

PATIENT AT HEART, SCIENCE INHAND

MDCM PROGRAM EDUCATIONAL OBJECTIVES











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Purpose: Updated 2023 MDMC Program Objectives with corresponding map of previous 2016 MDCM Program Objectives







Medical Expert

Medical students are expected to incrementally develop an expertise that integrates all of the CanMEDS roles; they do so by applying their emergent medical knowledge, clinical skills, and core professional values in the provision of high-quality and safe care in partnership with patients.

			BJECTIVES	CORRESPONDING PREVIOUS PROGRAM OBJECTIVE REFERENCE + OLD TEXT		
1.1	Demonstrate knowledge in the disciplines from the biological,	1.1.1	Demonstrate knowledge of the normal structures and functions of the human body, including normal human behavior.	1.1.1	Unchanged	
	behavioural sciences, social sciences, and humanities that are foundational to the	1.1.2	Demonstrate knowledge of the etiology, pathology, pathophysiology of common maladies.	1.1.2	Demonstrate knowledge of the etiology, pathology, pathophysiology, clinical presentations and scientifically based methods in the diagnosis and treatment of common maladies.	
	practice of medicine.	1.1.3	Develop and apply the fundamental concepts of 'physicianship', by expressing humility, openness and curiosity in the face of disease, illness and	1.2.1	Demonstrate knowledge of the clinical manifestations of common maladies and the scope of human suffering	
			suffering.	1.2.5	Define and discuss the fundamental concepts of 'physicianship' including: "person", "health", "disease", "illness", "suffering", "personal functioning", and "healing".	
1.2	Gather a history and perform a physical examination	1.2.1	In partnership with a patient, elicit a detailed and accurate medical history appropriate to the context and situation, including identifying interpersonal, social and environmental factors that may impact health.	1.2.2	Obtain an accurate medical history that covers all essential aspects relevant to the patient, including issues related to age, gender, socio-economic status, beliefs and values.	
		1.2.2	Inquire about, identify and assess medication use, habits, and potential substance abuse disorders, including screening for alcohol use, during a medical history interview.	1.2.4	Screen for medication or substance abuse, recognizing when it is appropriate to do so.	
		1.2.3	In partnership with a patient, perform both a complete and an organ-system-specific examination (including mental status) appropriate to the age of the patient and nature of the clinical problem(s).	1.2.3	Perform both a complete and an organ-system- specific examination (including mental status) appropriate to the age of the patient and nature of the clinical problem(s).	
1.3	Create and prioritize a differential diagnosis	1.3.1	Demonstrate knowledge of the diagnosis of common and urgent problems as defined by the Medical Council of Canada (MCC) Clinical Presentations.	1.3.1	Unchanged	









		1.3.2	Select and interpret specific symptoms and signs in order to list meaningful and relevant differential diagnoses for all MCC Clinical Presentations.	1.3.2	Select and interpret specific symptoms, signs, and laboratory and imaging data in order to list meaningful and relevant differential diagnoses for all MCC Clinical Presentations, and to state the relative likelihood of the diagnostic possibilities in different patient populations.
		1.3.3	Select and interpret results of common diagnostic and screening tests, including recognizing normal from abnormal results, when working through a prioritized differential diagnosis	1.3.3	Demonstrate knowledge of the clinical, laboratory, imaging manifestations of common maladies.
		1.3.4	Formulate a prioritized differential diagnosis by synthesizing relevant information and taking into consideration the relative likelihood of the diagnostic possibilities in different patient populations.	1.3.2	Select and interpret specific symptoms, signs, and laboratory and imaging data in order to list meaningful and relevant differential diagnoses for all MCC Clinical Presentations, and to state the relative likelihood of the diagnostic possibilities in different patient populations.
1.4	1.4 Select and discuss treatments, prescriptions and management plans. (Previous: Select and discuss treatment plans and prescriptions)	1.4.1	Demonstrate knowledge of the treatment of common and urgent problems as defined by the Medical Council of Canada (MCC) Clinical Presentations.	1.4.1	Unchanged
		1.4.2	Recognizes the need for the flexible use of knowledge in clinical decision-making and patient management, acknowledging complexity, uncertainty, ambiguity, and empiricism embedded in daily medical practice.	1.4.5	Make explicit the roles of uncertainty and empiricism in clinical decision making and patient management, in part by demonstrating an understanding of the roles of uncertainty and empiricism in clinical judgement.
		1.4.3	Demonstrate knowledge of commonly used drugs, including pharmacological effects, clinical indications, contra-indications, effectiveness, major side effects and common interactions with other drugs, chemicals or foods.	1.4.2	Demonstrate knowledge of commonly used drugs, including pharmacological effects, clinical indications, contra-indications, major side effects and common interactions with other drugs, chemicals or foods.
		1.4.4	Demonstrate knowledge of basic non-pharmacologic therapies and approaches for common clinical presentations.	***	NEW PROGRAM OBJECTIVE
		1.4.5	Formulate a treatment plan, in collaboration with the health care team and the patient, and write the orders (with appropriate countersignature) directing further care or follow-up with the patient in a clear and timely manner.	1.4.7	Formulate a treatment plan, in collaboration with the health care team, and write the orders (with appropriate countersignature) directing the further care of the patient in a clear and timely manner.







		1.4.6	Explain the possible benefits and harms of procedures or therapy options for a given patient. Describe any discomfort, harm, inconvenience or side effects associated with the proposed course of action (including medications), the expected course for the patient without the proposed procedures or therapy, and reasonable alternatives.	1.4.6	Describe any discomfort, harm, inconvenience or side effects associated with the proposed course of action (including medications), the expected course for the patient without the proposed investigation or therapy, and reasonable alternatives.
		1.4.7	Share effective health promotion, lifestyle changes, and disease prevention strategies, including the underlying rationale, with patients, their families, and/or other members of the health care team.	***	NEW PROGRAM OBJECTIVE
		1.4.8	Evaluate patients' response to medications, therapy, treatment and other management decisions, and adjust management plans accordingly while at all times ensuring patient safety.	1.4.8	Evaluate the response to therapy and other management decisions and adjust treatment plans accordingly.
		1.4.9	Describe, observe or perform common technical procedures safely (see Procedural Skills Appendix).	1.4.9	Unchanged
		1.4.10	Demonstrate compassionate care of patients, including exploring in partnership with patients how beliefs, knowledge, values, preferences and previous life experiences (including adverse life events) impact individual clinical encounters and decision-making processes.	***	NEW PROGRAM OBJECTIVE (old 1.4.10, removed)
1.5	Recognize a patient requiring urgent or emergent care	1.5.1	Differentiate between life threatening, serious but non- emergency, and benign conditions, modifying history taking and the physical exam according to the severity and urgency of the problem, and initiating management appropriate to each situation.	1.5.1	Unchanged
		1.5.2	Resuscitate patients following the standards of the BCLS (Basic Cardiac Life Support).	1.5.2	Unchanged
1.6	Report on a clinical encounter	1.6.1	Create organized, relevant and legible patient notes (using the McGill case report template for admission notes in particular).	1.6.1	Unchanged
		1.6.2	Perform succinct, focused oral presentations to summarize patient cases.	1.6.2	Unchanged
		1.6.3	Document clinical encounters using non-biased, non-stigmatizing language in an accurate, complete, timely, and accessible manner.	***	NEW PROGRAM OBJECTIVE







As communicators, medical students form relationships with patients and their families, with peers, with teachers and the staff of the medical school and affiliated health care facilities.

				CORRESPONDING PREVIOUS PROGRAM OBJECTIVE REFERENCE + OLD TEXT	
2.1	Promote an appropriate patient-doctor relationship	2.1.1	Demonstrate compassion, interest, respect, and understanding of the patient as an individual, while maintaining a professional therapeutic relationship.	2.1.1	Unchanged
		2.1.2	Communicate using an open, anti-racist, anti-oppressive, non-judgmental, culturally safe, and trauma-informed approach that encourages patient safety, trust, and a sense of belonging.	2.1.2	Demonstrate openness, non-judgmental behaviour, respect, and accommodation to optimize health outcomes for patients from diverse backgrounds, based upon current evidence.
		2.1.3	Acknowledge, explore, reflect upon and address personal biases, sociocultural, and individual influences affecting the doctorpatient relationship, the delivery of medical recommendations, and patient responses to illness.	2.1.3	Respond to sociocultural and individual influences that affect the doctor-patient relationship and their impact on the delivery of medical recommendations and patient responses to illness.
		2.1.4	Be attentive to the role of the power differential in professional interactions with patients and other members of the health care team.	2.1.4	Unchanged
		2.1.5	Discuss information, including sensitive issues, at an appropriate understandable manner with all patients, of all ages and conditions, and aid patients to recall, understand and apply meaning to all information provided to them.	2.1.5	Discuss information, including sensitive issues, at the appropriate level for all patients at all ages and conditions.
2.2	Manage the encounter	2.2.1	Listen and observe attentively.	2.2.1	Unchanged
		2.2.2	Communicate with patients and families using the McGill approach to communication skills (a modification of the Calgary- Cambridge Guide).	2.2.2	Unchanged
		2.2.3	Elicit patient concerns using non-directive (open-ended) and directive (closed-ended) questions, paraphrasing, explaining and	2.2.3	Unchanged







			summarizing when appropriate.		
		2.2.4	Deal effectively with challenging communication situations (e.g. excessively talkative, reticent, crying, or hostile patients).	2.2.4	Unchanged
		2.2.5	Present and discuss "bad news" with	2.2.5	Present and discuss "bad news" with patients and
			patients and their families, in an honest, sensitive, and empathetic manner.		their families, in an empathetic manner.
		2.2.6	Utilize appropriate strategies (e.g. face-to-face, telephone, electronic, or virtual formats) for communications with patients, families, other healthcare professionals, peers, teachers and staff.	2.4	Utilize appropriate strategies (e.g. face-to-face, telephone and electronic formats) for communications with patients, families, other healthcare professionals, peers, teachers and staff.
2.3	Work with patients and their families to develop investigation and	2.3.1	Determine the amount and type of information to be provided by identifying the extent of the patient's wish for information.	2.3.1	Determine the amount and type of information to be given by identifying the extent of the patient's wish for information.
	management plans	2.3.2	Communicate the degree of certainty of scientific and clinical information to patients as well as explain the significance of clinical findings and test results to patients, their families and team members.	2.3.2	Unchanged
		2.3.3	Engage patients and their families in developing plans that reflect the patient's perspectives, health care needs, values, preferences and goals.	2.3.3	Unchanged
		2.3.4	Discuss limitations to the health care plan (such as advanced care directives and level of intervention).	2.3.4	Unchanged









Professional

Medical students are expected to incrementally acquire the identity of a physician. This identity formation is, in part, based on an authentic commitment 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, self-regulation, and maintenance of personal health.

NEW :				CORRESPONDING PREVIOUS PROGRAM OBJECTIVE REFERENCE + OLD TEXT	
3.1	Demonstrate the attributes of the professional and the healer during the medical school experience and in	3.1.1	Recognize and acknowledge patients' suffering, in part by being present to the patient and by accompanying them on the illness trajectory.	3.1.1	Unchanged
	the context of patient care.	3.1.2	Demonstrate responsibility and punctuality in attending to clinical and academic duties.	3.1.2	Unchanged
		3.1.3	Maintain a professional appearance, including appropriate attire.	3.1.3	Unchanged
		3.1.4	Be receptive and respond appropriately to feedback on personal performance to support continuous practice improvement.	3.1.7	Be receptive and respond appropriately to feedback on personal performance.
		3.1.5	Recognize and manage professional conflicts of interest.	3.1.9	Recognize and manage conflicts of interest.
		3.1.6	Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and cultural safety.	***	NEW PROGRAM OBJECTIVE
		3.17	Be aware of, respect and adhere to the policies and procedures of the McGill School of Medicine and its affiliate hospitals and institutions.	***	NEW PROGRAM OBJECTIVE
3.2	Manage themselves	3.2.1	Demonstrate a commitment to personal health and well-being in order to foster optimal patient care.	3.2.1	Demonstrate a commitment to personal health and well-being in order to foster optimal patient care.
		3.2.2	Exhibit self-awareness and manage influences on personal well- being and	3.2.2	Exhibit self-awareness and manage influences on personal well- being and professional performance.







			professional performance, including identifying and reflecting upon: the limits of individual expertise, potential personal biases, personal reactions to professional situations, and seeking advice or help in challenging situations.		
3.3	Respect the laws governing practice, professional and ethical codes, including the 'Code de déontologie des médecins du Québec' and the Faculty of Medicine and Health Science's Code of Conduct.	3.3.1	Respect confidentiality and respond appropriately in situations where exceptions or limitations to confidentiality are required (e.g. in mandatory disclosure obligations pursuant to youth protection and mental health acts, maladies a déclaration obligatoire (MADO)).	3.3.1	
	(Old 6.1 incorporated here)	3.3.2	Under supervision, obtain informed consent from patients, including consent from guardians for minors or those deemed otherwise incompetent to give informed consent.	3.3.2	Under supervision, obtain informed consent from patients, including consent for minors or those deemed otherwise incompetent to give consent.
		3.3.3	Discuss basic principles of medical jurisprudence and biomedical ethics.	3.1.8	Numerical reference change
		3.3.4	Ensure that any exchange and/or use of patient data is secure, ethical and lawful.	***	NEW PROGRAM OBJECTIVE
		3.3.5	When faced with potential illegal activity (e.g., human trafficking), or any form of abuse (e.g., elder, partner, or child abuse), ensure patient safety, intervene, counsel, and report as required by law.	***	NEW PROGRAM OBJECTIVE









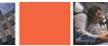
Collaborator

As collaborators, medical students are expected to work effectively with patients, teachers, clinical supervisors, peers, and other health care professionals to provide safe, high-quality, patient-centred care and to contribute to a safe and supportive learning environment.

NEW					CORRESPONDING PREVIOUS PROGRAM OBJECTIVE REFERENCE + OLD TEXT	
4.1	Work within an interprofessional team to care for individual patients and to promote the health	4.1.1	Recognize and respect the distinct roles, responsibilities and scope of practice of other health care professionals in relation to their own.	4.1.1	Unchanged	
	of defined populations.	4.1.2	Participate in shared decision-making with patients and collaborate in meeting these shared goals.	4.1.2	Unchanged	
		4.1.3	Recognize the need for referral of patients to specialized care and interprofessional consultation, and participate in integrating this input into patient care.	4.1.3	Unchanged	
		4.1.4	Promote shared understanding by acknowledging differences, clarifying misunderstandings, and managing interpersonal conflicts.	4.2	Work with others to promote understanding, manage differences, and resolve conflicts.	
4.2	Demonstrate a commitment to patient safety and a	4.2.1	List the principles of patient safety and strategies to avoid adverse events.	4.3	Numerical reference change	
	culture of continuous improvement	4.2.2	Demonstrate safe hand over of the care of a patient to another health care professional.	4.4	Numerical reference change	
	(previous 3.1.4)	4.2.3	Participate in peer assessment and other forms of self-regulation of the profession, with awareness and mitigation of personal biases.	3.1.5	Participate in peer assessment and other forms of self-regulation of the profession.	
		4.2.4	Promote a safe learning environment and evaluate teachers, programs and peers in an appropriate and constructive manner.	3.1.6	Numerical reference change	
		4.2.5	Practice cultural humility, which involves building self-awareness and embracing the expertise of others (especially those with lived experiences) and building trust-based relationships.		NEW PROGRAM OBJECTIVE	









Leader (Previously: Manager)

As members of teams and potential leaders of the future, medical students engage with others to contribute to a vision of a high-quality health care system. They assume personal responsibility, under appropriate supervision and within team environments, for the delivery of excellent patient care.

NEW 2023 UPDATED PROGRAM OBJECTIVES			ES	CORRESPONDING PREVIOUS PROGRAM OBJECTIVE REFERENCE + OLD TEXT	
5.1	Participate in the delivery of excellent patient care in their clinical environment	5.1.1	Demonstrate knowledge of the principles of effective leadership and apply these principles to support a collaborative and interprofessional practice model.	5.1.1	Unchanged
		5.1.2	Demonstrate effective workplace and personal organizational skills.	5.1.2	Unchanged
		5.1.3	Demonstrate knowledge of the principles of quality control and improvement, including reporting incidents, accidents, adverse advents, and side effects of drugs.	5.1.3	Demonstrate knowledge of the principles of quality control and improvement, including reporting incidents, close calls, adverse advents, and side effects of drugs.
		5.1.4	Incorporate considerations about judicious use of resources in clinical decision-making.	5.1.4	Incorporate financial considerations in clinical decision-making.
		5.1.5	Use anti-racism and other inclusive best practices to improve the quality of patient care, overall experience, and optimize patient safety.	***	NEW PROGRAM OBJECTIVE
5.2	Understand systems issues related to the delivery of excellent	5.2.1	Demonstrate knowledge of how aggregated clinical information is used for health care service planning for populations.	5.2.1	Unchanged
	healthcare	5.2.2	Demonstrate knowledge of how information technology can inform judicious use of healthcare resources and apply a critical stance in monitoring or implementing clinical guidelines and other forms of patient care protocols.	5.2.2	Unchanged
		5.2.3	Participate in the assessment of prevailing local practices, comparing them to best practices as a means of identifying opportunities for improvement in teams, organizations, and systems.	5.2.3	Unchanged
		5.2.4	Recognize the importance of fair allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care, including at the population level.	5.2.4	Unchanged







Health Advocate

As health advocates, medical students are expected to contribute their knowledge and influence to improve health of communities and/or patient populations. This entails determining and understanding needs, speaking on behalf of others when required, and supporting the mobilization of resources to effect change.

NEW	2023 UPDATED PROGRAM OBJ	ECTIVES		CORRESPONDING PREVIOUS PROGRAM OBJECTIVE REFERENCE + OLD TEXT	
6.1	Advocate for the health of individuals	6.1.1	Identify health care resources and collaborate with individual patients to advocate for timely access to these resources.	6.2.1	Numerical reference change
		6.1.2	Identify determinants of health and risk factors for illness relevant to the individual including demography, culture, socioeconomic status, race, ethnicity, gender, sexual orientation, and circumstances of living.	6.2.2	Numerical reference change
		6.1.3	Describe and apply strategies for health promotion, lifestyle changes, and disease prevention for individual patients, including addressing determinants of health, structural factors, or oppressive practices (e.g., racism) that may affect them and their access to needed health services or resources.		Describe and apply strategies for health promotion and disease prevention for individual patients.
6.2	6.2 Advocate for the health of communities and populations, including vulnerable populations		Identify determinants of health and risk factors for illness relevant to the community or population including demography, culture, socioeconomic status, race, ethnicity, gender, sexual	6.3.1	Identify determinants of health and risk factors for illness relevant to the community , including demography, culture, socioeconomic status, race, ethnicity, gender, sexual orientation, and circumstances of living.
			orientation, and circumstances of living.	6.4.1	Identify determinants of health and risk factors for illness relevant to the patient population , including demography, culture, socioeconomic status, race, ethnicity, gender, sexual orientation, and circumstances of living.



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6.2.2	Describe issues related to health care for vulnerable and marginalized communities, such as disabled people and indigenous populations, and apply strategies to the provision of care in these circumstances.	6.3.2	Describe issues related to health care for vulnerable and marginalized communities, such as disabled people and aboriginal populations, and apply strategies to the provision of care in these circumstances.
6.2.3	Describe and apply strategies for health promotion and disease prevention for a	6.3.3	Describe and apply strategies for health promotion and disease prevention for a community
	community and at the population level	6.4.4	Describe and apply strategies for health promotion and disease prevention at the population level.
6.2.4	Describe the health status at the population level.	6.4.2	Describe, assess, measure and record the health status at the population level.
6.2.5	Identify local and global sociocultural, economic, political (including public policy), and environmental factors that may affect health and the delivery of health care.	6.4.3	Numerical reference change







Scholar

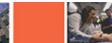
As scholars, medical students are expected to demonstrate a lifelong commitment to excellence through learning continuously, evaluating evidence, and contributing to the synthesis, translation, application, sharing, and/or creation of knowledge.

NEW 2023 UPDATED PROGRAM OBJECTIVES					CORRESPONDING PREVIOUS PROGRAM OBJECTIVE REFERENCE + OLD TEXT	
7.1	Demonstrate critical reflection and inquiry into adaptive practice, self-directed and life-long learning.	7.1.1	Develop, implement and monitor personal learning plans in order to recognize both gains and gaps in knowledge and performance during clinical and other professional encounters, and respond appropriately to any gaps by seeking and incorporating feedback from knowledgeable others.	7.1	Recognize knowledge and performance gaps in clinical and other professional encounters and respond appropriately by developing, implementing and monitoring personal learning plans.	
		7.1.2	Participate in regular introspection and guided reflection to support life-long learning, critical thinking, and professional identity formation and appreciate the intersection between the three.	***	NEW PROGRAM OBJECTIVE	
7.2	Explain scientific and clinical research principles and incorporate evidence-based approaches into professional practice.	7.2.1	Pose questions amenable to scholarly inquiry, including those that demonstrate an understanding of connections between the biological, biomedical, behavioral sciences, social sciences and clinical practice, and select or propose appropriate methods to address them.	7.2	Numerical reference change	
		7.2.2	Demonstrate knowledge of statistics, epidemiology, and the "logic of inference" (including estimation, confidence intervals, hypothesis testing, and non-parametric methods).	7.4	Numerical reference change	
		7.2.3	Demonstrate knowledge of the principles of research ethics, including the Helsinki Codes on human experimentation and clinical trials, and the need for fully informed and ongoing voluntary consent of human subjects.	7.5	Demonstrate knowledge of the principles of research ethics, including the Helsinki Codes on human experimentation and clinical trials, and the need for fully informed and voluntary consent of human subjects. http://www.wma.net/en/30publications/10policies/b3/	









		7.2.4	Demonstrate knowledge of the principles and methods underlying evidence-based medicine, including a critical look at clinical practice guidelines.	7.6	Demonstrate knowledge of the principles and methods underlying evidence-based medicine, including clinical practice guidelines.
		7.2.5	Appreciate the relationship between the creation, translation and dissemination of research knowledge for advancing evidence-informed health care practices.	***	NEW PROGRAM OBJECTIVE
7.3	Demonstrate skillful use of information resources and technologies to support scholarship and clinical decision-making.	7.3.1	Engage in the flexible use of appropriate informatics technologies for continuously improving personal practice and contributing to collective improvements to practice.	7.3	Demonstrate skillful use of information resources and tools to support life-long learning, scholarship, and clinical decision-making.
		7.3.2	Appraise and evaluate the integrity, reliability and applicability of health-related research literature and results as well as other scientific communication platforms that may inform health care practices.	***	NEW PROGRAM OBJECTIVE









References

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