



Curriculum

Family Medicine
Residency Program

2024



uOttawa

Faculté de médecine
Faculty of Medicine

Département de
médecine familiale
Department of
Family Medicine

Clinical Domains of Care / Core Professional Activities

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Core Comprehensive Family Medicine Program

The Department of Family Medicine is proud to provide a Triple C Competency-Based Curriculum to prepare our graduates for today's health care environment. Built around societal and patient needs, this comprehensive approach focuses on continuity of education and patient care and is centred in family medicine. Its focus on outcome abilities is designed to prepare physicians for practice. Located in Canada's capital, the uOttawa Department of Family Medicine offers a two-year program that revolves around an innovative Triple-C competency-based curriculum, taught in a balance of urban and rural communities and comprised of both centralized and local educational experiences.

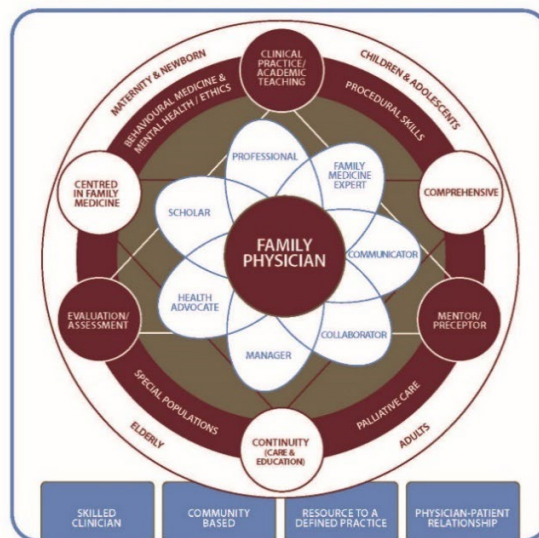
Our training and education is delivered through learning contexts and strategies which equip graduates with the knowledge, skills and attitudes necessary to provide comprehensive care across the spectrum of care and across all life cycles, clinical settings, and clinical responsibilities.

Learning is accomplished through exposure, practice, and assessment in all domains of clinical care. Teachers and mentors are role models of comprehensive care, who guide our residents through the practice and assessment of all seven CanMEDS-FM Roles (Family Medicine Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, Professional). Competence is supported by continuous sampling, observation, and reflection on an individual's performance.

In addition, our PGY3 Enhanced Skills Program provides graduates with opportunities to develop and refine skills in specialized disciplines within family medicine.

We offer educational experiences in both English and French, as well as in rural, remote, and international settings. Our teachers and training sites are recognized for excellence and our residents graduate prepared to meet society's evolving needs. We provide a diverse learning environment with many opportunities for personal growth and professional development.

Family Medicine Triple C Competency-Based Curriculum Framework



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Family Medicine Teaching Sites

Teaching Site Comparison Table

| Site → | Civic | Riverside | Bruyère | Primrose | Community | Pembroke | Winchester | Montfort |
|----------------------------|--|---------------|---------|----------|----------------------------|---|----------------------|---|
| Location | Central /West | Central /East | Central | Central | Varied, from Central-Rural | 150km northwest of Ottawa | 30km south of Ottawa | Central/East |
| Curriculum Structure | Block | | | | | Horizontal | | Mixed |
| Family Medicine Structure | Hospital-based, academic unit | | | | | Community Offices | | |
| Elective Time (PGY1, PGY2) | 1 block, 2 blocks | | | | | 2 blocks, 1 block | | 0 block, 3 blocks |
| PGY1 Core Rotations | 5 Family Medicine Obstetrics; 1 each Hospitalist, Emergency, Geriatric, Internal Medicine, Pediatrics Wards, Pediatrics Emergency, Rural, Elective | | | | | 6 each Family, Emergency, Geriatrics; 1 each Hospitalist, Obstetrics, Pediatrics Wards, Internal Medicine; 2 Family/ Psychiatry | | 4 Family; 1 each Obstetrics, Rural, Psychiatry, Emergency, Rheumatology/Orthopedics, Pediatrics Wards, Pediatrics Emergency, 2 Internal Medicine |
| PGY2 Core Rotations | 4 Family Medicine Obstetrics; 1 each Palliative, Hospitalist, Emergency, Rural, Internal Medicine, Psychiatry, Pediatrics Community; 2 Electives | | | | | 6 Family/Emergency, 1 each Hospitalist, Surgery, Obstetrics, Rural, Selective ICU / Specialties/ Emergency/Anesthesia | | Family (clinic and hospital-based) blocks 1-11 and 13, 2-3 shifts of emergency and obstetrics in blocks 2-11, 1 shift/block in Pediatrics in blocks 2-11, Psychiatric emergency services over 2 weeks in blocks 3-5 |



| Domains of Clinical Care | Clinical Experiences | | | | | | | | | | | | | | | | | | All sites | | | | | |
|---|----------------------|-------------------------|------------------------------|----------------------|-----------------|---------------------|---|----------------|----------|--------------|-------|----|---------|-----------------|------------|--------|-------------|---------|-----------|-------------------|----------------------|--------------|---------------------|--|
| | Urban FM PGY-1 and 2 | Hospitalist PGY 1 and 2 | Internal Medicine Selectives | Rural FM PGY 1 and 2 | Rural Inpatient | Rural FM x 2 blocks | Pediatric Inpatient and Community PGY-1 | Urban Adult ER | Rural ER | Pediatric ER | FM-OB | OB | FM-Pall | Palliative Care | Geriatrics | LTC | Psychiatry | Surgery | | Inner City Clinic | Indigenous Community | Trans Health | Elective x 2 blocks | |
| Maternity and Newborn Care | UA, M | | | P | | | | | | | | UA | M, W, P | | | | | | | | | | | |
| Care of Children and Adolescents | UA, M | | | P | | UA | UA, M, P | | | UA, M, W | | | | | | | | | | | | | | |
| Care of Adults | UA, M | UA, M | M, W | P, W | W | UA, M | | UA, M | W | | | | | | | | UA | | | | | | | |
| Care of the Elderly | UA | | | P, W | | | | | | | | | | | UA, M, P | C/R, P | | | | | | | | |
| Palliative Care | | | | P, W | P | | | | | | | | UA | M | | | | | | | | | | |
| Special Populations | UA, M | | | P, W | | | | | | | | | | | | | | | B/Pr | W, (P in dev) | | C/R | | |
| Behavioural Medicine, Psychiatry and Ethics | UA, M | | | P, W | | | | | | | | | | | | | UA, M, P, W | | | | | | | |
| Procedural Skills | UA, M | | | P, W | P, W | UA, M | | UA, M | P, W | | UA, M | | | | | | | | P | | | | | |

Legend
M (Montfort) **W** (Winchester)
P (Pembroke) **UA*** (Urban Academic and Affiliated Community Sites: Bruyère, Primrose, Riverside, Civic)
 * Note, there may be community residents attached to the UA and M sites which may be based in rural FM clinics

Mandatory Educational Requirements

At any given time, the resident's progress will be determined based on the current policy (not be applied retroactively). Please note that some sites organize clinical experiences as rotations and others are longitudinal. To view the *full* list of Mandatory Educational Requirements please click [here](#).

ROTATIONS: Successful completion of all rotational requirements and attainment of associated competencies. Each rotation evaluation should be submitted to the Department *within 28 days of completion of the rotation*, through the web-evaluation tool ([one45](#)). In Training Evaluation of Resident (or ITERs) are used to show satisfactory completion of each rotation (as ultimately determined by the DFM's Resident Program committee).

BENCHMARKS: Documentation of acquisition of the [Core FM Benchmarks](#) for PGY1 and PGY2 defined by the program.

This includes satisfactory competence in all clinical domains including:

- Behavioural Medicine, Mental Health, and Ethics
- Care of Adults
- Care of Children and Adolescents
- Care of Special Populations
- Care of the Elderly
- Maternity Newborn Skills
- Palliative Care
- Procedural Skills

Residents are responsible for building a multisource portfolio of **FIELD NOTES** that demonstrate they are acquiring the expected competencies and receiving ongoing feedback. Daily documentation with field notes is recommended and *a minimum of 32 field notes* during core Family Medicine rotations and half days back is required per year.

Field notes (and other formative and summative assessments) are required to document attainment of competence in all the expected:

Clinical domains

[CanMEDS-FM roles](#)

[Core FM Benchmark Educational Categories](#)

Formal Teaching

Academic Day Sessions

To support local clinical experiences, centrally the program provides standardized academic days where residents received workshops in the various case-based formats (blended learning, simulations, virtual reality, workshops and didactic lectures). As per the mandatory requirements, the expectation is that residents attend the DFM Academic Days 100% of the time (see [Academic Day Attendance](#) for excused absences) by using a sign in sheet that is provided by the DFM. Please refer to the [CFPC 2020 Assessment Objectives](#) for guidance. Locally, sites may schedule academic sessions to complement their local context and fill in knowledge gaps for their residents.

| Topic | Session Name |
|--|---|
| Behavioural Medicine, Mental Health, and Ethics | Behavioural Medicine simulation Workshop Eating Disorders Ethics Psychiatry Workshop |
| Care of Adults | Anemia Antimicrobial Workshop/Infectious Diseases Asthma Cardiology Review Diabetes Workshop Genito-Urinary Workshop GI/Gastro Workshop Infection Prevention and Control Integrative medicine MSK I - Upper extremity exam MSK II - Lower extremity exam MSK III Joint Injections MSK IV - MSK Potpourri! Neurology Workshop Obesity Workshop Office Emergencies Oncology Optometry/Red Eye POCUS (<i>in development</i>) Preventative Health Public Health Rational Prescribing Red Face/Skin Cancer Rheumatology Sexuality and Sexual Dysfunction Workshop Skin Procedures Smoking Cessation Travel medicine Universal Precautions in Opioid Prescribing Women's Health Procedures |

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|---|---|
| Care of Children and Adolescents | ADHD Mood disorders in children and adolescents Paeds Workshop 1 Paeds Workshop 2 |
| Care of the Elderly | Care of the Frail Senior Care of the Well Senior |
| Enhanced Skills | PGY3 Info |
| Maternity and Newborn Care | Care of the newborn OB skills workshop |
| Palliative Care | Medical Assistance in Dying Palliative Care for Family Docs |
| Practice Management | CMPA Health Economics Health Force Ontario Physician Wellness Transition to Practice Workshop (<i>in development</i>) |
| Special Populations | Anti-racism Workshop Developmental Delay High Risk Populations Indigenous Health Workshop LGBTQ Medicine Refugee health Workshop |

***Note:** procedural skills are embedded in the relevant academic day sessions

| uOttawa Family Medicine Unit Teaching Topics | | | |
|---|-------------|--|--|
| Curriculum Domain | Sub- Domain | Relevant Priority Topic (use these objectives as a basis for teaching) | Teaching Topic/Title |
| Maternity & Newborn | | Pregnancy | Early pregnancy including complications |
| | | | Late pregnancy including complications |
| | | | Intrapartum review (PGY2) including complicated deliveries |
| | | | Postpartum care and routine care of Neonates (& Newborn exam & Hyperbilirubinemia) |
| | | | Obstetrical Emergencies |
| | | | Obstetrical triage, Fetal heart strip monitoring |
| | | | Management of labour |
| | | | Neonatal resuscitation |

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| Care of Children & Adolescents (CoCA) | | | Breastfeeding workshop: promoting the art, solving problems |
| | | Well-baby care, Newborn assessment | Newborn care: common problems (Moved from Academic Day July 2016) |
| | | Well-baby care | Understanding the importance of the 18 month visit |
| | | Behavioural problems (and "learning disabilities") | Diagnosing Developmental, Learning and Behavioural Problems in Children |
| | | | Child maltreatment |
| | | Well-baby care | Anticipatory /Preventative Guidance and Children: safety (car seats, water safety etc). Ins and Outs of the Rourke record Immunization: Ins and Outs, Immunization refusal |
| | | Croup | Croup (Note: Also at Academic Day) |
| | | In Children | Adolescent preventative care and counselling (Note: Also at Academic Day) |
| | | | Croup (Note: Also at Academic Day) |
| | | | Common pediatric complaints: Rashes etc. (Note: Also at Academic Day) |
| | Behavioural problems (with Behav. Medicine) | Enuresis (Note: Also at Academic Day) | |
| Care of Adults | PHA | Patient lifestyle issues | Identifying modifiable lifestyle issues: when and how to intervene |
| | Specific symptoms Fatigue | Fatigue | Primary care approach to fatigue |
| | Specific symptoms Dizziness | Dizziness | Dizziness and vertigo |

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| | Specific symptoms Weight loss | Loss of weight | Diagnosis and managing unexplained weight loss |
| | Specific symptoms Fever | Fever | Approach to Fever in Kids and Adults |
| | Better Prescribing | | Better prescribing: OTC drug interactions |
| | | | Better prescribing principles |
| | | | Better prescribing: Oral anticoagulants including warfarin |
| | | | Deprescribing |
| | | | Relationships with the pharmaceutical industry: the company we keep |
| | Blood | DVT | DVT diagnosis, management |
| | | Anemia | Approach to Anemia and Myelodysplasia (Note: Also at Academic Day) |
| | Cancer | Cancer | Workup of suspected malignancies |
| | | | Oncology basics |
| | | | Cancer emergencies |
| | | | Cancer survivorship |
| | Cardiovascular | Hyperlipidemia | Lipid guidelines review |
| | | Hypertension | Hypertension guidelines review (Note: Also at Academic Day) |
| | | Atrial Fibrillation | Afib management (Note: Also at Academic Day) |
| | | Chest Pain, Ischemic Heart Disease | Angina and ischemic heart disease |
| | | | ECG interpretation |
| | | | CHF |
| | | | Claudication |
| | Dermatology | Skin Disorder | Wound care: including dressing choice, bed sores, stomas |
| | | | Cellulitis |
| | | | Assorted Derm topics: lumps, bumps, Seb |

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| | | keratoses, lipomas, abscess I&D |
| | | Allopecia, dermatophytes |
| | | Acne & Rosacea (Note: Also at Academic Day) |
| | | Carpal tunnel, dupuytren's contracture, trigger digits |
| | | Ingrown nails |
| Emergency Conditions | ACLS | ACLS |
| | LOC | Loss of consciousness, syncope workup |
| | | Office emergencies: developing a proactive approach (Note: Also at Academic Day) |
| | Allergy | Anaphylaxis |
| | Poisoning | When to suspect poisoning, and how to treat it (Note: Also at Academic Day) |
| | Infections | Shock, Sepsis, hypotension: recognition, workup, response |
| | Endo | Diabetes (unit version) |
| Diabetes 2: Tips to help patients manage their diabetes; insulin ins and outs, hypoglycemia | | |
| Insulin starts | | |
| Diabetic foot exam (and care), exercise for diabetics | | |
| Diabetes | | DKA |
| Obesity | | Obesity Workshop (Note: Also at Academic Day) |
| Thyroid | | Hyperthyroidism, Hypothyroidism, Thyroid Storm, Hypothyroid coma (Note: Also at Academic Day) |
| | Cushing's, Addison's | |
| ENT, Eyes | Red Eye | Common eye complaints in Family Medicine including Red Eye (Unit Based) |
| | Epistaxis | Epistaxis |

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| | | Antibiotics | Sinusitis |
| | | | Otitis media, externa |
| | GU | Infertility | Infertility diagnosis, assessment and management |
| | | | Polycystic ovarian syndrome |
| | | Prostate | "Triple P": BPH, (incl. catheters), Penile abN PART 1 |
| | | | "Triple P": other male problems (ED, Prostate Cancer) PART 2 |
| | | | Chronic Renal Failure |
| | | Sexually Transmitted Infections | Sexually Transmitted Infections (Medical Jeopardy: STIs) (Note: Also at Academic Day) |
| | | | Pelvic Inflammatory Disease (Note: Also at Academic Day) |
| | | Urinary Tract Infections & Dysuria | UTIs and Dysuria |
| | | | Urinary incontinence & Approach to hematuria |
| | | GI | Abdominal Pain |
| | | | The surgical abdomen vs non surgical abdomen |
| | | | Dietary help for pts with GI complaints |
| | Hepatitis | | Approach to abnormal LFTs |
| | | | Hepatitis: The As, Bs, Cs (Note: Also at Academic Day) |
| | | | Hep C in primary care (Note: Also at Academic Day) |
| | | | Cirrhosis, Ascites |
| | Gatro-Intestinal Bleed | | Lower GI bleeding, and colorectal cancer |
| | Diarrhea | Diarrhea: Acute, and Chronic | |

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| | | Nutrition across the lifespan: Including Weight management |
| Infections | | HIV/AIDS in primary care |
| | Infections | Approach to personal protective gear (eg gown, gloves, N95 masks) |
| | | Approach to a tick bite |
| MSK | Joint disorder | Upper extremity MSK complaints including shoulder pain (Note: Also at Academic Day) |
| | | Carpal tunnel, dupuytren's contracture, trigger digits |
| | Joint disorder | Lower extremity MSK complaints including knee, hip, leg pain (Note: Also at Academic Day) |
| | Low back pain, Neck pain | Spinal MSK complaints, neck pain, low back pain (Note: Also at Academic Day) |
| | Chronic disease | Chronic pain management: Behavioural medicine and pharmacology perspectives, opioid prescription challenges |
| | Osteoporosis | Osteoporosis (Note: Also at Academic Day) including compression fracture management |
| | Joint disorders | Gout, arthritis, crystal arthropathies |
| Neuro | Insomnia | Insomnia |
| | Parkinsonism | Parkinsons: Diagnosis, Management |
| | Stroke | Stroke and TA |
| | | Approach to confusion |
| | Meningitis | Meningitis: Children and Adults |
| | Seizures | Seizures / epilepsy: Acute, Long Term management |
| Respiratory | Headaches | Headaches (Note: Also at Academic Day) |
| | Asthma, COPD | Asthma, COPD: Diagnosis, Spirometry interpretation Asthma, COPD: Treatment |

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| | | Smoking cessation | Smoking cessation (Note: Also at Academic Day) | |
| | | Pneumonia | Pneumonia (Note: Also at Academic Day) | |
| | | Cough | Chronic cough: Differential diagnosis, assessment, management (Note: Also at Academic Day) | |
| | Women's Health | Periodic Health Assessment/Screening | Cervical Dysplasia and Cancer | |
| | | Contraception | Contraception: options, treatments | |
| | | Vaginal bleeding | Dysmenorrhea, DUB (Note: Also at Academic Day) | |
| | | | Vaginal bleeding (Note: Also at Academic Day) | |
| | | Breast lump | Breast cancer screening (Note: Breast Cyst Aspiration also covered at Academic Day) | |
| | | Rape, Sexual assault Domestic Violence (Sexual, Physical, Psychological) | Domestic and Sexual Violence: Family Medicine Approach (Note: Also at Academic Day) | |
| | | Menopause | Post menopausal symptoms (Note: Unit based but also at Academic Day) | |
| | Travel Medicine | | Travel Medicine | |
| Care of Elderly | | Dementia | Dementia: Diagnosis, MMSE, MOCA, Treatment | |
| | | | The "Geriatric Giants" | |
| | | Elderly | Mental competency, Dementia, Infections | Cognitive impairment: Approach to acute confusion, delirium |
| | | | | Nutrition in Adults and Seniors Falls in the Elderly Driving topics in the elderly |
| End of Life Care | | Palliative Care | Palliative care : Philosophy, ethics. Community resources | |
| | | | Initiating palliative care conversations | |
| | | | Palliative care: Pain management | |

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| | | | Palliative GI/Resp symptoms workshop |
| | | | Palliative Cognition and Psychosocial concerns |
| | | | Palliative emergencies |
| Behavioral Medicine, Mental Health and Ethics | Behavioral Medicine, Mental Health and Ethics | | BM orientation: Why does BM matter, and what to expect from the BM curriculum in the residency |
| | | Counselling, Multiple medical problems (agenda setting) | PATIENT centred interviewing 1: with orientation (and agenda setting) |
| | | Counselling | PATIENT centred interviewing 2: Agenda setting, FIFE, 5 Fs, Core emotion, Teach Back (Civic/Riverside) OR Gathering information (Bruyere, Primrose); Management and closing the visit (Bruyere/Primrose) |
| | | Anxiety, Counselling | Anxiety: A Family Medicine approach to diagnosis and management including medication and CBT |
| | | Depression | Depression #1: A Family Medicine approach to diagnosis and management including medication |
| | | Counselling | Depression #2: A Family Medicine psychotherapy/CBT |
| | | Depression | Seasonal Affective Disorder (SAD) |
| | | Grief | Death, Dying, Grief, Bereavement |
| | | Crisis | Crisis management and BATHE technique |
| | | Difficult patient, Violent/Aggressive Patient, Bad news | Communication challenges (breaking bad news, angry pt, pt in crisis, seductive pt) |
| | | Personality Disorder | Personality disorders (Borderline) (Note: Also at Academic Day) |

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| | Eating Disorders | Eating Disorders (Note: Also at Academic Day) |
| | Family Issues | Interviewing couples and families |
| | Lifestyle, Smoking cessation, Counselling | Motivational interviewing: Part 1 Introduction to Applied Stages of Change & Precontemplation |
| | Lifestyle, Smoking cessation, Counselling | Motivational interviewing: Part 2: Ambivalence and reluctance |
| | Lifestyle, Smoking cessation, Counselling | Motivational interviewing: Part 3: Standardized patients, applied skills |
| | Substance abuse, Lifestyle | Addiction, drugs, alcohol, tobacco (also Drug Abuse, and Smoking cessation, Harm reduction, withdrawal management) |
| | Stress | Stress and disease: How stress affects how patients present |
| | Schizophrenia | Schizophrenia and management of chronic psychosis, a FM approach |
| | Somatization | Somatization, medically unexplained symptoms |
| | Suicide | Suicide: Assessment & intervention |
| | | Humanities & Narrative medicine (includes cultivation of empathy, Doctoring / philosophical basis of family medicine) |
| | | Introduction to the SOOs (see also Exam prep) |
| | | Physician wellness: LEaP (Learning from experience as a professional): Relationship flashpoints |
| | | Balint: Exploring doctor patient relationship |
| | Sex | Sexual health counselling, Part 1: a family medicine approach |
| | | Sexual health: Part 2: LGBTQ Issues |

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| | | Disability | Getting people off work, WSIB...stress at work, Occupational health issues | |
| | | | Chronic pain: Coping (behavioural aspects, and medication management) (Note: Also at Academic Day) | |
| Procedural Skills | Ethics | | Ethics rounds (including intro to ethics) | |
| | | ACLS (mandatory course) | Procedural sedation, Rapid Sequence Intubation | |
| | | Lacerations | Suturing Workshop | |
| | | Joint disorders | Joint injections: shoulder, knee (Note: Also at Academic Day) | |
| Special Populations | Social Determinants of Health | | Social Determinants of Health/Important Forms | |
| | | | CCAC Services: how to access them (including forms, how to bill) | |
| | | | Poverty workshop: identifying poverty, and tools to help patients (2 hrs) (SLIDES, Cases available) | |
| | | Disability | Disability: Approach to working with patients with disabilities | |
| | | Immigrants | New immigrant screening | |
| Others including Exam Preparation, Scholarly project, QI | Teaching | | RATS course: Residents as TEACHERS | |
| | Exams | | Exam Prep (See also SOO section in Behavioural Med) | |
| | Practice Management | | | Practice Management: Billing |
| | | | | Practice management - remuneration models (Note: Also at Academic Day) |
| | | | | Managing clinical risk (PGY1) |
| | | | Managing resident patient panels | |

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| | Evidence Based Medicine | | EBM basics / EBM Journal club NOTE: Resident presentation at EBM or other similar Journal Club is a Mandatory Requirement for residents |
| | | | Intro to research /scholarly work / FMRSP |
| | Quality Improvement | | Quality Improvement: Part 1 |
| | | | Quality Improvement: Part 2 |

Clinical Competencies and Objectives

Adult ER Objectives

Please click [here](#) to view the objectives.

Care of Children and Adolescents Objectives

Residents must demonstrate competence in the Care of Children and Adolescents in clinical environments and using electronic learning tools. *This is accomplished by achieving sufficient attainment of competence on field notes and rotation evaluations.* Residents must also *complete 10 iLearnPeds electronic learning modules.* Of these 10, 5 must be completed during the Pediatric Emergency Room rotation and 5 additional modules (minimum).

Pediatric Community Objectives

Please click [here](#) to view the objectives.

Pediatric Emergency Objectives

Please click [here](#) to view the objectives.

Pediatric Wards Objectives

Please click [here](#) to view the objectives.

Care of Elderly Objectives

Please click [here](#) to view the objectives.

Family Medicine Objectives

Please click [here](#) to view the objectives.

Family Medicine Rural Objectives

Please click [here](#) to view the objectives.

Hospital Inpatient Objectives

Please click [here](#) to view the objectives.

Internal Medicine (CTU) Objectives

Please click [here](#) to view the objectives.

Maternity and Newborn Objectives

Please click [here](#) to view the objectives.

Residents must demonstrate competence in the Department of Family Medicine's 20 core Maternity & Newborn skills which includes: Intrapartum, Managing Obstetrical Emergencies, Antepartum and Post-Partum skills to satisfy the "FM Obstetrics Evaluation policy". *This is accomplished by achieving sufficient attainment of competence on Maternity Newborn Field Notes to indicate the resident is "fully competent" in a minimum of: 80% (8 of the 10) of intra-partum skills and 70% (8 of the 11) ante-partum and post-partum skills.*

Palliative Care Objectives

Please click [here](#) to view the objectives.

Residents must demonstrate competence in End-of-Life skills as defined by the performing the DFM's core End-of-Life competencies. *This is accomplished by achieving sufficient attainment of competence on Palliative Care Field Notes, ITERs and/or rotation evaluations.*

Procedural Skills Objectives

Please click [here](#) to view the objectives.

Residents must demonstrate adequate procedural skills competence in all the Department's "Procedural Skills Common Features" "High Priority Procedures" and "Low Priority Procedures" (defined in the Procedural Skills Curriculum). *This is accomplished by achieving sufficient attainment of competence on Procedural Skills field notes (or other documentation of procedural skills competence including rotation evaluations) to indicate the resident is "fully competent" in a minimum of:*

- 90% (11 of the 12) "Procedural Skills Common Features"
- 70% (15 of the 21) "High Priority Procedures"
- 30% (8 of the 28) "Low Priority Procedures"

Psychiatry Objectives

Please click [here](#) to view the objectives.

In Behavioural Medicine, Mental Health and Ethics, residents must demonstrate the following:

- Effective therapeutic relationships with patients including patient-centred communication skills
- Ability to communicate effectively with patients from across the lifespan
- Diagnosis and provide management of health behaviour and mental health issues commonly seen in primary care across the lifecycle including focused family medicine counseling skills.
- Identify and resolve ethical issues

This is accomplished by achieving sufficient attainment of competence on Field Notes and rotation evaluations including:

- *Behavioural medicine, specifically patient-centred communication.*
- *Diagnosis and management of mental health conditions*
- *Identification and resolution of ethical issues*

Women's Health Objectives

Please click [here](#) to view the objectives.

Mandatory Activities, Courses & Projects

ACLS

Residents must *successfully complete an advanced cardiac life support (ACLS) course*. They must provide their certificate of completion to their unit coordinator.

Health Advocacy Course

Residents must *successfully complete the Health Advocacy Workshop organised through PGME*. They must provide their certificate of completion to their unit coordinator.

Neonatal Resuscitation Program (NRP)

Residents must *successfully complete the Neonatal Resuscitation Program (NRP)*. They must provide their certificate of completion to their unit coordinator.

Residents As Teachers (RATS) Course

Residents must *successfully complete the Residents As Teachers (RATS) course given by PGME*. They must provide their confirmation of attendance to their unit coordinator.

Resident Confidence Survey

Residents must complete the Resident Confidence Survey (self-assessment) a minimum of twice a year (July & February) through one45. The completed Confidence Survey is reviewed with their supervisor.

Scholarly Projects

For the Scholarly Project and Evidence Based Medicine & Quality Improvement projects, residents will develop skills required to: complete an evidence-based practice assessment and to develop and plan a practice quality improvement project in a primary care setting bring evidence to patient interactions demonstrate the creation, dissemination, application and translation of knowledge. *This is accomplished by:*

- *Completion of acceptable written Quality Improvement reports (the Practice Audit Report and the Final Quality Improvement Report) in the first year of residency*

- *Documentation of acceptable participation in the EBM site-specific required activities (i.e. presentation of the case of the week, EBM rounds or journal club)*
- *Completion of an acceptable written Resident Scholarly Project report and presentation of the project at RIO day in the second year of residency*

To support residents in their scholarly projects, the following central academic day sessions are provided:

| | |
|---|--|
| FMRSP intro | To introduce the mandatory resident scholarly project |
| Library Support | Learn how to access library resources Learn about point of care resources Learn about specialized resources Quick review: how to construct an effective search strategy |
| Evidence Based Medicine (EBM) / Quality Improvement Virtual Reality Workshop | To introduce evidence Based Medicine and Quality Improvement principles using gamification |

Simulated Office Orals (SOO) Objectives

Objectives are:

- Provide understanding of the patient-centred clinical method (PCCM) in family medicine and its importance to patient care.
- Provide an introduction to the current oral evaluation instrument used by the CFPC
- Provide an understanding of how the SOOs are marked

Residents must attend the Department of Family Medicine (DFM) Practice SOO sessions twice annually. The only legitimate absence is approved absence for vacation, conference leave, illness, post-call (if released from service after 23:00) or out of town rotations/rural rotations (more than 150km one way). They must complete a minimum of 6 DFM SOOs over the two years. This is achieved by obtaining score sheets for each practice SOO.