



# FAMILY MEDICINE RESIDENCY PROGRAM

CURRICULUM OBJECTIVES

## ACKNOWLEDGEMENTS

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Photos by John Crowell, HSIMS

Layout and design by Heather Roberts, HSIMS



# CanMEDS...Family Medicine

Image adapted from the CanMEDS Physician Competency Diagram with permission of the Royal College of Physicians and Surgeons of Canada. Copyright © 2009.



# TABLE OF CONTENTS

CURRICULUM OVERVIEW	2
CAN-MEDS ROLES:	
COLLABORATOR	4
COMMUNICATOR	6
HEALTHADVOCATE	8
MANAGER	9
PROFESSIONAL	10
SCHOLAR	12
FAMILY MEDICINE OBJECTIVES - EXPERTS:	
ACADEMIC AND RURAL FAMILY MEDICINE	14
ADDICTION MEDICINE	17
BEHAVOURIAL MEDICINE	19
CHILD HEALTH	21
EMERGENCY MEDICINE	23
INDIGENOUS HEALTH	24
INTENSIVE CARE MEDICINE	25
INTERNAL MEDICINE	26
MATERNITY CARE	28
ORTHOPEDICS	29
PALLIATIVE CARE	30
SURGERY	31
WOMEN'S HEALTH	32

# CURRICULUM OVERVIEW

Our teaching curriculum focuses on the Triple C Competency-based Curriculum (Triple C). We offer a number of experiences where residents have the opportunity to be centered in a Family Medicine Clinic where they have the opportunity to provide comprehensive care and continuity of care for patients over an extended period of time. While each teaching site has its own unique curriculum based on the local opportunities, all are unified under the Overarching Family Medicine Program.

The Triple C Competency-based curriculum provides the relevant learning contexts and strategies to enable residents to integrate competencies, while acquiring evidence to determine that a resident is ready to begin practice in the specialty of Family Medicine.

Triple C ensures all graduates are:

- Competent to provide comprehensive care in any Canadian community
- Prepared for the evolving needs of society
- Educated based upon the best available evidence on patient care and medical education

This curriculum addresses accountability, social responsibility, patient safety, and efficiencies in educational programming.

The curriculum is based on the Four Principles of Family Medicine and the CanMEDS-FM roles. The Four Principles are foundational concepts regarding the nature and practice of family medicine whereas the CanMEDS-FM roles focus on outcomes of care and competencies expected of the practicing physician. The CanMEDS-FM roles retain the Four Principles by integrating them into the appropriate CanMEDS-FM roles. In some cases a principle appears in multiple roles.

Four Principles of Family Medicine (Foundational Concepts)	CanMEDS-FM Role (Expected Competency)
The Doctor-Patient Relationship is Central to the Role of the Family Physician	Communicator Collaborator Professional
The Family Physician is a Skilled Clinician	Family Medicine Expert Scholar
Family Medicine is Community-Based	Collaborator Manager Health Advocate
The Family Physician is a Resource to a Defined Practice	Collaborator Health Advocate Manager Scholar

For detailed information of the Evaluation Objectives, please type this link into your browser:

<http://cfpc.ca/uploadedFiles/Education?Part%2011%20Evaluations%20objectives.pdf>

For detailed information on the Specific Objectives by Priority Topics, please type this link into your browser:

[www.cfpc.ca/uploadedFiles/Education/Priority%20Topics%20and%20Key%20Features.pdf#page=44](http://www.cfpc.ca/uploadedFiles/Education/Priority%20Topics%20and%20Key%20Features.pdf#page=44)

# CAN-MEDS ROLES

## COLLABORATOR

**IDENTIFY** when specialist advice and/or referral is required.

**USE** referrals, support networks and community resources as part of a patient-centred management plan.

**EXHIBIT** the ability to work cooperatively and effectively within a collegial, multidisciplinary framework of health care delivery, including working with colleagues and institutions from/in other cultures.

**COMMUNICATE** and **IMPLEMENT** the key components of an appropriate transfer or discharge plan using interdisciplinary team resources (e.g. accurate medication list, need for support services, plans for follow-up).

**SUPPORT** a patient's desire to use allied health professionals.

Effectively **COORDINATE** community services and additional aids required by patients.

**DESCRIBE** the role of other health professionals in the management of acute and chronic illness.

**COORDINATE** community-based, shared-care management of illnesses.

**DESCRIBE** local non-governmental organizations and collaborate with them as appropriate.

Effectively **COLLABORATE** with schools.

**DEVELOP** collaborative relationships with research resource staff, faculty and peers.

**IDENTIFY** which interdisciplinary team members can best assist with clinical, educational, administrative, and research tasks given the resources available.

**COLLABORATE** with other healthcare workers, allied healthcare workers, managers, educators and public officials in healthcare resource planning, distribution and utilization.

**PARTICIPATE** effectively in interprofessional team meetings.

**DESCRIBE** the general functioning and roles of union organizations and how they might affect the interprofessional team function.

**INTEGRATE** the Chronic Disease Management model into the care of patients with chronic illness.

**COLLABORATE** with patients, families, and other health care workers when ethical dilemmas arise.

**EMPOWER** patients to participate collaboratively in their treatment goals by establishing common ground in an atmosphere of safety and trust.

**PROVIDE** appropriate advice and reassurance regarding common illnesses which do not routinely require medical attention.



# CAN-MEDS ROLES

Effectively **MANAGE** family crises while maintaining the integrity of the child-parent bond and the safety of the child.

**INCORPORATE** families and other caregivers in the care of patients, while abiding by the ethical standards of patient autonomy and consent.

**IDENTIFY** and **MANAGE** caregiver stress.

# CAN-MEDS ROLES

## COMMUNICATOR

**ILLUSTRATE** the importance of family meetings and demonstrate a systematic approach to working with families of patients managing their needs and expectations.

**USE** both general and active listening skills to facilitate communication and allow the patient tell their story.

**DEMONSTRATE** awareness of different cultural views of ethics, the birthing process, illness, death and dying and is respectful and accommodating of these through the Western medical lens.

**DEMONSTRATE** sensitivity to patients who are a different age, gender or cultural group from oneself  
Use collateral sources to obtain history.

Effectively **COMMUNICATE** medical evidence to patients in a manner that respects their autonomy and empowers them to “take charge” of their own health care and make informed decisions.

**PROVIDE** patients and families with information or sources such as the internet and written literature regarding preventative care and management of illnesses.

**USE** verbal and written language that is understandable by the patient (open to closed questions, limits jargon).

**USE** appropriate language to help patients understand pathology and test results.

**DEMONSTRATE** a process of review with trusted and respected colleagues around ethics when adverse events or “near misses” occur.

**DEMONSTRATE** the ability to disclose medical error to a patient in a timely manner using a case-sensitive approach.

When confronted with a difficult patient interaction, **SEEK OUT** information about their life circumstances, current context and functional status to help better understand the patient’s frame of reference.

**DEMONSTRATE** an understanding of administrative issues associated with transfer of a critically ill patient, and include the patient and family in decision-making, follow-up after transfer.

**DEMONSTRATE** effective empathic communication skills in delivery of life-altering news and difficult information.

**DEMONSTRATE** an ability to assess a patient’s motivation to change (e.g. ‘Stages of Change’ theory) and apply an appropriate and timely intervention.

**UTILIZE** effective documentation to record patient information using medical records that are clear, concise, timely and accessible.

**OUTLINE** how Electronic Medical Records (EMRs) and other electronic tools can be used in practice and how their use can positively and negatively impact the doctor-patient relationship.

# CAN-MEDS ROLES

**DISCUSS** the use and limitations of communicating by telephone and email both from a clinical and security perspective.

**GATHER** information not only about the disease but also about the patient's beliefs, concerns and expectations about the illness, while considering the influence of factors such as the patient's age, gender, ethnic, cultural and socio-economic background, and spiritual values on that illness.

**EXPRESS** the importance of continuity, trust and relationships when working with marginalized communities.

**TAKE** the time to explore patients' preconceived ideas regarding medical care and provide accurate explanations regarding care.

**EVALUATE** the context of patients' illnesses by understanding some of the major determinates within which those illnesses developed.

**SHOW** concern for the effects of patients' past experiences, coping mechanisms or lay knowledge on a patient's expectations of outcomes.

**DEMONSTRATE** the ability to avoid giving advice or teaching when an emotional need is expressed (i.e., know when to only listen to patient and when to assist patient with problem solving).

**SHOW** concern for privacy and confidentiality of patients.

**DEMONSTRATE** proficiency in active listening, verbal and non-verbal skills, expression of empathy, and a respectful, non-judgemental focus.

**BUILD** positive, compassionate therapeutic relationships between patients, families, and health care team members.

**SHOW** a continual desire to earn the trust of patients.

**ACCEPT** the role of spiritual caregivers in ethical decision-making, where this accords with patient values cognizant of boundary issues.

**RECOGNIZE** the importance of continuity in patient care.

**USE** interpersonal skills to effectively manage difficult situations such as conflict, uncertainty, frustration, fear, and grief be it in the physician, patient, and the healthcare team.

**INCLUDE** psychosocial support of patients, families and friends as part of the treatment plan.

# CAN-MEDS ROLES

## HEALTH ADVOCATE

**COORDINATE** support for patients with limited personal resources (financial, psychosocial).

**ASSESS** barriers to rehabilitation and recovery and identify and encourage patients' strengths.

**OUTLINE** services and resources available to meet the needs of patients in the hospital and community and utilize them appropriately.

**ADVOCATE** for individual patients around relevant biological, psychological and social health matters.

**ADVOCATE** for the patient's best interest when there are competing claims from the health care system or from the family.

**DEMONSTRATE** skill in addressing lifestyle change as important to optimizing health, such as smoking, diet, exercise and substance use and update frequently to assess willingness to change.

**INCORPORATE** relevant health promotion and disease prevention strategies into the clinical encounter including lifestyle assessment, screening and education.

**UNDERSTAND** local culture as it pertains to certain medical conditions (e.g. Indigenous Health).

**DEVELOP** meaningful and trusting relationships within the community and use their role to become an advocate for the community.

**JUSTIFY** how advocacy can play a critical role in managing care for marginalized populations.

**EVALUATE** and respond to the medical needs of a community.

**APPLY** knowledge of the health system and community resources to advocate for best care.

**DEMONSTRATE** an ability to help marginalized people access ministry resources, health resources and other support services.

**OUTLINE** multiple roles a physician may play in the community and the potential for role conflict.

**OUTLINE** population based approaches to health care services and their implication for medical practice including impact on individual patients and prioritization to access.

**IDENTIFY** barriers to accessing resources in the community, and work to ameliorate these barriers.

**DISCUSS** determinants of health such as education, employment, poverty, income, housing, social support, access to medical care, violence and human rights abuses, and political factors and their processes, and their relationship to current health status of the community.

**SUPPORT** public education regarding prevention of accidents at home, work, recreation and in vehicles.

# CAN-MEDS ROLES

## MANAGER

**INTEGRATE** community resources to support continuity of patient care including other health professionals, community agencies and groups either within the community or on referral out of the community.

**WORK** collaboratively with public health officials, community leaders and educators in the promotion of public and preventative health.

**IDENTIFY** and manage potential hazards or hospital/institutional care (e.g. delirium, falls, immobility, pressure ulcers, incontinence, indwelling catheters, adverse drug events, malnutrition).

**PROVIDE** cost effective medical care in decisions regarding hospitalization, test utilization and billing, balancing effectiveness, efficiency and access with optimal patient care.

Accurately **ASSESS** local resource limitations and appropriately **COMMUNICATE** with specialists at a tertiary care centre and with patient's families regarding the transfer process, if necessary.

**JUSTIFY** priority setting in the context of communities with limited resources.

**ADVISE** on the management and use of scarce resources.

**DESCRIBE** the role of the physician in the prioritization, management and utilization of health care facility resources.

**SET** priorities and manage time to balance patient care, practice requirements, outside activities and personal life to ensure personal health and a sustainable practice.

**INTEGRATE** electronic tools into daily practice.

**EVALUATE** and **IMPROVE** one's clinical knowledge and practices by developing expertise in practice-based clinical practice audit/quality improvement.

**EXPLAIN** business and fiscal management in the health care setting.

**WORK** collaboratively with clinic manager and others in a clinic setting in a way that optimizes clinic effectiveness and efficiency.

# CAN-MEDS ROLES

## PROFESSIONAL

**EXHIBIT** behaviour that is ethical and honest (e.g. informed consent, patient autonomy).

**EXHIBIT** behaviour that is responsible, reliable and trustworthy (e.g. punctual, answers pager).

**SUPPORT** patients and maintain a therapeutic relationship through difficult issues such as substance use, sexual and physical abuse, and incarceration.

**DEMONSTRATE** virtue with honesty, promise keeping, prudence, and selflessness.

**DESCRIBE** the Memorial University PGME Resident as a Professional 'Statement of Professional Attributes Policy'.

Respectfully **MANAGE** a situation in which patient choice is in conflict with the moral values of the resident either by referring the patient or empowering the patient to make his/her own choices.

**DEMONSTRATE** respect for patients in all ways, maintain appropriate boundaries and commit to patient well-being, including time management, availability and a willingness to assess performance.

**DISCUSS** the meaning and role of the physician as a professional.

**EVOKE** confidence, without arrogance and do so even when needing to obtain further information or assistance.

**EXPLAIN** the role of professional ethicists and ethics committees and suggest when and how to call on them for assistance.

**RECOGNIZE** ethical dilemmas and identify the possible courses of action to address them.

**INTERPRET** the core principles of medical ethics (autonomy, beneficence, non-maleficence, justice) as they apply to clinical encounters.

**ILLUSTRATE** the ethical dimensions of family practice and take a position on ethical issues without abandoning or placing his or her patient in jeopardy.

**EXPLAIN** how past experiences, personal needs, transference, and counter-transference may affect ethical decision-making.

**DEMONSTRATE** respect for colleagues and team.

**DEMONSTRATE** knowledge of child protection issues.

**DEMONSTRATE** knowledge about patient confidentiality, informed consent, competence and substitute decision makers, about proper interaction with law enforcement agencies and about the role of the medical examiner's office.

**DEMONSTRATE** knowledge of relevant jurisprudence (e.g., Mental Health Act).

# CAN-MEDS ROLES

**TAKE** steps to end the physician-patient relationship when it is in the patient's best interests and do so according to guidelines.

**EXPRESS** his/her limits of clinical competence and seek help appropriately.

**MANAGE** issues of transference and counter-transference in therapeutic relationships.

**OUTLINE** the Canadian Medical Association's Code of Ethics.

**APPLY** appropriate medical, ethical, and medico-legal frameworks to decision making.

**ACCEPT** peer review, show dedication to continuing education, self-awareness, and readiness to admit error or ignorance to patients.

**THEORIZE** how our own personal values, beliefs and experiences of addiction, illness, pain, death and dying can influence our care of patients.

**DISCUSS** how past personal and professional experiences, personal needs, transference, and counter-transference may affect ethical decision-making.

**CONSIDER** self-care and personal coping strategies to maintain a healthy doctor-patient relationship.

**DEMONSTRATE** awareness of self (including limitations of knowledge, time, and energy).

**SET** clear boundaries with respect to appointment length, prescribing practices and accessibility.

# CAN-MEDS ROLES

## SCHOLAR

**DESCRIBE** a scholarly strategy for seeking answers to clinical questions in evidence based medicine sources (electronic and print) and outline which sources to use for different clinical questions.

**DEMONSTRATE** effective strategies for self-directed, lifelong learning to maintain competence in the rapid and ever-changing medical field.

**USE** informatics tools to reflect on one's practice population and practice activities in comparison to evidence and practice norms and analyze where difference may occur and how improvements can be made.

**DEFINE** the nature of one's clinical population through the use of various data sources, including surveying paper charts, reviewing other data sources.

**EXPLAIN** the process of continuous quality improvement.

**PRACTICE** ongoing continuing education including self-assessment, accessing information and applying critical appraisal skills in assessing new knowledge and its application to practice.

Critically **APPRAISE** relevant and current literature and data sources.

**ILLUSTRATE** pre-appraised evidence summaries and evidence-based recommendations.

**PRACTICE** evidence-based use of resources in the health care system – considering both the needs of the individual and the community.

**EXPLAIN** the hierarchy of levels of evidence.

**APPLY** evidence to individual patient care in clinical practice.

**OUTLINE** the pitfalls of carrying out medical research on one population and applying results to another.

**PROVIDE** information (websites, books, pamphlets) to patients regarding a variety of medical topics.

Effectively **TEACH** other learners.

**ANALYZE** consumer health information that is evidence-based and be comfortable reviewing such information for patients.

**DEMONSTRATE** respectful collaborative relationships with research resource staff, faculty and peers.

**COMMUNICATE** one's scholarly findings in oral presentation, power-point presentations and medical writing using uniform requirement for authors.

**PEER-REVIEW** oral and written family medicine research presentations.

**DESCRIBE** patient-centered, participatory, collaborative family medicine research.



# CAN-MEDS ROLES

**OUTLINE** statistical concepts and epidemiological concepts used in designing clinical research and in managing data.

**EXPLAIN** family medicine research methodology, and the design of clinical research.

**DEVELOP** research skills relevant for primary health care in resource-poor settings.

**APPLY** ethical requirements to family medicine research.

# FAMILY MEDICINE OBJECTIVES - EXPERT

## FAMILY MEDICINE EXPERT - ACADEMIC AND RURAL FAMILY MEDICINE

FM1. **MANAGE** acute and chronic illnesses in various settings. **DISPLAY** advanced lifesaving skills in the rural setting. **JUSTIFY** the indications for admission of patients to hospital for investigation and/or treatment. (Priority Topics: Abdominal Pain, ACLS, Allergy, Anemia, Antibiotics, Asthma, Atrial Fibrillation, Bad News, Cancer, Chest Pain, Chronic Disease, COPD, Counselling, Cough, Crisis, Croup, DVT, Dehydration, Dementia, Depression, Diabetes, Diarrhea, Dyspepsia, Dysuria, Earache, Epistaxis, Fatigue, Fever, Fractures, GI Bleed, Headache, Hepatitis, Hyperlipidemia, Hypertension, Infections, Ischemic Heart disease, Lacerations, Loss of Consciousness, Loss of Weight, Low-back Pain, Meningitis, Neck Pain, Osteoporosis, Palliative Care, Parkinsonism, Pneumonia, Poisoning, Prostate, Red Eye, Seizures, Sexually Transmitted Infections, Skin Disorder, Stroke, Suicide, Thyroid, Trauma, URTI, UTI, Vaginal Bleeding, and Vaginitis).

FM2. **PERFORM** core procedural skills. (Priority Topics: Anemia, Breast Lump, Cancer, Contraception, Diarrhea, Diabetes, Earache, GI bleed, Gender-Specific Issues, Immunization, Infections, Ischemic Heart Disease, Lacerations, Periodic Health Assessment/Screening, Prostate, Skin Disorder, Vaginal Bleeding, and Vaginitis).

FM3. **DISCUSS** evidence-based recommendations for the periodic health exam in people of all genders. (Priority Topics: Cancer, Diabetes, Obesity, Hypertension, Hyperlipidemia, and Periodic Health Assessment/Screening).

FM4. **RECOGNIZE** gender differences with respect to pharmacology, disease prevalence, presentation and epidemiology. (Priority Topic: Gender-Specific Issues).

FM5. **DIAGNOSE** common mental health problems. **DEMONSTRATE** knowledge, use and limitations of the Diagnostic and Statistical Manual of Mental Disorders (DSM) multi-axial system. **APPLY** and **INTERPRET** appropriate investigations for common mental health presentations. (Priority Topics: Anxiety, Behavioral Problems, Counselling, Crisis, Depression, Difficult Patient, Eating Disorders, Family Issues, Grief, Insomnia, Mental Competency, Personality Disorders, Schizophrenia, Somatization, Trauma, and Violent/Aggressive Patient).

FM6. **INITIATE** screening for mental health disorders in high-risk situations (e.g. patients with cancer, chronic pain, war veterans, refugees, victims of domestic violence, those with substance abuse, etc.). (Priority Topics: Cancer, Chronic Disease, Disability, Domestic Violence, Family Issues, Immigrants, Multiple Medical Problems, Palliative Care, Pregnancy, and Trauma).

FM7. Skillfully **MANAGE**, over time, patients with chronic mental illnesses. **DEVELOP** therapeutic liaisons with patients with mental health disorders. **DISCUSS** different forms of therapy (including brief psychotherapy, long-term psychotherapy, couples/family therapy, and cognitive behavioural therapy), and the selection of patients for each modality. **IDENTIFY** mental health resources in the community and appropriately connect people to these resources. **DEMONSTRATE** knowledge of indications, contraindications, side effects, and monitoring requirements, of medications used in mental health conditions. **WEAN** medications, when required, in a safe manner. (Priority Topics: Anxiety, Behavioural Problems, Counselling, Crisis, Depression, Difficult Patient, Eating Disorders, Family Issues, Grief, Insomnia, Mental Competency, Personality Disorders, Schizophrenia, Somatization, Trauma, and Violent/Aggressive Patient).

# FAMILY MEDICINE OBJECTIVES - EXPERT

FM8. **RECOGNIZE**, and appropriately **RESPOND** to, the need for urgent and emergent mental health intervention. **ASSESS** a patient's suicide risk, homicide risk and judgement. **ANTICIPATE** and **DEVELOP** a plan for possible violent or aggressive behavior and recognize the warning signs. (Priority Topics: Crisis, Mental Competency, Suicide, and Violent/Aggressive Patient).

FM9. **ASSESS** mental competence. (Priority Topics: Mental Competency).

FM10. **ASSESS** competence to drive a motor vehicle. (Priority Topics: Chronic Disease, Disability, Elderly, and Multiple Medical Problems).

FM11. **DEMONSTRATE** knowledge of puberty, fertility, sexual health needs, contraceptive, and aging issues in people of all genders and ages. **COUNSEL** (and refer as appropriate) patients with disorders of sexual development and function in people of all genders. (Priority Topics: Contraception, Counselling, Gender-Specific Issues, and Sex).

FM12. Actively **SCREEN**, **DIAGNOSE**, and **TREAT** sexually transmitted infections, including managing or referring for contact tracing and supportive counselling. (Priority Topics: Counselling, Sex, and Sexually Transmitted Infections).

FM13. **SCREEN** for abuse, neglect and domestic violence (child, adult and elder) and assess the level of risk for all members of the household, generating an emergency plan if needed. Successfully **PERFORM** a history and physical examination of an abused or neglected patient of any gender or age. **TREAT** and/or **REFER** patients for past or present domestic violence, abuse (physical, sexual, emotional or financial), and/or neglect. (Priority Topics: Counselling, Crisis, Family Issues, Domestic Violence, Rape/Sexual Assault, Elderly, and Trauma).

FM14. **DEMONSTRATE** how to exam and counsel a person of any gender who has been sexually assaulted, respecting both the patient's wishes and the possible chain of evidence; and referring for examination and counselling as appropriate (e.g. local sexual assault team and counsellors). (Priority Topics: Counselling, Crisis, Domestic Violence, Rape/Sexual Assault, and Trauma).

FM15. **IDENTIFY**, in a safe and non-judgmental fashion, individuals with substance use disorders. **ASSESS** a patient's motivation to change and apply appropriate interventions for each stage of change ("Stages of Change" theory – DiClemente and Prochaska). **UNDERTAKE** an appropriate addiction history and focused physical exam. (Priority Topics: Anxiety, Behavioral Problems, Counselling, Crisis, Difficult Patient, Family Issues, Lifestyle, Schizophrenia, Stress, Substance Abuse, Suicide, Trauma, and Violent/Aggressive Patient).

FM16. **ADDRESS** substance use as a regular topic with patients of all socioeconomic and cultural backgrounds. **CLASSIFY** addiction as a chronic disease. (Priority Topics: Counselling, Lifestyle, Periodic Health Assessment/Screening, and Substance Abuse).

FM17. **DIFFERENTIATE** between substance intoxication, withdrawal, dependence and abuse. **DEMONSTRATE** knowledge and appropriate use of pharmacologic agents utilized in the management of substance use disorders. **MANAGE** (including referral when appropriate) the most common acute intoxication and/or withdrawal syndromes. (Priority Topics: Anxiety, Behavioural Problems, Counselling, Crisis, Difficult Patient, Family Issues, Lifestyle, Mental Competency, Schizophrenia, Seizures, Stress, Substance Abuse, Suicide, Trauma, and Violent/Aggressive Patient).

# FAMILY MEDICINE OBJECTIVES - EXPERT

FM18. **DESCRIBE** the needs of the pregnant patient dealing with addiction. (Priority Topics: Pregnancy, Lifestyle, and Substance Abuse).

FM19. **ASSESS** and **MANAGE** common addiction comorbidities including chronic pain, abscess, endocarditis, HIV, hepatitis and mental illness. (Priority Topics: Abdominal Pain, Anxiety, Chronic Disease, Counselling, Crisis, Dementia, Depression, Fatigue, Headache, Infections, Lifestyle, Mental Competency, Smoking Cessation, Substances Abuse, Suicide, and Trauma).

FM20. **DISCUSS** the appropriate balance of responsibility between the patient and the physician, for the patients' welfare. (Priority Topics: Counselling).

FM21. **DESCRIBE** the effects of poverty, low self-esteem and marginalization on the health of people of all genders. Demonstrate awareness of ethical, cultural, and legislative considerations involved in health for people of all genders. (Priority Topics: Counselling, Gender-Specific Issues, and Immigrants).

FM22. **OUTLINE** the essentials of the financial and human resource requirements to run a medical clinic. (Priority Topics: Self-learning).

# FAMILY MEDICINE OBJECTIVES - EXPERT

## ADDICTION MEDICINE

COE1. **ASSESS** and **MANAGE** atypical presentations of common medical conditions (Priority Topics: Abdominal Pain, Anemia, Bad News, Cancer, Chronic Disease, COPD, Counselling, Crisis, Dehydration, Diabetes, Diarrhea, Dizziness, Dyspepsia, Elderly, Fatigue, Fever, Hyperlipidemia, Infections, Insomnia, Ischemic Heart Disease, Loss of Weight, Pneumonia, URTI and UTI).

COE2. **DESCRIBE** the usual anatomical and physiological changes seen with aging and understand the concept of frailty. (Priority Topics: Elderly).

COE3. **PERFORM** a cognitive assessment using standard cognitive testing and collateral history relevant to cognitive and/or functional decline. **EVALUATE** pre-morbid and current functional abilities using reliable sources of information. (Priority Topics: Dementia, Mental Competency).

COE4. **DISTINGUISH** between the clinical presentations of delirium, dementia and depression. **ASSESS** and **MANAGE** delirium and common forms of dementia (e.g. Canadian Consensus Guidelines on Dementia), including issues such as driving, capacity, wandering, pharmacologic therapy, and caregiver stress. (Priority Topics: Behavioural Problems, Dementia, and Depression).

COE5. **CONSTRUCT** a differential diagnosis (including risk factors) and plans for the evaluation, management and prevention of falls. **PERFORM** a gait and balance assessment using accepted standardized assessment tools. (Priority Topics: Elderly).

COE6. **DEVELOP** and **IMPLEMENT** plans for the assessment and management of patients with functional deficits, including the use of adaptive interventions, in collaboration with interdisciplinary team members. (Priority Topics: Elderly).

COE7. **IDENTIFY** consequences of immobility in the elderly patient. **WORK** with interdisciplinary teams to prevent, manage and treat consequences of immobility in the elderly patient. (Priority Topics: Elderly).

COE8. **OBTAIN** a structured medication review including identification of potential drug-drug and drug-disease interactions (if appropriate, in consultation with a pharmacist). **OUTLINE** the pharmacokinetic changes that commonly occur with aging and demonstrate the ability to modify drug regimens accordingly. **IDENTIFY** and **ALTER** medication therapy that is most likely to cause adverse drug events in an older individual. (Priority Topics: Chronic Disease, Elderly, Multiple Medical Problems).

COE9. **EVALUATE** and **INITIATE** management (including pharmacologic and non-pharmacologic therapies) for transient (acute) and established (chronic) urinary incontinence. **DESCRIBE** the use and risks of indwelling catheters versus intermittent catheter. (Priority Topics: Elderly, UTI).

COE10. **IDENTIFY** and **MANAGE** common end of life care issues (e.g. nutrition, dysphagia, code status, hospital transfer, home and LTC visits). (Priority Topics: Abdominal Pain, ACLS, Anxiety, Bad News, Behavioural Problems, Cancer, Chest Pain, Chronic Disease, Counselling, Crisis, Dehydration, Dementia, Disability, Dizziness, Elderly, Family Issues, Fatigue, Grief, Infections, Ischemic Heart Disease, Loss of Consciousness, Loss of Weight, Mental Competency, Multiple Medical Problems, Pneumonia, Palliative Care, URTI, and UTI.).

# FAMILY MEDICINE OBJECTIVES - EXPERT

COE11. **PARAPHRASE** the key principles of the Mental Health Act (Priority Topics: Mental Competency).

COE12. **DESCRIBE** advance planning directives (including the roles of physicians and substitute decision-makers) dealing with personal and financial decision-making. (Priority Topics: Elderly, Mental Competency).

# FAMILY MEDICINE OBJECTIVES - EXPERT

## BEHAVIOURAL MEDICINE

**DIAGNOSE** common mental health problems (Priority Topics: Anxiety, Depression, Difficult Patient, Eating Disorders, Insomnia, Personality Disorders, Schizophrenia, Somatization).

**DEMONSTRATE** knowledge, use and limitations of the Diagnostic and Statistical Manual of Mental Disorders (DSM) multi-axial system.

**GENERATE** appropriate differential diagnoses for common mental health presentations taking into consideration medical, psychiatric, environmental, and emotional issues (Priority Topics: Fatigue, Grief, Rape/Sexual Assault, Stress, Substance Abuse, Behavioural Problems).

**APPLY** and **INTERPRET** appropriate investigations for common mental health presentations (Priority Topics: Counselling).

**DEVELOP** therapeutic liaisons with patients with mental health disorders (Priority Topics: Counselling).

**RECOGNIZE**, and appropriately respond to, the need for urgent and emergent intervention (Priority Topics: Crisis, Mental Competency, Suicide, Rape/Sexual Assault, Difficult Patient, Domestic Violence and Violent/Aggressive Patient).

**DEVELOP** appropriate pharmacologic and non-pharmacologic management plans including follow-up for common mental health disorders (Priority Topics: Counselling).

**DEMONSTRATE** knowledge of indications, contra-indications, side effects, and monitoring requirements, of medications used in mental health conditions.

**ASSESS** mental competence (Priority Topics: Mental Competency).

**DISCUSS** the role of cultural resilience in promoting health and well-being.

**INITIATE** screening for mental health disorders in high-risk situations (e.g. patients with cancer, chronic pain, war veterans, refugees, victims of domestic violence, etc.) (Priority Topics: Cancer, Chronic Disease, Disability, Domestic Violence, Immigrants, Multiple Medical Problems, Pregnancy).

**ASSESS** a patient's suicide risk, homicide risk and judgment (Priority Topics: Suicide).

**SCREEN** for abuse, neglect and domestic violence (child, adult and elder) and assess the level of risk for all members of the household, generating an emergency plan if needed.

Successfully **PERFORM** a history and physical examination of an abused or neglected patient of any gender or age.

**ANTICIPATE** and develop a plan for possible violent or aggressive behaviour and recognize the warning signs.

**DISCUSS** different forms of therapy (including brief psychotherapy, long-term psychotherapy, couples/family therapy, and cognitive behavioural therapy), and the selection of patients for each modality.

# FAMILY MEDICINE OBJECTIVES - EXPERT

**WEAN** medications, when required, in a safe manner.

Skillfully **MANAGE**, over time, patients with chronic mental illnesses (Priority Topics: Counselling).

**IDENTIFY** mental health resources in the community and appropriately connect people to these resources.

**SCREEN** and have an approach to caring for concurrent substance use and mental health disorders.



# FAMILY MEDICINE OBJECTIVES - EXPERT

## CHILD HEALTH

CH1. **DEMONSTRATE** skill in neonatal resuscitation (Priority Topics: Newborn).

CH2. **MANAGE** common neonatal problems (Priority Topics: Newborn).

CH3. **MODIFY** history taking and physical exam to engage and maximize cooperation by the pediatric patient. **OUTLINE** normal parameters in the physical examination of children (Priority Topics: In Children).

CH4. **PROVIDE** comprehensive well baby care (Priority Topics: Newborn, Periodic Health Assessment, and Well Baby Care).

CH5. **MANAGE** common pediatric problems in an office setting (Priority Topics: Abdominal Pain, Allergy, Anemia, Antibiotics, Anxiety, Asthma, Behavioural Problems, Cough, Croup, Dehydration, Diarrhea, Dysuria, Earache, Family Issues, Fever, Infections, In Children, Lacerations, Learning, Red Eye, Skin Disorder, URTI and UTI).

CH6. **DEMONSTRATE** skill in use of common preventative screening tests. **UTILIZE** immunization schedules, growth and development charts, and questionnaires in patient management (Priority Topics: Behavioural Problems, Immunization, Periodic Health Assessment, In Children, Learning, Obesity, and Well Baby Care).

CH7. **PROVIDE** appropriate advice to parents regarding safety of children's environment. (Priority Topics: Counselling, Family Issues, In Children, Poisoning).

CH8. **ASSESS** family dynamics and their effects on illnesses and behaviours in children and vice versa. (Priority Topics: Abdominal Pain, Anxiety, Behavioural Problems, Counselling, Crisis, Family Issues, In Children, Learning).

CH9. **DEMONSTRATE** the ability to discuss importance of immunization with parents. (Priority Topics: Asthma, Counselling, Diarrhea, Family Issues, Immunization, and In Children).

CH10. **MONITOR** and coordinate care of children with chronic illnesses, disabilities, or serious disease, using available community supports as necessary. (Priority Topics: Allergy, Anemia, Asthma, Anxiety, Behavioural Problems, Counselling, Chronic Disease, Crisis, Disability, Family Issues, In Children, and Seizures).

CH11. **USE** consultation services of pediatricians appropriately. (Priority Topics: Allergy, Anxiety, Asthma, Behavioural Problems, Diabetes, Diarrhea, Learning and Skin Disorder).

CH12. **MANAGE** urgent and emergency medical conditions in various settings, recognizing the trend towards short stay hospital observation and outpatient management. **DEMONSTRATE** knowledge in accessing provincial and tertiary care hospital guidelines and algorithms for management of illnesses in children. **DEMONSTRATE** ability to quickly access and apply accurate information on drug dosing and toxicity in children, as well as normal laboratory values for the various ages. (Priority Topics: Abdominal Pain, ACLS, Allergy, Asthma, Antibiotics, Cough, Crisis, Croup, Dehydration, Diabetes, Dysuria, Diarrhea, Epistaxis, Earache, Fever, Grief, In Children, Infections, Lacerations, Loss of Consciousness, Meningitis, Pneumonia, Poisoning, Red Eye, Seizures, Skin Disorder, Substance Abuse, Suicide, Trauma, URTI, UTI).

# FAMILY MEDICINE OBJECTIVES - EXPERT

CH13. **DEMONSTRATE** knowledge of child protection issues including identification and management of suspected and confirmed child abuse (Priority Topics: Behavioural Problems, Counselling, Crisis, Domestic Violence, Family Issues, Grief, In Children, Rape/Sexual Assault).

CH14. **ASSESS** and **MANAGE** a pediatric patient with chronic pain. (Priority Topics: Abdominal Pain, Cancer, Counselling, Crisis, Disability, Family Issues, Grief, and In Children)

CH15. **DEMONSTRATE** knowledge of pediatric palliative care issues and evaluation for potential organ donation. (Priority Topics: Bad News, Cancer, Counselling, Crisis, Family Issues, Grief, In Children, and Palliative Care).

CH16. **ASSESS** and **MANAGE** common adolescent problems. (Priority Topics: Abdominal Pain, Allergy, Anemia, Asthma, Antibiotics, Anxiety, Behavioural Problems, Cough, Contraception, Counselling, Crisis, Depression, Dysuria, Eating Disorders, Family Issues, Fatigue, Headache, In Children, Infections, Learning, Periodic Health Assessment, Pregnancy, Sex, Sexually Transmitted Infections, Skin Disorder, Smoking Cessation, Substance Abuse, URTI, UTI, Vaginal Bleeding, and Vaginitis).

CH17. **DEMONSTRATE** appropriate attention to adolescent functioning in various domains (e.g. home, school, employment, and friends, use of alcohol and drugs, safety concerns, suicidal thoughts) with focus on urgent issues. (Priority Topics: Anxiety, Behavioural Problems, Counselling, Crisis, Depression, Domestic violence, Family Issues, Grief, In Children, Learning, Lifestyle, Rape/Sexual Assault, Sex, Sexually Transmitted Infections, Stress, and Suicide).

CH18. **DEMONSTRATE** patient-centered counselling to the adolescent capable of making informed decisions on self-determination and reproductive choice. (Priority Topics: Contraception, Counselling, Family Issues, Immunization, In Children, Lifestyle, Sex, and Sexually Transmitted Infections).

# FAMILY MEDICINE OBJECTIVES - EXPERT

## EMERGENCY MEDICINE

EM1. **MANAGE** a patient with an urgent/emergent problem. (Priority Topics: Abdominal Pain, ACLS, Allergy, Asthma, Atrial Fibrillation, Bad News, Chest Pain, COPD, Cough, Crisis, Croup, DVT, Dehydration, Diabetes, Dizziness, Epistaxis, Fever, Fractures, GI Bleed, Headache, Hypertension, Infections, Lacerations, Loss of Consciousness, Meningitis, Neck Pain, Pneumonia, Poisoning, Pregnancy, Rape/Sexual Assault, Red Eye, Schizophrenia, Seizures, Stroke, Suicide, Trauma, URTI, UTI, Vaginal Bleeding, and Violent/Aggressive Patient).

EM2. **APPRAISE** and **USE** various methods of analgesia, topical/local anesthesia and sedation (Priority Topics: Abdominal Pain, Chest Pain, Fractures, Headache, Lacerations, Meningitis, Neck Pain, Trauma, and violent/Aggressive Patient).

EM3. **RECOGNIZE** and **INITIATE** management in a patient with acute respiratory distress; **DEMONSTRATE**. Basic airway assessment and management skills. (Priority Topics: ACLS, Allergy, Asthma, Chest Pain, COPD, Cough, Croup, Loss of Consciousness, Pneumonia, Poisoning, Seizures, and Trauma).

EM4. **IDENTIFY**, **CLASSIFY** and **TREAT** shock (Priority Topics: ACLS, Allergy, Dehydration, Epistaxis, Fractures, GI Bleed, Infections, Lacerations, Loss of Consciousness, and Trauma).

EM5. **EXHIBIT** basic skills in interpreting 12 lead electrocardiograms, including identification and management of acute dysrhythmias. (Priority Topics: ACLS, Atrial Fibrillation, Chest Pain, Hypertension, Ischemic Heart Disease, Loss of Consciousness, and Trauma).

EM6. **MANAGE** the patient in cardiorespiratory arrest (Priority Topics: ACLS, Allergy, Asthma, Chest Pain, COPD, Ischemic Heart Disease, Loss of Consciousness, Poisoning, Seizures, and Trauma).

EM7. **ASSESS** and **MANAGE** a patient with altered level/loss of consciousness/coma (Priority Topics: ACLS, Allergy, Diabetes, Loss of Consciousness, Meningitis, Poisoning, Seizures, Stroke, Substance Abuse, and Trauma).

EM8. **STATE** the principles and goals of triage and prioritize treatment. **IDENTIFY** patients who are in crisis and appropriately manage their disposition. (Priority Topics: Abdominal Pain, ACLS, Allergy, Asthma, Atrial Fibrillation, Bad News, Chest Pain, COPD, Cough, Crisis, Croup, DVT, Dehydration, Diabetes, Dizziness, Epistaxis, Fever, Fractures, GI Bleed, Headache, Hypertension, Infections, Ischemic Heart Disease, Lacerations, Loss of Consciousness, Meningitis, Neck Pain, Pneumonia, Poisoning, Pregnancy, Rape/Sexual Assault, Schizophrenia, Seizures, Stroke, Substance Abuse, Suicide, Trauma, URTI, Vaginal Bleeding, and Violent/Aggressive Patient).

EM9. **OUTLINE** the components of the trauma care system in your region. (Priority Topics: Fractures, Trauma).

# FAMILY MEDICINE OBJECTIVES - EXPERT

## INDIGENOUS HEALTH\*

IH1. **DEMONSTRATE** understanding of the meaning of cultural safety and strive to improve cultural competence skills including working with interpreters, acknowledging systemic racism and learning about the contexts, strengths and resilience of different Indigenous communities in Canada. (Priority Topics: Learning)

IH2. **DEMONSTRATE** understanding of the broad range of Indigenous identifiers (e.g., First Nations, Inuit, Métis, status, ceded, etc.) by making appropriate use of them in clinical, scholarly, educational and advocacy contexts. (Priority Topics: Learning).

IH3. **ESTABLISH** respectful therapeutic relationships with Indigenous patients, their family and community, encouraging shared decision-making and supporting appropriate integration of Indigenous traditions and knowledge into their care plan. (Priority Topics: Learning).

IH4. **DESCRIBE** the necessary role of reciprocal partnerships with Indigenous leaders, organizations, and communities to identify and support the pursuit of Indigenous priorities for health, research, and advocacy on a health systems level. (Priority Topics: Learning).

IH5. **OUTLINE** and address health concerns with increased incidence and burden of disease in many Indigenous populations and respond to the relevant upstream Social Determinants related to such health and wellness issues in a culturally safe manner. (Priority Topics: Anxiety, Bad News, Chronic Disease, Counselling, Crisis, Depression, Diabetes, Domestic Violence, Family Issues, Grief, Immunization, Infection, Joint Disorders, Lifestyle, Obesity, Sexually Transmitted Infections, Substance Abuse, Suicide, and Trauma).

IH6. **RECOGNIZE** the profoundly disruptive impact of colonization on the wellbeing of Indigenous Peoples and demonstrate understanding of the implications of the recommendations of the 2015 Truth and Reconciliation Commission Report. (Priority Topics: Learning).

IH7. **DESCRIBE** the significance of intergenerational trauma and how the holistic wellbeing of many Indigenous Canadians has been profoundly affected both by historical and contemporary events and their ongoing effects on the social determinants of health. (Priority Topics: Anxiety, Bad News, Counselling, Crisis, Depression, Domestic Violence, Grief, Suicide, Substance Abuse, and Trauma).

\*Residents in the Northern-Goose Bay and Nunavut Streams gain significant exposure to Indigenous Health. All other residents receive teaching in Academic Half Day and some residents are exposed to Indigenous Health at various sites within their Stream. All residents will participate in the Indigenous Health Curriculum

# FAMILY MEDICINE OBJECTIVES - EXPERT

## INTENSIVE CARE MEDICINE\*

ICU1. **RECOGNIZE** when a patient requires treatment best delivered in an ICU. (Priority Topics: Abdominal Pain, ACLS, Anemia, Antibiotics, Bad News, Counselling, Crisis, Dehydration, GI Bleed, Hepatitis, Hypertension, Infection, Ischemic Heart Disease, Loss of Consciousness, Meningitis, Pneumonia, Poisoning, Seizures, Stroke, Suicide, and Trauma).

ICU2. **ASSESS** and **DIAGNOSE** patients at risk of organ failure. (Priority Topics: ACLS, Anemia, Cancer, Dehydration, GI Bleed, Infections, Loss of Consciousness, and Trauma).

ICU3. **INITIATE** and **TITRATE** effective goal directed management in the hypo-perfused patient. (Priority Topics: ACLS, Bad News, Counselling, Crisis, GI Bleed, Infections, Loss of Consciousness, Stroke, and Trauma).

ICU4. **DEMONSTRATE** basic infection control techniques.

ICU5. Using the principles of nutritional support write enteral nutrition support orders.

ICU6. **DIFFERENTIATE** between agitation, pain and delirium and initiate directed therapy. (Priority Topics: Abdominal Pain, Chest Pain, Dementia, and Palliative Care).

ICU7. **PERFORM** ICU procedural skills as dictated by program and level of training.

\*Residents in the Northern-Goose Bay Stream complete a one month ICU rotation in first year.

# FAMILY MEDICINE OBJECTIVES - EXPERT

## INTERNAL MEDICINE

- IM1. Make a specific **DIAGNOSIS** of life threatening disorders in the patient with chest pain and begin treatment (Priority Topics: ACLS, Atrial Fibrillation, Bad news, Crisis, Chest Pain, DVT, Dizziness, Hypertension, and Ischemic Heart Disease).
- IM2. **ASSESS** and **MANAGE** risks for cardiovascular disease. Treat modifiable risk factors in patients at risk for stroke and ischemic heart disease, including hypertension, hyperlipidemia, diabetes mellitus, dysrhythmias, valvular heart diseases, and smoking; (Priority Topics: ACLS, Atrial fibrillation, Chest Pain, Diabetes, DVT, Dizziness, Elderly, Hyperlipidemia, Hypertension, Ischemic Heart Disease, Lifestyle, Smoking Cessation, and Stroke).
- IM3. **SCREEN** for hypertension, measure blood pressure correctly, and investigate appropriately to rule out secondary causes. Be able to treat hypertension with pharmacological means. For patients with the diagnosis of hypertension assess periodically for end-organ complications. (Priority Topics: Atrial Fibrillation, Chest Pain, Chronic Disease, Hypertension, Ischemic Heart Disease, Elderly, Lifestyle, Multiple Medical Problems, Obesity, Periodic Health Assessment/Screening, Smoking Cessation, Stress, and Stroke).
- IM4. **SCREEN** appropriately for diabetes, and **MANAGE** glycemic control and diabetic complications appropriately. (Priority Topics: Abdominal Pain, Chronic Disease, Dehydration, Diabetes, Dyspepsia, Elderly, Hyperlipidemia, Hypertension, Infections, Lifestyle, Multiple Medical Problems, Obesity, Osteoporosis, Periodic Health Assessment/Screening, Smoking Cessation, and Stroke).
- IM5. **SCREEN** for and **DIAGNOSE** obesity. (Priority Topics: Chronic Disease, Counselling, Depression, Eating Disorders, Lifestyle, Multiple Medical Problems, Obesity, Periodic Health Assessment/Screening, and Stress).
- IM6. **COUNSEL** patients at risk for hepatitis. **INVESTIGATE**, **MANAGE** and **REFER** appropriately. (Priority Topics: Abdominal Pain, Bad News, Cancer, Chronic Disease, Counselling, Diarrhea, Fatigue, Fever, Hepatitis, Hyperlipidemia, Immunization, Infections, Lifestyle, Loss of Weight, Sexually Transmitted Infections, Substance Abuse, and Travel Medicine).
- IM7. **GENERATE** a differential diagnosis for acute and chronic abdominal pain. **INVESTIGATE**, **MANAGE** and **REFER** appropriately. (Priority Topics: Abdominal Pain, Cancer, Chest Pain, Diabetes, Diarrhea, Dyspepsia, Fatigue, Fever, GI Bleed, Hepatitis, Infections, Lifestyle, Multiple Medical Problems, Obesity, Somatization, and Stress).
- IM8. **GENERATE** a differential diagnosis for acute and chronic respiratory complaints. **INVESTIGATE**, **MANAGE** and **REFER** appropriately. (Priority Topics: Allergy, Anxiety, Asthma, Cancer, Chest Pain, COPD, Cough, DVT, Dyspepsia, Fever, Infections, Pneumonia, and URTI).
- IM9. **GENERATE** a differential diagnosis for undifferentiated conditions, including fatigue and fever. **INVESTIGATE**, **MANAGE** and **REFER** appropriately. (Priority Topics: Abdominal Pain, Anemia, Cancer, Chronic Disease, Counselling, Depression, Fatigue, Fever, Headache, Loss of Weight, Low back Pain, Multiple Medical Problems, Periodic Health Assessment/Screening, Somatization, and Stress).

# FAMILY MEDICINE OBJECTIVES - EXPERT

IM10. **ASSESS** and **MANAGE** a patient with chronic pain. (Priority Topics: Cancer, COPD, Difficult Patient, Family Issues, Fatigue, Grief, Headache, Joint Disorder, Low-back Pain, Neck Pain, Palliative Care, Somatization, and Substance Abuse).

IM11. **EVALUATE** situations for potential organ donation. (Priority Topics: ACLS, Bad News, Counselling, Crisis, Grief, Palliative Care, Suicide, and Trauma).

# FAMILY MEDICINE OBJECTIVES - EXPERT

## MATERNITY CARE

MC1. **PROVIDE** pre-conception counselling.

MC2. **COUNSEL** regarding prenatal screening options and pathways.

MC3. **EXPLAIN** fetal and maternal legal rights, and the medical and ethical issues surrounding termination of pregnancies.

MC4. **RECOGNIZE** and **MANAGE** common antepartum care issues, being able to **EXPLAIN** SOGC, and ACOG guidelines for perinatal and obstetrical care.

MC5. **DISCUSS** how illnesses may present and/or be managed differently in pregnant patients.

MC6. **DEMONSTRATE** knowledge of diseases unique to obstetrical patients.

MC7. **DEMONSTRATE** ability to interact appropriately with other members of the obstetrical team and **CONSULT** obstetricians appropriately.

MC8. **OUTLINE** deficiencies in local, site-specific resources pertaining to maternity care.

MC9. **OUTLINE** available pain control modalities and the indications for and safety issues relevant.

MC10. **MANAGE** labour and delivery, including assessment of fetal and maternal well-being. **MANAGE** obstetrical emergencies.

MC11. **MANAGE** common postpartum care issues in the hospital, community, and office.

MC12. **PROVIDE** counselling and initial investigations regarding infertility and difficulties. Discuss the potential for emotional, psychological, and financial stress associated with infertility and infertility treatment, and the potential subsequent effects on pregnancy.

MC13. **COUNSEL** patients appropriately in the event of pregnancy loss.



# FAMILY MEDICINE OBJECTIVES - EXPERT

## ORTHOPEDICS

- O1. **PERFORM** a thorough examination of limbs, joints, back and neck. (Priority Topics: Chronic Disease, Fractures, Headache, Infections, Joint Disorder, Low Back Pain, Neck Pain, Osteoporosis, and Trauma).
- O2. **ASSESS** and **MANAGE** common sports and exercise related injuries. (Priority Topics: Fractures, Joint Disorder, Lacerations, Lifestyle, Low-back Pain, Neck Pain, Obesity, Trauma).
- O3. **ASSESS** and **MANAGE** acute and chronic repetitive stress injury (including occupational). (Priority Topics: Fractures, Joint Disorder, Lifestyle, Low-back Pain, Neck Pain, Obesity, and Trauma).
- O4. **DETERMINE** risk of fracture or injury to tendon, ligament, muscle, nerve, vessel, etc. based on pattern of injury and results of physical examination; evaluate vessel and nerve injuries that can be associated with fractures and dislocations. (Priority Topics: Fractures, Joint Disorder, Lacerations, Low-back Pain, Neck Pain, Obesity, and Trauma).
- O5. **ORDER** appropriate investigations where risk of fracture, malignancy or infection exists. (Priority Topics: Chronic Disease, Fractures, Headache, Infections, Joint Disorder, Low Back Pain, Neck Pain, Osteoporosis, and Trauma).
- O6. **DEMONSTRATE** immobilizing techniques such as splints, basic casts and taping. (Priority Topics: Fractures, Infections, Joint Disorder, and Trauma).
- O7. **RECOGNIZE** and **INITIATE** management of urgent and emergent musculoskeletal conditions, arranging referral when appropriate. Refer appropriately for surgical or medical consultations. (Priority Topics: Chronic Disease, Fractures, Headache, Infections, Joint Disorder, Lacerations, Low Back Pain, Neck Pain, Osteoporosis, and Trauma).
- O8. **ASSESS** and **MANAGE** rheumatological disease including: rheumatoid arthritis, osteoarthritis, fibromyalgia, and osteoporosis. (Priority Topics: Chronic Disease, Joint Disorder, Lifestyle, Obesity, and Osteoporosis).
- O9. **OUTLINE** common drug therapies and the use of non-pharmacological treatment modalities such as exercise prescriptions. **PROVIDE** up-to-date information on rehabilitation and recovery expectations. Understand the impact of pain and disability on the patient and family. (Priority Topics: Anxiety, Chronic Disease, Counselling, Depression, Family issues Fatigue, Grief, Joint Disorder, Lifestyle, Low Back Pain, Neck Pain, Obesity, Osteoporosis, and Stress).
- O10. **ASSESS** basic orthopedic illnesses in children including gait abnormalities and the limping child. Examine for congenital hip disease. (Priority Topics: Joint Disorder, Newborn, and Well-baby Care).
- O11. **OUTLINE** what community rehabilitation services are available, e.g. physiotherapy, massage therapy, exercise classes and groups, and independent rehabilitation programs. (Priority Topics: Joint Disorder, Lifestyle, and Obesity).

# FAMILY MEDICINE OBJECTIVES - EXPERT

## PALLIATIVE CARE

PC1. **ASSESS** and **MANAGE** pain and symptoms that arise in the terminally ill including oncological and palliative emergencies. (Priority Topics: Abdominal Pain, Anxiety, Bad News, Cancer, COPD, Cough, Counselling, Crisis, Dehydration, Diarrhea, Elderly, Family Issues, Fever, Fractures, GI Bleed, Grief, Headache, Infections, Loss of Consciousness, Loss of Weight, Low-Back Pain, Mental Competency, Multiple Medical Issues, Neck Pain, Palliative Care, Pneumonia, Seizures, Stroke, Suicide).

PC2. **DEMONSTRATE** an approach to the appropriate prescription of opioids, including the prescription of including anti-nausea agents and laxatives. Discuss with patients and caregiver(s) their concerns around opioid use, addiction, and diversion. **DEMONSTRATE** an awareness of the role of adjuvant therapies in chronic pain, including NSAIDs, anticonvulsants, TCAs, manual therapies, radiotherapy, surgery. (Priority Topics: Abdominal Pain, Anxiety, Bad News, Cancer, Cough, Family Issues, Fractures, Grief, Low-back Pain, Mental Competency, Neck Pain, Palliative Care, and Substance Abuse).

PC3. **RECOGNIZE** and **MANAGE** palliative care emergencies, including: spinal cord compression, malignant bowel obstruction, hypercalcemia, acute airway obstruction, SVC syndrome, pain crisis, seizures, hemorrhage. (Priority Topics: Abdominal Pain, Bad News, Cancer, Cough, DVT, Dehydration, Fractures, GI Bleed, Grief, Low-back Pain, Palliative Care, Neck Pain, and Seizures).

PC4. **EXPLAIN** disease processes affecting the terminally ill, including realistic prognosis, appropriate investigation and intervention. **DEMONSTRATE** an approach to advance planning. (Priority Topics: Anxiety, Bad News, Cancer, COPD, Counselling, Crisis, Depression, Elderly, Family Issues, Grief, Loss of Weight, Low-back Pain, Mental Competency, Neck Pain, Palliative Care, and Seizures).

PC5. **DEMONSTRATE** an approach to caring for terminally ill patients with consideration given both to their medical condition and to the hopes and expectations of the patient and their families. **CONDUCT** interdisciplinary family meetings and **DEMONSTRATE** competence in addressing suffering. (Priority Topics: Anxiety, Bad News, Cancer, COPD, Counselling, Crisis, Depression, Elderly, Family Issues, Grief, Loss of Weight, Low-back Pain, Mental Competency, Neck Pain, Palliative Care, and Seizures).

PC6. **RECOGNIZE** signs and symptoms of impending death and **PROVIDE CARE** for the dying and their family members at this time. (Priority Topics: Anxiety, Bad News, Counselling, Crisis, Family issues, Grief, Loss of Consciousness, and Palliative Care).

PC7. **DIFFERENTIATE** between the withdrawal and withholding of treatment and euthanasia. **UNDERSTAND** legal issues surrounding decision-making and competency, organ donation, physician-assisted suicide. (Priority Topics: Bed News, Cancer, COPD, Cough, Counselling, Dehydration, Family Issues, Grief, Loss of Consciousness, Loss of Weight, and Palliative Care).

# FAMILY MEDICINE OBJECTIVES - EXPERT

## SURGERY

- S1. **DIAGNOSE, ASSESS** and **MANAGE** the common acute and non-acute disease entities requiring surgical treatment. (Priority Topics: Abdominal Pain, Breast Lump, Cancer, GI Bleed, Joint Disorder, Lacerations, Prostate, and Vaginal Bleeding).
- S2. **MANAGE** routine pre-operative and post-operative care, including post-operative complications (e.g. atelectasis, infections, phlebitis, fluid and electrolyte imbalances). (Priority Topics: Abdominal Pain, Antibiotics, Atrial Fibrillation, Bad News, Chest Pain, COPD, Deep Vein Thrombosis, Dehydration, Dementia, Diabetes, Diarrhea, Dysuria, Fever, Grief, Headache, Hypertension, Infections, Ischemic Heart Disease, Mental Competency, Pneumonia, Skin Disorder, URTI, and UTI).
- S3. **ASSESS** and **MANAGE** pre-operative medical problems that affect surgical care (e.g. cardiorespiratory disease, diabetes, medication). (Priority Topics: Allergy, Asthma, COPD, Diabetes, Hypertension, Mental Competency, Multiple Medical Problems, Obesity, Substance Abuse, and Smoking Cessation).
- S4. **PROVIDE** proficient surgical assistance. (Priority Topics: n/a).
- S5. **PERFORM** minor surgical procedures and wound closures (Priority Topics: n/a).
- S6. **MANAGE** wound care. (Priority Topics: Antibiotics, and Lacerations).
- S7. **PROVIDE** immediate resuscitative care in patients with major trauma (including placement of chest tubes). (Priority Topics: Abdominal Pain, ACLS, Chest Pain, Counselling, Crisis, GI Bleed, Laceration, Loss of Consciousness, and Trauma).
- S8. Medically **MANAGE** long-term chronic surgical conditions (e.g. amputation, colostomy). (Priority Topics: Chronic Disease, and Counselling).
- S9. **DESCRIBE** how surgical risks vary depending on patient profile (e.g. elderly, concurrent disease, pediatric). (Priority Topics: Chronic Disease, Gender-Specific Issues, Elderly, and In Children).
- S10. **EXPLAIN** the role of adequate nutrition to optimize healing in peri-operative care. (Priority topics: n/a).
- S11. **EVALUATE** what skills might require enhancement before working in a community. (Priority topics: Learning/Self-Learning).
- S12. **EXPLAIN** indications and contraindications to a given procedure. **COUNSEL** and **EDUCATE** patients on common surgical procedures including discussion of possible complications. (Priority topics: Abdominal Pain, Counselling, GI Bleed, Joint Disorder, Mental Competency, Obesity, Smoking Cessation, Pregnancy, and Prostate).

# FAMILY MEDICINE OBJECTIVES - EXPERT

## WOMEN'S HEALTH

- WH1. **RECOGNIZE** gender differences between men and women with respect to pharmacology, disease prevalence, presentation and epidemiology. (Priority Topics: Abdominal Pain, Anemia, Breast Lump, Cancer, and Gender Specific Issues).
- WH2. **APPLY** Canadian guidelines for gynecologic cancer screening with PAP testing and options for vaccinations. (Priority Topics: Cancer, and Periodic Health Assessment).
- WH3. **DISCUSS** breast health and the usefulness of self-examination, physician breast examination and imaging for breast disease diagnosis. (Priority Topics: Breast lump, Cancer, and Periodic Health Assessment/Screening).
- WH4. **DEMONSTRATE** an approach toward abnormalities of menarche, menstruation, and menopause. (Priority Topics: Menopause, and Vaginal bleeding).
- WH5. **DISCUSS** the wide range of development, attitudes, and experiences in sexual health. (Priority Topics: Gender Specific Issues, Domestic Violence, Mental Competency Sex, and Sexual Health).
- WH6. **COUNSEL** women about contraceptive choices. (Priority Topics: Contraception, Lifestyle, and Sexually Transmitted Infection).
- WH7. Actively **SCREEN, DIAGNOSE, and TREAT** sexually transmitted infections, including managing or referring for contact tracing and supportive counselling. (Priority Topics: Antibiotics, Contraception, Joint Disorder, Domestic Violence, Dysuria, Fever, Infertility, Lifestyle, Sex, Sexual Health, Substance Abuse, Rape/Sexual Assault, Urinary Tract Infection, Vaginal Bleeding, and Vaginitis).
- WH8. **LOCATE** services for women experiencing unwanted pregnancy and for pregnancy prevention either within the community or on referral out of the community. (Priority Topics: Contraception, Crisis, Gender-Specific Issues, Grief, Lifestyle, Pregnancy, and Rape/Sexual Assault).
- WH9. **OUTLINE** the health needs of lesbian, bisexual, and transsexual women and girls. (Priority Topics: Gender-Specific Issues, and Sex).
- WH10. **SCREEN, COUNSEL, TREAT** and/or **REFER** patients for past or present domestic violence and abuse (physical, sexual, emotional or financial). **PROVIDE** a non-judgmental context for women to discuss freely genital symptoms or issues of sexuality, abuse or violence. (Priority Topics: Anxiety, Crisis, Depression, Disability, Personality Disorder, Rape/Sexual Assault, Schizophrenia, and Substance Abuse).
- WH11. **DEMONSTRATE** how to exam and counsel a woman who has been sexually assaulted, respecting both the patient's wishes and the possible chain of evidence; and referring for examination and counseling as appropriate (e.g. local sexual assault team and counselors). (Priority Topics: Crisis, Grief, Rape/Sexual Assault, Schizophrenia, and Substance Abuse).

# FAMILY MEDICINE OBJECTIVES - EXPERT

WH12. **IDENTIFY** and **RECOMMEND** resources in the community for women, such as women's exercise and social groups, prenatal classes, breast cancer support groups, transition houses, sexual assault counseling services, pregnancy option centres, women's resource centres and services to immigrant and other marginalized women. **DESCRIBE** the effects of poverty, low self-esteem and marginalization on the health of women. (Priority Topics: Pregnancy, Crisis, Disability, Gender-Specific Issues, Immigrants, Rape/Sexual Assault, Schizophrenia, and Substance Abuse).

WH13. **DEMONSTRATE** awareness of ethical and cultural considerations and legislation involved in women's health (e.g. contraceptive and pregnancy counselling for minors, childhood sexual abuse, female circumcision, and the rights of a woman to refuse sexual intercourse within a marriage). (Priority Topics: Contraception, Sex, and Grief).







**MEMORIAL**  
UNIVERSITY

DISCIPLINE OF FAMILY MEDICINE  
Faculty of Medicine,  
Memorial University of Newfoundland  
Health Sciences Centre, Room 2743  
St. John's, NL, A1B 3V6, Canada  
709 864 6493  
[familymed@med.mun.ca](mailto:familymed@med.mun.ca)