

COMMUNICATOR (CM)

Key Competencies	Enabling Competencies	Achieved prior to Clerkship		Achieved prior to Graduation	
		STAGE 1: End Year 1	STAGE 2: End Year 2	STAGE 3: End Year 3	STAGE 4: End Year 4
CM 1. Develop and recognize the essential skills as a communicator	1.1 Engage in a patient-centred approach to care that supports autonomy in decision making and establishes trust while demonstrating empathy, respect and compassion	<p>In interviewing and counseling a simulated patient who is medically stable and presenting with a simple illness:</p> <ul style="list-style-type: none"> a. Understand principles of the Calgary-Cambridge Guide to patient-centeredness b. Encourage the patient to reveal their complete concerns by <i>actively</i> listening c. Use appropriate verbal and non-verbal techniques to respond with empathy to the patient 	<p>In interviewing and counseling a simulated patient who is medically stable and presenting with a simple or complex illness:</p> <ul style="list-style-type: none"> a. Demonstrate the principles in the Calgary-Cambridge Guide to patient-centeredness b. Demonstrate skills in effectively encouraging the patient to reveal their concerns by actively listening c. Demonstrate respectful and inclusive verbal and non-verbal techniques to respond with empathy to the unique needs of the patient 	<p>In interviewing and /or counseling a real patient who is acutely or chronically ill and/or presenting with a simple or complex complaint in all clinical rotations:</p> <ul style="list-style-type: none"> a. Demonstrate the principles in the Calgary-Cambridge Guide to patient-centeredness b. Demonstrate skills in effectively encouraging the patient to reveal their concerns by actively listening 	<p>In interviewing and /or counseling a real patient who is acutely or chronically ill and/or presenting with a simple or complex complaint in all clinical rotations:</p> <ul style="list-style-type: none"> a. Demonstrate principles outlined in the Calgary-Cambridge Guide to achieve patient-centeredness b. Encourage the patient to reveal their complete agenda by demonstrating active listening
	1.2 Demonstrate effective verbal and non-verbal communication skills in all contexts of care	<p>In interviewing and counseling a simulated patient who is medically stable and presenting with a simple illness:</p> <ul style="list-style-type: none"> a. Recognize verbal and non-verbal cues b. Understand patient cues and adjusting direction, tone, pace, eye contact and body posture to the patient's needs c. Understand flow of the interview so as seen so as logical and organized by the patient 	<p>In interviewing and counseling a patient who is medically stable and presenting with a simple illness:</p> <ul style="list-style-type: none"> a. Discuss verbal and non-verbal cues b. Respond to patient cues by effectively adjusting direction, tone, pace, eye contact and body posture to the patient's needs c. Manage the flow of the interview so that it is experienced as logical and organized by the patient 	<p>In interviewing and counseling a real patient who is acutely ill and/or presenting with a complex illness:</p> <ul style="list-style-type: none"> a. Demonstrate use of effective verbal and non-verbal cues b. Respond to patient cues by effectively adjusting direction, tone, pace, eye contact and body posture to the patient's needs c. Demonstrate flow of the interview as logical and organized d. Demonstrate respectful and inclusive verbal and non-verbal techniques to respond with empathy to the unique needs of the 	<p>In interviewing and counseling a real patient at the level of an entry resident:</p> <ul style="list-style-type: none"> a. Recognize verbal and non-verbal cues b. Respond to patient cues by effectively adjusting direction, tone, pace, eye contact and body posture to the patient's needs c. Manage the flow of the interview so that it is experienced as logical and organized by the patient d. Demonstrate verbal and non-verbal techniques to respond with empathy to the patient

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		<p>In examining a real patient who is medically stable, the student:</p> <ul style="list-style-type: none"> d. Recognize verbal and non-verbal cues e. Understand effectively adjusting physical examination technique to the patient's needs 	<p>In examining a real patient who is medically stable, the student:</p> <ul style="list-style-type: none"> d. Recognize verbal and non-verbal cues e. Respond to patient cues by effectively adjusting physical examination technique to the patient's needs 	<p>patient</p> <p>In examining a real patient who is acutely ill, the student:</p> <ul style="list-style-type: none"> d. Demonstrate effective verbal and non-verbal cues e. Demonstrate a response to patient cues by effectively adjusting physical examination technique to the patient's needs 	<p>In examining a patient in advanced clinical learning, the student:</p> <ul style="list-style-type: none"> d. Demonstrate effective verbal and non-verbal cues e. Demonstrate a response to patient cues by effectively adjusting physical examination technique to the patient's needs
	<p>1.3 Effectively communicate while respecting the diversity and background of patients, families, communities and colleagues</p>	<p>In interviewing a simulated patient who articulates their expectations:</p> <ul style="list-style-type: none"> a. Understand ethnic, cultural and diversity factors and principles of health equity on the medical interview b. Explore the personal, cultural and ethnic perspective of the patient, their family and/or caregivers c. Understand communication techniques to adapt to the personal or cultural values of the patient 	<p>In interviewing a real or simulated patient and their family with a health issue, who can clearly articulate their expectations of care as influenced by socio-cultural factors:</p> <ul style="list-style-type: none"> a. Discuss ethnic, cultural, and diversity factors and principles of health equity on the medical interview b. Explore the perspective of the patient, their family and/or caregivers and identify the impact of these perspectives on the therapeutic options 	<p>In interviewing and counseling a patient during contexts of care with an acute or chronic complex or simple health issue with their expectations of care influenced by socio-cultural factors:</p> <ul style="list-style-type: none"> a. Elicit the perspective of the patient, their family/caregivers and incorporate these perspectives into the therapeutic plan b. Demonstrate communication techniques to adapt to the socio-cultural expectations of the patient c. Adjust communication techniques to adapt to the personal or cultural values of the patient 	<p>In interviewing and counseling a patient or family during an acute or chronic complex or simple health issue, or simulated patient who is not forthcoming with their expectations of care as influenced by socio-cultural factors:</p> <ul style="list-style-type: none"> a. Elicit the perspective of the patient, their family/caregivers and incorporate these perspectives into the therapeutic plan b. Demonstrate communication techniques to adapt to the socio-cultural expectations of the patient c. Adjust communication techniques to adapt to the personal or cultural values of the patient

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	1.4 Ensure an appropriate physical location for all discussions while understanding the context and supporting patient safety, comfort, dignity, privacy and diversity	In interviewing, counseling, and examining a patient who is medically stable in an outpatient clinical setting: a. Understand the environment for patient comfort, dignity, privacy, engagement, and safety	In interviewing, counseling, and examining a real patient who is medically stable in an outpatient clinical setting: a. Discuss the environment for patient comfort, dignity, privacy, engagement, and safety	In interviewing, counseling, and examining a real patient who is acutely ill:: a. Demonstrate an environment for patient comfort, dignity, privacy, and safety	In interviewing, counseling, and examining a real patient who is acutely ill, in a hospital emergency or ward room: a. Demonstrate an environment for patient comfort, dignity, privacy, and safety
	1.5 Deliver information to the patient and family in a humane manner that is clearly understood, encourages discussion and supports full participation in decision-making	In a simulated scenario with a patient simple illness: a. Understand cues on the patient and family understanding of the illness c. Understanding providing opportunities for patients and caregivers to ask general questions, seek clarification and express doubts d. Understand a treatment plan that respects the patient's perspectives	In a simulated or real patient who is presenting with a simple illness: a. Discuss meeting the patient and/or family's understanding of the illness and explaining the diagnosis, prognosis, and treatment using aids such as diagrams and pictures where appropriate c. Discuss opportunities for patients and caregivers to ask general questions, seek clarification and express doubts d. Discuss how to achieve a shared understanding of the medical problem(s) and,	In counseling a real patient who is presenting in each clinical rotation with an acute or chronic simple or complex illness: a. Demonstrate and document the patient's and family's understanding of the illness and explain the diagnosis, prognosis, and treatment using aids such as diagrams and pictures b. Demonstrate opportunities for the patient and family to ask questions, seek clarification and express doubts d. Demonstrate discussion with the patient, a shared understanding of their medical problem(s) and, with minimal input from their supervisor, create a treatment plan that	

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			create a treatment plan that respects the patient perspectives	respects the patient's perspectives e. Discuss the patient's right to decline the treatment when the patient is capable.	
1.6 Demonstrate skills to optimize patient decisions and minimize error	<p>a. Articulate with examples situations in which conflict with patients and family members may arise</p> <p>b. Outline and explore methods of conflict resolution and negotiation to optimize patient decisions</p> <p>c. Demonstrate in a simulated environment an understanding of own limitations in knowledge and skill</p> <p>d. Consult with supervisors, and other health care providers to ensure that errors are minimized</p>	<p>a. Articulate with examples situations in which conflict with patients and family members may arise</p> <p>b. Outline and explore methods of conflict resolution and negotiation to optimize patient decisions</p> <p>c. Demonstrate in a simulated environment an understanding of own limitations in knowledge and skill</p> <p>d. Consult with supervisors, and other health care providers to ensure that errors are minimized</p>	<p>a. Articulate with examples situations in which conflict with patients and family members may arise</p> <p>b. Outline and explore methods of conflict resolution and negotiation to optimize patient decisions</p> <p>c. Demonstrate in a simulated environment an understanding of own limitations in knowledge and skill</p> <p>d. Consult with supervisors, and other health care providers to ensure that errors are minimized</p>	<p>e. Use methods of conflict resolution and negotiation to optimize patient decisions during patient encounters in which conflict occurs</p> <p>b. Demonstrate consultations with supervisors and other health care providers to ensure errors are minimized when situations arise that are outside own knowledge and/or skill</p>	<p>a. Use methods of conflict resolution and negotiation to optimize patient decisions during patient encounters in which conflict occurs</p> <p>b. Demonstrate consultations with supervisors and other health care providers to ensure errors are minimized when situations arise that are outside own knowledge and/or skill</p>
1.7 Demonstrate appropriate skills and methods in the disclosure of adverse outcomes in a timely and complete manner	a. Understand an approach to disclosing adverse events, on an individual and systems level	a. Discuss using examples, an approach to dealing with common adverse events, on an individual and systems level	a. Discuss appropriate strategies to discuss with patients and on an individual and systems level, an adverse event that has occurred b. In a <i>simulated</i> setting, disclose a major adverse event and discuss the event, including: <ul style="list-style-type: none"> • provide a description of the event and its potential consequences; • express empathy, and if appropriate regret and apology, while avoiding placing blame; 	At the level of an entry resident, with a simulated patient a. Demonstrate appropriate strategies to address, on an individual and systems level, an adverse event that has occurred b. Disclose a major adverse event to the patient and/or family and discuss the event, including: <ul style="list-style-type: none"> • provide a description of the event and its potential consequences; 	

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				<ul style="list-style-type: none"> • commit to follow-up with further information as it becomes known. c. In a clinical setting, document the minor event and the discussion in the medical record 	<ul style="list-style-type: none"> • express empathy, and if appropriate regret and apology, while avoiding placing blame; • commit to follow-up with further information as it becomes known. c. In a clinical setting, disclose a minor adverse event (as defined by the clinical setting) to the patient and family and discusses the event, including: <ul style="list-style-type: none"> • provide a description of the event and its potential consequences; • express empathy, and if appropriate regret and apology, while avoiding placing blame; • commit to follow-up with further information as it becomes known. d. In a clinical setting, document the minor event and the discussion in the medical record
<p>CM 2. Develop a common understanding on issues, problems and plans with patients, families, colleagues and other professionals in an encounter to develop a shared plan of care.</p>	<p>2.1 Develop rapport, trust and ethical relationships with patients, families, communities, colleagues and healthcare team caregivers</p>	<p>In interviewing and counseling a simulated patient who is medically stable and presenting with a simple illness:</p> <ol style="list-style-type: none"> Adhere to the principles outlined in the Calgary-Cambridge Guide to achieve patient-centeredness Encourage the patient to reveal their complete agenda by <i>actively</i> listening Use verbal and non-verbal techniques to respond with empathy to the patient 	<p>In interviewing and counseling a real patient who is medically stable and presenting with a simple illness:</p> <ol style="list-style-type: none"> Adhere to the principles outlined in the Calgary-Cambridge Guide to achieve patient-centeredness Encourage the patient to reveal their complete agenda by <i>actively</i> listening Use verbal and non-verbal techniques to respond with empathy to the patient 	<p>In interviewing and counseling a real patient who is acutely ill and/or presenting with a complex illness:</p> <ol style="list-style-type: none"> Adhere to the principles outlined in the Calgary-Cambridge Guide to achieve patient-centeredness Encourage the patient to reveal their complete agenda by <i>actively</i> listening Use verbal and non-verbal techniques to respond with empathy to the patient 	<p>In interviewing and counseling a real patient who is acutely ill and/or presenting with a complex illness:</p> <ol style="list-style-type: none"> Adhere to the principles outlined in the Calgary-Cambridge Guide to achieve patient-centeredness Encourage the patient to reveal their complete agenda by <i>actively</i> listening Use verbal and non-verbal techniques to respond with empathy to the patient
	<p>2.2 Enable</p>	<p>In interviewing a simulated</p>	<p>In interviewing and/or counseling a</p>	<p>In observed clinical encounters across</p>	<p>In interviewing and counseling a real</p>

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	<p>patient-centered communication in exploring the patient's symptoms and illness experience through active listening</p>	<p>patient who is medically stable and presenting with a simple illness:</p> <ol style="list-style-type: none"> Adhere to the principles outlined in the Calgary-Cambridge Guide to achieve patient-centeredness Use active listening techniques to engage patients Understand appropriate verbal and non-verbal communication 	<p>real patient who is medically stable or a simulated patient with a complex illness or seeking health prevention :</p> <ol style="list-style-type: none"> Demonstrate effective techniques of active listening and patient sensitive empathy Encourage the patient to reveal their complete agenda by <i>actively</i> listening 	<p>clinical rotations with patients seeking care for counselling/acute/chronic and prevention care – demonstrate effective verbal and non-verbal active listening in the clinical encounter</p>	<p>patient who is acutely ill and/or presenting with a complex illness:</p> <ol style="list-style-type: none"> Adhere to the principles outlined in the Calgary-Cambridge Guide to achieve patient-centeredness Encourage the patient to reveal their complete agenda by <i>actively</i> listening Use verbal and non-verbal techniques to respond with empathy to the patient
	<p>2.3 Understand the patient and family's beliefs, values, gender, religion, culture, emotions, knowledge, preferences and perspective on their expectations for care</p>	<p>a. Understand the impact of values, culture, and personal knowledge and belief and principles of health equity on patient interviewing and care</p> <p>In interviewing a simulated or real patient who can articulate their expectations of care as influenced by factors:</p> <ol style="list-style-type: none"> Explore the perspectives of the patient, their family Understand the impact of these perspectives on the therapeutic options Understand communication techniques to adapt to the patient 	<p>a. Demonstrate skills to engage patients for simple and complex health issues, the impact of values, culture, and personal knowledge and belief and principles of health equity on patient outcomes:</p> <ol style="list-style-type: none"> Explore the perspectives of the patient, their family Understand the impact of these perspectives on the therapeutic options Understand communication techniques to adapt to the patient Demonstrate the impact of socio-cultural factors and principles of health equity on patient's medical care 	<p>In approaching the creation of a patient care plan or in delivering on observed clinical assessment, demonstrate:</p> <ol style="list-style-type: none"> Sensitivity to the values and beliefs of the patient Understanding of the impact of culture/ethnicity/religious and faith values on patient care outcomes Adjust communication techniques to adapt to the socio-cultural expectations of the patient 	<p>Deliver a patient care plan or in delivering on observed clinical assessment at the level of an entry resident with</p> <ol style="list-style-type: none"> Sensitivity to the values and beliefs of the patient Understanding of the impact of culture/ethnicity/religious and faith values on patient care outcomes Adjust communication techniques to adapt to the socio-cultural expectations of the patient
	<p>2.4 Integrate socio-economic, medical, family, life stage,</p>	<p>a. Understand the importance and need for relevant complete social history in a simulated and stable real patient clinical</p>	<p>a. Demonstrate in an observed simulated and simple real patient encounter a relevant</p>	<p>a. In acute, chronic and anticipatory guidance patient care across contexts of learning and care, while observed, demonstrate</p>	<p>a. In an observed encounter, deliver and demonstrate at the level of an entry resident an effective and respectful approach to assess and include in care</p>

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	demographic, work/school, and other relevant personal and social history factors in the clinical encounter	encounter b. In interviewing a simulated and a real explore the perspective of their family	complete social history, b. In a supervised interview, demonstrate obtaining a complete family history c. Discuss the impact of socio-economic factors and principles of health equity on the medical interview	obtaining a complete family history b. Discuss the impact of socio-economic factors and principles of health equity In interviewing and counseling a patient who is not forthcoming with their expectations of care as influenced by socio-economic factors: c. Elicit the perspective of the patient and family d. Incorporate these perspectives into the therapeutic plan	personal and societal factors impacting care. In interviewing and counseling a patient who is not forthcoming with their expectations of care as influenced by socio-economic factors: b. Elicit the perspective of the patient and family c. Address these perspectives into the therapeutic plan
	2.5 Participate in shared decision-making through finding common ground for diverse patient and community values when developing plans to address patient health goals	For simulated simple case discussions and real and simulated patients: a. Understand the importance of core values of patients from their cultural or social values b. Explore techniques of shared decision-making in patient care c. Articulate shared decision-making skills	For simple and complex case discussions and in real and simulated patients: a. Demonstrate techniques that sensitively leads to a common patient from diverse or social values impacting their plan for care b. Discuss how shared decision-making impacts health care planning and patient health goals c. Demonstrate shared decision-making skills	For patients presenting in each context of clinical care with acute and chronic health issues: a. Demonstrate in observed assessments sensitivity to meeting and supporting discussion with the patient in their values b. Discuss techniques to use in situations when common ground cannot be realized c. Demonstrate and communicate patient care plans that include inclusion of unique values and beliefs d. Document conversations requiring challenges in finding common ground	For patients presenting in each context of clinical care with acute and chronic health issues, deliver at the level of an entry level resident: a. Assessments sensitive to meeting and supporting discussion with the patient in their values b. Techniques to use in situations when common ground cannot be realized c. Patient care plans that include inclusion of unique values and beliefs d. Documented conversations requiring challenges in finding common ground
	2.6 Participate in obtaining	a. For simulated case discussions, demonstrate an awareness of	a. For simulated case discussions, demonstrate an awareness of	a. For simulated case discussions, demonstrate an awareness of	a. For simulated case discussions, demonstrate an awareness of

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	informed consent	importance of and framework for obtaining informed consent	importance of and framework for obtaining informed consent	importance of and framework for obtaining informed consent	importance of and framework for obtaining informed consent
	2.7 Demonstrate an approach to managing physical, verbal and emotionally challenging scenarios\	<p>In interviewing and counseling a simulated patient who presents communication challenges such as anger, distress, a talkative nature:</p> <p>a. Understand the clues for impending conflict in the “doctor-patient” relationship b. Explore a range of appropriate communication techniques to respond b. Recognize appropriate boundaries in emotional situations</p>	<p>In interviewing and counseling a simulated patient who presents communication challenges:</p> <p>a. Demonstrate an awareness of clues for possible the communication challenges affecting the “doctor-patient” relationship b. Demonstrate approaches that is respectful c. Practice a range of appropriate communication techniques to respond to the challenge d. Demonstrate how to best manage the flow of the clinical encounter e. Demonstrate techniques to recognize and erect appropriate boundaries in patient care situations</p>	<p>In an actual clinical encounter that is observed, discuss awareness for interviewing, discuss a patient who presents communication challenges:</p> <p>a. Discuss an awareness of clues for possible the communication challenges affecting the “doctor-patient” relationship b. Discuss approaches that is respectful c. Critique how to best manage the flow of the clinical encounter d. Discuss maintaining appropriate boundaries in patient care situations</p>	<p>In interviewing and counseling a simulated patient who presents communication challenges, work as an independent health professional in:</p> <p>a. Identifying early the clues for communication challenges affecting the “doctor-patient” relationship b. Demonstrate approaches that is respectful in engaging challenging conversations c. Demonstrate a range of appropriate communication techniques to respond to the challenge d. Demonstrate how to best manage the flow of the clinical encounter e. d. Demonstrate and discuss techniques to recognize and erect appropriate boundaries in patient care situations and communication that is verbal and written or electronic</p>

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<p>CM 3. Develop practices for documenting and sharing written and electronic information on the encounter to optimize clinical decision-making, patient safety, confidentiality and privacy.</p>	<p>3.1 Document clear, accurate and appropriate written and electronic records</p>	<ul style="list-style-type: none"> a. Understand the principles of electronic and written health records b. Introduce the use of electronic or written health records in acute patient office care c. Record a written medical record for a simulated patient d. Introduce the policies governing medical records 	<ul style="list-style-type: none"> a. For simulated patients who are stable with a medical illness, document summaries of the clinical encounter including all relevant details in compliance with legal and regulatory requirements b. Discuss the policies governing medical records set out by regulatory bodies including those related to access, use, and storage c. Access and use effectively the simulated electronic medical record of a patient 	<p>In clinical learning across all rotations for patients with simple and complex acute and chronic medical illness:</p> <ul style="list-style-type: none"> a. Document summaries of clinical encounters promptly b. Include all relevant details of the patient encounter c. Comply with legal and regulatory requirements d. Access and use effectively the written or electronic medical record in compliance with the regulatory policies governing their use e. Compose written and electronic medical records for patient care on 	<ul style="list-style-type: none"> a. In clinical and simulated learning with simple and complex acute and chronic medical illness: b. Document summaries of clinical encounters promptly c. Include all relevant details of the patient encounter d. Comply with legal and regulatory requirements e. Access and use effectively the written or electronic medical record in compliance with the regulatory policies governing their use f. Compose written and electronic medical records for patient care on

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			with a simple medical history in compliance	all clinical learning contexts	all clinical learning contexts at a level of graduating medical student
	3.2 Effectively present verbal reporting of clinical encounters and treatment plans to patients, families, colleagues and other health professionals	In a medically stable simulated patient presenting with a simple illness, : <ul style="list-style-type: none"> a. Understand the organization of information in a manner that adheres to traditional schemata (e.g. SOAP) b. Discuss the use of language that is clear, accurate and appropriate for scenario c. Understand communicating clearly rationale and recommendations for care that reflect patient-centeredness 	In communicating the case of a medically stable actual and simulated patient presenting with a simple and complex illness, a. Demonstrate an organized and effective information transfer with language that is easy to follow and adheres to traditional schemata (e.g. SOAP; talk-back) <ul style="list-style-type: none"> b. Demonstrate language that is clear, accurate and appropriate for the intended recipient d. Demonstrate communication strategies that reflect patient-centeredness e. Adhere to the policies governing communication 	In communicating the care of an acutely ill patient and/or one assessed with a simple or complex illness (acute and chronic) across all clinical contexts using verbal and specific approved electronic tools: <ul style="list-style-type: none"> a. Demonstrate accurate and complete verbal transfer of relevant information to patients and families b. Demonstrate accurate, clear and complete information on care to other health professionals in a manner that is easy to follow and adheres to traditional schemata (e.g. SOAP) c. Demonstrate requests for consultation or opinion on patient care with physicians and health professionals d. Demonstrate language that is clear, accurate and appropriate and concise for the intended reader e. Use communication strategies that reflect patient-centeredness f. Demonstrate under direct observation to patients and families 	In the care of an acute and chronically ill patients presenting with simple and a complex illness in simulated and actual patient care: <ul style="list-style-type: none"> a. Present patient information to health professionals, peers, physician consultants in the circle of care at the level of an entrance resident) b. Demonstrate language that is clear, accurate and appropriate for the intended recipient and context c. Demonstrate at entry residency level under supervision communication that reflect patient and family centeredness to patients that is relevant to the context of care and sensitive to patient / family factors d. Demonstrate in simulated patient care verbal communication under stressful acute care scenarios

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				<p>accurate and understandable information on care plans and results sensitive to their context</p> <p>g. Discuss policies governing communication set out by regulatory bodies</p>	
	<p>3.3 Demonstrate effective reporting of encounters and treatment during transitions of care</p>	<p>a. In simulated and actual patient care introduce the principles of handover</p> <p>b. introduce the factors that led to and regulate effective handover as of patient confidentiality and privacy</p>	<p>In simulated acute and chronic patient care communicate in handover a patient who is medically stable and presents with a simple illness:</p> <p>a. Discuss an organized and logical approach to planning handover</p> <p>b. Present relevant clinical information and a prioritized differential diagnosis and care plan in a timely clear manner</p> <p>c. Demonstrate respectful and professional language and tone</p> <p>d. Adhere to the principles of patient confidentiality and privacy</p>	<p>In observed selected rotation learning experiences for acute and chronic health care scenarios communicate orally with other health professionals about a patient who is ill and/or recovering presents with an illness:</p> <p>a. Demonstrate an organized and logical approach to planning</p> <p>b. Demonstrate a safe and effective handover with relevant clinical patient information, a prioritized differential diagnosis and plan appropriate to the specified purpose, setting and context</p> <p>c. Demonstrate respectful and professional language and tone</p> <p>d. Conduct handover with the principles of patient confidentiality and privacy</p>	<p>In real and simulated patient care with complex illness:</p> <p>a. Demonstrate effective and efficient handover at the level of an entry resident learner.</p> <p>b. In a simulated acute health presentation demonstrate handover of a critical care or at risk patient adhering to principles of patient confidentiality and privacy</p>

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	<p>3.4 Demonstrate and maintain professionalism in all communication</p>	<p>a. Understand the impact of professionalism on all communication b. Demonstrate professionalism during all learning encounters c. Demonstrate professional written and verbal curricular communications, in assignments, evaluations, and learning d. Show respectful communication with all patients, colleagues, staff, and faculty</p>	<p>a. Demonstrate professionalism in communication and discuss impact on care b. Demonstrate professionalism during clinical actual and simulated acute and chronic simple encounters c. Demonstrate written professional communication with colleagues, staff, and faculty</p>	<p>During acute and chronic care in all clinical contexts, demonstrate professionalism during all clinical learning experience, encounters, including written curricular communications, assignments, faculty evaluations, test question feedback, and communication with patients, colleagues, staff, and faculty</p>	<p>a. Demonstrate professionalism during all clinical and learning elective experiences b. Demonstrate professionalism in urgent care simulated clinical scenarios</p>
	<p>3.5 Discuss privacy, data security and confidentiality in written, social media, verbal and all electronic communication</p>	<p>a. Recognize importance of privacy, data security and confidentiality in communication b. Demonstrate privacy, data security and confidentiality in all communication methods for curriculum</p>	<p>a. Demonstrate compliance with and understanding of privacy, data security and confidentiality in all communication methods for simulated patient care</p>	<p>a. Demonstrate confidentiality in all clinical care contexts of Clerkship b. Demonstrate knowledge of law overseeing and application of privacy, data security and confidentiality in all clinical communication</p>	<p>a. Demonstrate confidentiality in all clinical care contexts of Clerkship b. Demonstrate knowledge of law overseeing and application of privacy, data security and confidentiality in all clinical communication</p>