

The information below summarizes the focus of YEAR 1 and 2 students in Clinical Skills. These lists are not necessarily sequential. The ultrasound sessions provide a general overview of the modality rather than mastery of the technique.

## YEAR 1 TERM 1 CLINICAL SKILLS

**Basic history and physical exam with the following foci:**  
 Communication Skills (FIFE: feelings, ideas, fears, expectations)  
 Narrative Medicine  
 Gender  
 Intersectionality  
 Communication Barriers  
 Cultural Humility  
 Interpreters  
 Head & Neck, Vital Signs  
 Cardiovascular  
 Respiratory  
 Abdominal

## YEAR 1 TERM 2 CLINICAL SKILLS

**Basic history and physical exam of the following systems:**  
 Abdominal Ultrasound  
 Cardiovascular  
 ENT, Head & Neck  
 Ophthalmology  
 Gastrointestinal  
 Musculoskeletal (gait, arms, legs, spine)  
 Neurosciences  
 Peripheral Vascular  
 Respiratory

## YEAR 2 TERM 1 CLINICAL SKILLS

**Focused history and physical exam of the following systems:**  
 Cardiac Ultrasound  
 Clinical Skills Integration  
 Integument  
 Musculoskeletal (knee, foot, ankle)  
 Neurology  
 Pediatrics  
 Psychiatry

## YEAR 2 TERM 2 CLINICAL SKILLS

**Focused history and physical exam of the following systems:**  
 Breast, Pelvic, Male GU and Rectal Examinations  
 Clinical Skills Integration  
 Geriatrics  
 Musculoskeletal  
 Sensitive Interviewing (male and female sexual dysfunction, intimate partner violence, suicidal risk)\*  
 Volume Assessment Ultrasound

\*Please note that different sites do this at different times in Year 2 and might NOT occur exclusively in Term 2 depending on schedule.

By the END OF YEAR 2, students should be able to achieve the following outcomes (abbreviated). The detailed version includes the exit competencies by the end of Year 2 as well as those achieved by the end of Year 4. [Read here.](#)

### MEDICAL EXPERT

- Gather a detailed medical history.
- Perform a focused physical.
- Generate a problem list and initial differential diagnosis.
- Propose and describe factors that may influence management plans.
- Identify a patient who requires emergency care and apply basic skills and tools (e.g. ABCDE).
- In a supervised setting, describe and demonstrate essential medical procedures (i.e. injections and suturing techniques).
- Define and describe key principles relevant to health promotion and disease prevention (e.g. screening tests).

### COLLABORATOR

- Demonstrate respectful relationships that promote an inclusive environment.
- Clarify misunderstandings and manage conflicts with appropriate supervisor guidance.
- Consult with kindness, compassion and humility and recognize the expertise of other health care team members.
- Effectively communicate instructions or requests (e.g. write a clear and accurate prescription for a single, straightforward medication).
- Describe the importance of multi-disciplinary, patient and circle of support involvement.

### COMMUNICATOR

- Apply empathetic listening skills that respect patient's diversity, beliefs, concerns and expectations.
- Adjust communication techniques to adapt to the socio-cultural expectations of the patient.
- Demonstrate sensitivity, honesty and compassion in difficult conversations.
- Anticipate, interpret and respond to one's own and others' emotions to manage interpersonal interactions with compassion.
- Effectively organize information using traditional schemata (e.g. SOAP) while adhering to relevant policies.

### HEALTH ADVOCATE

- Describe health services and resources available to patients.
- Identify a patient's health goals, strengths, supports and resources and engage in anti-oppressive and anti-racist actions.
- Familiarize with the Truth and Reconciliation of Canada Calls to Action (23 and 24), Canadian Charter of Rights and Freedoms, the BC Human Rights Code and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).
- Identify health trends, major world events and key health system issues that may exacerbate health inequities.

### LEADER

- Describe leadership styles and connections with emotional intelligence.
- Develop an approach to learning (e.g. prioritizing) and time management (e.g. punctuality).
- Describe different types of health care costs and approaches to resource stewardship (e.g. "Choosing Wisely").
- Regularly engage in safety habits (e.g. hand washing) and identify ways the system contributes to patient safety.
- Describe the role of physician leadership in improving the Canadian health care system.

### PROFESSIONAL

- Respect all patients and colleagues, and describe the consent and capacity process, key ethical principles (e.g. beneficence) and elements of an effective apology.
- Maintain patient confidentiality and recognize and manage privacy requirements within training and practice environments, and access records of patients only directly in your care.
- Adhere to student conduct-related policies and guidelines such as the Professional Standards of the UBC Faculty of Medicine.
- Identify health and wellness resources, seek help from qualified professionals for personal and professional concerns, encourage physical and psychological safety and help-seeking behaviors, and describe strategies for mistreatment.
- Identify and describe the CanMEDS roles in patient encounters and simulated cases.

### SCHOLAR

- Describe different kinds of evidence and their roles in clinical decision-making, and the advantages and limitations of pre-appraised resources.
- Identify and analyze ethical principles as they relate to research/scholarly inquiry and critically evaluate information.
- Define reflective learning as it relates to medicine, use feedback to enhance self-assessment and learning, and identify with guidance personal learning goals.
- Describe the formal, informal and hidden curriculum, contribute to a positive atmosphere, and evaluate teachers and programs fairly and respectfully.

## GENERAL TEACHING TIPS

- Choose 2-3 key patients (based on visit reason or knowledge about patient) that student(s) could see under indirect supervision.
- Consider having learners teach each other during clinical encounters and vice versa, when having 2 (or more) students/residents in the office.
- Consider the balance of providing direct (doctor sees patient with student) or indirect (student initially sees patient alone) supervision. Indirect supervision allows you to see other patients on your own and can help balance your schedule.

## STUDENT FEEDBACK

- Allow students to visit the Medical Office Assistant (MOA) office and allied health care providers to learn office and team environment.
- While observation is key, consider observing small parts of a clinical encounter or physical exam to provide specific feedback.
- Provide "clinical pearls" or a brief key message for clinical encounters, if you do not have much time to teach during patient cases.

- It is helpful to spend some time (even just a few minutes) discussing expectations and goals in advance of working with patients.
- While observing and shadowing can be helpful in a new environment, it can also be useful to our learning to participate in history and/or physical patient encounters both in-person or virtually.
- We love it when you share your experiences (personal and professional) about what it means to be a family physician. You are a powerful role model!
- We find it helpful to debrief after clinical encounters or at the end of the day to review the relevant aspects of patient care and treatment strategies.

Information provided by Year 1 & 2 Family Practice Course Co-Leads, Family Medicine Undergraduate Program Director, and Clinical Experiences Integration Co-Lead. Content development and instructional design provided by VFMP Faculty Development.