Pathway to Competence in the Speciality of Emergency Medicine (2018)

Effective for residents who enter training on or after July 1st 2018

	ESTONES: RESIDENCY				
	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice	
1. Practise medicine within their defined scope of practice and expertise					
1.1. Demonstrate a commitment to high-quality care for their patients		Demonstrate compassion and patient centred care	Under supervision, demonstrate commitment and accountability for patients in their care	Demonstrate a commitment to high- quality care of their patients	
1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Emergency Medicine	Explain how the Intrinsic Roles need to be integrated in practice of Emergency Medicine to deliver optimal patient care			Integrate the CanMEDS Intrinsic Roles into their practice of Emergency Medicine	
1.3. Apply knowledge of the clinical and biomedical sciences relevant to Emergency Medicine		Apply knowledge of clinical and biomedical sciences to manage uncomplicated patient presentations in Emergency Medicine Apply knowledge of anatomy, physiology, and pharmacology in the resuscitation of a patient	Apply knowledge of anatomy, physiology, and pharmacology in airway management and ventilation Apply knowledge of pharmacology and physiology in the delivery of emergency sedation and systemic analgesia Apply knowledge of the clinical and biomedical sciences, including but not limited to physics, to facilitate image acquisition and interpretation Establish and maintain clinical knowledge, skills and attitudes necessary to rapidly assess and manage the full spectrum of disease or conditions in a pregnant or post-partum patient	Apply a broad base and depth of knowledge in clinical and biomedical sciences to manage the breadth of patient presentations in Emergency Medicine	
.4. Perform ppropriately timed linical assessments		Perform focused clinical assessments with recommendations that are well- documented	Perform clinical assessments that address the breadth of issues in each case	Perform appropriately- timed clinical assessment addressing the breadth o Emergency Medicine with recommendations that ar well-organized and	

		Recognize problems that may need the involvement of more experienced colleagues and seek their assistance immediately		properly documented in written and/or oral form Perform appropriately timed clinical assessments that are organized and properly documented in written form for patients of all triage levels presenting to an emergency department
1.5. Carry out professional duties in the face of multiple, competing demands		On the basis of patient-centered priorities, seek assistance to prioritize multiple competing tasks that need to be addressed Manage personal clinical workload and follow each patient's care through to appropriate disposition	Maintain a duty of care and patient safety while balancing multiple responsibilities Prioritize patients on the basis of clinical presentations	Carry out professional duties in the face of multiple, competing demands Carry out other professional duties (e.g. supervision of learners) while working in the emergency department while responsible for multiple ill patients Provide quality patient-centred care when faced with overcrowding Provide bedside teaching including teaching of procedural skills in the face of competing clinical demands in the emergency department environment
1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in Emergency Medicine practice	Identify clinical situations in which complexity, uncertainty, and ambiguity may play a role in the patient encounter and in gathering information	Develop a plan that considers the current complexity, uncertainty, and ambiguity in a clinical situation	Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves Seek assistance in situations that are complex or new Use sound clinical reasoning and judgment to guide diagnosis and management and arrive at appropriate decisions, even in circumstances where complete clinical or diagnostic information is not immediately available Recognize and respond to the complexity and uncertainty inherent to the care of the patient with appropriate intervention and consultation Identify and manage clinical situations in which complexity, uncertainty, and ambiguity may play a role in decisionmaking, including disposition plans	Recognize and respond to the complexity, uncertainty, and ambiguity inherent in Emergency Medicine practice Prioritize clinical duties effectively when faced with multiple patients and problems

	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice
2. Perform a patient-c	entred clinical assessme	ent and establish a man	agement plan	
2.1. Prioritize issues to be addressed in a patient encounter	Recognize a patient in cardio-pulmonary arrest, initiate basic life support interventions, and call for help Recognize patients with unstable dysrhythmias, shock, respiratory distress or altered neurologic status, and initiate appropriate early management Identify the chief complaint	Determine priorities in the initial resuscitation Iteratively establish priorities, considering the perspective of the patient and family (including values and preferences) as the patient's situation evolves	Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during the resuscitation Consider clinical urgency, feasibility, availability of resources, limitations and strengths in using point-of-care-ultrasound versus alternative diagnostic strategies Recognize a patient who may benefit from palliative care	Prioritize which issues need to be addressed during future visits or with other health care practitioners Consider clinical urgency, feasibility, availability of resources, and comorbidities in determining priorities to be addressed during the emergency department visit or during future follow-up with other health care practitioners
2.2. Elicit a history, perform a physical exam and select appropriate investigations, and	Perform a brief initial assessment focused on gathering pertinent data to identify the unstable patient in need of urgent	Perform a focused history and physical examination that is accurate and relevant to the patient presentation	intervention, initiate the intervention, and partner in providing care, as needed Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements	Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and
interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion	resuscitation Elicit and present a focused history and physical exam Perform an airway assessment for predictors of difficult bag valve mask (BVM) ventilation Construct a differential	Develop a working and differential diagnosis while simultaneously providing symptom management Select appropriate investigations and interpret their results for the purpose of diagnosis and management	Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion	management, disease prevention, and health promotion
	diagnosis that recognizes both common and important uncommon diagnoses Interpret electrocardiogram (ECG) recognizing conditions requiring immediate intervention including but not limited to ischemia, or dysrhythmia	Synthesize a working diagnosis and case-appropriate differential diagnosis relevant to the patient's presentation.	Perform a complete and appropriate selective, accurate and well-organized history for the patient with an emergent medical or surgical illness Perform an assessment of a patient's decision- making capacity	
			Perform an appropriately detailed history of the patient presenting with a mental health emergency	

Perform an appropriate psychiatric history in conjunction with medical stabilization in cases of intentional overdose

Perform a suicide risk assessment Identify patients at risk and notify the appropriate authority/ social agencies as required

Perform appropriately timed clinical assessment of a patient who needs airway and/or ventilation assistance

Perform a complete and appropriate selective, accurate and thorough physical examination of the patient with an emergent medical or surgical illness

Perform an appropriate physical examination of the patient presenting with a mental health emergency, recognizing the need to rule out concomitant acute medical conditions

Order and interpret investigations (laboratory, diagnostic imaging) aiding in the diagnosis of the patient with an emergent condition

Order appropriate laboratory investigations when caring for a patient with an overdose, toxic ingestion or exposure

Select and interpret appropriate investigations based on a differential diagnosis

Select appropriate investigations for patient and fetus

Synthesize patient information to determine diagnosis

Generate appropriate and complete differential diagnoses

Generate a preliminary differential diagnosis in the face of diagnostic uncertainty

Integrate all sources of information to develop a diagnosis informed by point-of-care ultrasound that is safe, patient-centred, and considers the risks and benefits of all diagnostic recognizing the need to rule out concomitant acute medical conditions

Order and interpret investigations (laboratory, diagnostic imaging) aiding in the diagnosis of the patient with an emergent condition

Order appropriate laboratory investigations when caring for a patient with an overdose, toxic ingestion or exposure

Select and interpret appropriate investigations based on a differential diagnosis

Select appropriate investigations for patient and fetus

Synthesize patient information to determine diagnosis

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Integrate all sources of information to develop a diagnosis informed by point-of-care ultrasound that is safe, patient-centred, and considers the risks and benefits of all diagnostic approaches

Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to

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			generate well organized differential diagnoses and/or management plans Recognize, document, and appropriately report patients at risk of violence or neglect based on legislative requirements Recognize, report and	
		Addross with the	document concerns for child, intimate partner, or elder maltreatment	Establish goals of care in
2.3. Establish goals of care in collaboration with patients and their families*, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation		Address with the patient and family their ideas about the nature and cause of the health problem, fears and concerns, and expectations of health care professionals	Address the impact of the medical condition on the patient's ability to pursue life goals and purposes Share concerns, in a constructive and respectful manner, with patients and their families about their goals of care when they are not felt to be achievable Collaborate with the patient and their family to confirm goals of care and if not previously determined, assist the patient and family in defining goals of care, incorporating their values and appropriate medical options Work with patients and their families to	Establish goals of care in collaboration with the patient and family, which may include slowing disease progression, achieving cure, improving function, and palliation Determine goals of care with patients with complex illness when this has not been previously discussed, conveying when treatment is inappropriate Set boundaries of therapeutic care with patients and/or families when there are unrealistic expectations (e.g. unnecessary diagnostic imaging, emergent referral etc.) or secondary gain contributing to the visit to the emergency department
2.4. Establish a patient-centred management plan	Develop a management plan to guide initial investigations and treatments Initiate appropriate monitoring, timesensitive interventions and management in the unstable patient, including obtaining cardiorespiratory monitoring, and fluid resuscitation	Develop and implement initial management plans for common problems in Emergency Medicine Ensure that the patient and family are informed about the risks and benefits of each treatment option in the context of best evidence and guidelines Discuss with the patient and family the degree of uncertainty inherent in all clinical situations Execute a plan for the management of a patient's condition	understand relevant options for care Develop and implement management plans that consider all of the patient's health problems and context in collaboration with patients and their families and, when appropriate, the interprofessional team Develop and implement management plans that consider all of the patient's health problems, their social context and their expressed wishes in collaboration with the interprofessional team Develop a plan to address airway and/or ventilation issues taking into account clinical urgency,	Establish a patient-centred management plan

available resources,
and anticipated
difficulty of the airway
Develop and
implement
management plans for
control of pain
Develop and
implement
management plans for
non-pain symptom
control
Implement appropriate
management plans for
the patient and fetus
the patient and recus
Initiate medical
treatment of the
patient with an
overdose, toxic
ingestion or exposure,
including specific
antidote therapy
antiasts this apy
Initiate medical
treatment of the
patient presenting with
a mental health
emergency and
concomitant acute
medical condition
including but not
limited to overdose
management
Manage a patient who
has been sexually
assaulted including
arranging an
appropriate clinical and
forensic examination,
treatment, and
appropriate disposition
that ensures the
patient's safety
Develop, in
collaboration with a
patient and his or her
family, a plan to deal
with clinical
uncertainty

MEDICAL EXPERT MI	IEDICAL EXPERT MILESTONES: RESIDENCY					
	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice		
3. Plan and perform	procedures and therap	oies for the purpose of asse	essment and/or manage	ment		
3.1. Determine the most appropriate procedures or therapies		Describe the indications, contraindications, techniques, risks, and alternatives for a given procedure or therapy	Integrate all sources of information to develop a procedural or therapeutic plan that is safe, patient-centred, and considers the risks and benefits of all	Determine the most appropriate procedures or therapies for the purpose of assessment and/or management		
		Describe to patients common procedures or therapies for common	approaches			

	1	conditions in their	Choose and prioritize	
		discipline Integrate planned procedures or therapies into global assessment and management plans	diagnostic investigations and therapeutic interventions for the situation, accounting for the patient's condition	
			Determine and provide the most appropriate analgesic therapy and/or sedation plan for the specific procedure using multimodal analgesia concepts and alternative pain/sedation strategies	
			Determine when emergency sedation and systematic analgesia is inappropriate for the emergency department and should be performed in the operating room	
			Recognize indications, contraindications and monitoring requirements for chemical and physical restraints within the realm of provincial legislation/regulations	
3.2.Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy		Obtain and document informed consent, explaining the risks and benefits of, and the rationale for the proposed options	Describe the indications, contraindications, risks, alternatives, complications, and post-procedure management for a given procedure or therapy	Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
			Use shared decision- making in the consent process, taking risk and uncertainty into consideration	
			Obtain and document informed consent, explaining the risks and benefits and the rationale for procedural sedation in the emergency department	
			Use shared decision making with the patient to obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy	

	Recognize and discuss	Advocate for the timely	Triage a procedure or	Prioritize a procedure or
3.3. Prioritize a procedure or therapy, taking into account clinical urgency and available resources	the importance of the triaging and timing of a procedure or therapy	execution of a patient procedure or therapy	therapy, taking into account clinical urgency, potential for deterioration, and available resources when dealing with single or multiple critically injured patients Consider urgency and potential for deterioration in advocating for the timely execution of diagnostic and therapeutic procedures Advocate for a patient's procedure or therapy on the basis of urgency and available resources Prioritize the need for procedural sedation and analgesia taking into account clinical urgency and available resources Set appropriate priorities when managing a critically ill patient Triage and set appropriate priorities when dealing with single or multiple critically injured patients Mobilize resources for emergent enhanced elimination of toxin as	therapy, taking into account clinical urgency, potential for deterioration, and available resources Respond to the urgency and potential for deterioration in advocating for the timely execution of a diagnostic and therapeutic procedures or therapy
3.4. Perform a procedure in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances	Demonstrate effective procedure preparation, including the use of a pre-procedure time-out or safety checklist as appropriate Prepare the necessary equipment for basic airway maneuvers and CPR Set up and position the patient for a procedure Perform basic airway maneuvers and CPR Perform BVM ventilation	Provide appropriate analgesia or sedation during the procedure Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances Seek assistance as needed when unanticipated findings or changing clinical circumstances are encountered Establish and implement a plan for post-procedure care including patient specific post-procedure instructions Document procedures accurately	appropriate Perform procedural sedation in a skilful and safe manner, anticipating, planning for, and responding to complications associated with procedural sedation or changing clinical states of the patients Perform the most appropriate appropriate appropriate appropriate appropriate intubation, rescue devices and surgical airway techniques, in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances Recognize when to seek assistance in the	Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances

management of a patient with a dif airway or potenti.	ficult
difficult airway	
Ventilate and sed the patient in a s manner, anticipal planning for, and managing post intubation and mechanical ventil difficulties, complications, or	afe ring, ation
evolving clinical conditions as req	uired
Competently perf discipline-specific procedures	
_Abdominal paracentesis_Arthrocentesis	
• _Complex wour repair • _Emergency	id
thoracotomy • _Extensor tendorepair • _Lumbar punctorepair	
Normal vagina delivery Pericardiocent	ıl
 _Reduction of extremity disloca _Reduction of extremity fracture 	
Thoracentesis Thoracostomy insertion	
 _Transvenous pacemaker insert and management 	
Competently perf critical care proce	
art/central line insertions), • _thoracostomy, • _airway management (intubation and ventilation)	
Demonstrate tech competence in im acquisition appropriate vascular access (IO,	nage

MEDICAL EXPERT MI	LESTONES: RESIDENCY				
	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice	
4. Establish plans for	4. Establish plans for ongoing care and, when appropriate, timely consultation				

4.1. Implement a patient-centred care plan that supports	management plans, and reassessments	investigations and response to treatment	patient's clinical state, circumstances, preferences, and	care, follow-up on investigations, response to treatment, and further
ongoing care, follow- up on investigations,		Recognize when help is needed and call for the	actions, as well as available resources,	consultation
response to treatment, and further consultation		appropriate healthcare professionals	best practices, and research evidence	Implement patient- centered care plans for patients discharged from
		Determine if the patient is safe for discharge or requires	Determine timing and necessity for referral	the emergency department, ensuring primary-care and/or
		further consultation or admission, in	Determine timing and necessity of referral to	consultant follow-up and efficient flow through the
		consultation with a supervising physician	crisis team, psychiatry, social work, or medical	emergency department
		Coordinate	services	Develop and implement a safe patient-centred care
		investigation, treatment, and follow- up plans when multiple physicians and healthcare professionals are involved	Determine timing and necessity of referral to sexual assault team or child protective services	plan dealing with clinical uncertainty that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
				Coordinate continuing care with referring physicians
				for patients discharged from the emergency department

PILDICAL LAPERT MIL	ESTONES: RESIDENCY			
	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice
5. Actively contribute, health care quality and	as an individual and as d patient safety Recognize potential	a member of a team pro	oviding care, to the conti	inuous improvement of Recognize and respond to
5.1. Recognize and respond to harm from health care delivery, including patient safely incidents	patient safety issues, including but not limited to drug-drug interactions, and/or inaccurate team communication Differentiate outcomes of medical conditions and diseases from complications related to the inherent risks of treatments and from patient safety incidents	medical response to adverse events to mitigate further injury Incorporate, as appropriate, into a differential diagnoses, harm from health care delivery Recognize and respond to complications, adverse events and near-misses	patient safety incidents to appropriate prehospital services and transport medicine representatives Recognize near-misses in real time and respond to correct them, preventing them from reaching the patient Identify potential improvement opportunities arising from harmful patient safety incidents and near misses Participate in an analysis of patient safety incidents	harm from health care delivery, including patient safety incidents

	Describe common	Use cognitive aids such	Apply the principles of	
5.2. Adopt strategies	types of cognitive and	as procedural	situational awareness	
that promote patient	affective bias	checklists, structured	to clinical practice	
safety and address		communication tools,		
human and system	Describe the principles	or care paths, to	Adopt strategies that	
factors	of situational	enhance patient safety	promote patient safety	
	awareness and their	when available	and address human	
	implications for		and system factors	
	medical practice	Describe strategies to	based on institutional	
		address human and	policies and/or current	
	Adopt strategies that	system factors on	guidelines	
	promote patient safety	clinical practice		
	including but not		Ensure personal	
	limited to	Apply appropriate	protection for	
	structured	measures for	health care team and	
	communication tools	protection of health	perform	
	(checklist, order sets),	care professionals	decontamination as	
	infection control,	during the entire	required	
	physical safety	patient encounter		
	measures,	including but not		
	identification of delays	limited to the use of		
	in consultation, and/or	PPE to avoid exposure		
	adverse events	or contamination		
	Danisat assauriaian in			
	Request supervision in			
	unfamiliar situations in			
	order to ensure patient			
	safety			

COMMUNICATOR MILESTONES: RESIDENCY					
	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice	
1. Establish profession	nal therapeutic relations	hips with patients and t	their families		
1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion	Communicate using a patient-centered approach, recognizing barriers to such communication, demonstrating empathy, respect and compassion, and using language appropriate to the needs of the patient	Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion	Communicate using an approach that encourages trust, and is characterized by empathy, respect, and compassion Communicate effectively with patients and caregivers to establish goals of care and carry out a patient/family centred management plan Provide the patient with brief counseling or coping strategies as appropriate		
1.2.Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety	Mitigate physical barriers to communication to optimize patient comfort, dignity, privacy, engagement, and safety while ensuring communication, examination and procedures are completed in a clinical area that maintains patient confidentiality and privacy Optimize the physical environment to ensure comfort, dignity, privacy, engagement,				

	and safety, including draping, use of curtains, and positioning of patient			
1.3. Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly	positioning of patient	Recognize when patient and physician values, biases, or perspectives threaten the quality of care	Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly	
1.4. Respond to a patient's non-verbal behaviours to enhance communication	Identify, verify and validate non-verbal cues on the part of patients and their families Use appropriate non-verbal communication to demonstrate attentiveness, interest, and responsiveness to the patient and family		Respond to patients' non-verbal communication and use appropriate non- verbal behaviours to enhance communication with patients	
1.5.Manage disagreements and emotionally charged conversations		Recognize when personal feelings in an encounter are valuable clues to the patients emotional state	Recognize when strong emotions (such as anger, fear, anxiety, or sadness) are impacting an interaction and respond appropriately Establish boundaries as needed in emotional situations Use verbal deescalation techniques when appropriate	Manage disagreements and emotionally charged conversations including situations when patients and families disagree with the physician and/or each other Defuse situations with patients who demonstrate abusive or violent behaviour, and recognize when the situation exceeds the limits of normal communication, necessitating the need for law enforcement and chemical or physical restraint
1.6. Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances		Assess a patient's decision-making capacity	Adapt to the unique needs of each patient and to his or her clinical condition and circumstances Tailor approaches to decision-making to patient capacity, values, and preferences	
2. Elicit and synthesize	e accurate and relevant	information, incorporat	ing the perspectives of p	patients and their families
2.1. Use patient- centred interviewing skills to effectively identify and gather relevant biomedical and psychosocial information		Conduct a patient- centred interview, gathering all relevant biomedical and psychosocial information for any clinical presentation Integrate and synthesize information about the patient's beliefs, values, preferences, context and expectations with	Actively listen and respond to patient cues Integrate, summarize, and present the biopsychosocial information obtained from a patient-centred interview	Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information Identify and respond when a learner ignores the patient's beliefs, values, preferences, context, or expectations during a patient encounter

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		biomedical and psychosocial information		
2.2. Provide a clear structure for and manage the flow of an entire patient encounter		Conduct a focused and efficient patient interview, managing the flow of the encounter while being attentive to the patient's cues and responses	Manage the flow of challenging patient encounters, including those with angry, distressed, or excessively talkative individuals	Provide a clear structure for and manage the flow of an entire patient encounter
2.3. Seek and synthesize relevant information from other sources, including relevant medical records, the patient's family, other physicians, first responders, and other health professionals with the patient's consent		Seek and synthesize relevant information from other sources, including the patient's family, other physicians, first responders, and other health professionals	Obtain collateral history from other sources including but not limited to friends, family members, first responders, social workers, housing workers, and other community liaisons Seek and synthesize relevant information from other sources, including the patient's family, other physicians, police, firefighters, EMS personnel, and other health professionals	
			Use alternative sources of information to complete or substantiate clinical information as appropriate	
3. Share health care in	nformation and plans wi	th patients and their fan	nilies	
3.1. Share information and explanations that are clear, accurate, and timely while checking for patient and family understanding	Communicate the diagnosis, prognosis and plan of care in a clear, compassionate, respectful, and accurate manner to the patient and family Recognize when to seek help in providing clear explanations to the patient and family Communicate care plan to the patient and family	Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, and management plan Communicate explanations and post-procedure instructions that are clear and adapted to the patient's level of understanding and need	communicate information that is concise, relevant, useful, and respectful to a patient, and the patient's family, adapting explanations to the patient's needs and level of understanding Communicate using patient-centred strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, and management plan Provide information on diagnosis and prognosis in a clear, compassionate, respectful, and objective manner	
			Convey information related to the patient's health status, care, and needs in a timely, honest, and transparent manner to	

			patient and their	
			family	
			Communicate the patient's prognosis, related uncertainty, and the differences between the goals of curative and palliative treatments to the patient and family clearly and compassionately	
			Communicate bad news to the family effectively	
			Clearly and compassionately communicate the news of the patient's death to their family	
3.2. Disclose harmful patient safety incidents to patients and their families accurately and appropriately	Describe the steps in providing disclosure after a patient safety incident		Communicate the reasons for unanticipated clinical outcomes to patients and disclose patient safety incidents Apologize appropriately for a harmful patient safety incident	Disclose critical incidents involving patient safety and/or medical error to the patient and family accurately and according to institutional policy Plan and document followup to harmful patient safety incident
			Communicate near- misses or complications from the procedural sedation to the patient and/or family	
4. Engage patients and	d their families in develo	pping plans that reflect t	the patient's health care	needs and goals
4.1. Facilitate discussions with patients and their families in a way that is respectful, non- judgmental, and culturally safe	Conduct an interview, demonstrating cultural awareness	Explore the perspectives of the patient and others when developing care plans Communicate with cultural awareness and sensitivity	Communicate using patient-centred strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, and management plan	Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health			Provide resource support options for families in grief	Assist the patient and family to identify, access, and make use of information and communication technologies to support care and manage health
4.3. Use communication skills and strategies that help patients and their families make informed	Demonstrate steps to obtaining informed consent Use communication skills and strategies that help the patient	Answer questions from the patient and family about next steps		

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decisions regarding their health	and their families make informed decisions regarding their health including			
	obtaining informed consent for commonly performed procedures and therapies			
	e written and electronic ,, confidentiality, and pr		medical encounter to op	timize clinical decision-
5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements	Organize information in appropriate sections within an electronic or written medical record Maintain accurate and up-to-date problem lists and medication lists Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements	Document information about patients and their medical conditions in a manner that enhances intra- and interprofessional care Document clinical encounters to adequately convey clinical reasoning and the rationale for decisions Maintain clear, concise, accurate records of clinical encounters and plans	Adapt record keeping to the specific guidelines of their discipline and the clinical context Identify and correct vague or ambiguous documentation Document relevant clinical information regarding procedural sedation, including but not limited to patient risk, patient consent, monitoring, and discharge information, in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements Document the patient's goals of care in an accurate, complete, timely, and accessible manner Maintain clear, concise, accurate, and appropriate records of clinical encounters and plans Maintain clear, concise accurate and appropriate records related to point-of-care-ultrasound Maintain clear, concise, and accurate resuscitation records	Maintain clear, concise, accurate records of clinical encounters and plans, indicating approaches that prioritize safe, symptomatic treatment and exclusion of key diagnoses, but that may not achieve a final diagnosis
5.2. Communicate effectively using a written health record, electronic medical		Demonstrate reflective listening, open-ended inquiry, empathy, and effective eye contact while using a written or electronic medical	Store and archive images appropriately Adapt use of the health record to the patient's health literacy and the clinical context	Ensure accurate documentation of relevant information and medical orders when providing advice when appropriate
record, or other digital technology		record Communicate effectively using a written health record, electronic medical record, or other digital technology		

5.3. Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding			Adapt written and electronic communication to the specificity of the discipline and to the expectations of patients	Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding Provide effective consultant reports to referring physician outlining findings, treatments, and follow up care plan when appropriate
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COLLABORATOR MILESTONES: RESIDENCY					
	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice	
1. Work effectively wit	th physicians and other	colleagues in the health	care professions		
1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centered collaborative care 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care	Compare and contrast enablers of and barriers to collaboration in health care Demonstrate appropriate interactions with other health care professionals, including seeking advice when appropriate Discuss the role and responsibilities of a specialist in Emergency Medicine Communicate the severity of the patient's condition clearly to a senior clinician and seek supervision in a timely manner	Respect established rules of their team Receive and appropriately respond to input from other health care professionals Differentiate between task and relationship issues among health care professionals Describe the roles and scopes of practice of other health care providers related to Emergency Medicine Assign roles to members of the health care team as appropriate	Anticipate, identify, and respond to patient safety issues related to the function of a team Collaborate as needed with other health care professionals Describe the scope of practice of prehospital services and transport medicine personnel and prehospital treatment algorithms Collaborate with prehospital services	Establish and maintain healthy relationships with physicians and other colleagues in the health care professions to support relationship-centered collaborative care Coordinate shared care responsibilities with physicians and other colleagues for patients in the emergency department including delegating tasks to other healthcare professional	
	Involve and engage in collaborative patient care with physicians and other health care professionals in the management of the critically ill patient		and transport medicine personnel in the ongoing resuscitation of acutely ill patients during initial resuscitation of the patient Consult with other health care professionals, recognizing the limits of their expertise and the limits of point-of-care ultrasound		
1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions	Discuss with the patient and family any plan for involving other health care professionals, including other physicians, in the patient's care Summarize the patient's condition and initial treatment	Integrate the patient's perspective and context into the collaborative care plan Solicit and respond to input from members of the health care team and keep the team informed of management plans	Communicate effectively with physicians and other colleagues in the health care professionals Provide timely and necessary written information to colleagues to enable	Engage in respectful shared decision-making with physician and other colleagues in the health care professions Use referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise	

	priorities to the healthcare professionals involved in the resuscitation of a patient	and rationale efficiently and respectfully to ensure quality of care	effective relationship-centered care Work with others to assess, plan, provide, and integrate care for individuals and groups of patients Work within or lead an interprofessional team to effectively manage the care of a patient with an acute medical or surgical disorder Engage in respectful shared decision-making with physicians, nurses, respiratory therapists and other health professionals regarding the delivery of procedural sedation Collaborate as necessary with the patient's primary care physician, psychiatrist, and/or community liaison(s) and services upon discharge Provide clear, concise, timely, and respectful direction and feedback	Communicate effectively with nurses, other physicians, other healthcare professionals and other staff to optimize flow of patients through the emergency department When providing medical consultation, allow for shared decision making by incorporating the clinical and situational input of other healthcare professionals
			to prehospital services and transport medicine personnel	
2. Work with physicial differences, and resolu		e health care profession	ns to promote understar	nding, manage
2.1. Show respect toward collaborators	Convey information thoughtfully Respond to requests and feedback in a respectful and timely manner	Actively listen to and engage in interactions with collaborators	Delegate tasks and responsibilities in an appropriate and respectful manner	Show respect toward collaborators
2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture		Identify communication barriers and promote positive communication between health care professionals	Gather the information and resources needed to manage differences and resolve conflicts among collaborators Analyze team dynamics	Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
conaborative culture			Gain consensus among colleagues in resolving conflicts	
			Develop consensus between the patient, family, and care providers regarding the care plan for the patient in the emergency department, including recognition and mediation of conflicts	

3. Hand over the care	3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care						
3.1. Determine when care should be transferred to another physician or health care professional		Identify patients requiring handover to other physicians or health care professionals	Determine when care should be transferred to another physician or health care professional during the post-procedural recovery from procedural sedation	Determine when care should be transferred to another physician or health care professional			
3.2. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care	Describe specific information required for safe and effective handover during transitions in care	Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer as needed Communicate with the patient's primary health care professional about the patient's care Summarize a patient's issues in a case presentation, including the plan to deal with ongoing issues Present medical information appropriately to ensure safe transfer of care after initiation of resuscitation	Organize the handover of care to the most appropriate physician or health care professional Safely transfer care of the patient to an anesthetist, critical care physician, or other health care professional Convey appropriate medical information in a clear and organized manner to ensure safe transfer of care to another health care provider Communicate with prehospital services and transport medicine personnel in the transfer of care and provision of care in the prehospital setting Demonstrate safe transfer of care, both verbal and written, during patient transitions to a different healthcare professional, setting, or stage in care Analyze gaps in communication between health care professionals during transitions in care Recognize and act on patient safety issues in the transfer of care	Demonstrate safe transfer of care, both verbal and written, during patient transitions into and out of the emergency department Communicate and negotiate, as appropriate, a plan for the patient's care with the patient's other health care professionals for patients discharged from the emergency department			

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	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice
1. Contribute to the in	nprovement of health	care delivery in teams, or	ganizations, and system	S
1. Contribute to the in		, ,	, ,	<u></u>
	Describe quality	Compare and contrast	Analyze and provide	Apply the science of quality
1.1. Apply the science	Describe quality improvement	Compare and contrast the traditional methods	, ,	Apply the science of qualit improvement to contribute
1.1. Apply the science of quality improvement to contribute to	Describe quality	Compare and contrast	Analyze and provide feedback on processes	Apply the science of qualit

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improving systems of patient care		Compare and contrast systems of theory with traditional approaches to quality improvement Seek data to inform practice and engage in an iterative process of improvement	organization, or system Participate in a patient safety and/or quality improvement initiative Actively encourage all	Contribute to a culture that
1.2. Contribute to a culture that promotes patient safety			involved in health care, regardless of their role, to report and respond to unsafe situations Engage patients and their families in the continuous improvement of patient safety Model a just culture to promote openness and increased reporting	promotes patient safety
1.3. Analyze patient safety incidents to enhance systems of care	Describe the available supports for patients and health care professionals when patient safety incidents occur			Analyze harmful patient safety incidents and near misses to enhance systems of care
1.4. Use health informatics to improve the quality of patient care and optimize patient safety	Describe the data available from health information systems in their discipline to optimize patient care	Use clinical informatics to facilitate efficient, safe patient care by retrieving and manipulating information across digital platforms, while maintaining data security	Map the flow of information in the care of their patients and suggest changes for quality improvement and patient safety Use data on measures of clinical performance during team discussions and to support team decision-making	Use health informatics to improve the quality of patient care and optimize patient safety
2. Engage in the stewa	ardship of health care re	sources		
2.1. Allocate health care resources for optimal patient care	Describe the costs of common diagnostic and therapeutic interventions relevant to their discipline	Describe models for resource stewardship in health care used at the institutional level Consider costs when choosing care options	Use clinical judgment to minimize wasteful practices Develop practice-based and system-based rules for resource allocation Practice the principles of crisis resource management in leading a healthcare team Consider appropriate	Allocate health care resources for optimal patient care Manage unexpected surges in patient numbers and acuity, in real or simulated disaster situations Coordinate medical and surgical specialties with hospital administration to problem solve resource issues in the emergency department (e.g. crisis events, bed block,
2.2 Apply suid-		Apply evidence and	resource implications when choosing care options Determine cost	malfunction of technology) Apply evidence and
2.2. Apply evidence and management processes to achieve cost-appropriate care		guidelines with respect to resource utilization in common clinical scenarios	discrepancies between best practice and their current practice Optimize practice patterns for costeffectiveness and cost control	management processes to achieve cost-appropriate care

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3.1. Demonstrate leadership skills to enhance healthcare	Analyze their own leadership styles, including strengths, weaknesses, and biases		Contribute to a health care change initiative Demonstrate knowledge of prehospital services and transport medicine systems and the function and protocols of prehospital and transport medicine dispatch	Demonstrate leadership skills to enhance health care
3.2. Facilitate change in health care to enhance services and outcomes		Analyze patient feedback to help improve patient experiences and clinical outcomes Describe key health policy and organizational issues in their discipline	Develop a strategy for implementing change in health care with patients, physicians, and other health care professionals Analyze ongoing changes occurring in health care delivery	Facilitate change in healtl care to enhance services and outcomes
4. Manage career plan	ning, finances, and heal	th human resources in a	a practice	
4.1. Set priorities and manage time to integrate practice and personal life	Align priorities with expectations for professional practice	Build relationships with mentors Organize work using strategies that address strengths and identify areas to improve in personal effectiveness		Set priorities and manage time to integrate practice and personal life
4.2.Manage a career and practice	Review opportunities for practice preparation, including choices available for further training Maintain a portfolio and reflect professional development	Examine personal interests and seek career mentorship and counselling Demonstrate leadership in the health care team as appropriate Organize an interprofessional team in the initial phase of resuscitation	Lead a multidisciplinary health care team in the care of the patient with an emergent medical or surgical condition Manage multiple patients simultaneously in a safe and efficient manner, including the appropriate delegation of tasks to other health care team members Reconcile expectations for practice with job opportunities and workforce needs Adjust educational experiences to gain competencies necessary for future independent practice Describe remuneration models as they pertain to their discipline Plan practice finances, considering short- and	Manage a career and a practice
4.3. Implement processes to ensure personal practice improvement	Describe how practice standardization can improve quality of health care		long-term goals Improve personal practice by evaluating a problem, setting priorities, executing a	Implement processes to ensure personal practice improvement

	plan, and analyzing the results	

HEALTH ADVOCATE M	HEALTH ADVOCATE MILESTONES: RESIDENCY					
	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice		
 Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment 						
1.1.Work with patients to address determinants of health that affect them, and their access to needed health services and resources	Analyze a given patient's needs for health services or resources related to the scope of Emergency Medicine	Identify resources, agencies, and opportunities for patient education to address health needs of the patient, including the social determinants of health Demonstrate an approach to working with patients and other health professionals to advocate for beneficial services or resources	Work with patients to address the determinants of health that affect them and their access to needed health services or resources Describe risk factors that may indicate that a patient is the victim of intimate partner violence, child abuse or neglect, youth violence, sexual assault, elder abuse, or human trafficking Facilitate timely patient access to services and resources Facilitate timely patient access to resources, agencies, and opportunities for patient education to address health needs of the patient including the social determinants of health Advocate for optimal care for the patient with an emergent condition with respect to investigations, consultations, transport, admission and final disposition Advocate for access to appropriate prenatal care when necessary Apply the principles of	Work with the patient and		
and their families to increase opportunities to adopt healthy behaviours	agencies that address the health needs of patients	education resources related to Emergency Medicine Educate the patient and family about information and communication technologies to improve health	behaviour change during conversations with patients about adopting healthy behaviours In cases involving substance abuse, refer to addiction services as appropriate, and promote safer practices and harm reduction strategies	family to increase opportunities to adopt healthy behaviours		
1.3. Incorporate disease prevention, health promotion, and		Work with the patient and family to identify opportunities for disease prevention,	Evaluate with the patient the potential benefits and harms of health screening	Incorporate disease prevention, health promotion, and health surveillance activities into		

		health promotion, and health protection	Recognize opportunities for injury prevention and anticipatory guidance for the patient with an emergency condition In cases of accidental ingestion or overdose, promote safe medication use and storage and appropriate occupational health practices Refer patient to addiction or detox services in cases involving alcohol and/or substance abuse as appropriate	interactions with individual patients or system-level change in
a socially accountable	manner	T	T	T
2.1.Work with a community or population to identify the determinants of health that affect them		Identify communities or populations they serve who are experiencing health inequities	Analyze current policy or policy developments that affect the communities or populations they serve	
2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities	Participate in health promotion and disease prevention programs relevant to their practice	Identify patients or populations that are not being served optimally in their clinical practice	Report epidemics or clusters of unusual cases seen in practice, balancing patient confidentiality with the duty to protect the public's health	Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
2.3. Contribute to a process to improve health in the community or population they serve		Partner with others to identify the health needs of a community or population they serve	Appraise available resources to support the health needs of communities or populations they serve Distinguish between potentially competing health interests of the individuals, communities, and populations they serve	Contribute to a process to improve health in the communities or populations they serve

SCHOLAR MILESTONES: RESIDENCY					
	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice	
1. Engage in the continuous enhancement of their professional activities through ongoing learning					
1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice	Describe physicians' obligations for lifelong learning and ongoing enhancement of competence	Create a learning plan in collaboration with a designated supervisor identifying learning needs related to	Review and update earlier learning plan(s) with input from others, identifying learning needs related to all CanMEDS Roles to	Develop, implement, monitor, and revise a personal learning plan to enhance professional practice	
		Emergency Medicine and career goals Use technology to develop, record, monitor, revise, and	generate immediate and longer-term career goals		

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		report on learning in medicine		
		Demonstrate a structured approach to monitoring progress of learning in the clinical setting		
1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources	Use clinical encounters and evidence-based resources as opportunities to guide learning Be receptive to and incorporate feedback into practice	Identify, record, prioritize and answer learning needs that arise in daily work, scanning the literature or attending formal or informal education sessions Seek and interpret multiple sources of performance data and feedback, with guidance, to continually improve performance	Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources	
1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice		Identify the learning needs of a health care team		Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice
	idents, the public, and o			
2.1. Recognize the influence of role-modeling and the impact of the formal, informal, and hidden curriculum on learners		Identify behaviours associated with positive and negative role-modelling	Use strategies for deliberate, positive role-modelling	Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
2.2. Promote a safe learning environment		Explain how power differentials between learners and teachers can affect the learning environment		Ensure a safe learning environment for all members of the team
2.3. Ensure patient safety is maintained when learners are involved		Identify unsafe clinical situations involving learners and manage them appropriately	Supervise learners to ensure they work within limitations, seeking guidance and supervision when needed Balance clinical supervision and graduated responsibility, ensuring the safety of patients and learners	Ensure patient safety, dignity, and confidentiality are maintained when learners are involved Provide appropriate supervision of the learner, balancing patient safety and care with educational needs Describe the role and responsibility of the supervisor as determined by relevant local policies
2.4. Plan and deliver learning activities		Demonstrate basic skills in teaching others, including peers	Describe how to formally plan a medical education session Describe sources of information used to assess learning needs	Plan and deliver a learning activity Identify the level of the learner and their needs and adapt teaching strategies to match them
			Define specific learning objectives for a teaching activity Describe clinical teaching strategies	Choose appropriate content, teaching format, and strategies tailored to both the learner and the

		relevant to their discipline	emergency department setting
2.5. Provide feedback to enhance learning performance	Provide written or verbal feedback to other learners, faculty and other members of the team		Provide feedback to learners to enhance learning and performance Role-model regular self-assessment and feedback-seeking behaviour Provide feedback to learners who are performing below their level of training, being clear about areas that require immediate
2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner		Appropriately assess junior learners	attention and providing guidance for future training Assess and evaluate learners, teachers, and programs in an educationally appropriate manner
3. Integrate best available e	vidence into practice		
3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them	Recognize uncertainty and knowledge gaps in clinical and other professional encounters relevant to Emergency Medicine	Generate focused questions that address practice uncertainty and knowledge gaps	
3.2. Identify, select, and navigate pre- appraised resources	Contrast the various study designs used in medicine and the quality of various preappraised resources	Use clinical informatics decision support (e.g. clinical queries, smart prescribing etc.) to facilitate patient management	Identify, select, and navigate pre-appraised resources
3.3. Critically evaluate the integrity, reliability, and applicability of health- related research and literature	Interpret study findings, including a critique of their relevance to their practice Determine the validity and risk of bias in a source of evidence	Evaluate the applicability (external validity or generalizability) of evidence from a resource Describe study results in both quantitative and qualitative terms	Critically evaluate the integrity, reliability, and applicability of health-related research and literature
3.4. Integrate evidence into decision- making in their practice	Discuss the barriers to and facilitators of applying evidence into practice Describe how various sources of information, including studies, expert opinion, and practice audits, contribute to the evidence base of medical practice Integrate the best available evidence and best practices, including point of care	Identify new evidence appropriate to their scope of professional practice through quality-appraised evidence-alerting services	Integrate best evidence surrounding handover practices Teach learners to effectively find, select and integrate evidence into decision making in their practice

4. Contribute to the cr	eation and disseminatio	resources to enhance the quality of care, patient safety and resource utilization	ctices applicable to heal	th
4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in healthcare				
4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations		Discuss and provide examples of the ethical principles applicable to research and scholarly inquiry relevant to Emergency Medicine		Identify ethical principles for research and incorporate them into obtaining informed consent, considering harm and benefits, and considering vulnerable populations Ensure confidentiality for projects involving patient information
4.3. Contribute to the work of a research program		Compare and contrast the roles and responsibilities of members of a research team and describe how they differ from clinical and other practice roles and responsibilities	Actively participate as a research team member, balancing the roles and responsibilities of a researcher with the clinical roles and responsibilities of a physician	Contribute to the work of a research program
4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them	Formulate a basic clinical query and perform an efficient, appropriate point-of-care search of the evidence to create an evidence-informed answer	Describe and compare the common methodologies used for scholarly inquiry in Emergency Medicine	Select appropriate methods of addressing a given scholarly question	Pose medically and scientifically relevant and appropriately constructed questions amenable to scholarly investigation
4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry		Summarize and communicate to peers the findings of applicable research and scholarship		Summarize and communicate to professional and lay audiences, including patients and their families, the findings of applicable research and scholarly inquiry Prepare a manuscript suitable for publication in a peer-reviewed journal

PROFESSIONAL N	MILESTONES: RESIDENCY				
	Transition to discipline	Foundations of discipline	Core of discipline	Transition to practice	
Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards					
1. Demonstrate a	communent to patients by	applying best practices a	ind adhering to high etc	iicai stailuaius	
	Consistently prioritize the needs of patients and others to ensure a	Independently manage		Maintain appropriate professional behaviours and demonstrate resilience	

1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality	patient's legitimate needs are met Demonstrate punctuality Complete assigned responsibilities Exhibit appropriate professional behaviours and relationships in all aspects of practice, such as honesty, integrity, humility, dedication, empathy, respect, respect for diversity, and maintenance of confidentiality	issues surrounding confidentiality, intervening when confidentiality is breached Demonstrate professionalism including but not limited to punctuality, privacy, confidentiality, and dress code	Manage complex issues while preserving confidentiality Intervene when behaviours toward colleagues and learners undermine a respectful environment Respect the patient's privacy in accordance with privacy and confidentiality legislation, regulations, and policies	in the face of high stress/intensity situations Exhibit professional behaviour when communicating about patient care with other physicians and healthcare professionals
1.2. Demonstrate a commitment to excellence in all aspects of practice and to active participation in collaborative care			Analyze how the system of care supports or jeopardizes excellence	Demonstrate a commitment to excellence in all aspects of practice
1.3. Recognize and respond to ethical issues encountered in practice		Interpret advanced directives or care plans for patients Recognize ethical issues in the clinical and academic setting	Manage ethical issues encountered in the clinical and academic setting Recognize and respond to ethical concerns related to the care of the patient	Recognize and respond to ethical issues encountered in independent practice
1.4. Recognize and manage conflicts of interest			Proactively resolve real, potential, or perceived conflicts of interest transparently and in accordance with ethical, legal, and moral obligations	Recognize and manage conflicts of interest in independent practice
1.5. Exhibit professional behaviours in the use of technology-enabled communication			Intervene when aware of breaches of professionalism involving technology-enabled communication	Exhibit professional behaviours in the use of technology-enabled communication Demonstrate secure and appropriate use of communication technology with referring physicians and other health care professionals
2. Demonstrate a com	mitment to society by re	ecognizing and respondi	ng to societal expectation	ons in health care
2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians		Manage tensions between patient and societal and physician's expectations, and resource stewardship Describe the tension between the physician's role as advocate for individual patients and the need to manage scarce resources	Demonstrate a commitment to the promotion of the public good in health care, including stewardship of resources Demonstrate a commitment to maintaining and enhancing competence	Demonstrate accountability to patients, society, and the profession by recognizing and responding to societal expectations of the profession

2.2. Demonstrate a commitment to patient safety and quality improvement		Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures Monitor institutional and clinical environments and respond to issues that can harm patients or the delivery of health care	Ensure personal and team safety during the assessment and management of patients	Demonstrate a commitment to patient safety and quality improvement initiatives within their own practice environment
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3.1. Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice	innent to the profession	on by aunering to stands	Describe how to respond to, cope with, and constructively learn from a complaint or legal action Demonstrate accountability to the profession and society with regard to the impact of decisions	Adhere to the professional and ethical codes, standards of practice, and laws governing practice
			that are made Describe the relevant codes, policies, standards, and laws governing physicians and the profession including standardsetting and disciplinary and credentialing procedures	
			Demonstrate knowledge and appropriate use of provincial mental health legislation as it pertains to involuntary psychiatric assessment in cases of imminent self-harm, harm to others, or inability to care for self	
			Fulfill and adhere to the protocols and standard practice governing shared care with prehospital services and transport medicine providers	
			Fulfill the requirements of a physicians' duty to report including but not limited to communicable disease, suspected child, intimate partner, or elder maltreatment, or clusters of unusual cases	
			clusters of unusual	

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			child, intimate partner,	
			or elder maltreatment	
			Daniest a seidental and	
			Report accidental and	
			non-accidental exposures to toxic	
			substances	
			appropriately	
3.2. Recognize and	Respond to peer-group		Describe and identify	Recognize and respond to
respond to	lapses in professional		regulatory codes and	unprofessional and
unprofessional and	conduct		procedures relevant to	unethical behaviours in
unethical behaviours in			involving a regulatory	physicians and other
physicians and other			body in a case of	colleagues in the health
colleagues in the			serious unprofessional	care professions
health care profession			behaviour or practice	·
			Participate in the	Participate in peer
3.3. Participate in peer			review of practice,	assessment and standard-
assessment and			standard setting and	setting
standard-setting			quality improvement	
			activities	
			Bentletente (1)	
			Participate in the	
			assessment of junior	
			learners Prepare a morbidity	
			and mortality report or	
			chart review	
4. Demonstrate a com	mitment to physician he	alth and well-heing to f	•	re
4.1. Exhibit self-		Manage the impact of	Integrate skills that	Exhibit self-awareness and
awareness and		physical and	support adaption and	effectively manage
effectively manage		environmental factors	recovery in challenging	influences on personal
influences on personal		on performance	situations	well-being and professional
wellbeing and		·		performance
professional		Regulate attention,	Use effective coping	
performance		emotions, thoughts,	strategies to deal with	
		and behaviours while	the stressors of	
		maintaining capacity to	decision-making and	
		perform professional	prioritizing	
		tasks	interventions in a	
	Decemine evolvine	Describe the influence	leadership role	Managa parsanal and
4.2 Managa narganal	Recognize evolving professional identity	Describe the influence of personal and	Manage competing	Manage personal and
4.2.Manage personal and professional	transitions and	environmental factors	personal and professional priorities	professional demands for a sustainable practice
demands for a	manage inherent	on the development of	professional priorities	throughout the physician
sustainable practice	stresses	a career plan		life cycle
throughout the	30.0303	a career plan		me eyele
physician life cycle				
, ,				
		Use strategies to	Support others in their	Promote a culture that
4.3. Promote a culture		mitigate the impact of	professional transitions	recognizes, supports, and
that recognizes,		patient safety incidents		responds effectively to
supports, and			Support team	colleagues in need
responds effectively to			members dealing with	Bounds are to t
colleagues in need			grief, or anxiety	Provide mentorship to
			experienced during	colleagues
			emotionally charged resuscitations through	Teach, role-model, and
			debriefing, coping	positively influence the
			strategies, and access	behaviour of others to
			to other resources	promote a positive and
			to other resources	effective learning
				environment
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