Clinical Skills in the Undergraduate MB ChB Medical Curriculum

Te Whare Wānanga o Otāgo

An overview map

2016 version

University of Otago Medical School
Clinical Skills Subcommittee
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Introduction

Mastery of clinical skills (CS) is central to the transformation of a medical undergraduate student into a competent health professional fit for medical practice. A **clinical skill** is defined as any discrete and observable act within the overall process of patient care.[1]

In the Otago MB ChB programme CS are defined as essentially those skills required during patient-doctor interactions. However in defining the scope of CS it became apparent that we should not confine the communication skills solely to those occurring between doctors and their patients, but needed to include also the teamwork and communication skills required during interactions with other health professionals. This resulted in recognition of 4 main groups or categories of CS:

(1) Clinical skills, including communication skills, required during the traditional doctor-patient consultation;
(2) Additional communication skills required during other doctor-patient interactions;
(3) Clinical skills, including communication skills, required for effective intraprofessional and interprofessional interactions; and
(4) Procedural skills.

For curriculum purposes CS does not include student-to-student communication and interactions, or interactions between an individual doctor and patient groups, nor between the profession and the public, such as in health education and advocacy.

(1) The traditional **doctor-patient consultation** incorporates several skills and components which, when effectively combined, constitute an advanced and complex skill. The consultation begins with the patient presentation and concludes with the formulation of a plan. Along the way it involves general interview skills, specific medical history taking, examination, **clinical reasoning**/problem solving, explanation and planning/shared decision-making, and finally documentation of the consultation. Clinical reasoning extends beyond the doctor-patient interaction so the component represented within the CS curriculum is recognised as being only part of the complete process.

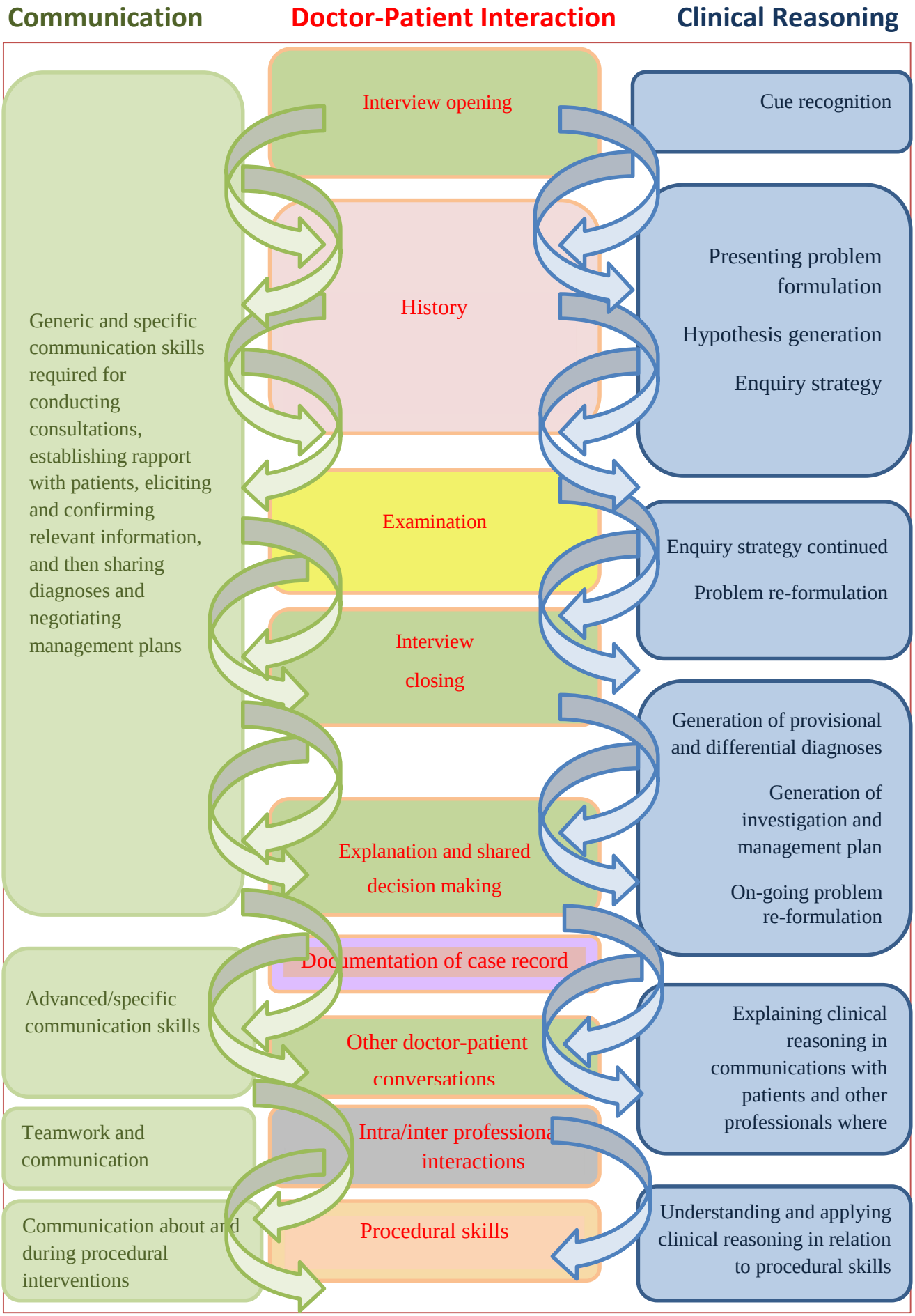
(2) Additional **communication skills** required during **other doctor-patient interactions** include all communications between doctors and patients outside of the traditional consultation e.g. specific explanation of treatment options and seeking of consent, and some more complex and advanced communication skills which can be required either within or outside of a consultation e.g. dealing with an angry patient, dealing with a potential case of NAI (non-accidental injury), open disclosure conversations.[2]

(3) Clinical skills required for effective **intraprofessional and interprofessional interactions** are largely communication skills (both verbal and written) but also include knowledge and skills in effective teamwork.

(4) **Procedural skills.**

The division of CS into 4 categories and into discrete components within these categories is necessary for curriculum purposes despite the reality of clinical practice where these skills overlap and are often performed simultaneously. The relationship between these components is represented in the following graphic.

[1] (Association of American Medical Colleges, 2005)
[2] (Martin von Fragstein, 2008)



The place of Clinical Skills within the overall MB ChB curriculum

The CS learning outcomes represent only one category of outcomes from the six domains which comprise the MB ChB curriculum. The complete list is:

Clinical Skills
Diagnostics and Therapeutics
Hauora Maori
Population Health and Epidemiology
Professional Practice
Science, Scholarship and Research

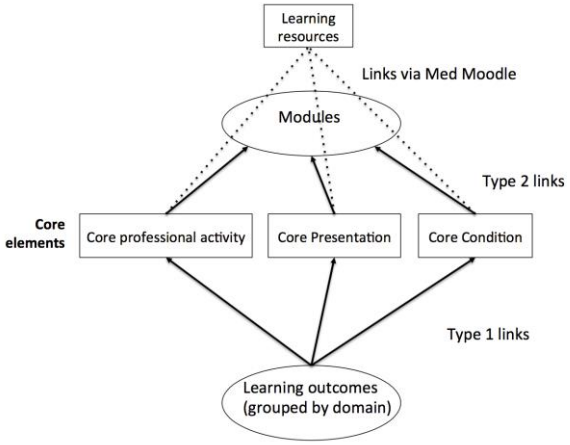
While all learning outcomes within the MB ChB Curriculum are categorized within these 6 domains they are also linked to core elements within the curriculum, these being Core Presentations (CPs), Core Professional Activities (CPAs) and Core Conditions (CCs).

This document focuses on integrated CS competencies and individual clinical skills however CS are also incorporated in the core elements of CPAs. CPAs are similar to CS competencies however are intended to capture the integration across domains of knowledge and practice that is required of medical professionals when going about their daily practice.

CPAs are defined as "Discrete, identifiable activities required of medical professionals which are not specific to any particular patient presentation or condition". CPAs are based around some of the most common and important roles and tasks required of medical professionals and require integration of knowledge skills and attitudes into a meaningful whole.

CPAs also vary somewhat from the CS competencies and skills in this CS map in that they are described only in terms of the single standard or level of competence which can reasonably be expected of a new medical graduate, rather than in different levels of learning according to stages of learning.

Of the total 43 CPAs many include significant contributions from CS and as such these CPAs contribute to the overall map of CS within the MB ChB programme. The full CPA list is included as an appendix and those relevant to CS have been incorporated into the tables of CS competencies.



The remainder of this document now focuses specifically on CS competencies and individual clinical skills and attempts to provide an overview map indicating the level of learning or acquisition of the skill at each stage of training (ELM years 2/3, ALM years 4/5 and ALM year 6/TI year). Despite the format of the document it should not be interpreted as suggesting that CS are acquired as discrete entities at single points in time or stages of training. The document attempts therefore not only to allocate certain skills and levels of learning to specific stages of training but also to reflect the fact that CS are learnt in a progressive fashion by deliberate repetitive practice and that learning is progressive from the unskilled novice stage through to that of the expert where ongoing performance continues to be required for skills to be maintained. The intention in allocating levels to certain stages of training is to provide a general indication of the stage and component of the medical programme which should assume major responsibility for the teaching/learning of the skill and at which point competency in a particular skill might reasonably be expected and therefore be able to be assessed.

Definitions and explanations

The University of Otago Medical School MB ChB Clinical Skills subcommittee has agreed the following definitions for the purposes of this document.

A **clinical skill** is any discrete and observable act within the overall process of patient care. Included are all those skills required during patient-doctor interactions and in addition communication skills required during interactions with other health professionals as part of patient care.

Teamwork is the cooperative effort by two or more people to achieve a common goal and effective communication is a key component of effective teamwork.

Procedural skills involve an actual physical manoeuvre or intervention which may or may not require specific equipment and which may be undertaken for either investigative/diagnostic (beyond standard examination) or therapeutic/management purposes. Their execution requires both psychomotor skills and background knowledge. When undertaken each procedure should be underpinned by sound clinical reasoning.

Within the oversight of the CS domain the emphasis for procedural skills learning is on the safe and effective performance of the procedure. Interpretation of the test results, were the procedure is diagnostic, is of course important but falls within the Diagnostics and Therapeutics domain of the overall curriculum rather than within CS. Again it is acknowledged that such divisions are for pragmatic reasons and that ultimately all tasks and roles of a doctor must be integrated with each other.

However, mastery of all history taking and examination skills does include an expectation to interpret and apply the findings to the specific context of the patient interaction.

CS include some which are essentially cognitive (rather than psychomotor) in particular the skills of clinical reasoning. These cognitive skills are made observable (and therefore measurable/assessable) by being explicitly articulated or communicated – either orally or in writing. They may also be able to be assessed by the outcome of the cognitive process.

Clinical reasoning[3] incorporates the skills and processes which guide a clinician, from initial inquiry and data gathering and through ongoing critical analysis, evaluation, and synthesis, to gather and use relevant information and evidence in order to translate a patient's problems into a coherent diagnostic formulation and management plan.

There are a variety of approaches to clinical reasoning that depend upon the clinical context, the knowledge and experience of the clinician, and on the nature of the clinical problem(s). Like other clinical skills, clinical reasoning is gained through deliberate repetitive practice, and acquisition is reliant upon explicit teaching, learning opportunities and assessment.

The teaching, learning and assessment of clinical reasoning should not just focus on outcomes (as people can stumble on the right outcome for the wrong reason), nor just on process (since this will be dependent on experience and context), but needs to focus also on the metacognitive aspects, or the individual's insight into his or her own cognitive processes. This is helped by students and teachers articulating, and making explicit, how they reached their conclusions, and by taking account of the learner's level of knowledge and the nature of the clinical problem.

Competence is the state of being competent. Competence is a property of a person in relation to a particular skill i.e. it is skill or task specific. It varies along a continuum of degree (is not all-or-nothing), is dynamic, and is both acquired and maintained by deliberate repetitive practice. Moreover, it can deteriorate without such repetitive performance.

For the purposes of this document a student is **competent** at a skill when they can independently perform the skill safely and effectively in the clinical setting. In relation to procedural skills this does not necessarily equate to successful completion of the skill on every occasion but does require the recognition of an individual's limitations and recognition by that individual of specific circumstances where assistance should be sought.

A **competency** is an integrated collection of clinical skills and related knowledge required in order to achieve a specified component or task of clinical practice.

Levels of achievement beyond competence are not usually attained in the undergraduate years. Higher levels of performance and functioning (often referred to as proficiency and expertise) require competence as a prerequisite but in addition require and reflect additional features such as substantial personal experience, personal accountability, performance in a variety of circumstances including uncommon and complex ones, the ability to recognise, anticipate and manage difficult and unexpected scenarios, and the capacity to continue to function safely and efficiently in the face of pressure and uncertainty.

[3] Note: during 2016 a working group will commence a significant review of clinical reasoning within the MB ChB CS curriculum and it is anticipated that this review may result in some further modification of this current document

Levels of learning (LL)

In addition to the above definitions this document utilises the following descriptions of levels of learning based on a modification of Miller's pyramid such that these levels can be equally well applied to all CS – whether predominantly cognitive/affective, psychomotor or a combination.

Knows about the skill:

Knows about the skill, including underlying theory behind the practice. For procedural skills it involves knowledge of indications, contraindications, potential complications and alternate strategies or approaches if the skill is unsuccessful or unable to be performed.

Knows how to perform the skill:

Knows and can explain the actual practice of the skill. For procedural skills it includes the procedure itself and also the post-procedure care of the patient and/or specimens obtained. The student has observed the procedure on at least one occasion.

Shows how to perform the skill:

Demonstrates performance of the skill at least once in the clinical environment or in a simulated setting but the experience and opportunities are insufficient to amount to the achievement of competence at the skill.

Does the skill:

Can independently perform the skill safely and effectively in the clinical setting. Competence, especially in procedural skills, does not necessarily equate to successfully completing the skill on each occasion, but requires that the student recognizes his/her limitations and the specific circumstances where assistance is required.

Note that the LLs assigned to individual skills at the different stages of training have been informed not solely by what we and others might wish our students to be able to achieve within the agreed definitions but also by what it is reasonable and feasible to expect students to achieve in the course of their programme. It also takes account of the varied trajectories of learning and acquisition according to the type of skill. It acknowledges that a great deal of learning occurs in the Trainee Intern year and that much of this learning is experiential. Where all students cannot be guaranteed sufficient opportunity to achieve the highest (Does) level of learning it is thought preferable that this limitation is acknowledged and made explicit to both students and future employers, and to teachers.

The following tables of core competencies in clinical skills are divided into 4 sections consistent with the categories of CS described above and set out as below.

The learning outcomes are additive across the stages of training – building on each other from the end of ELM (2/3) to end of ALM (4/5) and end of ALM (TI/6) – and therefore each appears only once in the table even though outcomes achieved in earlier stages of the training continue to be expected in later stages.

Detailed lists of specific skills in communication, history taking and examination, clinical reasoning and procedural skills appear in the appendices at the end of the document.

Outline of Tables

Table Part 1: Traditional doctor-patient consultation

		Core competencies to be achieved and/or assessed within each stage of training				
Consultation Skills	Communication			ALM (TI/6)	Clinical Reasoning	CPA
			ALM (4/5) →			
		ELM (2/3) → →				
Managing the consultation process						
History						
Examination						
Formulation						
Explanation and shared decision-making						
Documentation						

Table Part 2: Additional doctor-patient communication skills

		Core competencies to be achieved and/or assessed within each stage of training				
Specific/advanced communication skills with patients and others	Examples			ALM (TI/6)	Clinical Reasoning	CPA
			ALM (4/5) →			
		ELM (2/3) → →				
Within specialised clinical contexts and consultations						
Outside of the traditional consultation						
With family/whanau and others such as carers						
Using communication media other than face-to-face verbal and written communication						

Table Part 3: Clinical Skills required for effective intraprofessional and interprofessional interactions

		Core competencies to be achieved and/or assessed within each stage of training				
Clinical Skills required for effective intraprofessional and interprofessional interactions	Examples			ALM (TI/6)	Clinical Reasoning	CPA
			ALM (4/5) →			
		ELM (2/3) → →				
Oral communication skills						
Written communication skills						
Teamwork skills						

Table Part 4: Procedural skills

	Core competencies to be achieved and/or assessed within each stage of training				
				Clinical Reasoning	CPA
Procedural Skills			ALM (TI/6)		
		ALM (4/5) →			
	ELM (2/3) → →				
General approach to procedural skills					
Specific procedural skills - does or shows how to do					
Specific procedural skills - knows how to do or knows about by the end of the Trainee Intern year:					

TABLE Part 1: Doctor-patient consultation: managing the consultation process

(See also Appendix One)

		Core competencies to be achieved and/or assessed within each stage of training				
Consultation Skills	**Communication**			**ALM (TI/6)**	**Clinical Reasoning**	**CPA**
			ALM (4/5) →			
		ELM (2/3) →		→		
Managing the consultation process **(structure /organisation and relationship)** Information: - Eliciting - Deciding - Imparting - Recording		Ensure correct identification of patient Re-check consent for student learning /participation Initiate the interview, identify the patient's perspective and set the agenda Establish and build the relationship with the patient Gather information including from the patient's perspective Summarise and close an interview Understand the importance of cultural competence	Understand and incorporate both the structural and relational components of interviewing to facilitate medical interviewing Incorporate cultural awareness and sensitivity into all patient consultations Conduct age-appropriate consultations	Adapt both structural and relational components of the interview to match the individual patient and clinical context Specifically adapt communication and interview styles to fit the individual patient		CPA 1 CPA 2 CPA 3 CPA 4 CPA 5 CPA 12 CPA 14 CPA 26

History taking skills in consultation

(See also Appendix Two)

<table>
<tr><td></td><td></td><td colspan="3">Core competencies to be achieved and/or assessed within each stage of training</td><td></td><td></td></tr>
<tr><td rowspan="3">Consultation Skills</td><td rowspan="3">Communication</td><td colspan="2"></td><td>ALM (TI/6)</td><td rowspan="3">Clinical Reasoning</td><td rowspan="3">CPA</td></tr>
<tr><td></td><td colspan="2">ALM (4/5) →</td></tr>
<tr><td colspan="3">ELM (2/3) → →</td></tr>
<tr><td>History

(process and content)

(eliciting information)</td><td>History taking</td><td>Elicit key symptoms and explore these in a systematic fashion

Incorporate the patient’s perspective and context</td><td>Take a systematic and comprehensive history of common and potentially serious clinical problems

Seek both positive and negative features

Focus on symptoms and consider what causes them

Take a focused history in some specialised clinical contexts

Incorporate both the medical and patient perspectives into problem identification and formulation, and use to guide examination</td><td>Adapt the type of history taken to fit the clinical context

Take a history in more challenging circumstances when the patient is not communicating clearly

Efficiently sort relevant from irrelevant information

Clarify which elements of the history are independent and which are inter-related

Efficiently process information to formulate the number of problems and their relationships</td><td>Cue recognition
↓
Presenting problem formulation
↓↑
Hypothesis generation
↓↑
Enquiry strategy</td><td>CPA 1

CPA 2

CPA 4

CPA 6

CPA 10</td></tr>
</table>

Examination skills in consultation

(See also Appendix Three)

<table>
<tr><td>Consultation Skills</td><td></td><td colspan="3">Core competencies to be achieved and/or assessed within each stage of training</td><td></td><td></td></tr>
<tr><td rowspan="3">Examination</td><td rowspan="3">Communication</td><td colspan="2"></td><td>ALM (TI/6)</td><td rowspan="3">Clinical Reasoning</td><td rowspan="3">CPA</td></tr>
<tr><td></td><td colspan="2">ALM (4/5) →</td></tr>
<tr><td colspan="3">ELM (2/3) → →</td></tr>
<tr><td>Examination

(process and content)

(eliciting information)</td><td></td><td>Perform individual components of examination including observation, palpation, percussion and auscultation

Incorporate these components into examination of isolated body systems or regions

Based on patient’s presenting symptoms/ problems identify the relevant body systems/regions which should be examined</td><td>Perform a systematic complete examination in an adult (male and female), a child, an infant, and an older person

Perform a specific examination of a body system/region

Recognise and describe normal and abnormal findings

Perform a focused examination of a body system/region as indicated by information gained from the history</td><td>Clarify the problem(s) by adapting the examination according to the history obtained and clinical context

Perform an appropriately focused examination

Integrate and simultaneously perform history taking and physical examination

Recognise and examine the acutely unwell patient</td><td>Enquiry strategy continued

Revision of hypotheses

↑↓

Revision of problem formulation</td><td>CPA 1

CPA 6

CPA 8</td></tr>
</table>

Formulation (clinical reasoning) skills in consultation

(See also Appendix Four)

Consultation Skills		**Core competencies to be achieved and/or assessed within each stage of training**				
	Communication			**ALM (TI/6)**	**Clinical Reasoning**	**CPA**
			ALM (4/5)	→		
		ELM (2/3)	→	→		
Formulation **(deciding/ decisions based on the Information)**		Combine the patient's perspective, the medical history and the examination findings to begin to re-formulate the problems from the medical perspective Explain the relationship between symptoms and signs and pathophysiology	Combine the patient's perspective, the medical history and the examination findings to re-formulate the initial problems into a problem list Cluster problems that relate to each other Identify urgent and active problems Explain the relationships between the different clinical problems and the underlying pathophysiology	Appropriately prioritise urgent vs non-urgent, active vs inactive and new vs pre-existing problems	**Problem re-formulation**	CPA 1 CPA 2 CPA 4 CPA 6 CPA 8 CPA 9 CPA 10 CPA 11 CPA 12 CPA 13
			Generate a differential diagnosis list Explain how these were reached Maintain a broad diagnostic focus and differential list. Incorporate the context and patient perspective in the problem list and management plan Develop an initial investigation and management plan Relate the management of the problems to underlying pathophysiology	Develop an initial investigation and management plan prioritising urgent problems Know when and how to call for assistance Identify the impact of the management plan on all patient problems Effectively present and share this information in oral format	**Generation of provisional and differential diagnoses** **Generation of investigation and management plans** **On-going problem re-formulation**	

Explanation and shared decision making, and documentation skills in consultation

(See also Appendix One)

		Core competencies to be achieved and/or assessed within each stage of training				
Consultation Skills	**Communication**			**ALM (TI/6)**	**Clinical Reasoning**	**CPA**
			ALM (4/5) →			
		ELM (2/3) →		→		
Explanation and shared decision-making **(imparting information)**	**Explanation and shared decision-making**	Be aware that decisions are a partnership with the patient and understand why this is important Explain the benefits and challenges of patient involvement in decisions	Explain to the patient the diagnosis and plan using appropriate language Explain how the patient's perspective should be incorporated into shared decisions Engage a simulated patient in shared decision-making	Engage with the patient and the team in shared decisions		CPA 1 CPA 2 CPA 4 CPA 5 CPA 6 CPA 10 CPA 11 CPA 15
Documentation skills **(recording information)** **(see also table Part 3 for intra/interprofessional documentation skills)**	**Case record/notes** **(see also table Part 3 for oral case presentation skills)**	Record the relevant findings from the patient interaction in the appropriate format/structure	Make a comprehensive, accurate, legible and systematic record of the consultation in which the problem list and formulation logically derive from the history and examination findings Document provisional and differential diagnoses including an indication of how these were reached Document an investigation and management plan	Make a comprehensive but concise and accurate case record emphasising relevant information Document the team's treatment plan and monitoring orders within case records enabling efficient and effective handover of care Keep clinical records including the problem list up-to-date as patient problems change over time		CPA 18 CPA 19

TABLE Part 2: Additional doctor-patient communication skills

(See also Appendix One)

Specific/ Advanced Communication Skills with patients		**Core competencies to be achieved and/or assessed within each stage of training**				
	Examples			**ALM (TI/6)**	**Clinical Reasoning**	**CPA**
			ALM (4/5) →			
		ELM (2/3) →	→			
Within specialised clinical contexts and consultations	Communicating with individuals with communication difficulties/impairments Discussing potentially sensitive and stigmatizing topics/issues Conducting consultations within emotionally laden situations Consultations /communications requiring an interpreter	Understand that different communication strategies are required for consultations in specialised contexts	Know when different approaches /communication skills are needed Where appropriate, observe, perform or participate in these specialised consultations alongside the clinical team Attempt some of these specialised communications in simulated contexts	Undertake initial management of these specialised consultations Recognise situations where assistance should be sought		CPA 11 CPA 12
Outside of the traditional consultation	Obtaining consent for provision of health services Breaking bad news End-of-life conversations including DNACPR discussions and discussions about transition from curative to palliative care Open disclosure conversations Dealing with complaints	Understand the different nature of these communications /conversations and why advanced communication skills are required	Where appropriate, observe and participate in these conversations alongside the clinical team Attempt these specialised conversations in simulated contexts	Where appropriate and under supervision, conduct some of these specialised conversations Recognise situations where assistance should be sought		CPA 21 CPA 22 CPA 23 CPA 24

With family /whanau and others such as carers	Obtaining a collateral history Engaging and discussing patient care as appropriate with significant others e.g. family, carer	Identify the different nature of relationships and conversations with individuals other than the patient including the boundaries required by respect for privacy and confidentiality	Identify situations where engagement with individuals other than the patient is appropriate Where appropriate and under supervision, conduct these conversations	Conduct appropriate conversations with individuals other than the patient		CPA 10 CPA 11 CPA 14 CPA 15 CPA 20
Using communication media other than face-to-face verbal and written communication	Communicating with patients and colleagues by phone conversations, fax and other electronic media		Understand the risks and challenges/difficulties of communicating via these media, especially in relation to maintaining patient privacy and confidentiality and appropriate personal and professional boundaries Attempt to communicate effectively and safely using different modes of communication according to context	Competently handle information and communication using multiple modes of communication		

TABLE Part 3: Clinical skills required for effective intraprofessional and interprofessional interactions

(See also Appendix One)

Clinical skills required for effective intra/ interprofessional interactions - including communication skills (oral and written) and teamwork		**Core competencies to be achieved and/or assessed within each stage of training**				
	Specific Examples			**ALM (TI/6)**	**Clinical Reasoning**	**CPA**
			ALM (4/5) →			
		ELM (2/3) →		→		
Oral communication skills	**Oral Case Presentation Skills**	Engage and orientate colleagues to the case Present findings to a colleague	Deliver a summary of relevant detail with clarity and in a logical order	Present a formulation of the problem, transparent interpretation of data and a purposeful conclusion		CPA 7 CPA 9 CPA 16 CPA 17 CPA 18 CPA 19 CPA 20 CPA 21
	Oral handover and collegial consultation/ referral skills			Clarify the identity of the participants and indicate clearly the purpose of the communication (ISBAR) Summarise the situation, assessment and response required/sought (ISBAR)		
Written communication skills **(documentation)**	**Intra/interprofessional documentation skills e.g. collegial consultations/referrals, investigation requests/orders, discharge summaries, death certificates**	Understand the importance of accurate, legible, dated and authored documents	Complete investigation requests under supervision	Complete collegial consultation requests/referrals and discharge summaries under supervision Write prescriptions, drug and fluid orders under direct supervision Know how to write some important medical documents with legal standing		

Clinical skills required for effective intra/ interprofessional interactions - including communication skills (oral and written) and teamwork continued		**Core competencies to be achieved and/or assessed within each stage of training**				
				ALM (TI/6)	**Clinical Reasoning**	**CPA**
			ALM (4/5) →			
		ELM (2/3) →		→		
Teamwork skills	**Teamwork**	Understand the nature of teams and teamwork Begin to understand the functions/purposes and types of communication used in teamwork Begin to understand the different values, roles, expertise and responsibilities of different health care professionals Understand the importance of effective collaboration within and between both intraprofessional and interprofessional teams	Understand the barriers and facilitators to effective teamwork including communication within teams Identify and analyse both good and poor teamwork including the communication components Develop skills for communicating and collaborating effectively with all members of the clinical health care team, including skills in managing conflict Understand the importance of effective collaboration between health care teams and the larger health system	Function competently as a member of an inpatient based health care team Function competently as a member of an ambulatory patient based health care team Communicate and collaborate effectively with other health teams involved in the care of the patient and with health care systems Understand the importance of communicating and collaborating effectively with professional and external regulatory bodies		CPA 3 CPA 8 CPA 9 CPA 13 CPA 16 CPA 18 CPA 19 CPA 20 CPA 21 CPA 22 CPA 23 CPA 25

TABLE Part 4: Procedural skills

(See also Appendix Five for specific procedural skills)

	Core competencies to be achieved and/or assessed within each stage of training				
Procedural Skills			**ALM (TI/6)**	**Clinical Reasoning**	**CPA**
		ALM (4/5) →			
	ELM (2/3) →		→		
General approach to procedural skills	Begin to appreciate the place of procedural skills within clinical practice	Develop a systematic approach to learning about and performing procedural skills Perform selected procedural skills in simulated contexts and on patients under supervision	Competently perform selected procedural skills Understand and be involved as part of the clinical team in a range of more complex and risky skills Use a systematic approach to acquiring new procedural skills		CPA 7 CPA 15 CPA 17

Appendix One: Communication and teamwork skills

Communication and Teamwork Skills	ELM 2/3	ALM 4/5	TI/6
Interview skills - Managing the consultation process			
Initiate the clinical interview:			
Re-check consent for student learning/participation	Does	Does	Does
Confirm correct identification of the patient	Does	Does	Does
Open the consultation, set the agenda and elicit and consider the patient's perspective	Shows how	Does	Does
Establish and build a relationship with the patient:			
Use appropriate non-verbal communication and empathic reflection, demonstrate respect and concern regardless of the patient's problems or personal characteristics	Shows how	Shows how	Does
Gather information:			
Use appropriate screening questions, balance open and closed questions, avoid leading questions, listen attentively, respond to cues, facilitate discussion, structure signpost and prioritise within the consultation	Shows how	Shows how	Does
Summarise and close the interview	Shows how	Shows how	Does
Conduct an age-appropriate consultation with:			
an adult	Shows how	Shows how	Does
a child/adolescent	Knows about	Shows how	Does
a parent/guardian of a young child/infant/baby	Knows about	Shows how	Does
an older person	Knows about	Shows how	Does
Explanation and shared decision making:			
Assess patient's start point and main questions, using response as a guide on to how to proceed	Knows about	Shows how	Does
Organise explanation into sections, using signposting	Knows about	Shows how	Does
Check patient's understanding and encourage questions regularly	Knows about	Shows how	Does
Lay out management options, and determine patient preferences, motivate and encourage behaviour change	Knows about	Shows how	Does
Negotiate a mutually acceptable way forward and check understanding and acceptance	Knows about	Shows how	Does
Manage time within the consultation	Shows how	Shows how	Does
Conduct culturally appropriate and sensitive consultations with individuals from diverse backgrounds including specifically:	Knows about	Shows how	Does
Maori	Knows about	Shows how	Does
Pacific people	Knows about	Shows how	Does
Specific/Advanced Communication Skills with patients and others			
Specific/Advanced communication skills **within specialised clinical contexts and consultations:**			
Communicate with individuals with communication difficulties/impairments	Knows about	Shows how	Shows how
Discuss potentially sensitive and/or stigmatizing topics/issues	Knows how	Shows how	Shows how
Conduct consultations within emotionally laden situations	Knows how	Shows how	Shows how
Conduct consultations/communications requiring the use of an interpreter	Knows about	Shows how	Shows how

	ELM 2/3	ALM 4/5	TI/6
Specific/Advanced communication skills **outside of the consultation:**			
Obtain informed consent for provision of health services	Knows about	Knows how	Shows how
Breaking bad news	Knows about	Knows how	Shows how
End-of-life conversations e.g. including advance care planning, advance directives; DNACPR discussion; discussion about transition from curative to palliative care	Knows about	Knows how	Knows how
Open disclosure conversations	Knows about	Knows about	Knows how
Dealing with complaints	Knows about	Knows about	Knows how
Specific/Advanced communication skills **with family/whanau and others:**			
Obtain a collateral history	Knows about	Shows how	Does
Engage and discuss, patient care as appropriate, with significant others e.g. family, carer	Knows about	Shows how	Does
Specific/Advanced communication **using communication media other than face-to-face verbal and written communications:**			
Demonstrate the ability to respond to the specific demands and adaptations required by telephone communications	None	Shows how	Does
Develop familiarity with computerised patient record, prescribing, and referral systems	None	Knows how	Shows how
Maintain/contribute to patients' electronic records	None	Shows how	Does
Use fax and email communication appropriately	Knows about	Shows how	Does
Communication and teamwork skills required for effective intraprofessional and interprofessional interactions:			
Make a comprehensive but concise, accurate and legible case record incorporating relevant information	Knows how	Shows how	Does
Document the team's treatment plan and monitoring orders within case records enabling efficient and effective handover of care	None	Shows how	Does
Keep clinical records including the problem list up-to-date as patient problems change over time	Knows about	Shows how	Does
Present (verbally) patient information in an organised, articulate and coherent manner in clinical settings	Knows about	Shows how	Does
Conduct an effective verbal handover of care (ISBAR)	None	Shows how	Does
Complete investigation requests	None	Shows how	Does
Make a verbal (including telephone) referral of a patient to another speciality	None	Knows how	Does
Make a written referral (consultation request) of a patient to another speciality	Knows about	Shows how	Does
Write a well-structured, comprehensive and clear discharge letter	None	Shows how	Does
Know how to complete documentation of a patient death – including entry in the clinical notes, and completion of death and cremation certificates	None	Knows how	Shows how
Know how to refer a patient death to the coroner	None	Knows how	Shows how
Write a legible, clear and accurate drug chart ready for signing	None	Shows how	Does
Write a legible, clear and accurate prescription ready for signing	None	Shows how	Does
Write legible, clear and accurate fluid order ready for signing	None	Shows how	Does

	ELM 2/3	ALM 4/5	TI/6
Teamwork			
Describe the roles of other health professionals, and one's own role in the team	Knows about	Does	Does
Function competently within a team by:			
performing delegated tasks and seeking clarification of role/tasks where necessary	Knows about	Shows how	Does
managing time and prioritising tasks effectively	Knows about	Shows how	Shows how
showing initiative and contributing positively to team functioning	Knows about	Shows how	Shows how
communicating effectively and respectfully	Knows about	Shows how	Does
expressing concerns respectfully and appropriately	Knows about	Shows how	Does
recognising and managing conflict	Knows about	Knows how	Shows how
monitoring own impact on other team members, and modifying behaviour as and when necessary	Knows about	Shows how	Does
Function competently within:			
a medical team	Knows about	Shows how	Does
a multidisciplinary team	Knows about	Shows how	Does
an inpatient based health care team	None	Shows how	Does
an ambulatory patient based health care team	None	Shows how	Does
Communicate and collaborate effectively with other health teams involved in the care of the patient and with health care systems	Knows about	Knows how	Does

Appendix Two: History taking skills

History Taking Skills	ELM 2/3	ALM 4/5	TI/6
Take a systematic and comprehensive clinical history including:			
Presenting complaint	Knows how	Shows how	Does
History of presenting complaint/illness	Knows how	Shows how	Does
Past Medical History	Knows how	Shows how	Does
Drug and allergy history	Knows how	Shows how	Does
Family history	Knows how	Shows how	Does
Social history - including occupational history	Knows how	Shows how	Does
Systems review - includes general, cardiovascular, respiratory, gastrointestinal, genitourinary including renal, CNS (central nervous system), ENT/eyes, psych, endocrine/metabolic, locomotor, skin and haematopoietic	Knows how	Shows how	Does
From an adult	Knows how	Shows how	Does
From a child and/or parent	Knows how	Shows how	Does
From an adolescent	Knows how	Shows how	Does
From an older person	Knows how	Shows how	Does
From an adult female including menstrual, obstetric (including EDD) and gynaecological histories	Knows how	Shows how	Does
Recognise and probe for, if necessary, selected and common potentially sensitive and stigmatising problems	Knows how	Knows how	Shows how
Take a systematic history, adapting the type of history taken, to fit the specific clinical context of Psychological medicine: including assessment of depression and suicide risk, delirium, and mental status including abnormal mood states and psychotic symptoms	Knows how	Shows how	Does
Take an appropriately focused history according to the presenting problem	Knows how	Shows how	Does
Take an appropriately focused history according to the context of care:			
A primary care facility	Knows how	Shows how	Does
A hospital ward	Knows how	Shows how	Does
An emergency department	Knows how	Shows how	Does
An outpatient clinic	Knows how	Shows how	Does
Take an appropriately focused history in the acutely unwell patient presenting with an undifferentiated problem	Knows about	Shows how	Does
Take an appropriately focused history in a patient with known chronic illness	Shows how	Shows how	Does
Take a history in more challenging circumstances when the patient is not communicating clearly	Knows how	Shows how	Does
Take a family history and construct a pedigree for the evaluation of a possible genetic disorder	Knows about	Knows how	Shows how

Appendix Three: Examination skills

Examination Skills	ELM 2/3	ALM 4/5	TI/6
Core "component" examination skills:			
Perform the generic components of examination i.e. Observation, Palpation, Percussion and Auscultation	Shows how	Does	Does
Describe specific examination findings: both normal and abnormal	Knows how	Does	Does
Describe the general features of examination observable from the end-of-the-bed	Knows how	Does	Does
Obtain a set of vital signs including:-			
Pulse rate, respiratory rate and blood pressure measurement (BP)	Does	Does	Does
Oxygen saturation	Knows about	Does	Does
Temperature	Does	Does	Does
Bedside blood glucose measure	Does	Does	Does
Assess responsiveness, signs of life (need for CPR)	Does	Does	Does
Assess pain status	Knows how	Shows how	Does
Perform a systematic complete clinical examination of:			
An **adult patient**			
with an acute medical condition	Knows about	Shows how	Does
with common chronic medical conditions	Knows about	Shows how	Does
A **paediatric patient** including			
age appropriate examination of the paediatric patient including examination of the adolescent, child, infant and newborn (neonate)	None	Shows how	Does
developmental screening	Knows about	Shows how	Does
An **obstetric patient** including			
examining the pregnant abdomen	Shows how	Shows how	Does
detecting foetal heart sounds	Knows about	Shows how	Does
assessing stage/progression of labour	None	Knows how	Knows how
Perform an examination of the following body regions or systems as appropriate to the presenting problem and clinical context:			
The **Cardiovascular system** including examination of pulses, BP, JVP, precordium, lung bases, abdomen and peripheries	Shows how	Shows how	Does
The **Respiratory system** including examination for features of respiratory distress, cough, sputum, an ENT exam, neck exam, and chest exam, plus examination of abdomen and peripheries	Shows how	Shows how	Does
The **Gastrointestinal and genitourinary systems** including:-			
examining general features on oropharyngeal and peripheral exam and an examination of the abdomen, inguinal regions and rectum/genitalia as appropriate	Know about	Shows how	Does
examination and description of stool	Knows about	Shows how	Does

Perform an examination of the following body regions or systems as appropriate to the presenting problem and clinical context **(continued)**	ELM 2/3	ALM 4/5	TI/6
The **Neurological system** including:			
general state and higher functions including mentation, speech, memory, calculation, visual-spacial processing and abstract reasoning	Knows how	Shows how	Does
level of consciousness (Glasgow Coma scale), signs of meningism	Know how	Shows how	Does
cranial nerves	Shows how	Shows how	Does
limbs (and trunk): motor (observation, tone and power), reflexes, coordination, sensation, standing stability (Romberg's test) and gait	Shows how	Shows how	Does
a systematic mental state examination	Know how	Shows how	Does
The **Musculoskeletal system** including examination of joints (axial and limb), muscles, posture and gait, and a functional assessment	Shows how	Shows how	Does
The **Psychiatric exam** including mental state exam, assessment of suicide risk, violence risk, cognitive impairment and substance abuse	Knows about	Shows how	Does
The **Endocrine/metabolic system** including:			
examination of the thyroid gland	Knows about	Shows how	Does
other features of endocrine/metabolic disturbance	Knows how	Shows how	Does
The **Haematopoietic system** including examination of lymph nodes	Knows how	Shows how	Does
An **ENT exam** including:			
examination of pinna, auditory canal and drum including use of an auroscope/otoscope	Knows how	Shows how	Does
clinical testing hearing and vestibular function	Knows about	Shows how	Does
examination of the nose - external and anterior rhinoscopy	Knows about	Shows how	Does
examination of sinuses	Knows about	Shows how	Does
examination of throat	Know how	Shows how	Does
examination of the neck and cervical glands	Know how	Shows how	Does
The **Dermatological system** including skin, nails and hair	None	Shows how	Does
An **Eye exam** including:			
visual acuity and visual fields, pupillary function, eye movements including binocular function	Knows how	Shows how	Does
optic fundus and disc using ophthalmoscope	Knows how	Shows how	Does
optic globe and peripheral structures - including eyelid retraction/eversion	Knows about	Shows how	Shows how
slit lamp examination	Knows about	Shows how	Shows how
A **Wound**	Knows about	Shows how	Does
Perform the following sensitive examinations as indicated			
rectal examination	Knows about	Shows how	Does
a gynaecological examination including a bimanual pelvic exam	Knows about	Shows how	Does
a gynaecological examination including a speculum examination of the vagina and cervix	Knows about	Shows how	Does
breast examination	None	Shows how	Does
examination of perineum and external genitalia in a male	None	Shows how	Does
examination of perineum and external genitalia in a female	None	Shows how	Does
Perform an appropriately focused examination guided by the history obtained	Knows how	Shows how	Does

	ELM 2/3	ALM 4/5	TI/6
Perform an appropriately focused and timely examination in a patient presenting with:			
reduced or altered conscious level	Knows about	Know how	Does
shock	Knows about	Know how	Does
febrile illness	Knows about	Shows how	Does
acute respiratory distress	Knows about	Shows how	Does
common cardiac emergencies - chest pain, arrhythmia, cardiovascular compromise	Knows about	Shows how	Does
acute abdominal emergencies - abdominal pain, GI blood loss	Knows about	Shows how	Does
acute trauma - regional	Knows about	Shows how	Does
acute trauma - major	Knows about	Knows how	Shows how
common obstetric emergencies	Knows about	Knows how	Shows how
common ophthalmic emergencies - acute visual loss, pain or redness of the eye	Knows about	Shows how	Shows how
common poisonings	Knows about	Knows how	Knows how
Perform an appropriately focused and timely examination in the acutely unwell patient presenting with an undifferentiated problem	Knows how	Knows how	Does
Perform an appropriate systematic examination in an adult patient with a permanent disability such as cerebral palsy, or spinal injury	None	Knows how	Knows how
Perform a pre-operative assessment	None	Shows how	Does
Perform an examination to confirm death	None	Knows how	Does

Appendix Four: Clinical reasoning skills

Clinical Reasoning Skills	ELM(2/3)	ALM(4/5)	ALM(TI/6)
Cognitive base of clinical reasoning			
Know current dominant theories of clinical reasoning – including cognitive and interactive models	None	Shows how	Does
Know common reasons for diagnostic errors and strategies for reducing error	Knows about	Shows how	Does
Know the benefits, harms and application of the use of guidelines and clinical pathways	None	Shows how	Does
Data gathering, including diagnostic tests			
Recognise and describe which elements of a patient's context, history, examination and investigations are diagnostically relevant	Shows how	Shows how	Does
Recognise and describe when and how the gathering of further information (context, history, examination and investigations) is required	Shows how	Shows how	Does
Explain how disease prevalence informs what information should be gathered	Knows about	Shows how	Does
Explain how diagnostic test performance is affected by disease prevalence, and test sensitivity, specificity and likelihood ratios	Knows about	Shows how	Does
Diagnostic formulation and prioritisation			
Assign meaning and levels of importance to various pieces of information (both positive and negative features)	Knows how	Shows how	Does
Recognise diagnostic “red flags” and explain how they influence the diagnostic process	Knows about	Shows how	Does
Clarify which elements of the history and examination are independent and which are inter-related	Knows about	Shows how	Does
Explain the relationships between a patient's symptoms and signs and the likely underlying causes	Knows how	Shows how	Does
Formulate a problem list and, where more than one problem is present, sort and cluster interrelated information	Knows about	Shows how	Does
Generate and document a provisional diagnosis and differential diagnosis list and explain how these were reached	Knows how	Shows how	Does
Explain the relationships between the different clinical problems and underlying causes	Knows about	Shows how	Does
Provide arguments for and against each item of a differential diagnosis list	Knows how	Shows how	Does
Prioritise urgent vs. non-urgent, active vs. inactive and new vs. established problems	Knows about	Knows how	Does
Maintain an appropriately broad diagnostic focus and differential list	Knows how	Shows how	Does
Investigation and management			
Prioritise management options and investigation options	Knows about	Shows how	Does
Provide arguments for and against each investigation and management option/plan	Knows about	Shows how	Does
Relate the management of the problems to underlying causes	Knows about	Shows how	Does
Metacognitive skills			
Demonstrate flexibility by adapting the approach to clinical reasoning depending on context and urgency	Knows about	Knows how	Does
Demonstrate a willingness and ability to modify the differential diagnosis/problem list/management options/investigation options, based on further information	Knows how	Shows how	Does
Explain clinical reasoning in communications with patients and other professionals where appropriate	Knows how	Shows how	Does
Reflect on, and explain, diagnostic successes and errors	Knows about	Knows how	Shows how

Appendix Five: Procedural skills

Specific procedural skills Group One The student **does** or **shows how** to do the following skills: Note: this is a minimum required level of skill acquisition and the stage of training during which it should be achieved – individual students may achieve greater levels of competence at some of these skills and/or competence at skills additional to these and at earlier stages in their training than indicated. NB: recall that the emphasis for procedural skills learning is on the safe and effective performance of the procedure and not on the interpretation (where the procedure is diagnostic)	**Core competencies to be achieved and/or assessed within each stage of training** **Does =** The student is competent at the skill i.e. can independently perform the skill safely and effectively in the clinical setting. Competence, especially in relation to procedural skills, does not necessarily equate to successful completion of the skill on every occasion but does require the recognition of an individual's limitations and recognition by that individual of specific circumstances where assistance should be sought. **Shows how** = This requires the student to be able to demonstrate performance of the skill but does not indicate or equate to competence at the skill. This would apply to skills performed at least once in the clinical environment or in a simulated setting but the experience and opportunities are insufficient to amount to the achievement of competence at the skill.		
			ALM (TI/6)
		ALM (4/5)	→
	ELM (2/3)	→	→
Occupational Safety and Hygiene: Hand washing	Does	Does	Does
Safe handling and disposal of sharps	Does	Does	Does
Safe handling of clinical waste		Does	Does
Safe handling of commonly required biological specimens		Does	Does
Universal precautions/personal protective equipment		Does	Does
Request, obtain, handle and dispose of all biological specimens in a culturally appropriate manner		Does	Does
Safe transfer of elderly or disabled patient from bed to chair			Shows how
Basic Bedside Procedures: Urine examination (dipstick urinalysis)	Does	Does	Does
Temperature recording		Does	Does
Pulse oximetry recording		Does	Does
Throat swab		Does	Does
Nasopharyngeal swab		Does	Does
MSU specimen (explain and obtain)		Does	Does
Urine pregnancy test		Does	Does
ECG (recording)			Does
Wound and operative/surgical management: Wound swab		Does	Does
Aseptic/sterile technique		Does	Does
Surgical scrub and gown		Does	Does
Suture removal			Does
Change a wound dressing			Shows how
Infiltrate wound with local anaesthetic			Shows how
Clean and debride a wound			Shows how
Primary wound closure, using steristrips, tissue adhesive and sutures			Shows how
Surgical knots			Shows how
Instrument ties			Shows how

Punctures and Aspirations:			
Fingerprick sample and measurement of blood glucose	Does	Does	Does
Venepuncture - for routine blood tests		Does	Does
Blood culture specimens		Shows how	Does
Peripheral intravenous cannulation		Shows how	Does
Arterial puncture		Shows how	Does
Subcutaneous injection/infiltration of local anaesthetic prior to procedures such as iv cannulation or arterial blood sampling		Shows how	Does
Subcutaneous injection of other medications e.g. anticoagulant		Shows how	Does
Intramuscular injection			Shows how
Intravenous Therapy and Blood Products:			
Draw up and check IV drugs			Does
Set up an intravenous infusion			Does
Musculoskeletal procedures:			
Simple bandaging techniques	Does	Does	Does
Simple splinting/immobilisation techniques for limbs	Does	Does	Does
Perform spine immobilisation techniques		Shows how	Does
Use of crutches			Shows how
Airway and Respiratory Therapy:			
Peak flow measure technique		Does	Does
Inhaler/spacer use		Does	Does
Oxygen administration		Does	Does
Nebuliser administration		Does	Does
Catheterisations:			
Urethral catheterisation - male		Shows how	Does
Urethral catheterisation - female		Shows how	Does
Nasogastric tube insertion			Shows how
Ophthalmology procedures:			
Eye drop/ointment administration		Shows how	Shows how
Fluorescein staining		Shows how	Shows how
Eye bandage application/padding		Shows how	Shows how
Obstetric and Gynaecological procedures:			
Bivalve speculum examination		Shows how	Does
Cervical/vaginal smear/swab		Shows how	Does
Normal vaginal delivery			Shows how
Resuscitation procedures:			
Basic Life Support (BLS)	Shows how	Shows how	Shows how
Bag-valve-mask (BVM) ventilation		Shows how	Shows how
Advanced Life Support (ALS)			Shows how
Advanced airway management - LMA, ETT			Shows how
Defibrillation and AED use			Shows how
External haemorrhage control		Shows how	Shows how
Paediatric Resuscitation Skills			Shows how

Specific procedural skills Group Two The student either **knows how** to do or **knows about** the following skills by the end of the Trainee Intern year: **Note: this is a minimum required level of skill acquisition by the time of graduation – individual students may achieve greater levels of competence at some of these skills and/or competence at skills additional to these.**	**Core competencies to be achieved and/or assessed within each stage of training** **Knows how** = the student should have knowledge of the actual practice of the following skills, including the post-procedure care of the patient and/or specimens obtained. The student should be able to offer a simple explanation of the procedure to a patient and this would normally require that the student has observed the procedure on at least one occasion. **Knows about** = the student should have knowledge of and about the following skills, including underlying theory, indications, contraindications, potential complications and alternate strategies or approaches if the skill is unsuccessful or unable to be performed.
Safe Patient Restraint modalities	Knows about
Basic Bedside Procedures Stool testing for occult blood	Knows how
Urethral swab	Knows about
Wound and operative/surgical management Simple skin lesion excision	Knows how
Staple removal	Knows how
Abscess drainage	Knows about
Punctures and Aspirations: Lumbar puncture	Knows how
Joint injection/aspiration	Knows how
Needle thoracocentesis	Knows about
Intra-osseous needle/infusion	Knows about
Central venous and femoral cannulation	Knows about
Arterial cannulation	Knows about
Abdominal paracentesis	Knows about
Bladder puncture	Knows how
Intravenous Therapy and Blood Products: Prescribe, check and administer blood products	Knows how
Musculoskeletal procedures: Plaster cast, apply below elbow	Knows how
Plaster cast, apply below knee	Knows how
Simple traction	Knows how
Reduction of simple fracture	Knows about
Reduction of joint dislocation	Knows about
Airway and Respiratory Therapy: Intercostal catheter/drain	Knows how
CPAP administration	Knows about
BiPAP	Knows about
Mechanical ventilation	Knows about
Catheterisations:	
Suprapubic catheterisation	Knows how
Ophthalmology procedures: Eye irrigation	Knows how
Remove simple eye foreign body and corneal foreign body	Knows how
Tonometry	Knows how
ENT procedures: External auditory canal irrigation	Knows how
Ear wick insertion	Knows how
Epistaxis management - anterior rhinoscopy and anterior nasal pack insertion	Knows how
Obstetric and Gynaecological procedures: Foetal assessment	Knows how
Resuscitation procedures: Neonatal Resuscitation - including APGAR scoring	Knows how
Stabilisation and transportation of the critically ill patient	Knows about

Appendix Six: Core Professional Activities (CPAs)

CPA List:

1. Complete a doctor-patient consultation addressing the patient's needs and perspectives, including cultural aspects, while also completing the medical tasks and duties.
2. When the patient identifies as Māori, manage the consultation in a manner which includes Māori health models of engagement and assessment utilising te reo, tikanga and other relevant Hauora Māori competencies.
3. Appropriately incorporate advice and guidance from a Māori health clinician, worker or provider.
4. When the patient identifies as Pacific, manage the consultation in a manner which includes Pacific health models of engagement and assessment.
5. Support patients and family/whānau to navigate their health journey by considering their physical, psychosocial, cultural and spiritual beliefs/experiences, and by working with the health care team to ensure appropriate support is provided
6. Be flexible in order to adapt the assessment and management approach to take account of context, patient factors, population risks and prevalence rates.
7. Select, organise and/or perform appropriate core diagnostic tests and explain the tests/procedures and the results to patients.
8. Recognise and initiate management of the acutely unwell and/or deteriorating patient.
9. Contribute to the shared management of patients with chronic conditions.
10. Use appropriate assessment and management strategies in circumstances where the patient has impaired competence and/or autonomy.
11. Use appropriate assessment and management strategies in circumstances where the patient has impaired communication, comprehension and language difficulties, and/or disability.
12. Recognise and appropriately manage a situation when the interaction with the patient is challenging or difficult.
13. Assess and manage patients around the time of an operation.
14. Complete an age-appropriate consultation of a paediatric patient; including adolescent, child, infant and new-born.
15. Share information and decision-making with a patient, and when appropriate, their family/whānau or chosen others, in order to construct an acceptable management plan which incorporates the patient's preferences and values.
16. Communicate patient information to health professional colleagues in a way which demonstrates clinical reasoning through a provisional diagnosis, differential diagnosis and formulated management plan.
17. Select, organise, and/or perform or prescribe, monitor and/or evaluate appropriate core therapeutic interventions.
18. Contribute to the effective provision and receipt of handover of care of a patient.
19. Function competently as a member of a health care team including respectful and effective communication, and calling for help and/or closer supervision when appropriate.
20. Respect and protect patient confidentiality within consultations and within teams and systems of health care, recognising and managing circumstances in which there are limits to confidentiality.
21. Follow appropriate process and procedures for consent in health care, recognising and managing circumstances when consent is not obtained or possible.
22. Contribute to discussions with patients, and when appropriate their family/whānau or chosen others, in relation to poor prognosis, advance care planning, end-of-life care, and resuscitation status including DNACPR orders (do not attempt cardiopulmonary resuscitation)

23. Contribute to health care team discussions involving the range of ethical dilemmas arising in clinical practice.

24. Recognise and manage situations where personal moral values differ from those of individual patients and/or the accepted ethical codes of the medical profession.
25. Comply with legislation relevant to clinical practice in New Zealand.
26. Apply appropriate frameworks relating to culture, self and diversity when working with patients, family/whānau and communities.
27. Undertake continuing professional development recognising and managing personal limits, and seeking and responding appropriately to feedback.
28. Maintain appropriate professional boundaries, and seek and offer support in circumstances where there is recognisable risk of boundary violations.
29. Contribute to the professional development and/or supervision of students, peers and health professional colleagues.
30. Recognise and manage risks to personal wellbeing that could impact on practice and/or professional development.
31. Recognise and respond to situations where impairment of wellbeing and/or the competence of a peer or colleague could pose a risk to patients or the public.
32. Formulate a practice-related question, gather, critically appraise and interpret relevant information and evidence, and apply these to the question.
33. Apply health promotion principles to develop and/or evaluate an initiative designed to improve the health of a population.
34. Recognise and decide when a health problem requires a choice between a population approach and an individual approach.
35. Contribute to quality assurance and quality improvement of health care delivered by individuals and systems.
36. Recognise and manage systems and/or individual factors where there is a risk of error, harm or sub-optimal care and manage occasions when these have occurred.
37. Identify determinants of health, and advocate for and contribute to, interventions that reduce inequities and improve the health of populations.
38. Engage patients in preventive and population strategies to improve individual and population health.
39. Apply the science of normal structure and function (from genome to whole body) to optimize individual and population health.
40. Apply the science of abnormal structure and function (from genome to whole body) to prevent, diagnose and manage individual and population health problems.
41. Apply the science of environmental, microbiological, radiation and other external factors to prevent, diagnose and manage individual and population health problems.
42. Apply the behavioural and social sciences to optimize health and manage conditions of individuals, family/whānau and communities.
43. Understand common qualitative and quantitative study designs and interpret and apply study findings to practiceResearch designs and interpretation

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