



UNIVERSITY OF SASKATCHEWAN

College of Medicine

POSTGRADUATE MEDICAL EDUCATION  
MEDICINE.USASK.CA

## **ESSENTIAL SKILLS AND ABILITIES REQUIRED FOR THE PRACTICE OF MEDICINE IN POSTGRADUATE MEDICAL EDUCATION PROGRAMS**

The Postgraduate Medical Education (PGME) Office of the College of Medicine, University of Saskatchewan, is responsible for oversight of all residency training programs that provide training to residents in Royal College of Physicians and Surgeons of Canada (RCPSC) and College of Family Physicians of Canada (CFPC) specialties, subspecialties and other programs. The purpose is to prepare residents for an independent practice of medicine with appropriate competencies (knowledge, skills, attitudes and behaviours) necessary to practice their area of specialty in Canada. The national colleges, the RCPSC and the CFPC, set the standards for the competency frameworks for residency education. The CanMEDS (RCPSC) and CanMEDS-Family Medicine (CFPC) frameworks refer to seven domains of competencies: medical expert, professional, communicator, collaborator, scholar, health advocate and manager (leader).

**Medical Expert:** “As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician’s clinical scope of practice” (Frank et al, 2015, page 1).

**Professional:** “As Professionals, physicians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.” (Frank et al, 2015, page 17)

**Communicator:** As Communicators, physicians form relationships with patients and families that facilitate the gathering and sharing of essential information for effective health care. (Frank et al, 2015, page 4).

**Collaborator:** “As Collaborators, physicians work effectively with other health care professionals to provide safe, high-quality, patient-centred care. (Frank et al, 2015, page 7)

**Scholar:** “As Scholars, physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.” (Frank et al, 2015, page 13).

**Health Advocate:** “As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.” (Frank et al, 2015, page 11)

**Leader:** “As Leaders, physicians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.” (Frank et al, 2015, page 9)

Comprehensiveness is a key principle in learning as well as practice of medicine. As medical practitioners, physicians provide effective patient-centered care within the boundaries of their discipline, personal expertise, the healthcare setting and the patient’s preferences and context. Physicians apply the competencies to collect and interpret information, make appropriate clinical decisions, and carry out diagnostic and therapeutic interventions. Their care is characterized by up- to-date, ethical, and resource efficient clinical practice as well as with effective communication in partnership with patients, other health care providers and the community.

As such, physicians must be able to:

1. Function effectively as consultants, integrating all of the CanMEDS or CanMEDS-Family Medicine roles to provide optimal, ethical and patient-centered medical care;
2. Establish and maintain clinical knowledge, skills and attitudes appropriate to their practice;
3. Perform a complete and appropriate assessment of a patient;
4. Use preventive and therapeutic interventions effectively;
5. Demonstrate proficient and appropriate use of diagnostic and therapeutic procedural skills;
6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.

### **Essential Skills & Abilities**

1. All candidates for admission, promotion and successful completion in residency training programs must have the required Skills and Abilities (Technical Standards) to successfully achieve the required competencies. These skills and abilities are grouped in five broad areas:

1. Observation/Perception - A resident must be able to participate in learning situations and acquire information through Observation and Perception by the use of senses and mental abilities. In particular, a resident must participate progressively in patient encounters and acquire information through visual, auditory and somatic sensation.
2. Communication - A resident must be able to communicate and to observe individuals or groups of individuals in order to effectively and efficiently elicit and clarify information. In the course of study, the resident must be able to progressively create rapport and develop therapeutic relationships with patients and their families, and establish effective communication with all members of the healthcare team. A resident must also be able to coherently summarize and effectively communicate a patient’s condition and management plan verbally, and in written and electronic form.

3. Motor/Tactile Function - A resident must possess sufficient Motor function skills required to safely perform a physical examination on a patient, including palpation, auscultation, percussion, and other diagnostic maneuvers. The examination must be done independently and competently in a timely fashion. A resident must possess sufficient motor function and sensory function in order to be able to use common diagnostic aids or instruments (e.g., ophthalmoscope, otoscope, sphygmomanometer, stethoscope), either directly or in an adaptive form. A resident must be able to execute Motor movements reasonably required to attain the skills necessary to perform diagnostic procedures, and provide general and emergency medical care to patients in outpatient, inpatient and surgical venues.
4. Cognition / Intellectual - **Conceptual, Integrative, and Quantitative Abilities:** A resident must demonstrate higher-level cognitive abilities necessary to measure, calculate, and reason in order to conceptualize, analyze, integrate and synthesize information. In addition, the resident must be able to comprehend dimensional and visual-spatial relationships. All of these problem-solving activities must be done in a timely fashion and achieved progressively in a timely fashion. These skills must contribute to sound judgment based upon clinical and ethical reasoning.
5. Professionalism - A resident must consistently display integrity, honesty, empathy, compassion, fairness, respect for others, and dedication. Residents must take responsibility for themselves and their behaviours. The resident must promptly complete all assignments and responsibilities attendant not only to the study of medicine, but also to the diagnosis and care of patients. It is essential that a resident progressively develop mature, sensitive and effective relationships with patients and their families, and all members of healthcare teams. The resident must be able to tolerate the physical, emotional, and mental demands of the program and function effectively under stress. It is necessary to adapt to changing environments, and function in the face of uncertainties that are inherent in the care of patients. A resident must consistently demonstrate the emotional health required for full utilization of her or his intellectual abilities.
6. Postgraduate Residency Programs must define any discipline-specific essential skills and abilities in addition to those outlined in 1 to 5, and these must be posted on the respective CaRMS websites.

This acknowledges that central to the success of a student with a disability in completing the residency program is her or his responsibility to demonstrate self-reliance and to identify needs requiring accommodation in a timely fashion.

## REFERENCES

1. Council of Ontario Faculties of Medicine (COFM), Policy Document Essential Skills and Abilities Required for the Study of Medicine, November 2003 [http://www.ouac.on.ca/docs/omsas/COFM\\_Abilities\\_Sept03.pdf](http://www.ouac.on.ca/docs/omsas/COFM_Abilities_Sept03.pdf)
2. Frank JR, Snell L, Sherbino J, editors. *The Draft CanMEDS 2015 Physician Competency Framework – Series IV*. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

3. College of Family Physicians of Canada, Specific Standards for Family Medicine Residency Programs Accredited by the College of Family Physicians of Canada, Red Book 2013  
<http://www.cfpc.ca/uploadedFiles/Red%20Book%20English.pdf>
4. Accommodation for Postgraduate Medical Residents with Disabilities. University of Manitoba, College of Medicine, Faculty of Health Sciences Policy.  
[http://umanitoba.ca/faculties/health\\_sciences/medicine/education/pgme/media/Accommodation\\_PolicyPGME.SENATE.Nov2014.pdf](http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/media/Accommodation_PolicyPGME.SENATE.Nov2014.pdf)
5. PGME Statement of General Principles for Accommodation. Postgraduate Medical Education, University of Toronto.  
[http://www.pgme.utoronto.ca/sites/default/files/public/Policies\\_Guidelines/Health\\_Safety/PGME%20Statement%20of%20General%20Principles%20for%20Accommodation%20%28May%202013%20PGMEAC%20and%20HUEC%20approved%29.pdf](http://www.pgme.utoronto.ca/sites/default/files/public/Policies_Guidelines/Health_Safety/PGME%20Statement%20of%20General%20Principles%20for%20Accommodation%20%28May%202013%20PGMEAC%20and%20HUEC%20approved%29.pdf)
6. Essential skills and abilities required for the Study of Medicine. College of Medicine University of Saskatchewan MD Program Document.
7. School of Physical Therapy Disability Accommodation Policy.  
<http://medicine.usask.ca/policies/school-of-physical-therapy-disability-accommodation-policy.php#APurposeofthePolicy>
8. Houston P, Conn R, Rajan, M, Sinha R, Issues Related to Residents as Workers and Learners. Future of Medical Education in Canada, Postgraduate Project consortium; 2011.  
[http://www.afmc.ca/pdf/fmec/09\\_Houston\\_Worker%20and%20Learners.pdf](http://www.afmc.ca/pdf/fmec/09_Houston_Worker%20and%20Learners.pdf)
9. Royal College of Physicians and Surgeons of Canada, Candidates requiring special accommodations, 2013  
[http://www.royalcollege.ca/portal/page/portal/rc/credentials/start/exams/candidate\\_information/exam\\_registration/special\\_needs](http://www.royalcollege.ca/portal/page/portal/rc/credentials/start/exams/candidate_information/exam_registration/special_needs)
10. CaRMS, Accessible Customer Service Policy, April 2012  
[https://www.carms.ca/eng/customer\\_service\\_policy\\_e.shtml](https://www.carms.ca/eng/customer_service_policy_e.shtml)