

2012
VERSION 1.0

This document applies to those who begin training on or after July 1st, 2013.

DEFINITION

General Internal Medicine is a subspecialty of Internal Medicine which embraces the values of generalism, is aligned with population needs, and promotes the practitioner's ability to adapt their practice profile when population needs change.

General Internists are prepared to diagnose and manage patients with common and emergency internal medicine conditions, and are able to do so when the individual has multiple conditions and with limited access to other subspecialists. General Internists provide comprehensive care of the adult patient in an integrated fashion as opposed to an organ-centred or disease-centred approach. They are prepared to maintain stability of patients with multisystem disorders over the long-term or during physiological stresses such as during pregnancy or the peri-operative period.

General Internists advocate for their individual patients as well as for all patients within complex healthcare delivery systems, by aiming to optimize and not maximize care, including prevention of other conditions. General Internists recognize that the practice of medicine is tightly linked to the art and science of health care delivery and, by virtue of their pivotal role are uniquely placed to engage in quality improvement, patient safety, and healthcare systems initiatives.

GOALS

Upon completion of training, a resident is expected to be a competent subspecialist in General Internal Medicine capable of assuming a consultant's role in the subspecialty. The resident must acquire a working knowledge of the theoretical basis of the subspecialty, including its foundations in the basic medical sciences and research.

Only candidates certified by the Royal College of Physicians and Surgeons of Canada in Internal Medicine may be eligible for certification in General Internal Medicine.

Residents must demonstrate the requisite knowledge, skills, and attitudes for effective patient-centred care and service to a diverse population. In all aspects of practice, the graduate must be able to address issues of gender, sexual orientation, age, culture, ethnicity and ethics in a professional manner.

The resident in General Internal Medicine must develop competencies and skills that will enable them to meet societal needs by tailoring, in conjunction with the program director,

the flexible component of their training to the anticipated practice location.

The resident must be knowledgeable of the integrative nature of their subspecialty which requires a multidisciplinary approach and collaborative teamwork. The resident in General Internal Medicine must develop competencies and skills which extend across the spectrum of inpatient, outpatient/ambulatory and community based services and supports optimal cooperation between hospital and primary care allowing optimization of care.

The General Internist must be able to independently diagnose, assess, stabilize and provide initial management for those patients presenting with Internal Medicine disorders (defined in the Internal Medicine Objectives) that are acute and/or present as emergencies. This would include the ability to arrange transfer and transportation to an alternate level of care if required.

Acquiring proficiency in procedural skills should be based on the needs of the setting wherein the trainee is expecting to practice and will vary between trainees. Training in additional procedures to those listed may be required depending on future practice location.

The General Internist provides comprehensive care of the adult patient in an integrated fashion as opposed to an organ-centred or disease-centred approach. They are expected to take an active role in disease prevention and risk factor reduction. They must be competent in the diagnosis, investigation, and treatment of the ongoing care of the adult patients with:

- a. Common and emergency Internal Medicine disorders in the outpatient and inpatient setting, including when there is limited access to other subspecialists. This includes presentations of illness that are multi-system and undifferentiated.
- b. Internal Medicine conditions before, during, and after pregnancy.
- c. Chronic multi-system disease such as but not limited to diabetes, hypertension, coronary artery disease, chronic obstructive pulmonary disease, dyslipidemia and chronic kidney disease.
- d. Multiple internal medicine co-morbidities in the perioperative period – both in terms of preoperative risk stratification and management of postoperative problems related to General Internal Medicine.
- e. Reduce risk factors for disease through application of pharmacological and non-pharmacological preventive measures.

GENERAL INTERNAL MEDICINE COMPETENCIES

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

Medical Expert

Definition:

As *Medical Experts*, General Internists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centred care. *Medical Expert* is the central physician Role in the CanMEDS framework.

Key and Enabling Competencies: General Internists are able to...

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centred medical care

- 1.1. Perform a consultation effectively, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional
- 1.2. Demonstrate use of all CanMEDS competencies relevant to General Internal Medicine practice
- 1.3. Identify and appropriately respond to relevant ethical issues arising in patient care
- 1.4. Demonstrate the ability to prioritize professional duties effectively when faced with multiple patients and problems
- 1.5. Demonstrate compassionate and patient-centred care
- 1.6. Recognize and respond to the ethical dimensions in medical decision-making
- 1.7. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed
- 1.8. Demonstrate ability to understand concepts of tolerance of uncertainty and relative risk

2. Establish and maintain clinical knowledge, skills and attitudes appropriate to General Internal Medicine

- 2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to General Internal Medicine including an understanding of investigation and management
 - 2.1.1. **INTERNAL MEDICINE DISORDERS:** For all internal medicine conditions (defined in the Internal Medicine objectives) the resident will be able to:
 - 2.1.1.1. State the etiology, diagnosis and initial management
 - 2.1.1.2. Describe an approach to the initial evaluation in the emergency setting

- 2.1.1.3. Describe and utilize guidelines, and evidence for prevention, diagnosis, investigation and management for common chronic illnesses
- 2.1.1.4. Manage chronic conditions longitudinally
- 2.1.2. **MULTISYSTEM INTERNAL MEDICINE DISORDERS:**
 - 2.1.2.1. Describe current evidence based recommendations for the care of common chronic internal medicine conditions, such as but not limited to diabetes, hypertension, coronary artery disease, chronic obstructive pulmonary disease, dyslipidemia and chronic kidney disease, and apply this knowledge to balance the treatment of one disorder with the management of others while preventing drug interactions and optimizing patient centred care
 - 2.1.2.2. Describe the mechanisms of drug interactions and therapeutic drug monitoring to allow rational drug use
 - 2.1.2.3. Describe the hazards of poly-pharmacy and medication use in the elderly and in other patients with multiple comorbidities
 - 2.1.2.4. State and apply the principles of dose adjustment in renal disease and liver failure
- 2.1.3. **RISK REDUCTION:**
 - 2.1.3.1. Describe techniques to motivate change in behavior and identify factors that influence effectiveness of such techniques
 - 2.1.3.2. Describe smoking cessation strategies and the evidence supporting their use in practice
 - 2.1.3.3. Discuss risk stratification and the evidence supporting treatment for lipid disorders including in the presence of other comorbidities and conditions
 - 2.1.3.4. Differentiate between primary and secondary causes of hypertension allowing optimization of investigations
 - 2.1.3.5. Describe evidence for choice of hypertension treatments including both non-pharmacological and pharmacological
 - 2.1.3.6. Describe preventive measures for diabetes and hypertension
 - 2.1.3.7. Discuss the importance of metabolic syndrome and obesity focusing on prevention and risk reduction as related to multiple co-morbidities
 - 2.1.3.8. Describe current literature of non-pharmacological strategies for malignancy prevention
- 2.1.4. **PERIOPERATIVE CARE:**
 - 2.1.4.1. Cardiovascular Risk:
 - 2.1.4.1.1. Identify factors elevating perioperative cardiovascular risk
 - 2.1.4.1.2. Describe the investigations relevant to assessing perioperative cardiovascular risk

- 2.1.4.1.3. Describe evidence-based risk stratification models in the evaluation of perioperative cardiovascular risk
- 2.1.4.1.4. Describe the management strategies necessary in the perioperative care of patients with cardiovascular risk factors
- 2.1.4.1.5. Discuss optimal timing of the surgery and monitoring of the patient
- 2.1.4.1.6. Describe appropriate post-operative cardiovascular risk factor management

- 2.1.4.2. Pulmonary Risk:
 - 2.1.4.2.1. Identify risk factors affecting perioperative pulmonary risk
 - 2.1.4.2.2. Describe the investigations relevant to assessing perioperative pulmonary risk
 - 2.1.4.2.3. Describe evidence-based risk stratification models in the evaluation of perioperative pulmonary risk
 - 2.1.4.2.4. Discuss optimal timing of the surgery and monitoring of the patient
 - 2.1.4.2.5. Describe the management strategies necessary in the perioperative care of patients with pulmonary risk factors
 - 2.1.4.2.6. Describe appropriate post-operative pulmonary risk factor management

- 2.1.4.3. Risk of Thrombosis and/or Bleeding:
 - 2.1.4.3.1. Identify risk factors affecting perioperative risk of thrombosis or bleeding
 - 2.1.4.3.2. Describe the investigations relevant to assessing perioperative risk of thrombosis or bleeding
 - 2.1.4.3.3. Describe evidence-based risk stratification models in the evaluation of perioperative risk of thrombosis or bleeding
 - 2.1.4.3.4. Discuss optimal timing of the surgery and monitoring of the patient
 - 2.1.4.3.5. Describe the management strategies necessary in the perioperative care of patients with risk of thrombosis or bleeding
 - 2.1.4.3.6. Describe appropriate post-operative thrombosis or bleeding risk factor management

- 2.1.4.4. Patient with Single or Multiple Pre-Existing Medical Problems:
 - 2.1.4.4.1. Discuss the risk contributed by each medical problem individually and in conjunction with others
 - 2.1.4.4.2. Describe the potential interactions of each medical problem on the others and on the perioperative care
 - 2.1.4.4.3. Describe the management of each medical problem focusing on the impact these management strategies may have on the perioperative care

- 2.1.4.4.4. Discuss optimal timing of the surgery and monitoring of the patient
- 2.1.4.4.5. Describe the short-term and long-term management of each medical problem as impacted by the operative procedure
- 2.1.4.5. Medication Management:
 - 2.1.4.5.1. Describe the risk:benefit estimates pertaining to the use of each medication in the perioperative period
 - 2.1.4.5.2. Describe the potential interactions between the medications themselves and the impact of these on the perioperative care of the patient
 - 2.1.4.5.3. Discuss optimal timing of the surgery and monitoring of the patient
 - 2.1.4.5.4. Describe the potential impact of the surgery and perioperative care on the use and monitoring of the patient's medications
- 2.1.4.6. Acute internal medicine illnesses:
 - 2.1.4.6.1. Describe common acute medical illnesses in the perioperative period including their presenting features and initial management
 - 2.1.4.6.2. Describe the impact of the acute medical illness on the perioperative care of the patient including addressing the potential need to delay surgery
 - 2.1.4.6.3. Discuss optimal timing of the surgery and monitoring of the patient in the face of the acute medical illness
- 2.1.4.7. Substance abuse issues:
 - 2.1.4.7.1. Describe the features that identify substance abuse issues preoperatively and evidence-based approaches to their management
 - 2.1.4.7.2. Describe those instances where the substance abuse issues may have an impact on the perioperative care of the patient and how to address them explicitly with the patient and the surgical team
 - 2.1.4.7.3. Discuss instances where there is a need for increased perioperative monitoring
 - 2.1.4.7.4. State the signs and symptoms of possible withdrawal states noting that typical features may not be present in the perioperative period
 - 2.1.4.7.5. State the management of withdrawal symptoms in the perioperative period
- 2.1.4.8. Perioperative Delirium
 - 2.1.4.8.1. Describe the signs and symptoms of perioperative delirium
 - 2.1.4.8.2. State potential causative factors and describe evidence-based approaches to address them

2.1.4.8.3. Describe management strategies both pharmacological and non-pharmacological

2.1.4.8.4. Describe follow up to ensure resolution of the delirium

2.1.5. **OBSTETRICAL MEDICINE:**

2.1.5.1. Describe relevant current guidelines for diabetes and hypertension in pregnancy

2.1.5.2. Describe the diagnosis of diabetes in pregnancy (pre-existing and gestational)

2.1.5.3. Describe evidence based management recommendations for diabetes in pregnancy

2.1.5.4. Describe the diagnosis and evidence based management of hypertension in pregnancy including pre-existing and gestational

2.1.5.5. Describe the initial management of acute internal medicine emergencies in the obstetrical patient including thrombosis, cardiovascular, infectious, neurological and respiratory conditions

2.1.5.6. Describe an evidence based approach to application of imaging and investigations in pregnancy and demonstrate the ability to counsel individuals in this area

2.1.5.7. State resources available to guide counseling regarding risk vs. benefit issues for classes of medications during pregnancy and lactation

2.1.5.8. Describe the management of internal medicine disorders in the obstetrical patient in collaboration with family physicians, obstetricians, anesthesiologists and critical care physicians

2.1.5.9. Discuss which internal medicine conditions and medications need to be optimized prior to conception to optimize pregnancy outcomes

2.2. Describe the indications, the contraindications, the potential complications and the available alternatives for the following diagnostic and therapeutic procedures. For each procedure, describe the role of the procedure and its results in the management plan for the patient

2.2.1. Bone marrow aspiration and biopsy

2.2.2. Chest tube insertion

2.2.3. Echocardiography

2.2.4. Elective cardioversion

2.2.5. Endoscopic procedures (bronchoscopy, gastroscopy, colonoscopy, and sigmoidoscopy)

2.2.6. Hemodialysis and peritoneal dialysis

2.2.7. Hemodynamic monitoring

2.2.8. Insulin pump downloads and interpretation

2.2.9. Joint aspiration and injection

- 2.2.10. Liver biopsy
 - 2.2.11. Renal biopsy
 - 2.2.12. Skin biopsy
 - 2.2.13. Temporary pacemaker insertion
 - 2.2.14. Thyroid biopsy
 - 2.2.15. Transthoracic pacing
 - 2.2.16. Ultrasound guided procedures
 - 2.2.17. Exercise stress testing
 - 2.2.18. Nuclear cardiac imaging
 - 2.2.19. Stress echocardiography
- 2.3. Describe the CanMEDS framework of competencies relevant to General Internal Medicine
- 2.4. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence, adapt areas of competence over time as needed to serve their practice
- 2.5. Contribute to the enhancement of quality care and patient safety in General Internal Medicine, integrating the available best evidence and best practices, both for individual patients and their General Internal Medicine practice

3. Perform a complete and appropriate assessment of a patient

- 3.1. Identify and explore issues to be addressed in a patient encounter effectively, including the patient's context and preferences
- 3.2. Elicit information to establish individual's resources for health care, food security, access to technology and ability to utilize healthcare information
- 3.3. Elicit a history that is relevant, concise and accurate to context and preferences for the purposes of prevention and health promotion, diagnosis and/or management, including, when appropriate, but not limited to:
 - 3.3.1. An accurate occupational history
 - 3.3.2. An accurate perioperative history emphasizing information needed to plan risk stratification and reduction
 - 3.3.3. An accurate obstetrical medicine history emphasizing information needed to establish internal medicine diagnoses and management pre, during or post pregnancy
 - 3.3.4. An accurate preventive history, emphasizing information needed to reduce risk
- 3.4. Perform a focused evidence based physical examination that is relevant and accurate for the purposes of prevention and health promotion, diagnosis and/or management

- 3.5. Select medically appropriate investigative methods in a resource-effective and ethical manner
 - 3.5.1. Select appropriate investigations in the setting of single and multiple co-morbidities
 - 3.5.2. Select appropriate investigations in the setting of pregnancy
 - 3.5.3. Select appropriate investigations in the perioperative setting

- 3.6. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans
 - 3.6.1. Demonstrate expertise in the differential diagnosis of patients presenting with undifferentiated symptoms or acute illness of unknown etiology
 - 3.6.2. Demonstrate effective clinical problem solving when multiple illnesses or conditions are present in one patient
 - 3.6.3. Discuss the provision of evidence based care of one chronic illness in the presence of one or more other chronic illnesses
 - 3.6.4. Discuss the prioritization of an internal medicine disorder in the presence of one or more other internal medicine disorders
 - 3.6.5. Stabilize, triage and if necessary transfer to an alternate level of care patients with those internal medicine disorders that are common or emergent
 - 3.6.6. Determine the presence of cardiac, respiratory, renal or multi-system failure, provide for emergency support and have a plan for subsequent investigation and management
 - 3.6.7. Demonstrate ability to manage common chronic illnesses longitudinally, including but not limited to diabetes, hypertension, coronary artery disease and chronic obstructive airways disease

4. Use preventive and therapeutic interventions effectively

- 4.1. Demonstrate appropriate and timely application of preventive and therapeutic interventions relevant to General Internal Medicine, including but not limited to:
 - 4.1.1. Rational use of medications
 - 4.1.2. Exercise
 - 4.1.3. Nutrition
 - 4.1.4. Optimization of body weight for health
 - 4.1.5. Modification of addictive behaviors
 - 4.1.6. Stress modification
 - 4.1.7. Patient self-management and monitoring of chronic illness
 - 4.1.8. Herbal and complementary medicines
 - 4.1.9. Delirium prevention

- 4.1.10. Medication reconciliation
 - 4.2. Ensure appropriate informed consent is obtained for therapies
 - 4.2.1. Discuss informed consent for General Internal Medicine (GIM) therapies in the presence of multi-system disease, pregnancy or in the setting of the perioperative period
 - 4.2.2. Discuss consent for medications that may have variable risk benefit ratios dependent on multiple chronic illness or other contexts such as pregnancy
 - 4.3. Demonstrate knowledge of techniques to ensure patients receive appropriate end-of-life care
 - 4.4. Demonstrate expertise in medical peri-operative care including risk stratification, risk modification and post-operative medical management
 - 4.5. Demonstrate expertise in the initial management of medical problems occurring during pregnancy, including an understanding of the physiological changes during pregnancy, the impact of pregnancy on medical disorders, and the application of therapeutics in pregnancy
- 5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic**
- 5.1. Demonstrate effective, appropriate, and timely performance of diagnostic and therapeutic procedures relevant to General Internal Medicine:
 - 5.1.1. Exercise stress testing
 - 5.1.2. Ambulatory blood pressure monitoring
 - 5.1.3. Ambulatory electrocardiogram (Holter monitor)
 - 5.1.4. Invasive mechanical ventilation
 - 5.1.5. Non-invasive mechanical ventilation
 - 5.2. Ensure appropriate informed consent is obtained for procedures
 - 5.3. Document and disseminate information related to procedures performed and their outcomes
 - 5.4. Ensure adequate follow-up is arranged for procedures performed
- 6. Seek appropriate consultation from other health professionals, recognizing the limits of their own expertise**
- 6.1. Demonstrate insight into their own limits of expertise
 - 6.1.1. Describe when consultation with other subspecialists is needed in their own practice
 - 6.1.2. Describe their scope of practice to referring doctors and health care facilities to facilitate access for patients

- 6.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care
 - 6.2.1. Indicate when consultation with other subspecialists is needed in relation to their own practice
 - 6.2.2. Determine when transport to an alternate level of care is appropriate and demonstrate ability to make such arrangements
- 6.3. Arrange appropriate follow-up care services for a patient and their family
 - 6.3.1. Arrange safe, efficient, patient-centred transition between inpatient and outpatient care
 - 6.3.2. Arrange safe, efficient and patient-centred transitions between different health care professionals – both specialty and primary care

Communicator

Definition:

As *Communicators*, General Internists effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

Key and Enabling Competencies: General Internists are able to...

1. Develop rapport, trust, and ethical therapeutic relationships with patients and families

- 1.1. Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- 1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
- 1.3. Respect patient confidentiality, privacy and autonomy
- 1.4. Listen effectively
- 1.5. Be aware of and responsive to nonverbal cues
- 1.6. Facilitate a structured clinical encounter effectively
- 1.7. Demonstrate therapeutic relationships with patients and families despite frequent health care provider transitions

2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals

- 2.1. Gather information about a disease and about a patient's beliefs, concerns, expectations and illness experience

- 2.2. Obtain appropriate consent and seek out and synthesize relevant information from other sources, such as a patient's family, caregivers and other professionals
 - 2.2.1. Retrieve previous health information from electronic, print or other health care professionals to prevent duplication and redundancy of services

3. Convey relevant information and explanations accurately to patients and families, colleagues and other professionals

- 3.1. Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable, encourages discussion and participation in decision-making
 - 3.1.1. Present information proficiently for lifestyle change to prevent and modify disease
 - 3.1.2. Discuss therapeutic and diagnostic options
- 3.2. Transfer responsibility for patient care safely and appropriately by accurate, timely and context specific handover practices
- 3.3. Communicate patient care needs to another facility emphasizing patient centred needs and safe transportation
- 3.4. Discuss the risk-benefit of diagnostic and therapeutic options in patients with multi-system illness, and/or in the setting of pregnancy and surgery
- 3.5. Define the role of a consultant versus a primary care giver while involved in the care of surgical and obstetrical patients
- 3.6. Communicate effectively with patients and their caregivers about patient centred care options during critical illness or at the end of life

4. Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care

- 4.1. Identify and explore problems to be addressed from a patient encounter effectively, including the patient's context, responses, concerns, and preferences
- 4.2. Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making
- 4.3. Encourage discussion, questions, and interaction in the encounter
- 4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care
 - 4.4.1. Explore barriers to shared decision making and provide appropriate solutions
- 4.5. Address challenging communication issues effectively, such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding

5. Convey effective oral and written information about a medical encounter

- 5.1. Maintain clear, concise, accurate and appropriate records of clinical encounters and plans
- 5.2. Present verbal reports of clinical encounters and plans
- 5.3. Present medical information effectively to the public or media about a medical issue
- 5.4. Provide proficient sign-over, both written and verbal, for both inpatients and outpatients
 - 5.4.1. Provide proficient, information-technology-facilitated, exchange of information for transfer of patients to other levels of care
- 5.5. Provide clear, concise and timely verbal and written communication to other physicians

Collaborator

Definition:

As *Collaborators*, General Internists work effectively within a health care team to achieve optimal patient care.

Key and Enabling Competencies: General Internists are able to...

1. Participate effectively and appropriately in an interprofessional health care team

- 1.1. Describe the specialist's roles and responsibilities to other professionals
- 1.2. Describe the roles and responsibilities of other professionals within the health care team
 - 1.2.1. State when consultation with dietitians, occupational therapists, physiotherapists, pharmacists, social workers and educators is appropriate for optimal patient care
 - 1.2.2. State which contextual factors influence choice of alternate health care providers
 - 1.2.3. State the roles and expertise of other members of the health care team allowing collaboration for management of patients with multiple chronic diseases; both in the inpatient and outpatient setting
- 1.3. Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own

OBJECTIVES OF TRAINING IN GENERAL INTERNAL MEDICINE (2012)

- 1.4. Work with others to assess, plan, provide and integrate care for individual patients or groups of patients
 - 1.4.1. Facilitate the care of patients through partnerships with other health care teams including but not limited to the surgical, primary care, and/or obstetrical team
 - 1.4.2. Facilitate the integration of patients within the health care team and the health care community, including:
 - 1.4.2.1. Transition from hospital care to the ambulatory care setting
 - 1.4.2.2. Transition from diagnostic care to therapeutic care in those situations where this involves alternate specialists
 - 1.4.2.3. Provide support and advice for ongoing management of stable conditions by the primary care team
- 1.5. Work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities
- 1.6. Demonstrate skill in participation in interprofessional team meetings
 - 1.6.1. Demonstrate skills in leadership of interprofessional team meetings
 - 1.6.2. Demonstrate knowledge of when to participate in interprofessional team meetings
- 1.7. Enter into interdependent relationships with other professions for the provision of quality care
 - 1.7.1. Participate in multidisciplinary teams including but not limited to – surgeons, obstetricians, family physicians, psychiatrists and others as required
 - 1.7.2. Function effectively in multidisciplinary teams to ensure safe patient care transitions and avoid redundancy in investigations
- 1.8. Describe the principles of team dynamics
- 1.9. Respect team ethics, including confidentiality, resource allocation and professionalism
- 1.10. Demonstrate leadership in a health care team, as appropriate
- 1.11. Implement a management plan in collaboration with a patient and their family
 - 1.11.1. Establish management plans in collaboration with patients, families ensuring appropriate involvement of their primary or other specialty care providers
 - 1.11.2. Ensure management plans encompass the spectrum of care across the health care system, i.e. inpatient to outpatient

2. Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict

- 2.1. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team
- 2.2. Work with other professionals to prevent conflicts
- 2.3. Employ collaborative negotiation to resolve conflicts
- 2.4. Respect differences and address misunderstandings and limitations in other professionals
- 2.5. Recognize one's own differences, misunderstanding and limitations that may contribute to interprofessional tension
- 2.6. Reflect on interprofessional team function

Manager

Definition:

As *Managers*, General Internists are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: General Internists are able to...

1. Participate in activities that contribute to the effectiveness of their health care organizations and systems

- 1.1. Work collaboratively with others in their organizations
 - 1.1.1. Coordinate multiple diagnostic and therapeutic interventions
- 1.2. Participate in systemic quality process evaluation and improvement, such as patient safety initiatives
 - 1.2.1. Describe the principles of patient safety
 - 1.2.2. Identify areas for which patient safety initiatives are needed
 - 1.2.3. Design and lead a patient safety initiative
 - 1.2.4. Demonstrate ability to contribute to the enhancement of quality care and patient safety in General Internal Medicine, citing and integrating the best evidence and best practices
 - 1.2.5. Decrease patient safety concern at the time of transitions through safe sign-over and information transfer

- 1.3. Describe the structure and function of the health care system as it relates to General Internal Medicine, including the roles of physicians
 - 1.3.1. Describe the interactions between the primary care and specialty system and how this impacts on patients
 - 1.3.2. Describe the interactions between ambulatory and inpatient care and the potential for impact on patients
- 1.4. Describe principles of health care financing, including physician remuneration, budgeting and organizational funding

2. Manage their practice and career effectively

- 2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
- 2.2. Manage a practice including finances and human resources
 - 2.2.1. Describe the human resource, financial and record keeping issues pertaining to the delivery of health care
 - 2.2.2. Manage patient care information obtained in both acute and ambulatory care settings and ensure appropriate and timely follow-up
 - 2.2.3. Find information regarding human resource management
- 2.3. Implement processes to ensure personal practice improvement
 - 2.3.1. Describe how to audit learning needs for one's practice
 - 2.3.2. Describe how to design a program to address learning needs
 - 2.3.3. Describe how to adapt to changes in patient care needs in their community
 - 2.3.4. Describe how to audit practice to define their scope of practice and guide any needed changes
- 2.4. Employ information technology appropriately for patient care
 - 2.4.1. Utilize an electronic medical record and access investigations electronically when available
 - 2.4.2. Describe the limitations and advantages (including legal implications) of utilizing email, and other technology for direct patient care
 - 2.4.3. Utilize telehealth information technology appropriately

3. Allocate finite health care resources appropriately

- 3.1. Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency and access with optimal patient care
 - 3.1.1. Appreciate the value of intervention in patients at end-of-life, and investigate, treat as appropriate, these special circumstances

- 3.1.2. Balance interventions in the presence of multiple co-morbidities
- 3.2. Apply evidence and management processes for cost-appropriate care

4. Serve in administration and leadership roles

- 4.1. Chair or participate effectively in committees and meetings
- 4.2. Lead or implement change in health care
- 4.3. Plan relevant elements of health care delivery (e.g., work schedules)
 - 4.3.1. Describe the risk involved at transition points in care and plan methods to minimize this risk
 - 4.3.2. Describe the risk involved with transfer of patient care and plan methods to minimize this risk

Health Advocate

Definition:

As *Health Advocates*, General Internists responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Key and Enabling Competencies: General Internists are able to...

1. Respond to individual patient health needs and issues as part of patient care

- 1.1. Identify the health needs of an individual patient
- 1.2. Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care
 - 1.2.1. Promote and counsel preventive health care including but not limited to:
 - 1.2.1.1. Smoking cessation
 - 1.2.1.2. Treatment of dyslipidemia
 - 1.2.1.3. Hypertension management
 - 1.2.1.4. Weight management
 - 1.2.1.5. Nutrition
 - 1.2.1.6. Promotion of an active lifestyle
 - 1.2.1.7. Promotion of appropriate alcohol use
 - 1.2.1.8. Avoidance of recreational drug use
 - 1.2.2. Implement preventive strategies including but not limited to immunization, cancer screening, and the management of osteoporosis

OBJECTIVES OF TRAINING IN GENERAL INTERNAL MEDICINE (2012)

- 1.2.3. State mechanisms for determining assistance programs with medication funding
 - 1.2.4. State potential avenues to pursue for assistance with funding for lifestyle change (fitness and nutrition)
 - 1.2.5. Promote discussions about end of life care with patients and their families
 - 1.2.6. Facilitate end of life care by advocating for services to patients who wish to remain in their homes
 - 1.2.7. Develop techniques for, and knowledge of, mechanisms of interventions for long-term healthy behaviors and preventive health care including but not limited to smoking cessation, screening tests, immunization, exercise and nutrition
 - 1.2.8. Describe the indications to restrict the ability to drive and when to request further assessments
- 1.3. Appreciate the possibility of competing interests between individual advocacy issues and the community at large

2. Respond to the health needs of the communities that they serve

- 2.1. Describe the practice communities that they serve
- 2.2. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
 - 2.2.1. Describe the principles of evaluation and management of patients with potential emerging and epidemic diseases
 - 2.2.2. Facilitate the link between primary care, specialty and subspecialty medicine to benefit the care of General Internal Medicine patients
 - 2.2.3. Identify needs of communities they serve and develop strategies to modify their practice appropriately
 - 2.2.4. Identify needs of communities they serve and develop strategies to meet such needs
- 2.3. Appreciate the possibility of competing interests between the communities served and other populations

3. Identify the determinants of health for the populations that they serve

- 3.1. Identify the determinants of health of the populations, including barriers to access to care and resources
 - 3.1.1. Describe the social and physical environment of the community they serve and how it promotes health and disease

- 3.2. Identify and explore problems to be addressed from a patient encounter effectively, including the patient's context, responses, concerns, and preferences
 - 3.2.1. Explore individual patient support systems that impact on therapeutic decisions
- 3.3. Identify vulnerable or marginalized populations within those served and respond appropriately

4. Promote the health of individual patients, communities, and populations

- 4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve
- 4.2. Describe how public policy impacts on the health of the populations served
- 4.3. Identify points of influence in the health care system and its structure
 - 4.3.1. Describe health care system deficiencies that may impact on patient care and identify potential strategies for improvement
- 4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
- 4.5. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
- 4.6. Describe the role of the medical profession in advocating collectively for health and patient safety
- 4.7. Employ collaborative negotiation to resolve conflicts and provide optimal care for the patient
 - 4.7.1. Demonstrate appropriate negotiation while advocating for patients access to limited critical care, inpatient and/or diagnostic resources, transfer of patients to an alternate level of care, either more or less specialized, and the medical needs of patients undergoing surgical procedures

Scholar

Definition:

As *Scholars*, General Internists demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

Key and Enabling Competencies: General Internists are able to...

1. Maintain and enhance professional activities through ongoing learning

- 1.1. Describe the principles of maintenance of competence
- 1.2. Describe the principles and strategies for implementing a personal knowledge management system

- 1.3. Recognize and reflect on learning issues in practice
- 1.4. Conduct personal practice audits
 - 1.4.1. Audit practice to define their scope of practice and any needed changes in that scope of practice
 - 1.4.2. Describe how to perform a needs assessment as to which procedures are needed in their practice, and how to recognize the need to attain further training if new procedural skills are needed
 - 1.4.3. Describe how to access further training for additional needed procedures and skills in their practice
- 1.5. Pose an appropriate learning question
- 1.6. Access and interpret the relevant evidence
- 1.7. Integrate new learning into practice
- 1.8. Evaluate the impact of any change in practice
- 1.9. Document the learning process

2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions

- 2.1. Critically appraise retrieved evidence in order to address a clinical question for General Internal Medicine practice
 - 2.1.1. Formulate focused questions related to practice, and use a variety of search skills and resources to access and critically appraise appropriate information
- 2.2. Integrate critical appraisal conclusions into clinical care

3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others

- 3.1. Describe principles of learning relevant to medical education
- 3.2. Identify collaboratively the learning needs and desired learning outcomes of others
- 3.3. Select effective teaching strategies and content to facilitate others' learning
- 3.4. Demonstrate an effective lecture or presentation
- 3.5. Assess and reflect on a teaching encounter
- 3.6. Provide effective feedback
- 3.7. Describe the principles of ethics with respect to teaching
- 3.8. Provide health promotion and disease prevention educational sessions to the public or to other health professionals

4. Contribute to the development, dissemination, and translation of new knowledge and practices

- 4.1. Describe the principles of research and scholarly inquiry
- 4.2. Describe the principles of research ethics
- 4.3. Pose a scholarly question
- 4.4. Conduct a systematic search for evidence
- 4.5. Select and apply appropriate methods to address the question
- 4.6. Disseminate the findings of a study
- 4.7. Complete a scholarly activity

Professional

Definition:

As Professionals, General Internists are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Key and Enabling Competencies: General Internists are able to...

1. Demonstrate a commitment to their patients, profession, and society through ethical practice

- 1.1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
- 1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
- 1.3. Recognize and appropriately respond to ethical issues encountered in practice
 - 1.3.1. Describe ethical principles and moral values and apply this to the management of patients during illness and at the end of life
 - 1.3.1.1. Describe substitute decision making
 - 1.3.1.2. Describe advanced care planning and demonstrate ability to discuss with patients and substitute decision makers
 - 1.3.1.3. Describe process to determine fitness to drive
 - 1.3.1.4. Describe process to determine ability to make individual decisions
 - 1.3.2. Recognize limits in skills set and knowledge including when to seek additional assistance
 - 1.3.2.1. Determine when transfer to an alternate level of care is needed
 - 1.3.2.2. Determine when involvement of alternate subspecialty care is needed

- 1.3.3. Set boundaries consistent with safe and effective patient care
- 1.4. Manage conflicts of interest
- 1.5. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
 - 1.5.1. State the principles of patient confidentiality around handover, sign-over and transitions in patient care
 - 1.5.2. State the principles of patient confidentiality within intra and interprofessional teams
- 1.6. Maintain appropriate boundaries with patients
- 2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation**
 - 2.1. Demonstrate knowledge and an understanding of the professional, legal and ethical codes of practice
 - 2.2. Fulfill the regulatory and legal obligations required of current practice
 - 2.3. Demonstrate accountability to professional regulatory bodies
 - 2.4. Recognize and respond to others' unprofessional behaviours in practice
 - 2.5. Participate in peer review
- 3. Demonstrate a commitment to physician health and sustainable practice**
 - 3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice
 - 3.2. Strive to heighten personal and professional awareness and insight
 - 3.3. Recognize other professionals in need and respond appropriately

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