the Year 3 syllabus) in a supervised or simulated setting, re-evaluating as needed d. Following the procedure, monitor for complications intervening if 	<p>EPA 11 - Perform general procedure of a physician</p>

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		complications occur and arrange for follow-up	
7. Share effective health promotion and disease prevention strategies, and their underlying rationale, with patients, their circle of support and/or other members of the health care team.	<ul style="list-style-type: none"> a. Define and describe the key principles relevant to health promotion and disease prevention including but not limited to healthy nutrition, anticipatory guidance and immunization b. Apply primary, secondary and tertiary prevention strategies to individual and population scenarios c. Describe the principles and characteristics of screening tests to detect disease 	<ul style="list-style-type: none"> a. Apply the concepts of health promotion and disease prevention including but not limited to healthy nutrition, anticipatory guidance and immunization b. Consider and discuss occupational exposures and environmental health risks c. Identify and apply screening tests appropriate at different life stages d. Describe the evidence which supports the use of different disease prevention strategies 	<p>EPA 5 – Formulate, Communicate and implement management plans</p> <p>EPA 12 - Educate patients on disease management, health promotion and preventative medicine</p>

Communicator: Role

As *Communicators*, physicians develop and maintain patient-centred therapeutic relationships. Through mutual respect and trust, physicians recognize the patient as an active participant in the co-creation of the response to their health concerns. Using a shared decision-making framework, physicians demonstrate cultural humility when communicating with patients. When interacting with a patient in person or virtually, the physician synthesizes medical information with awareness of their own social location and inherent biases. Physicians develop a holistic healthcare plan with the patient and their circle of support and maintain patient confidentiality.

Communicator: Key Competencies	Enabling Competencies		AFMC EPA
The UBC MD graduate is able to:	Achieved prior to Clerkship	Achieved prior to Graduation	
1. Develop and maintain patient-centred therapeutic relationships with patients and their circle of support that demonstrate sensitivity and responsiveness to self-identified culture, race/ethnicity, age, socioeconomic status, gender, gender identity, sexual orientation, religion, spirituality, disabilities and other aspects of diversity and identity;	In interacting with a patient in-person or virtually who is medically stable or a simulated patient, <ul style="list-style-type: none"> a. Encourage the patient to reveal all their concerns by actively listening b. Elicit the patient’s beliefs, concerns and expectations about their medical problem by actively listening c. Use verbal and non-verbal techniques to respond with empathy to the patient d. Demonstrate respectful communication that reflects sensitivity to race/ethnicity, age, socioeconomic status, gender, gender identity, sexual orientation, religion, spirituality, disabilities and other diversities in the patient’s background 	In interacting with a patient in-person or virtually who presents with an acute, chronic or complex problem, <ul style="list-style-type: none"> a. Encourage the patient to reveal all their concerns by actively listening b. Elicit the patient’s beliefs, concerns and expectations about their medical problem by actively listening c. Use verbal and non-verbal techniques to respond with empathy to the patient d. Demonstrate respectful communication that reflects sensitivity to race/ethnicity, age, socioeconomic status, gender, gender identity, sexual orientation, religion, spirituality, disabilities and other diversities in the patient’s background 	
2. Respect patients as active participants in their health and	In interacting with a medically stable or simulated patient,	In participating in virtual or in-person care of the patient,	

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<p>wellbeing when engaging in dialogue and shared decision-making with patients, their circles of support and other health care team members</p>	<ul style="list-style-type: none"> a. Appropriately adjust communication techniques to adapt to the socio-cultural expectations of the patient b. Explore the perspective of the patient, their circle of support and can identify the impact of these perspectives on the therapeutic options c. Recognize when a patient is unable to provide a clear history and identifies some potential alternate sources of information (e.g., interpreter, member of circle of support, and/or allied health care professionals) 	<ul style="list-style-type: none"> a. Appropriately adjust communication techniques to adapt to the socio-cultural expectations of the patient b. Elicit the perspective of the patient, their circle of support and can incorporate these perspectives into the therapeutic plan c. Lead care conferences, soliciting shared decision making with alternate decision makers, and arranging for interpretive services 	
<p>3. Demonstrate sensitivity, honesty and compassion in difficult conversations with patients and their circles of support</p>	<p>In interacting with a medically stable or simulated patient, and their circle of support</p> <ul style="list-style-type: none"> a. Use language that is understood by the patient and their circle of support when summarizing information, clarifying information, or requesting patient feedback b. Check to ensure that the patient and their circle of support understand the information being presented c. Demonstrate a compassionate, holistic and nuanced approach during difficult conversations 	<p>In engaging in difficult conversations with a patient and their circle of support</p> <ul style="list-style-type: none"> a. Use language that is understood by the patient and their circle of support when summarizing information, clarifying information, or requesting patient feedback b. Check to ensure that the patient and their circle of support understand the information being presented c. Demonstrate a compassionate, holistic and nuanced approach during difficult conversations 	
<p>4. Anticipate, interpret and respond to one's own and others' emotions to manage interpersonal interactions with compassion</p>	<p>In interacting with a medically stable or simulated patient in an emotionally challenging situation</p> <ul style="list-style-type: none"> a. Anticipate how one's own and the patient's emotional states may impact the interaction 	<p>In interacting with a patient or someone in their circle of support in an emotionally challenging situation,</p> <ul style="list-style-type: none"> a. Anticipate how one's own and the patient's emotional states may impact the interaction b. Recognize that communication challenges may arise from emotions such as fear, anger and distress 	<p>EPA 9 - Communicate in difficult situations</p>

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	<ul style="list-style-type: none"> b. Recognize that communication challenges may arise from emotions such as fear, anger and distress c. Respond to strong emotions with compassion, understanding and respect using a range of communication strategies to manage the flow of the clinical encounter d. Recognize and adhere to appropriate professional boundaries in emotional situations 	<ul style="list-style-type: none"> c. Respond to strong emotions with compassion, understanding and respect using a range of communication strategies to manage the flow of the clinical encounter d. Recognize and adhere to appropriate professional boundaries in emotional situations 	
<p>5. Share information effectively, safely and responsibly in interpersonal oral, virtual, written and electronic communication with patients, circles of support, peers and other team members of diverse backgrounds, languages, cultures and communities using strategies to build alliances, promote inclusion and equity and ensure patient, peer or other team members' understanding</p>	<p>In communicating the case of a medically stable patient or simulated patient presenting with a simple illness, using the medical record, telephone or email,</p> <ul style="list-style-type: none"> a. Effectively organize the information using traditional schemata (e.g., SOAP - Subjective, Objective, Assessment and Plan) b. Use language that is clear, accurate and appropriate for the intended reader c. Convey clearly the clinical reasoning and rationale for care decisions d. Use communication strategies that reflect patient centredness and inclusion e. Adhere to the policies governing secure communication media such as email, etc., set out by regulatory bodies 	<p>In communicating the case of an acutely ill patient and/or one presenting with a complex illness, using the medical record, telephone or email,</p> <ul style="list-style-type: none"> a. Effectively organize the information using traditional schemata (e.g., SOAP) b. Use language that is clear, accurate and appropriate for the intended reader c. Convey clearly the clinical reasoning and rationale for care decisions d. Use communication strategies that reflect patient centredness and inclusion e. Adhere to the policies governing secure communication media such as email, etc., set out by regulatory bodies f. As supported by their preceptor, disclose medical records to patient families, physicians or other health care providers and third parties involved in the patient's care only when necessary to provide care and only with the patient's consent or with appropriate legal authority 	<p>EPA 6 - Present oral and written reports that document a clinical encounter</p>

<p>Collaborator: Role</p> <p>As <i>Collaborators</i>, physicians effectively work with humility, compassion, and kindness in teams that include patients and their circle of support, health care team members and communities to achieve optimal patient care.</p>
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Collaborator: Key Competencies	Enabling Competencies		AFMC EPA
The UBC MD graduate is able to:	Achieved prior to Clerkship	Achieved prior to Graduation	
1. Establish respectful and inclusive relationships, working together with others in a patient-centred team-based model in a clinical and virtual environment	<ul style="list-style-type: none"> a. Demonstrate respectful relationships with classmates, faculty, staff and patients b. Promote an inclusive and respectful environment by actively inviting others to participate in processes, activities and decision-making in order to address inequities in power and privilege 	<ul style="list-style-type: none"> a. Demonstrate respectful and inclusive professional relationships across all environments b. Promote an inclusive and respectful environment by actively inviting patients and others to participate in processes, activities and decision-making in order to address inequities in power and privilege 	
2. Promote shared understanding by acknowledging differences, clarifying misunderstandings, and managing conflicts;	<ul style="list-style-type: none"> a. Describe factors that tend to stimulate conflict in teams b. Describe approaches to embracing differences and managing conflict c. Recognize that certain conflict scenarios will require guidance and assistance from supervisors 	<ul style="list-style-type: none"> a. Promote mutual regard by acknowledging differences, clarifying misunderstandings, and managing conflicts b. Demonstrate different strategies to seeking help and advice in challenging situations of conflict in the clinical environment 	EPA 9 - Communicate in difficult situations
3. Consult effectively (with kindness, compassion and humility) with physicians and all other health care professionals to provide care for patients, communities, and populations	<ul style="list-style-type: none"> a. Appreciate the expertise and scope of practice of other health care team members b. Describe the factors that must be included in communication to and from a consultant or a health care team member to ensure optimal patient care 	<ul style="list-style-type: none"> a. Identify clinical situations that require expertise beyond one’s own, and demonstrate the ability to recruit the appropriate colleague or health care team members to assist b. Prioritize the need for consultation in a manner cognizant of the quality of patient care, resource allocation and safe delivery of care c. Demonstrate comprehensive oral and written communication when seeking consultation 	

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		<p>that defines the reason for consultation, urgency of the request, and specific aspects that require consultation</p> <p>d. Demonstrate comprehensive oral and written communication when providing consultation that outlines the reason for consultation, addresses the specific aspects that prompted consultation and describes next steps</p>	
<p>4. Effectively communicate instructions or requests to other health professionals, including prescriptions, orders and requests for investigations or procedures</p>	<p>For a simulated or supervised patient encounter,</p> <p>a. Write a clear and accurate prescription for a single, straightforward medication,</p> <p>b. Write hospital admission orders</p> <p>c. Practice medication reconciliation</p> <p>d. Describe how to request investigations or procedures</p>	<p>a. Write a clear and accurate prescriptions for multiple medications (including those that are less commonly used),</p> <p>b. Write (and enter into an electronic health record) admitting and other in-hospital orders</p> <p>c. Perform an accurate and complete medication reconciliation</p> <p>d. Request investigations or procedures, including all relevant and pertinent information</p>	<p>EPA 5 - Formulate, communicate and implement management plans</p>
<p>5. Effectively and safely provide and receive the handover in transition of care</p>	<p>a. List the elements of a high quality written and verbal “handover of care”</p> <p>b. Describe the importance of multi-disciplinary involvement in transitions of care</p> <p>c. Describe the importance, during transitions of care, of involvement of the patient and their circle of support, shared decision-making and provider-patient communication</p>	<p>a. Perform structured verbal handover of care that includes all relevant information necessary for safe transition of care</p> <p>b. Utilize standardized documentation tools and communication strategies for clear and timely exchange of patient information at care transitions</p> <p>c. Participate in multi-disciplinary transitions of care</p> <p>d. Demonstrate up-to-date record keeping of relevant transfer of care documents</p>	<p>EPA 7 - Provide and receive the handover in transition of care</p>

Leader: Role
As <i>Leaders</i> , physicians proactively contribute to the vision of a high-quality health care system. Utilizing leadership and management skills, physicians take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators and teachers.

Leader: Key Competencies	Enabling Competencies		AFMC EPA
The UBC MD graduate is able to:	Achieved prior to Clerkship	Achieved prior to Graduation	
1. Demonstrate awareness of one’s own strengths and weaknesses and a willingness to seek feedback	<ul style="list-style-type: none"> a. Describe how emotional intelligence is a fundamental leadership skill, and how it relates to healthcare b. Describe recognized leadership styles. c. Identify aspects of one’s leadership style(s) including strengths, weaknesses, and biases d. Reflect on motivations, capabilities, skills, boundaries, and purpose as a leader 	<ul style="list-style-type: none"> a. Demonstrate emotional intelligence in clinical teamwork b. Identify the leadership styles and strengths of members of a clinical team c. Apply one’s personal leadership style appropriately in providing collaborative care. 	
2. Set priorities and manage time to integrate professional learning and personal life	<ul style="list-style-type: none"> a. Develop a systematic (i.e., prioritizing) approach to learning and a time management strategy appropriate for pre-clerkship b. Access supports available to students to deal with stress and health issues c. Demonstrate punctuality in all settings (educational, administrative and clinical) 	<ul style="list-style-type: none"> a. Demonstrate a systematic (i.e., prioritizing) approach to learning and a time management strategy for clerkship b. Demonstrate punctuality in all settings (educational, administrative and clinical) c. Demonstrate adaptability in meeting clinical and administrative obligations d. Demonstrate short-, medium- and long-term learning goal setting and seek feedback and guidance on goal selection and attainment 	
3. Manage healthcare delivery by promoting the sustainable use of healthcare resources to	<ul style="list-style-type: none"> a. Describe the different types of health care costs, including direct costs, opportunity costs, 	<ul style="list-style-type: none"> a. Demonstrate approaches to patient care that respects the principles of resource stewardship 	EPA 10 - Contribute to a culture of

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<p>minimize waste and by taking action to use resources efficiently and effectively;</p>	<p>downstream costs, and quality-adjusted life-year cost effectiveness</p> <p>b. Describe the impact of excess health care spending on quality of care</p> <p>c. Describe processes, models, and international organizations that promote resource stewardship and high value care (e.g., “Choosing Wisely”)</p>	<p>b. Describe practical strategies to mitigate waste and/or overuse of healthcare resources.</p> <p>c. Rationalize investigations and treatments to mitigate patient harm.</p>	<p>safety and improvement</p>
<p>4. Improve healthcare delivery by contributing to a culture of patient and healthcare team safety</p>	<p>a. Regularly engage in safety habits (e.g., hand washing, donning and doffing personal protective equipment)</p> <p>b. Analyze patient safety incidents to identify how the system can mitigate or threaten patient safety</p>	<p>a. Regularly engage in and model safety habits (e.g., universal precautions, hand washing, donning and doffing personal protective equipment, team time-outs, medication reconciliation, surgical checklists)</p> <p>b. Identify situations that may jeopardize patient safety</p> <p>c. Demonstrate how to report a patient safety incident that occurs in a clinical setting in a constructive manner</p> <p>d. Seek help appropriately when patient or provider safety is at risk</p>	<p>EPA 10 - Contribute to a culture of safety and improvement</p>
<p>5. Facilitate change in health care to enhance services and outcomes</p>	<p>a. Describe the core metrics of health system performance using Canadian health care systems as examples</p> <p>b. Describe the role of physician leadership in healthcare systems improvement</p> <p>c. Describe how healthcare leadership impacts patient experiences and clinical outcomes</p> <p>d. Describe how population health information can be used for disease surveillance, adverse event tracking, quality improvement, and risk management</p>	<p>a. Describe physicians’ accountability for system improvement and optimal patient outcomes</p> <p>b. Demonstrate involvement in adverse outcome detection, analysis and preventative measures</p>	

Health Advocate: Role

As *Health Advocates*, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations. Through a social justice lens, they act as *change agents* to improve the functioning of the health care system, and as *advocates* for their individual patients.

Health Advocate: Key Competencies	Enabling Competences		AFMC EPA
The UBC MD graduate is able to:	Achieved prior to Clerkship	Achieved prior to Graduation	
1. Facilitate access to and navigation of health care services and resources, with attention to upholding practices that promote equitable access to care	<ul style="list-style-type: none"> a. Demonstrate familiarity with the Canada Health Act b. Describe health services and resources available to patients with a specific health goal c. Identify practices that promote equitable access to care 	<ul style="list-style-type: none"> a. Apply principles of the Canada Health Act in practice b. Support a patient in accessing health services and resources that align with their health goals c. Participate in practices that promote equitable access to care 	
2. Support the patient’s health goals by working collaboratively to identify current and historic systemic factors (e.g., racism and colonialism) affecting health; recognize strengths and supports, mitigate negative effects of social and structural determinants of health; and promote anti-oppressive and anti-racist practices	<ul style="list-style-type: none"> a. Identify a patient’s health goals and strengths, supports and resources that can be drawn on to promote their achievement b. Identify how current and historic structural and systemic factors create health inequities for individuals (e.g., social and structural determinants of health such as racism, discrimination, social exclusion, sexism) c. Engage in anti-oppressive and anti-racist actions 	<ul style="list-style-type: none"> a. Support patients to achieve their health goals, leveraging strengths, supports and resources, recognizing when behavior change is not a patient goal b. Work with patients and others to mitigate the negative health effects of current and historic structural and systemic factors c. Promote and engage in anti-racist and anti-oppressive practices 	
3. Participate with others in culturally humble ways to promote health equity in a	<ul style="list-style-type: none"> a. Demonstrate familiarity with the Truth and Reconciliation of Canada Calls to Action with attention to 23 and 24 	<ul style="list-style-type: none"> a. Work with others to actively advance relevant recommendations of the Truth 	

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<p>specific community or population, by incorporating anti-oppressive and anti-racist practices and recognition of underlying social, structural, systemic, economic and political factors that perpetuate health inequities, such as racism, colonialism, sexism, etc.</p>	<ul style="list-style-type: none"> b. Demonstrate familiarity with the Canadian Charter of Rights and Freedoms, the BC Human Rights Code and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) c. Identify how current and historic structural and systemic factors (e.g., racism, colonialism, sexism, etc.) create health inequities for communities and populations 	<p>and Reconciliation of Canada Calls to Action</p> <ul style="list-style-type: none"> b. Apply principles of the Canadian Charter of Rights and Freedoms, the BC Human Rights Code and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) in practice. c. Participate in activities that improve the health of a community or population by addressing underlying social, structural, systemic, economic and political factors that affect health 	
<p>4. Describe how public policies, trends and key health system issues affect health and health equity</p>	<ul style="list-style-type: none"> a. Identify health trends, major world events impacting health, and key health system issues that may exacerbate health inequities. b. Describe how public policies affect health and potentially contribute to health inequities. 	<ul style="list-style-type: none"> a. Describe how health trends, major world events impacting health and key health system issues may exacerbate health inequities. b. Identify public policies that are affecting health and contribute to health inequity for a patient 	

<p>Scholar: Role</p> <p>As <i>Scholars</i>, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge relevant to the patient and community perspectives and populations they serve. Social accountability embraces the inclusive definition of five forms of scholarship:</p> <ol style="list-style-type: none"> 1. The scholarship of teaching includes transmitting, transforming, and extending knowledge; 2. The scholarship of discovery refers to the pursuit of inquiry and investigation in search of new knowledge; 3. The scholarship of integration consists of making connections across disciplines and, through this synthesis, advancing what we know; 4. The scholarship of application asks how knowledge can be practically applied in a dynamic process whereby new understandings emerge from the act of applying knowledge through an ongoing cycle of theory to practice to theory; 5. The scholarship of engagement connects any of the above dimensions of scholarship to the understanding and solving of pressing social, civic and ethical problems. <p>Scholarly method is the body of principles and practices to support claims about the subject as valid and trustworthy as possible and to translate knowledge for others.</p>

Scholar: Key Competencies	Enabling Competencies		AFMC EPA
The UBC MD graduate is able to:	Achieved prior to Clerkship	Achieved prior to Graduation	
1. Apply a scholarly method to learning and patient care and translate knowledge for others, recognizing that patients and populations have social, cultural and material differences	<ol style="list-style-type: none"> a. Describe the different kinds of evidence and their roles in clinical decision-making. b. Describe the advantages and limitations of pre-appraised resources. c. Select appropriate sources of knowledge as they relate to addressing focused questions. d. Demonstrate cultural humility when partnering with patients and communities in health scholarship and community projects. 	<ol style="list-style-type: none"> a. For a given clinical scenario, formulate a well-structured question to guide the search for further information from the medical literature and other resources, using available frameworks such as PICO (population, intervention, comparison, outcome) b. Identify, select, and navigate pre-appraised resources for given clinical scenarios. c. Demonstrate cultural humility when partnering with patients and 	

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		communities in health scholarship and community projects.	
2. Include patient and community perspectives, cultural context, historic structural and systemic factors and employ ethical principles when planning, conducting or disseminating health research;	<ul style="list-style-type: none"> a. Identify and critically analyze fundamental ethical principles as they apply to research and scholarly inquiry and critically evaluate the information. b. Engage patients, communities and/or populations as partners when planning, conducting and disseminating scholarship 	<ul style="list-style-type: none"> a. Adhere to responsible practices and ethical behaviors when contributing to or participating in health research b. Engage patients, communities and/or populations as partners in gathering and disseminating information 	
3. Critically reflect on one’s own performance to using appropriate tools to identify strengths, challenges and learning activities that address these knowledge and skills gaps relevant to patient and population needs	<ul style="list-style-type: none"> a. Define reflective learning as it relates to medicine. b. Use assessment results and feedback from patients, teachers and peers to enhance self-assessment and improve learning. c. Identify and prioritize, with guidance, personal learning goals 	<ul style="list-style-type: none"> a. Use reflective tools (e.g., journals, logbook or e-portfolio) to identify learning opportunities. b. Use assessment results and feedback from patients, teachers and peers to enhance self-assessment and improve learning. c. Identify and prioritize, with guidance, personal learning goals 	
4. Facilitate the learning of others as part of one’s professional responsibility to patients, health professionals, communities, and society.	<ul style="list-style-type: none"> a. Describe the concepts of the formal, informal and hidden curriculum b. Contribute to a positive atmosphere in the classroom and in clinical learning settings c. Evaluate teachers and programs in an honest, fair, respectful, and constructive manner 	<ul style="list-style-type: none"> a. Contribute to a positive atmosphere in clinical learning settings b. Facilitate learning of peers and faculty the findings of scholarly studies and their application to clinical issues. c. Facilitate learning of patients and their circle of support d. Report and manage mistreatment of others in the workplace e. Evaluate teachers and programs in an honest, fair, and constructive manner 	

Professional: Role

As *Professionals*, physicians recognize the impact of personal biases, identity, power and privilege and are committed to the health and well-being of individuals 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.

Professional: Key Competencies	Enabling Competencies		AFMC EPA
The UBC MD graduate is able to:	Achieved prior to Clerkship	Achieved prior to Graduation	
<p>1. Demonstrate commitment to the well-being of patients and their circle of support through clinical performance improvement</p>	<ul style="list-style-type: none"> a. Bring your best self to your educational activities b. Treat ALL patients and colleagues with compassion and respect for their privacy, dignity, cultural and personal beliefs, values, and human rights c. Describe the current ethical and legal aspects of the consent and capacity process d. Define the key ethical principles of beneficence, non-maleficence, autonomy and justice e. Describe the elements of an effective apology 	<ul style="list-style-type: none"> a. Deliver, within the limits of one’s training, high quality care and maintenance of competence b. Treat ALL patients and colleagues with compassion and respect for their privacy, dignity, beliefs, values and human rights c. Apply current ethical and legal aspects of the consent and capacity process d. Approach controversial ethical issues in a non-judgmental manner. e. Provide preceptors with full and honest disclosure of medical errors or patient harm. f. Demonstrate resilience and seek collegial support in learning from adverse events 	
<p>2. Maintain patient privacy and confidentiality</p>	<ul style="list-style-type: none"> a. Maintain patient confidentiality at all times, sharing information only to benefit the patient and within their circle of care b. Avoid discussions, including in personal, public, or on social media, with potential to reveal confidential patient information or be interpreted as disrespectful to 	<ul style="list-style-type: none"> a. Maintain patient confidentiality at all times, collecting, using, and disclosing only as much health information as necessary to benefit the patient; and sharing information only to benefit the patient and only within the patient’s circle of care b. Avoid health care discussions, including in personal, public, or on social media, 	

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	<p>patients and/or their circles of support or the general public</p> <p>c. Recognize and manage privacy requirements within training and practice environments, taking steps when extracting data from the patient record to ensure it is kept secure.</p> <p>d. Access only records of patients directly in your care</p>	<p>that could reasonably be seen as revealing confidential or identifying information or as being disrespectful to patients, their circles of support or the general public</p> <p>c. Recognize and manage privacy requirements within training and practice environments, taking steps when extracting data from the patient record to ensure it is kept secure.</p> <p>d. Strictly comply with privacy conditions of access.</p>	
3. Demonstrate adherence to professional obligations	<p>Outline policies and guidelines governing student conduct including</p> <p>a. Professional Standards of the UBC Faculty of Medicine</p> <p>b. UBC Faculty of Medicine Policies and Procedures</p> <p>c. Canadian Medical Association Code of Ethics and Professionalism</p> <p>d. College of Physicians and Surgeons of British Columbia Practice Standards and Professionalism Guidelines</p>	<p>Outline professional policies and guidelines governing physician conduct, including</p> <p>a. Professional Standards of the UBC Faculty of Medicine</p> <p>b. UBC Faculty of Medicine Policies and Procedures</p> <p>c. Canadian Medical Association Code of Ethics and Professionalism</p> <p>d. College of Physicians and Surgeons of British Columbia Practice Standards and Professionalism Guidelines</p>	
4. Model and promote physician health and well-being to foster optimal patient care.	<p>a. Identify and promote health and wellness services, and other resources, available to you and colleagues in need.</p> <p>b. Seek help from qualified professionals for personal and professional problems that might adversely affect your health and/or your ability to engage in learning and patient care activities</p> <p>c. Collaborate in the cultivation of training and practice environments that provide</p>	<p>a. Identify and promote health and wellness services, and other resources, available to you and colleagues in need.</p> <p>b. Seek help from qualified professionals for personal and professional problems that might adversely affect your health and your ability to engage in learning and patient care activities</p> <p>c. Collaborate in the cultivation of training and practice environments that provide</p>	

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	<p>physical and psychological safety and encourage help-seeking behaviours.</p> <p>d. Describe strategies for reporting and managing witnessed or experienced mistreatment</p>	<p>physical and psychological safety and encourage help-seeking behaviours.</p> <p>d. Seek mentorship to address professional development needs.</p> <p>e. Report and manage witnessed or experienced mistreatment in the workplace</p>	
<p>5. Demonstrate commitment to society by integration of the CanMEDS roles in the practice of medicine</p>	<p>a. Differentiate between the student’s role now and that prior to commencing medical school</p> <p>b. Identify and describe the CanMEDS roles in patient encounters and simulated cases,</p>	<p>a. Propose how one’s responsibility will be expected to change from being a medical student to becoming a resident.</p> <p>b. Demonstrate the consistent deployment of competencies across all relevant CanMEDS roles in the care of patients and populations</p> <p>c. Consider career options that will promote personal strengths and enhance well-being, while addressing the needs of society.</p>	

Version Approvals:

Undergraduate Medical Education Committee (UGMEC) 8 February 2021

Faculty of Medicine Faculty Executive Committee (FEX) 15 March 2021

Faculty of Medicine Full Faculty 18 May 2021

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