

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

DEFINITION

An Internist is a specialist trained in the diagnosis and treatment of a broad range of diseases in adults involving all organ systems, and is proficient in the medical management of patients who have undifferentiated or multi-system disease processes. An Internist cares for hospitalized and ambulatory patients, and may play a role in teaching and/or research.

INTERNAL MEDICINE PRACTICE

Internists provide diagnosis and treatment of a broad range of presentations and conditions, involving all organ systems, in hospitalized as well as ambulatory adult patients. They also provide medical management for patients who have undifferentiated or multi-system disease processes.

Internists provide care for patients who are critically ill, who have acute presentations of illness, and/or who have chronic medical conditions, including acute exacerbation or decompensation of chronic conditions. Internists, therefore, manage a broad range of conditions with varying levels of complexity, across all organ systems, often with the presence of multiple conditions in the same patient.

Specialists in Internal Medicine practice in a wide variety of clinical settings, ranging from outpatient clinics to inpatient wards, critical care/coronary care units and emergency departments, and in urban, rural, and remote settings. Internists act as a resource to others; they consult with family physicians, emergency physicians, surgeons, and other specialists in order to assist in diagnosis or treatment.

Internal Medicine serves as the training foundation for physicians preparing to practice either as generalists in Internal Medicine, or in any one of 17 medical subspecialty areas.

INTERNAL MEDICINE COMPETENCIES

Medical Expert

Definition:

As Medical Experts, Internists 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.

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

1. Practice medicine within their defined scope of practice and expertise

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Internal Medicine
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to Internal Medicine
 - 1.3.1. Anatomy of the internal organs and neuro-musculoskeletal system, including surface anatomy and sonoanatomy, to guide diagnostic and therapeutic procedures
 - 1.3.2. Physiology as it applies to the cardiac, vascular, pulmonary, gastrointestinal and hepatobiliary, renal, endocrine, neurological, musculoskeletal, hematologic and immunologic systems throughout the life course, including pregnancy and aging
 - 1.3.3. Pathophysiology of the cardiac, vascular, pulmonary, gastrointestinal and hepatobiliary, renal, endocrine, neurological, musculoskeletal, hematologic and immunologic systems, as well as of infection and shock
 - 1.3.4. Epidemiology of common acute and chronic medical conditions
 - 1.3.5. Microbiology of community and hospital acquired infections
 - 1.3.6. Principles of antimicrobial prophylaxis, antibiotic stewardship, and infection prevention and control
 - 1.3.7. Principles of immunology and immune dysfunction in autoimmune disease and the immunocompromised host
 - 1.3.8. Pharmacology as it relates to pharmacokinetics, pharmacodynamics, mechanism of action, routes of delivery and elimination, and adverse effects of medications
 - 1.3.8.1. Analgesics
 - 1.3.8.2. Antimicrobials
 - 1.3.8.3. Cardiovascular medications
 - 1.3.8.4. Endocrine medications
 - 1.3.8.5. Immune modulating therapies
 - 1.3.8.6. Neuropsychiatric medications

- 1.3.8.7. Respiratory medications
- 1.3.8.8. Systemic therapies for cancer
- 1.3.8.9. Drugs commonly used recreationally
- 1.3.8.10. Supplementary and complementary medications

- 1.3.9. Toxicology of drugs of abuse: prescription and recreational
- 1.3.10. Principles of screening, as well as of primary and secondary prevention

- 1.4. Apply knowledge of the following systems, clinical scenarios, conditions, diseases and therapies applicable to Internal Medicine, including the manifestations, investigation, and management
 - 1.4.1. Cardiac
 - 1.4.1.1. Symptoms
 - 1.4.1.1.1. Chest pain
 - 1.4.1.1.2. Dyspnea
 - 1.4.1.1.3. Palpitations
 - 1.4.1.1.4. Syncope
 - 1.4.1.2. Findings and investigations
 - 1.4.1.2.1. Abnormal cardiac enzymes
 - 1.4.1.2.2. Cardiac murmurs
 - 1.4.1.3. Disorders
 - 1.4.1.3.1. Acute coronary syndromes and their complications
 - 1.4.1.3.2. Cardiomyopathies
 - 1.4.1.3.3. Congestive heart failure
 - 1.4.1.3.4. Coronary artery disease
 - 1.4.1.3.5. Pericarditis, pericardial effusion, and tamponade
 - 1.4.1.3.6. Pulmonary hypertension
 - 1.4.1.3.7. Valvular heart disease
 - 1.4.2. Vascular
 - 1.4.2.1. Symptoms
 - 1.4.2.1.1. Claudication
 - 1.4.2.2. Findings
 - 1.4.2.2.1. Peripheral edema

1.4.2.3. Disorders

- 1.4.2.3.1. Hypertension
- 1.4.2.3.2. Aortic aneurysm
- 1.4.2.3.3. Peripheral arterial disease
- 1.4.2.3.4. Peripheral venous insufficiency
- 1.4.2.3.5. Venous and arterial ulcers

1.4.3. Respiratory

1.4.3.1. Symptoms

- 1.4.3.1.1. Acute and chronic dyspnea
- 1.4.3.1.2. Cough
- 1.4.3.1.3. Hemoptysis
- 1.4.3.1.4. Wheeze

1.4.3.2. Findings and investigations

- 1.4.3.2.1. Interpretation of pulmonary function testing

1.4.3.3. Disorders

- 1.4.3.3.1. Bronchial asthma
- 1.4.3.3.2. Chronic obstructive lung disease
- 1.4.3.3.3. Interstitial lung disease
- 1.4.3.3.4. Pleural effusion
- 1.4.3.3.5. Pneumonia
- 1.4.3.3.6. Pneumothorax
- 1.4.3.3.7. Pulmonary embolism
- 1.4.3.3.8. Sarcoidosis
- 1.4.3.3.9. Lung neoplasms: primary and metastatic, including paraneoplastic syndromes

1.4.4. Gastrointestinal and hepatobiliary

1.4.4.1. Symptoms

- 1.4.4.1.1. Acute and chronic abdominal pain
- 1.4.4.1.2. Dysphagia
- 1.4.4.1.3. Nausea and vomiting
- 1.4.4.1.4. Regurgitation

1.4.4.2. Findings and investigations

- 1.4.4.2.1. Ascites
- 1.4.4.2.2. Encephalopathy
- 1.4.4.2.3. Jaundice
- 1.4.4.2.4. Abnormal liver tests

1.4.4.3. Disorders

- 1.4.4.3.1. Acute and chronic constipation
- 1.4.4.3.2. Acute and chronic diarrhea
- 1.4.4.3.3. Bacterial peritonitis
- 1.4.4.3.4. Intestinal obstruction
- 1.4.4.3.5. Malabsorption syndromes
- 1.4.4.3.6. Upper and lower gastrointestinal bleeding
- 1.4.4.3.7. Esophageal
 - 1.4.4.3.7.1. Gastroesophageal reflux and its complications
 - 1.4.4.3.7.2. Hiatus hernia
 - 1.4.4.3.7.3. Motility disorders
 - 1.4.4.3.7.4. Varices
 - 1.4.4.3.7.5. Neoplasms

1.4.4.3.8. Gastroduodenal disease

- 1.4.4.3.8.1. Gastritis
- 1.4.4.3.8.2. Motility disorders
- 1.4.4.3.8.3. Peptic ulcers
- 1.4.4.3.8.4. Neoplasms

1.4.4.3.9. Small and large intestine

- 1.4.4.3.9.1. Diseases causing malabsorption, including celiac disease
- 1.4.4.3.9.2. Diverticular disease
- 1.4.4.3.9.3. Infectious diseases
- 1.4.4.3.9.4. Inflammatory bowel disease
- 1.4.4.3.9.5. Irritable bowel syndrome
- 1.4.4.3.9.6. Neoplasms: small intestine and colorectal

1.4.4.3.10. Hepatic

- 1.4.4.3.10.1. Acute and chronic hepatitis
- 1.4.4.3.10.2. Cirrhosis and its complications
- 1.4.4.3.10.3. Neoplasms: primary and metastatic

1.4.4.3.11. Biliary tract disease

- 1.4.4.3.11.1. Cholelithiasis and its complications
- 1.4.4.3.11.2. Sclerosing cholangitis
- 1.4.4.3.11.3. Neoplasms

1.4.4.3.12. Pancreatic disease

- 1.4.4.3.12.1. Acute and chronic pancreatitis
- 1.4.4.3.12.2. Neoplasms

1.4.5. Renal

1.4.5.1. Findings and investigations

- 1.4.5.1.1. Acid-base disturbances
- 1.4.5.1.2. Fluid and electrolyte abnormalities
- 1.4.5.1.3. Hematuria
- 1.4.5.1.4. Proteinuria

1.4.5.2. Disorders

- 1.4.5.2.1. Acute renal failure
- 1.4.5.2.2. Acute tubular necrosis
- 1.4.5.2.3. Chronic kidney disease and its complications
- 1.4.5.2.4. Glomerulonephritis
- 1.4.5.2.5. Interstitial nephritis
- 1.4.5.2.6. Nephritic and nephrotic syndromes
- 1.4.5.2.7. Renal calculi
- 1.4.5.2.8. Renal tubular acidosis
- 1.4.5.2.9. Renovascular hypertension
- 1.4.5.2.10. Renal complications of diabetes, hypertension, and rhabdomyolysis

1.4.5.3. Therapies

- 1.4.5.3.1. Renal replacement therapy and transplantation

1.4.6. Endocrine and metabolic

1.4.6.1. Symptoms

- 1.4.6.1.1. Amenorrhea
- 1.4.6.1.2. Fatigue and malaise
- 1.4.6.1.3. Galactorrhea and gynecomastia
- 1.4.6.1.4. Hirsutism
- 1.4.6.1.5. Loss of libido
- 1.4.6.1.6. Weight gain and loss

1.4.6.2. Findings and investigations

- 1.4.6.2.1. Hyper- and hypocalcemia
- 1.4.6.2.2. Hyper- and hypoglycemia
- 1.4.6.2.3. Obesity

1.4.6.3. Disorders

- 1.4.6.3.1. Adrenal masses
- 1.4.6.3.2. Diabetes mellitus: type 1 and type 2
 - 1.4.6.3.2.1. Complications of diabetes including retinopathy, neuropathy, vascular disease and ulcers
- 1.4.6.3.3. Hyper – and hypoadrenalism
- 1.4.6.3.4. Hyper – and hypoparathyroidism
- 1.4.6.3.5. Hyper – and hypothyroidism
- 1.4.6.3.6. Lipid disorders
- 1.4.6.3.7. Male hypogonadism
- 1.4.6.3.8. Pancreatic endocrine neoplasms
- 1.4.6.3.9. Pituitary masses
- 1.4.6.3.10. Thyroid enlargement and nodules

1.4.7. Neurological

1.4.7.1. Symptoms

- 1.4.7.1.1. Acute and chronic headache
- 1.4.7.1.2. Altered mental status and disorders of consciousness
- 1.4.7.1.3. Dizziness and vertigo
- 1.4.7.1.4. Syncope

INTERNAL MEDICINE COMPETENCIES (2018)

- 1.4.7.1.5. Tremors
- 1.4.7.1.6. Weakness: local and generalized

1.4.7.2. Findings and investigations

- 1.4.7.2.1. Abnormal cranial nerve function
- 1.4.7.2.2. Determination of brain death
- 1.4.7.2.3. Increased intracranial pressure

1.4.7.3. Disorders

- 1.4.7.3.1. Acute spinal cord compression
- 1.4.7.3.2. Amyotrophic lateral sclerosis
- 1.4.7.3.3. Cerebral vascular disease: stroke and transient ischemic attack (TIA)
- 1.4.7.3.4. Dementia and delirium
- 1.4.7.3.5. Guillian-Barré syndrome
- 1.4.7.3.6. Meningitis and encephalitis
- 1.4.7.3.7. Movement disorders including Parkinson's syndrome
- 1.4.7.3.8. Multiple sclerosis
- 1.4.7.3.9. Myasthenia gravis
- 1.4.7.3.10. Peripheral neuropathy
- 1.4.7.3.11. Seizure disorders and status epilepticus
- 1.4.7.3.12. Brain neoplasms

1.4.8. Hematologic

1.4.8.1. Findings and investigations

- 1.4.8.1.1. Anemia
- 1.4.8.1.2. Eosinophilia
- 1.4.8.1.3. Lymphadenopathy
- 1.4.8.1.4. Splenomegaly

1.4.8.2. Disorders

- 1.4.8.2.1. Congenital and acquired bleeding disorders including, but not limited to hemophilia, diffuse intravascular coagulation, and thrombocytopenic purpura
- 1.4.8.2.2. Hemoglobinopathies
- 1.4.8.2.3. Hypercoagulable states
- 1.4.8.2.4. Leukemia

- 1.4.8.2.5. Lymphoma
- 1.4.8.2.6. Multiple myeloma and other dysproteinemias
- 1.4.8.2.7. Myelodysplastic
- 1.4.8.2.8. Myeloproliferative
- 1.4.8.2.9. Porphyria
- 1.4.8.2.10. Thrombophilia
- 1.4.8.2.11. Venous thromboembolic disease

1.4.8.3. Therapies

- 1.4.8.3.1. Anticoagulant therapy
- 1.4.8.3.2. Prophylaxis for venous thromboembolic disease
- 1.4.8.3.3. Transfusion of blood products

1.4.9. Musculoskeletal

1.4.9.1. Symptoms

- 1.4.9.1.1. Back pain
- 1.4.9.1.2. Muscular pain
- 1.4.9.1.3. Proximal muscle weakness

1.4.9.2. Disorders

- 1.4.9.2.1. Acute monoarthritis
- 1.4.9.2.2. Acute and chronic polyarthritis
- 1.4.9.2.3. Ankylosing spondylitis
- 1.4.9.2.4. Fibromyalgia
- 1.4.9.2.5. Gout and pseudogout
- 1.4.9.2.6. Osteoarthritis
- 1.4.9.2.7. Osteomyelitis
- 1.4.9.2.8. Paget's disease of bone
- 1.4.9.2.9. Raynaud's phenomenon
- 1.4.9.2.10. Rheumatoid arthritis
- 1.4.9.2.11. Scleroderma
- 1.4.9.2.12. Septic arthritis
- 1.4.9.2.13. Sero-negative arthropathies
- 1.4.9.2.14. Sjögren's syndrome
- 1.4.9.2.15. Systemic lupus erythematosus

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- 1.4.9.2.16. Temporal arteritis and polymyalgia rheumatica
- 1.4.9.2.17. Primary and secondary bone and soft tissue neoplasms

1.4.10. Immunologic

- 1.4.10.1. Amyloidosis
- 1.4.10.2. Immunoglobulin deficiencies
- 1.4.10.3. Immunosuppression secondary to cancer and immunomodulatory agents
- 1.4.10.4. Opportunistic infections

1.4.11. Dermatologic

1.4.11.1. Symptoms

- 1.4.11.1.1. Pruritus

1.4.11.2. Findings and investigations

- 1.4.11.2.1. Abnormalities of nails
- 1.4.11.2.2. Clubbing
- 1.4.11.2.3. Maculopapular eruptions
- 1.4.11.2.4. Petechiae, purpura, ecchymosis
- 1.4.11.2.5. Pigmented lesions
- 1.4.11.2.6. Urticaria
- 1.4.11.2.7. Vesicular eruptions
- 1.4.11.2.8. Skin and nail manifestations due to systemic disease
 - 1.4.11.2.8.1. Celiac disease
 - 1.4.11.2.8.2. Connective tissue disease
 - 1.4.11.2.8.3. Endocrine and metabolic disease
 - 1.4.11.2.8.4. Inflammatory bowel disease
 - 1.4.11.2.8.5. Malignancy
 - 1.4.11.2.8.6. Nutritional deficiencies
 - 1.4.11.2.8.7. Systemic immunosuppression

1.4.11.3. Conditions

- 1.4.11.3.1. Bullous skin disease
- 1.4.11.3.2. Eczema
- 1.4.11.3.3. Erythema nodosum
- 1.4.11.3.4. Psoriasis

- 1.4.11.3.5. Stasis dermatitis
- 1.4.11.3.6. Stevens-Johnson syndrome
- 1.4.11.3.7. Toxic epidermal necrolysis
- 1.4.11.3.8. Skin cancer and pre-malignant conditions

1.4.12. Infection

1.4.12.1. Disorders

- 1.4.12.1.1. Infective endocarditis
- 1.4.12.1.2. Pneumonia
- 1.4.12.1.3. Infectious diarrhea
- 1.4.12.1.4. Clostridium difficile colitis
- 1.4.12.1.5. Intra-abdominal infections
- 1.4.12.1.6. Urosepsis
- 1.4.12.1.7. Meningitis and encephalitis
- 1.4.12.1.8. Bone and joint infections
- 1.4.12.1.9. Cellulitis and other skin infections
- 1.4.12.1.10. Necrotizing soft tissue infections
- 1.4.12.1.11. Fever of unknown origin
- 1.4.12.1.12. Fever in the immuno-compromised host
- 1.4.12.1.13. Fever in the hospitalized patient
- 1.4.12.1.14. Fever, skin diseases, and diarrhea in the returning traveler
- 1.4.12.1.15. Human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) and its treatment and complications, including but not limited to:
 - 1.4.12.1.15.1. Fever
 - 1.4.12.1.15.2. Weight loss
 - 1.4.12.1.15.3. Dyspnea, cough, hemoptysis
 - 1.4.12.1.15.4. Dysphagia, diarrhea
 - 1.4.12.1.15.5. Anemia, neutropenia, thrombocytopenia
 - 1.4.12.1.15.6. Metabolic derangements
 - 1.4.12.1.15.7. Opportunistic infections
- 1.4.12.1.16. Malaria
- 1.4.12.1.17. Sexually transmitted infections
- 1.4.12.1.18. Tuberculosis, including intradermal testing and interpretation

1.4.12.2. Therapies

- 1.4.12.2.1. Spectrum of activity, adverse effects, and dose adjustments for antibiotics
- 1.4.12.2.2. Antimicrobial stewardship
- 1.4.12.2.3. Infection control in the hospital setting

1.4.12.3. Malignancy

- 1.4.12.3.1. Oncologic emergencies including, but not limited to:
 - 1.4.12.3.1.1. Hypercalcemia
 - 1.4.12.3.1.2. Spinal cord compression
 - 1.4.12.3.1.3. Superior vena cava syndrome
 - 1.4.12.3.1.4. Pleural and pericardial effusion
 - 1.4.12.3.1.5. Tumour lysis syndrome
- 1.4.12.3.2. Screening and prevention
- 1.4.12.3.3. Complications of chemotherapy including myelosuppression and hyperemesis
- 1.4.12.3.4. Principles of diagnosis and treatment of the following:
 - 1.4.12.3.4.1. Breast cancer
 - 1.4.12.3.4.2. Ovarian cancer
 - 1.4.12.3.4.3. Endometrial and cervical cancer
 - 1.4.12.3.4.4. Urothelial cancer
 - 1.4.12.3.4.5. Prostate cancer
 - 1.4.12.3.4.6. Head and neck cancers
 - 1.4.12.3.4.7. Para-neoplastic syndromes

1.4.13. Medical aspects of specific situations

1.4.13.1. Common medical emergencies

- 1.4.13.1.1. Life-threatening cardiac, respiratory, gastrointestinal, metabolic, neurologic and other organ system dysfunction and abnormalities
- 1.4.13.1.2. Hyperthermia / hypothermia
- 1.4.13.1.3. Shock, including knowledge and identification of the different etiologies
- 1.4.13.1.4. Cardio-respiratory arrest
- 1.4.13.1.5. Poisoning

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- 1.4.13.1.6. Severe drug reactions including but not limited to anaphylaxis and toxic epidermal necrolysis
- 1.4.13.1.7. Complications of chemotherapy
 - 1.4.13.1.7.1. Febrile neutropenia
 - 1.4.13.1.7.2. Tumour lysis syndrome
- 1.4.13.2. Peri-operative assessment and management
 - 1.4.13.2.1. Hypertension as well as heart, lung, metabolic, and kidney diseases
 - 1.4.13.2.2. Anticoagulants and anti-platelet agents
 - 1.4.13.2.3. Prophylaxis for infection
 - 1.4.13.2.4. Prophylaxis for venous thromboembolism
- 1.4.13.3. Occupational considerations
 - 1.4.13.3.1. Assessment of fitness to work
- 1.4.13.4. Medical aspects of mental illness and addiction
 - 1.4.13.4.1. Depression presenting as physical illness
 - 1.4.13.4.2. Effects of depression on the course of medical disease
 - 1.4.13.4.3. Effects and side effects of psychiatric medications
 - 1.4.13.4.4. Substance use, abuse and withdrawal
- 1.4.13.5. Pregnancy
 - 1.4.13.5.1. Pregnancy induced change in blood volume, hemodynamics, and cardio-respiratory and renal physiology
 - 1.4.13.5.2. Findings and investigations
 - 1.4.13.5.2.1. Abnormal liver tests
 - 1.4.13.5.2.2. Proteinuria
 - 1.4.13.5.3. Pre-existing medical conditions
 - 1.4.13.5.3.1. Hypertension
 - 1.4.13.5.3.2. Valvular heart disease
 - 1.4.13.5.3.3. Asthma
 - 1.4.13.5.3.4. Disorders of glucose homeostasis including diabetes mellitus
 - 1.4.13.5.3.5. Seizure disorders
 - 1.4.13.5.3.6. Venous thromboembolic disease

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- 1.4.13.5.3.7. Infectious diseases including HIV and hepatitis
- 1.4.13.5.4. Disorders with onset during pregnancy
 - 1.4.13.5.4.1. Hypertensive disorders
 - 1.4.13.5.4.2. Cardiomyopathy
 - 1.4.13.5.4.3. Liver diseases
 - 1.4.13.5.4.4. Seizures
 - 1.4.13.5.4.5. Thrombocytopenia
- 1.4.13.5.5. Therapies
 - 1.4.13.5.5.1. Endocarditis prophylaxis
 - 1.4.13.5.5.2. Drug prescribing in pregnancy and post-partum period
- 1.4.13.6. The elderly
 - 1.4.13.6.1. Symptoms
 - 1.4.13.6.1.1. Constipation
 - 1.4.13.6.1.2. Depression
 - 1.4.13.6.1.3. Delirium
 - 1.4.13.6.1.4. Falls and immobility
 - 1.4.13.6.1.5. Frailty and failure to thrive
 - 1.4.13.6.1.6. Gait instability
 - 1.4.13.6.1.7. Urinary and fecal incontinence
 - 1.4.13.6.2. Disorders
 - 1.4.13.6.2.1. Dementia including Alzheimer's disease, Lewy-body, vascular, and frontal lobe dementias
 - 1.4.13.6.2.2. Nutritional deficiencies
 - 1.4.13.6.2.3. Neglect/abuse
 - 1.4.13.6.3. Therapies
 - 1.4.13.6.3.1. Rational drug prescribing
- 1.4.13.7. End of life
 - 1.4.13.7.1. Symptoms
 - 1.4.13.7.1.1. Constipation
 - 1.4.13.7.1.2. Delirium

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- 1.4.13.7.1.3. Dyspnea
- 1.4.13.7.1.4. Nausea and vomiting
- 1.4.13.7.1.5. Pain

- 1.4.13.7.2. Disorders
 - 1.4.13.7.2.1. Nutritional deficiencies

- 1.4.13.7.3. Therapies
 - 1.4.13.7.3.1. Use of opioids and other medications
 - 1.4.13.7.3.2. Principles of palliative care and medical aid in dying (MAID)

- 1.5. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- 1.6. Carry out professional duties in the face of multiple, competing demands
- 1.7. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in internal medicine practice
 - 1.7.1. Establish management plans despite limited, non-diagnostic or conflicting clinical information

2. Perform a patient-centred clinical assessment and establish a management plan

- 2.1. Prioritize issues to be addressed in a patient encounter
 - 2.1.1. Recognize medical instability and address the priorities of resuscitation
 - 2.1.2. Identify relevant clinical issues in a consultation request

- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
 - 2.2.1. Elicit information relevant to the risk profile for disease
 - 2.2.2. Assess risk factors for disease progression, as well as a patient's need for health promotion and/or health surveillance
 - 2.2.3. Obtain relevant information from the family history
 - 2.2.4. Elicit an accurate occupational history, as appropriate, with documentation of the patient's exposure to occupational health hazards, safety risks, and job demands
 - 2.2.5. Perform a complete and appropriate assessment of complex medical presentations, including consideration of competing treatment needs
 - 2.2.6. Assess the patient's capacity to make decisions about his/her medical care

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- 2.2.7. Perform a functional assessment of basic and instrumental activities of daily living, mental status examination, and assessment of gait and balance
 - 2.2.8. Perform a quantitative measure of performance status for patients with malignancy
 - 2.2.9. Select investigation strategies, demonstrating awareness of the availability and access to resources in various clinical settings
 - 2.2.10. Apply criteria for use of diagnostic imaging and nuclear medicine examinations, including their risks and contraindications
 - 2.2.11. Interpret cardio-pulmonary diagnostic testing, including electrocardiograms, and related reports
 - 2.2.12. Interpret reports of medical imaging and pathology in the context of the patient
 - 2.2.13. Integrate, synthesize and summarize information gathered through the clinical assessment and investigations
- 2.3. Establish goals of care in collaboration with patients and their families*, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation
- 2.3.1. Recognize and respond to changes in patient status that indicate a need to reassess goals of care
 - 2.3.2. Identify and respond to symptoms affecting patient comfort
 - 2.3.3. Recognize when ongoing resuscitation efforts are no longer effective and should be discontinued
- 2.4. Establish a patient-centred management plan
- 2.4.1. Develop and implement plans for
 - 2.4.1.1. Critically ill patients, including provision of hemodynamic support, non-invasive ventilation and monitoring
 - 2.4.1.2. Hospitalized patients with acute illness, or acute exacerbations of chronic illness
 - 2.4.1.3. Ambulatory patients with common acute presentations and/or chronic medical conditions
 - 2.4.1.4. Patients with multiple medical conditions, including consideration of competing priorities, conditions or treatments as well as drug interactions
 - 2.4.1.5. Safe discharge of patients with acute and chronic conditions, including medication reconciliation

*Throughout this document, phrases such as “patients and their families” are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient’s circumstances, family members, partners, caregivers, legal guardian, and substitute decision-makers.

- 2.4.1.6. Safe transition to another health care setting, including anticipation, prevention, and management of changes in health status during transition
- 2.4.1.7. Referral to comprehensive or interprofessional care
- 2.4.2. Identify and address interactions between different diseases and different treatments
- 2.4.3. Implement primary and secondary prevention strategies as part of the overall management plan
- 2.4.4. Incorporate consultant recommendations into diagnostic and treatment plans
- 2.4.5. Integrate recommendations from other health care professionals
- 2.4.6. Monitor clinical status and adapt management plans during the evolution of the patient's clinical course

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

- 3.1. Determine the most appropriate procedures or therapies
 - 3.1.1. Fluids for volume management and resuscitation
 - 3.1.2. Blood products, recombinant factors, and anticoagulants
 - 3.1.3. Medications
 - 3.1.4. Tissue procurement for diagnosis
 - 3.1.5. Interventional procedures
 - 3.1.6. Lifestyle changes
 - 3.1.7. Interventions for behaviours associated with dependence and addiction
 - 3.1.8. Physical therapies
 - 3.1.9. Nutrition
 - 3.1.10. Complementary medicine
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize a procedure or therapy, taking into account clinical urgency and available resources
- 3.4. Perform a procedure in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances
 - 3.4.1. Perform pre-procedural tasks in a timely, skillful, and safe manner
 - 3.4.2. Perform the procedures of Internal Medicine
 - 3.4.2.1. Establishment of an airway and use of bag and mask ventilation, mouth-to-mask ventilation, and hand-held resuscitators

- 3.4.2.2. Invasive and non-invasive mechanical ventilation
 - 3.4.2.3. Insertion and care of peripheral arterial catheters
 - 3.4.2.4. Venous access including central line placement in elective and emergency situations
 - 3.4.2.5. Cardiopulmonary resuscitation
 - 3.4.2.5.1. Combined assisted ventilation and external cardiac compression in one-person and two-person rescue
 - 3.4.2.5.2. External cardiac defibrillation
 - 3.4.2.5.3. Endotracheal intubation
 - 3.4.2.5.4. Emergency trans-cutaneous pacing
 - 3.4.2.5.5. Diagnosis and management of life threatening cardiac arrhythmias
 - 3.4.2.6. Diagnostic and therapeutic thoracentesis
 - 3.4.2.7. Diagnostic and therapeutic abdominal paracentesis
 - 3.4.2.8. Lumbar puncture
 - 3.4.2.9. Arthrocentesis of the knee joint
- 3.4.3. Establish and implement a plan for post-procedure care
- 3.4.3.1. Anticipate, monitor for, and manage post-procedure complications

4. Establish plans for ongoing care and, when appropriate, timely consultation

- 4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
 - 4.1.1. Anticipate, recognize, and manage complications of therapy and/or the underlying condition(s)
 - 4.1.2. Formulate and implement plans for discharge or transfer that include appropriate ongoing care, arrangement for relevant community support services, and follow up on investigations
 - 4.1.3. Coordinate investigation, treatment and follow-up when multiple physicians and other health care professionals are involved

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
 - 5.1.1. Intervene to mitigate further injury
 - 5.1.2. Identify the clinical circumstances, and human and systems factors contributing to an adverse event

- 5.1.3. Report patient safety incidents to the appropriate institutional representative
- 5.2. Adopt strategies that promote patient safety and address human and system factors
 - 5.2.1. Use cognitive aids, such as care paths, to enhance patient safety
 - 5.2.2. Model behaviours that support continuous improvement of health care quality

Communicator

Definition:

As *Communicators*, Internists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Key and Enabling Competencies: Internists are able to..

1. Establish professional therapeutic relationships with patients and their families

- 1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
- 1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 1.3. Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
- 1.4. Respond to a patient's non-verbal behaviours to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations
 - 1.5.1. Demonstrate sensitivity to the emotional and psychological impact of acute emergency situations on patients and families, and provide appropriate counseling
 - 1.5.2. Communicate effectively with patients and their families about terminal illness and bereavement, including:
 - 1.5.2.1. Care of the dying
 - 1.5.2.2. Goals of care
 - 1.5.2.3. Medical assistance in dying (MAID)
 - 1.5.2.4. Immediate aftermath of bereavement
 - 1.5.2.5. Organ donation requests
 - 1.5.2.6. Requests for postmortem autopsies

- 1.6. Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances
 - 1.6.1. Tailor approaches to decision-making to patient capacity, values, and preferences

2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
 - 2.3.1. Request and synthesize patient information gathered by another health professional

3. Share health care information and plans with patients and their families

- 3.1. Share information and explanations that are clear, accurate, and timely while checking for patient and family understanding
 - 3.1.1. Convey information related to the patient's health status, care and needs in a timely, honest, and transparent manner
 - 3.1.2. Provide information about all relevant treatment options, to facilitate shared decision-making
 - 3.1.3. Provide information about end of life care options
 - 3.1.4. Validate the patient's and family's understanding of medical information
- 3.2. Disclose harmful patient safety incidents to patients and their families accurately and appropriately

4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health
 - 4.3.1. Avoid the use of medical jargon and technical terminology
 - 4.3.2. Encourage questions about diagnosis, prognosis, and ongoing care

5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
 - 5.1.1. Document clinical encounters to adequately convey clinical course, clinical reasoning, and the rationale for decisions
 - 5.1.2. Adapt the written consultation to the purpose and nature of the consultation request
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding

Collaborator

Definition:

As *Collaborators*, Internists work effectively with other health care professionals to provide safe, high-quality patient-centred care.

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

1. Work effectively with physicians and other colleagues in the health care professions

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
 - 1.2.1. Make effective use of the scope and expertise of other health care professionals
 - 1.2.2. Work effectively in intra and inter-professional teams
 - 1.2.3. Establish a clear understanding with the referring physician regarding role and responsibility for ongoing care
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
 - 1.3.1. Integrate the patient's perspective into the collaborative care plan
 - 1.3.2. Address the questions and concerns of the referring/primary care physician when acting in the consultant role

- 1.3.3. Share expertise when acting in the consultant role, using referral as an opportunity to improve quality of care

2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts

- 2.1. Show respect toward collaborators
- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture
 - 2.2.1. Negotiate to achieve consensus when there are differences in recommendations provided by other health care professionals

3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care

- 3.1. Determine when care should be transferred to another physician or health care professional
 - 3.1.1. Organize the handover of care to the most appropriate physician or health care professional
- 3.2. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care
 - 3.2.1. Summarize the patient's issues in the transfer summary, including plans to deal with ongoing concerns
 - 3.2.2. Communicate with the receiving physician(s) or health care professional(s), clarifying issues after transfer, as needed

Leader

Definition:

As *Leaders*, Internists 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.

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

1. Contribute to the improvement of health care delivery in teams, organizations, and systems

- 1.1. Apply the science of quality improvement to contribute to improving systems of patient care
 - 1.1.1. Participate in patient safety or quality improvement initiatives

1.1.2. Engage with other health care professionals in plan-do-study-act cycles to improve systems of patient care

1.2. Contribute to a culture that promotes patient safety

1.3. Analyze patient safety incidents to enhance systems of care

1.3.1. Analyze harmful patient safety incidents and near misses

1.3.2. Employ a systems-based approach to develop solutions for quality improvement and patient safety issues

1.4. Use health informatics to improve the quality of patient care and optimize patient safety

2. Engage in the stewardship of health care resources

2.1. Allocate health care resources for optimal patient care

2.1.1. Demonstrate resource stewardship in clinical care

2.1.2. Apply knowledge of the resources available in various health care settings

2.2. Apply evidence and management processes to achieve cost-appropriate care

3. Demonstrate leadership in professional practice

3.1. Demonstrate leadership skills to enhance health care

3.2. Facilitate change in health care to enhance services and outcomes

4. Manage career planning, finances, and health human resources in a practice

4.1. Set priorities and manage time to integrate practice and personal life

4.1.1. Manage time and prioritize tasks

4.1.2. Respond to patient care responsibilities between scheduled outpatient clinic visits, including timely review of tests results, and direct requests from patients and other health care professionals

4.1.3. Integrate supervisory and teaching responsibilities into the overall management of the clinical service

4.1.4. Demonstrate efficiency and effectiveness in leading the physician team

4.2. Manage a career and a practice

4.2.1. Adjust educational experiences to acquire or maintain competencies necessary for future practice

4.2.2. Describe practice patterns in the discipline

4.2.3. Demonstrate knowledge of ethical billing practices

4.3. Implement processes to ensure personal practice improvement

Health Advocate

Definition:

As *Health Advocates*, Internists 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.

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

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment

- 1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources
 - 1.1.1. Recognize potential barriers to comprehension and learning such as illness, literacy, and language skills
 - 1.1.2. Facilitate timely patient access to health services and resources
- 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
 - 1.2.1. Select patient education resources
 - 1.2.2. Apply the principles of behaviour change during conversations with patients about adopting healthy behaviours
 - 1.2.3. Counsel and support patients regarding risk factor reduction, such as smoking cessation
- 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
 - 1.3.1. Work with the patient and their family to identify opportunities for disease prevention, health promotion, and health protection
 - 1.3.2. Evaluate the potential benefits and harms of health screening with the patient

2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner

- 2.1. Work with a community or population to identify the determinants of health that affect them

- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 2.3. Contribute to a process to improve health in the community or population they serve
 - 2.3.1. Identify and respond to unmet health care needs within their practice

Scholar

Definition:

As *Scholars*, Internists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

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

1. Engage in the continuous enhancement of their professional activities through ongoing learning

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
 - 1.2.1. Seek and respond to information about their performance in the clinical setting
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Teach students, residents, the public, and other health care professionals

- 2.1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
 - 2.1.1. Apply strategies for deliberate, positive role-modelling
- 2.2. Promote a safe learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
 - 2.3.1. Supervise learners to ensure they work within their limits
 - 2.3.2. Balance supervision and graduated responsibility, maintaining patient safety while providing learners the opportunity for autonomy and professional development

- 2.4. Plan and deliver learning activities
 - 2.4.1. Provide clinical teaching and/or other informal learning activities
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

3. Integrate best available evidence into practice

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
 - 3.2.1. Utilize point-of-care evidence-based resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
 - 3.3.1. Critically appraise relevant medical literature to make evidence informed clinical decisions
- 3.4. Integrate evidence into decision-making in their practice

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
 - 4.4.1. Engage in scholarly inquiry, such as scholarly research, quality assurance, or educational projects
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research, and scholarly inquiry

Professional

Definition:

As *Professionals*, Internists 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.

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

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality

1.1.1. Identify limits in their own expertise

1.1.2. Respect the boundaries of the consultative role

1.2. Demonstrate a commitment to excellence in all aspects of practice

1.3. Recognize and respond to ethical issues encountered in practice

1.4. Recognize and manage conflicts of interest

1.5. Exhibit professional behaviours in the use of technology-enabled communication

2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care

2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians

2.2. Demonstrate a commitment to patient safety and quality improvement

2.2.1. Adhere to institutional policies and procedures in delivering clinical care

3. Demonstrate a commitment to the profession by adhering to standards and participating in Internist-led regulation

3.1. Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice

3.1.1. Apply professional standards and laws governing capacity and competence for medical decision making

3.1.2. Apply the law as well as local policies and procedures relevant to substitute decision making, and documentation of advance directives and goals of care

- 3.1.3. Maintain public safety through adherence to requirements for mandatory reporting, such as driving restrictions and reportable infections
- 3.1.4. Fulfil professional standards of practice by participating in programs that support and record continuing professional development
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
- 3.3. Participate in peer assessment and standard-setting

4. Demonstrate a commitment to physician health and well-being to foster optimal patient care

- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
 - 4.1.1. Develop effective strategies to monitor fatigue and mitigate its effects on clinical performance
 - 4.1.2. Maintain capacity for professional clinical performance in challenging situations
 - 4.1.3. Apply strategies to mitigate the personal impact of patient safety incidents and adverse outcomes
- 4.2. Manage personal and professional demands for a sustainable practice throughout the Internist life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need
 - 4.3.1. Support colleagues in mitigating the impact of patient safety incidents and adverse outcomes on personal well-being

This document is to be reviewed by the Specialty Committee in Internal Medicine by September 2019.

APPROVED – Specialty Standards Review Committee – September 2017