

MD Program Competency Framework

Appendix 1: Details Pertaining to Selected Enabling Competencies

The table below provides details about the content of enabling competencies that are marked by an asterisk (*).

Enabling Competency	Details Pertaining to the Competency
Medical Expert 1.2 <i>Foundational Disciplines – (i) Biomedical Sciences</i>	The major biomedical sciences are: anatomy, biochemistry, embryology, genetics, histology, immunology, medical imaging, microbiology, nutrition and exercise science, pathology, pharmacology, physiology, radiology
Medical Expert 1.2 <i>Foundational Disciplines – (iii) Social Sciences</i>	The social sciences most relevant to the study and practice of medicine are anthropology, economics, education, psychology and sociology
Medical Expert 1.2 <i>Foundational Disciplines – (iv) Medical Humanities</i>	The humanities most relevant to the study and practice of medicine are the arts, literature, history, and philosophy
Medical Expert 1.2 <i>Clinical Topics – (i) Approach to Clinical Presentations</i>	The most relevant clinical presentations have been identified by the Medical Council of Canada , and are summarized in Appendix 2. Appropriate competence in this domain for the University of Toronto medical graduate involves, for each presentation, being able to present: <ul style="list-style-type: none"> • an organized list of causes, including those of greatest urgency • an approach to further evaluation (by history, physical examination, and diagnostic tests) • an approach to management pending identification of the underlying cause
Medical Expert 1.2 <i>Clinical Topics – (ii) Features of Common and/or Life-threatening Acute or Chronic Illnesses</i>	The most relevant illnesses have been identified by the Medical Council of Canada , where they are listed as “Causal Conditions” for each clinical presentation. These illnesses are summarized in Appendix 3. Appropriate competence in this domain for the University of Toronto medical graduate involves, for each illness, being able to present: <ul style="list-style-type: none"> • etiology • pathogenesis • clinical features • complications • therapeutic interventions • prognosis
Medical Expert 1.2 <i>Clinical Topics – (iii) Use of Diagnostic Tests</i>	The relevant diagnostic tests include laboratory tests, medical imaging procedures and special tests such as electrocardiography used in the investigation of the clinical presentations listed above. Appropriate competence in this domain for the University of Toronto medical graduate involves, for each test, being able to present: <ul style="list-style-type: none"> • indications • risks and contraindications • how the test is performed • how the test is interpreted

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Appendix 1: Details Pertaining to Selected Enabling Competencies (Continued)

Enabling Competency	Details Pertaining to the Competency
<p>Medical Expert 1.2 <i>Clinical Topics - (iv)</i> <i>Application of Therapeutic Interventions</i></p>	<p>The relevant therapeutic interventions include preventative measures, counselling, medications, intravenous fluids, surgical procedures, rehabilitation, nutrition and exercise used for the illnesses described above. Appropriate competence in this domain for the University of Toronto medical graduate involves, for each intervention, being able to present:</p> <ul style="list-style-type: none"> • indications • contraindications • how they work • how they are implemented • risks and benefits • procedures involved in monitoring for efficacy and side effects
<p>Medical Expert 2.2 <i>Obtain a history</i></p>	<p>The major elements of the medical history are:</p> <ul style="list-style-type: none"> • The chief complaint • History of present illness • Medical interventions to date • Functional system review • Past medical, psychiatric and surgical history • Medications (including supplements and non-prescription medications) • Allergies • Social history • Family history of medical issues
<p>Medical Expert 2.3 <i>Perform a physical examination</i></p>	<p>The major elements of the physical examination are:</p> <ul style="list-style-type: none"> • An explanation of the purpose and nature of the physical examination and obtaining of consent • Appropriate attention to patient comfort and draping • General appearance and initial impression of the patient • Vital signs at the start of the examination, when appropriate • Mental status examination • A focused physical examination pertinent to the chief complaint and functional inquiry • A complete physical examination, when appropriate
<p>Medical Expert 3.1 <i>Goals of care</i></p>	<p>The goals of care to be discussed may include prevention, slowing of disease progression, achieving cure, improving function, treating symptoms, and/or palliation</p>
<p>Medical Expert 3.5 <i>Essential medical procedures</i></p>	<p>The University of Toronto medical graduate is expected to demonstrate competence in essential medical procedures listed in Appendix 4. Such competence includes an awareness of the procedure's indications, contraindications and risks, and the steps involved in the procedure including care before and after the procedure is carried out.</p>

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Enabling Competency	Details Pertaining to the Competency
Communicator 1.1 <i>Patient-centred care</i>	The Institute of Medicine defines patient-centred care as: Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions. (Institute of Medicine Committee on Quality of Health Care in American. <i>Crossing the Quality Chasm: A New Health System for the 21st Century</i> . Washington, DC: National Academy Press; 2001, p.6.)
Communicator 4.1 <i>Information shared with patients and families</i>	Information that is shared with patients and their families includes but is not limited to: information about their condition, instructions about further investigations, and instructions about treatments.
Communicator 4.2 <i>Appropriately respond to adverse events</i>	<p>The Institute for Healthcare Improvement (IHI) defines an “adverse event” as “an injury that was caused by medical management rather than the patient’s underlying disease; also sometimes called ‘harm,’ ‘injury,’ or ‘complication’”.*</p> <p>(An adverse event may also be referred to as a “patient safety incident”.**)</p> <p>According to IHI, the appropriate response to an adverse event includes:</p> <ul style="list-style-type: none"> • Ensuring the patient is stable • Communicating with the patient (and/or family) about the event: <ul style="list-style-type: none"> ○ What happened, and the potential consequences ○ A statement of empathy or compassion ○ A promise to follow-up about the cause(s) of the adverse event • Avoiding placing blame • Reporting the event as required by local policies and procedures • Documenting the event and the discussion with the patient (and/or family) in the medical record • Initiating a process to investigate the causes of the adverse event, and to reduce the likelihood of its occurring again in the future <p>*When Things Go Wrong: Responding to Adverse Events. A Consensus Statement of the Harvard Hospitals. Burlington, Massachusetts: Massachusetts Coalition for the Prevention of Medical Errors; March 2006.</p> <p>** http://www.patientsafetyinstitute.ca/en/Topic/Pages/Patient-Safety-Incident.aspx</p>

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Appendix 1: Details Pertaining to Selected Enabling Competencies (Continued)

Enabling Competency	Details Pertaining to the Competency
Collaborator 1.4 <i>Distributed leadership approach</i>	A “distributed leadership” approach is one where team members share leadership responsibilities in different aspects of the team’s work, depending on each team member’s expertise.
Health Advocate 2.3 <i>Medically underserved populations</i>	<p>There is no universally accepted list of medically underserved populations. The following list might be used to provide guidance to learners and teachers. It is not intended to imply that these are the only groups which may be medically underserved, and may be modified from time to time. It is also acknowledged that not all members of any of these groups are necessarily underserved.</p> <p>The list is derived and amalgamated from four sources: The University of Toronto Faculty of Medicine Diversity Statement; the work of the University of Toronto Medical Psychiatry Alliance; and, the Medical Council of Canada list of “Special Populations”; discussions with experts involved in the care of medically underserved or vulnerable populations.</p> <p>http://facmed.utoronto.ca/sites/default/files/Faculty%20of%20Medicine%20Diversity%20Statement.pdf</p> <p>http://www.medpsychalliance.ca/Pages/default.aspx</p> <p>http://apps.mcc.ca/Objectives_Online/objectives.pl?lang=english&role=expert&id=78-7</p> <ul style="list-style-type: none"> • Ethnic and racial groups <ul style="list-style-type: none"> ○ People of indigenous descent ○ People who are visible minorities • People identifying as LGBTQ • Groups with certain specific health challenges <ul style="list-style-type: none"> ○ People with disabilities ○ People with mental health issues • Groups with other adverse life experiences <ul style="list-style-type: none"> ○ People living in poverty, including the homeless ○ Immigrants and refugees ○ People who are incarcerated • Groups at the extremes of age <ul style="list-style-type: none"> ○ The elderly ○ Young children and children in foster care • Those serving in the military and veterans • Geographically disadvantaged populations