ESSENTIAL SKILLS AND ABILITIES REQUIRED FOR THE STUDY OF MEDICINE* REVISED MAY 4, 2021

The College of Medicine at the University of Saskatchewan is responsible to society to provide a program of study to support the development of the knowledge, skills, and professional behaviours and attitudes necessary to enter the practice of medicine in Canada upon graduation and completion of residency. At time of entry to the MD program, and throughout the program, students must possess essential skills (cognitive, communication, sensory, motor, behavioural and social) to enable them to engage in the various learning activities of the program to develop competency in these areas, to meet all program learning objectives and, ultimately, to ensure patient safety and quality patient-centred care.

In addition to obtaining an MD degree, and completing an accredited residency training program, an individual must pass the licensure examinations of the Medical Council of Canada (MCC) in order to practice medicine. It is important for prospective candidates to know that cognitive, physical examination, management skills, communication skills, and professional behaviours are all assessed at regular intervals throughout the MD Program. It is expected that all students possess the required skills and abilities as described in the following section on Technical Standards.

All individuals are expected to review this document to assess their ability to meet these standards. Technical standards are essential for the safety of the wellbeing of themselves, patients, students, and others. Where a student cannot exhibit the technical standards to such an extent that it may impact the safety or well-being of patients, students, or others, the program may modify the participation of a student including, but not limited to, limiting student activities, requiring the student to take a leave of absence, or in serious instances, requiring a student to not enter or discontinue from the program.

The MD Program curriculum is comprehensive, additive, and integrative in nature, such that timely completion of learning and skill development is necessary; therefore, students are expected to complete the MD degree within four years. Achieving the required competencies within a defined time period also helps ensure that the student will have the necessary skills for maintenance of competence in post-graduate training and practice. Students with a disability may be granted an extension of time within which to complete the MD program. Students who anticipate requiring disability-related accommodation are responsible for notifying the medical school. These requests are considered on a case-by-case basis. All other requests for a leave-of-absence are handled separately.

TECHNICAL STANDARDS FOR STUDENTS IN THE MD PROGRAM

A candidate for the MD degree must demonstrate the following abilities.

(1) Observation

A student must possess accurate and appropriate observational skills when participating in learning situations. Observation may be in the form of visual, auditory, olfactory, and tactile information. Examples of key observations, include but are not limited to:

- anatomic and histologic laboratory specimens and samples;
- large group and small group presentation materials (slides, audiovisual media, documents);

- discernment of signs of illness, discomfort and emotional state in patients, through observation and examination;
- measurements associated with competent use of medical equipment such as but not limited to sphygmomanometer, stethoscope, ophthalmoscope, and otoscope; and
- diagnostic tests;
- observation of, and supervised performance of appropriately selected, clinical patient procedures as an element of supporting learning of procedures.

(2) Communication

A student must be able to effectively and sensitively relate to people of all genders, ages, races, sexual orientations, political, cultural, and religious backgrounds, specifically to patients and family members. Students must be able to convey a sense of compassion, empathy and respect. Students must be able to communicate with teachers, supervisors, staff, other learners, and other members of the MD program and health care team. Examples of effective communication include but are not limited to:

- verbal and non-verbal communication with patients, teachers, staff and colleagues;
- preparation of oral and written presentations (about patients' problems and medical conditions, and/or for academic and scholarly work);
- recognition and management of emotional states such as sadness, worry, agitation, and lack of comprehension of communication;
- communication through translators when appropriate;
- reading and documentation of observations, assessments and plans legibly in electronic and paper patient records and in other communications;
- accurate and timely response to pages, emails, and other communications from other members of the health care team, instructors/preceptors, administrative support, mentors, course directors, deans, or educational leaders.

(3) Sensory and Motor Functioning

A student must demonstrate sufficient gross and fine sensory function and motor skills to perform physical examinations safely, competently, and independently, (palpation, auscultation and percussion, and other maneuvers) as well as technical skills on patients, and be able to do these in a timely manner. Examples of sensory and motor functioning include but are not limited to:

- ability to process visual, auditory, exteroceptive (smell, touch, pain, and temperature) and proprioceptive (position, pressure, movement, stereognosis, and vibratory) phenomena collected as part of observation;
- handle medical instruments and equipment either directly or in an adaptive form;
- ability to provide consistent, uninterrupted and/or prolonged service to patient(s) including overnight service;
- execute motor movements reasonably required to provide general and emergency medical care to patients.
- Tissue handling, knot tying, suturing, injections and other procedures

(4) Intellectual-Conceptual, Integrative, and Quantitative Abilities

A student must demonstrate the cognitive skills and memory necessary to measure, calculate, and reason in order to analyze, integrate, and synthesize information. The student must be able to comprehend dimensional and spatial relationships and be skilled in clinical reasoning and problem-solving. Examples include but are not limited to:

- process and integrate important information from history, physical examination and laboratory data, and from peers, teachers and the medical literature to develop a reasoned explanation for patients' differential diagnoses and management plans;
- integrate concepts from across courses to support broad knowledge, skill, behaviour development for quality patient care;
- comprehend three dimensional and spatial relationships of structures;
- deal with complexity and ambiguity, and triage multiple simultaneous course requirements, tasks, and/or patient problems; taking into account relative urgency and available resources
- acknowledge and communicate limits to knowledge and skills when appropriate;
- recognize unsafe situations and respond appropriately.
- Maintain situational awareness including perceiving and understanding what is going on and predicting what is likely to happen given this information

(5) Behavioural and Social Attributes

A student, being new to the profession, must commit to continued understanding and growth of professional attributes. Students are expected to demonstrate the behavioural and social attributes in that will allow them to conduct themselves in a manner consistent with the College of Medicine Guiding Principles for Professionalism. This includes displaying respect for others, honesty and integrity, compassion and empathy, and duty and responsibility. Examples of these attributes include but are not limited to:

- good judgement;
- self-awareness;
- emotional intelligence;
- personal responsibility;
- relationship building and cultural humility;
- maturity;
- sensitivity;
- adaptability;
- tolerance for uncertainty;
- resilience.

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* *This policy document is adapted with permission from the policy document approved in November 2003, by the Council of Ontario Faculties of Medicine*