



Mapping of Preventive Medicine Curricular Competencies with Assessment Tools

This outline maps curricular competencies/objectives with the assessment tools and potential test type. Tests will emphasize certain parts of the outline, and no single test will include questions on all aspects. Questions may include content that is not included in this outline.

| Construct | Domain | Rotation | Year | Code | Performance indicator (Curriculum) | Page # | Learning Domain (1:Cognitive, 2:Skills, 3:Attitude) | Assessment Method | | | |
|-------------------|-------------------|----------------------------------|------|-------|--|--------|--|----------------------------|---------------------------|-----------------------------|----------------------------|
| | | | | | | | | MCQ - Part I Written | MCQ - Final Written | OSCE - Final Clinical | SOE - Final Clinical |
| A. Medical Expert | A1. Basic science | Introduction | R1 | A1.1 | Apply principles of drug-drug interactions, drug-disease interactions, and drug-food interactions to common situations | 34 | 1 | * | * | | * |
| | | | | A1.2 | Discuss the epidemiology of HAI, with special reference to HAI in Saudi Arabia | 34 | 1 | * | * | | * |
| | | | | A1.3 | Recognize antibiotic resistance as one of the most pressing public health threats globally | 34 | 1 | * | * | | * |
| | | | | A1.4 | Recognize HAI as one of the major emerging threats in health care | 34 | 1 | * | * | | * |
| | | | | A1.5 | Identify the common causes and environments of HAI | 34 | 1 | * | * | | * |
| | | | | A1.6 | Describe the risk factors of common HAIs, such as ventilator-associated pneumonia, MRSA, CLABSI, and vancomycin-resistant enterococcus (VRE) | 34 | 1 | * | * | | * |
| | | | | A1.7 | Apply principles of prescribing drugs in elderly and pediatric age-group patients, and for patients undergoing pregnancy and lactation | 34 | 1 | * | * | | * |
| | | | | A1.8 | Describe the mechanism of antibiotic resistance | 34 | 1 | * | * | | * |
| | | | | A1.9 | Determine the appropriate and inappropriate use of antibiotics | 34 | 1 | * | * | | * |
| | | Cancer | R2 | A1.10 | Describe pathogenesis of common diabetic emergencies | 35 | 1 | * | * | | * |
| | | Diabetes and Metabolic Disorders | | A1.11 | Describe the pathogenesis of important complications of diabetes mellitus type 2 | 35 | 1 | * | * | | * |
| | | Frail Elderly Patients | R3 | A1.12 | Describe the physiological and functional declination in the elderly that can contribute to increased drug-related adverse events | 36 | 1,2 | * | * | * | * |
| | | | | A1.13 | Discuss drug-drug interactions and drug-disease interactions among the elderly | 36 | 1 | * | * | | * |
| | | Ethics and Healthcare | R3 | A1.14 | Review the appropriate usages and advantages, and potential pitfalls, of mini-MSEs | 36 | | | | | |
| | | | | A1.15 | Describe the epidemiology of smoking and tobacco usage in Saudi Arabia | 37 | 1 | * | * | | * |
| | | | | A1.16 | Review the effects of smoking on smokers and their family members | 37 | 1 | * | * | | * |

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| R4 | A1.17 | Perform consultations effectively, including presenting well-documented assessments and recommendations in written and/or oral form in response to requests from a variety of sources | 12 | 1 | * | * | | * |
| | A1.18 | Clarify the nature of the requests in question and establish, negotiating where required, the desired deliverables when called upon for advice | 12 | 1 | * | * | | * |
| | A1.19 | Efficiently collect and interpret information that is appropriate to the requests | 12 | | | | | |
| | A1.20 | Formulate clear and realistic recommendations | 12 | | | | | |
| | A1.21 | Communicate assessments and recommendations in the manner (oral, written, or both) that is most suitable to the given circumstances | 12 | | | | | |
| | A1.22 | Assess the implementation or impact of recommendations | 12 | | | | | |
| | A1.23 | Demonstrate knowledge of all CanMEDS competencies relevant to preventive medicine | 12 | | | | | |
| | A1.24 | Identify and appropriately respond to relevant ethical issues that arise in the care of individuals, families, groups, organizations, communities, and populations | 12 | | | | | |
| | A1.25 | Demonstrate the ability to effectively and appropriately prioritize professional duties when addressing multiple issues and problems | 12 | | | | | |
| | A1.26 | Demonstrate compassionate care at the individual, family, group, organization, community, and population levels | 12 | | | | | |
| | A1.27 | Recognize and observe the ethical dimensions of preventive medicine and relevant clinical decision-making | 12 | | | | | |
| | A1.28 | Demonstrate medical expertise in situations other than patient care; for example, in providing expert legal testimony and advising governments | 12 | | | | | |
| | A1.29 | Apply knowledge of the fundamental biomedical, clinical, and epidemiological subjects relevant to preventive medicine practice | 12 | | | | | |
| | A1.30 | Describe the natural history, epidemiology, risk factors, and health burdens associated with the major communicable and non-communicable diseases, and injuries, that are of public health significance | 12 | | | | | |
| | A1.31 | Apply knowledge of the principles of prevention and control of disease and injury | 12 | | | | | |
| | A1.32 | Apply knowledge of the principles of health and disease surveillance | 12 | | | | | |
| | A1.33 | Apply knowledge of the principles of health protection | 12 | | | | | |
| A1.34 | Apply knowledge of the principles of health promotion | 12 | | | | | | |
| A1.35 | Apply knowledge of the principles of population-health assessment | 12 | | | | | | |

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| A1.36 | Describe the principles of infection control and their application to effective and appropriate procedures and policies designed to reduce risk | 13 | | | | | |
| A1.37 | Describe the general principles of emergency planning and incident management | 13 | | | | | |
| A1.38 | Discuss knowledge translation and social-marketing strategies that are relevant to the promotion of health | 13 | | | | | |
| A1.39 | Describe the analytic tests and methods used to explain differences in health and health-related behaviors | 13 | | | | | |
| A1.40 | Describe the methods used to explore knowledge, attitudes, beliefs, behaviors, and public-health interventions | 13 | | | | | |
| A1.41 | Describe the CanMEDS framework of competencies relevant to preventive medicine | 13 | | | | | |
| A1.42 | Apply lifelong learning skills relating to the scholar role that allow them to implement a personal program for keeping up-to-date, enhancing areas of professional competence, and maintaining their specialty certification | 13 | | | | | |
| A1.43 | Integrate the best available evidence and best practices in order to enhance the quality of care, as well as patient and program safety, in preventive medicine | 13 | | | | | |
| A1.44 | Perform a health-based needs assessment for a defined population for a specific purpose, employing appropriate methods (qualitative, quantitative, or both) that are relevant, concise, and reflective of context and preferences; describe the results of such assessments; and make recommendations in regard to response actions | 13 | | | | | |
| A1.45 | Assess health status, health inequalities, determinants, and different needs by analyzing population-level data, and can use this to support prioritization of action | 13 | | | | | |
| A1.46 | Use and interpret information from a range of sources including, but not limited to, mortality, hospital admission, census, primary care, communicable disease, and reproductive and sexual health data, as well as cancer registries and health surveys, in order to support public health activities in an evidence-informed, resource-effective, and ethical manner | 13 | | | | | |
| A1.47 | Use a range of methods to assess morbidity and the burden of disease within and between populations | 13 | | | | | |
| A1.48 | Effectively identify and explore health issues, including the related contexts, preferences, and values | 14 | | | | | |
| A1.49 | Define, develop, select, and interpret relevant social, demographic, and health indicators from a variety of data sources including, but not limited to, vital statistics and administrative databases, registries, and surveys. | 14 | | | | | |
| A1.50 | Discuss and take into account the use and limitations of these data sets | 14 | | | | | |

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| A1.51 | Identify and interpret the impact of health behaviors of individuals, groups, and populations, particularly with respect to nutrition, physical activity, the use of tobacco and other substances, sexuality, risk-taking, immunization, and participation in recommended prevention and screening programs | 14 | | | | | |
| A1.52 | Conduct assessments that are relevant, concise, and reflective of context and preferences concerning the purposes of preventive medicine | 14 | | | | | |
| A1.53 | Organize and analyze data, meta-data, information, and knowledge, using information technology as appropriate | 14 | | | | | |
| A1.54 | Appraise the validity and relevance of data and data systems and assess their quality and appropriateness for purpose | 14 | | | | | |
| A1.55 | Use data with consideration of the legal and ethical aspects of the collection, manipulation, retention, and release of the data; thereby allowing them to balance societal benefit with individual privacy | 14 | | | | | |
| A1.56 | Integrate different types of data, using complex data sets or data from a variety of sources, to draw appropriate conclusions | 14 | | | | | |
| A1.57 | Discuss and apply guidelines for assessing causality, such as by using Koch's postulates or Bradford-Hill criteria | 14 | | | | | |
| A1.58 | Select appropriate investigative methods that are evidence-informed, resource-effective, and ethical | 14 | | | | | |
| A1.59 | Identify, select, and interpret biological risk markers including, but not limited to, age, sex, race, and genetic makeup | 14 | | | | | |
| A1.60 | Select, discuss, and demonstrate an understanding of the relevant socio-economic, political, and environmental factors that should be noted during investigations into a given context | 14 | | | | | |
| A1.61 | Select, discuss, and demonstrate an understanding of physical environmental factors | 14 | | | | | |
| A1.62 | Apply and interpret appropriate quantitative methods and analytical tests for explaining differences in health and health-related behaviors | 14 | | | | | |
| A1.63 | Interpret appropriate quantitative methods and analytical tests for explaining differences in health and health-related behaviors | 15 | | | | | |
| A1.64 | Apply and interpret appropriate qualitative methods for exploring knowledge, attitudes, beliefs, behaviors, and public-health interventions | 15 | | | | | |
| A1.65 | Demonstrate effective problem-solving and judgment skills for addressing health problems, including interpreting available data and integrating information in order to develop and implement management plans | 15 | | | | | |
| A1.66 | Perform assessments of the health impacts policies or projects have on defined populations and then make informed recommendations | 15 | | | | | |

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| A1.67 | Use evidence from health-related and non-health-related sources, including qualitative and quantitative studies, to answer a defined question, taking into account the relative strengths and weaknesses of the evidence applied | 15 | | | | | |
| A1.68 | Use appropriate frameworks to critically appraise evidence including, but not limited to, ecological, qualitative, etiological, interventional, and economic studies | 15 | | | | | |
| A1.69 | Use economic analyses including, but not limited to, cost-benefit, cost-effectiveness, and cost-utility, in the assessment of health issues and proposed intervention options | 15 | | | | | |
| A1.70 | Formulate balanced, evidence-informed recommendations, explaining key public health concepts using appropriate reasoning, judgment, and analytic methodologies for publichealth settings | 15 | | | | | |
| A1.71 | Ascertain, in a timely fashion, key public health information from a range of documents including, but not limited to, briefings, policies, and news reports, and use this appropriately and in conjunction with more widely known public health knowledge | 15 | | | | | |
| A1.72 | Incorporate relevant legal and ethical frameworks into the assessment of evidence | 15 | | | | | |
| A1.73 | Plan and design intervention-management plans in collaboration with individuals, families, groups, organizations, communities, and populations | 15 | | | | | |
| A1.74 | Debate the relative importance of individual and societal decisions concerning health and ethical issues related to public-health practice | 15 | | | | | |
| A1.75 | Discuss the theories of community development | 15 | | | | | |
| A1.76 | Discuss the strengths and weaknesses of health-promotion interventions directed at populations, which can include, but are not limited to, social marketing, health-related public policies, and harm reduction | 15 | | | | | |
| A1.77 | Communicate the need for health-promotion strategies in defined communities, presenting cases for action/inaction in response to presentations of health problems | 15 | | | | | |
| A1.78 | Develop plans for addressing health needs in defined communities, clarifying the theoretical bases for the proposals and developing business cases for the activities, while concurrently considering the strengths and weaknesses of the health-promotion interventions in question | 16 | | | | | |
| A1.79 | Apply the theoretical models of behavior change to the general population, as well as to high-risk and hard-to-reach groups | 16 | | | | | |
| A1.80 | Identify and demonstrate an understanding of factors that influence the potential for change in given contexts and populations | 16 | | | | | |
| A1.81 | Apply knowledge translation and social marketing in order to encourage the application of best practices | 16 | | | | | |

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| A1.82 | Demonstrate the effective, appropriate, and timely performance of interventions relevant to preventive medicine | 16 | | | | | |
| A1.83 | Advise on and co-ordinate public health actions that conform with existing local, provincial, and national policies and guidelines | 16 | | | | | |
| A1.84 | Describe the general principles of emergency planning and incident management | 16 | | | | | |
| A1.85 | Contribute to the development and utilization of community, provincial, and national emergency preparedness plans including, but not limited to, measures to prevent and manage exposure to biological and chemical agents and radiation-emitting agents and devices | 16 | | | | | |
| A1.86 | Lead, or take a major role in, the investigation and management of significant incidents including, but not limited to, outbreaks of communicable diseases and incidents of noninfectious diseases | 16 | | | | | |
| A1.87 | Contribute to the formulation of health-related public policies or legislation at local and national levels | 16 | | | | | |
| A1.88 | Lead, or make significant contributions to, major public health campaigns that demonstrate an understanding of appropriate theory and the application of social marketing and mass communication | 16 | | | | | |
| A1.89 | Implement and evaluate health-promotion interventions, including assessing outcomes, methods, and costs; identifying the strengths and limitations of the interventions; and communicating findings and making recommendations | 16 | | | | | |
| A1.90 | Develop, implement, and evaluate health-protection programs, applying knowledge of common environmental hazards including, but not limited to, water and sewage treatment and quality control of water, soil, air, and food | 16 | | | | | |
| A1.91 | Ensure appropriate informed consent is obtained for therapeutic and preventive interventions | 16 | | | | | |
| A1.92 | Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to public health and preventive medicine | 16 | | | | | |
| A1.93 | Identify known or potential health effects that are associated with particular hazards to health protection in populations, drawing on expertise as appropriate | 16 | | | | | |
| A1.94 | Characterize the hazards identified, both quantitatively and qualitatively | 16 | | | | | |
| A1.95 | Assess degrees of risk associated with exposure to hazards found in populations | 16 | | | | | |

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| | | | A1.96 | Integrate hazard identification, characterization, and assessment into estimates of adverse events likely to occur in populations, basing this on hazards previously found in the populations in question | 16 | | | | | |
| | | | A1.97 | Design, implement, and evaluate surveillance systems that inform public health programs | 16 | | | | | |
| | | | A1.98 | Apply the principles of infectious disease epidemiology to the investigation and management of communicable disease outbreaks in individuals, families, groups, organizations, communities, and populations | 17 | | | | | |
| | | | A1.99 | Ensure appropriate informed consent consistent with the legal and regulatory frameworks of public health is obtained for interventions | 17 | | | | | |
| | | | A1.100 | Document and disseminate information related to interventions performed and their outcomes | 17 | | | | | |
| | | | A1.101 | Ensure adequate follow-ups and evaluations are conducted after interventions | 17 | | | | | |
| | | | A1.102 | Demonstrate an awareness of their own limits of expertise | 17 | | | | | |
| | | | A1.103 | Demonstrate an ability to engage in effective, appropriate, and timely consultation with other health professionals when required in order to ensure optimal practice | 17 | | | | | |
| | | | A1.104 | Arrange appropriate follow-up care and services for individuals, families, groups, communities, and populations | 17 | | | | | |
| A2. Assessment & Diagnosis | Introduction | R1 | A2.1 | Triage and categorize patients | 34 | 1 | * | * | * | |
| | | | A2.2 | Order and interpret urgent investigations | 34 | 1 | * | * | * | |
| | Medical and Surgical Emergencies | R1 | A2.3 | Identify risk factors and groups of patients vulnerable to such emergencies | 36 | 1 | * | * | * | |
| | | | A2.4 | Identify patients who require prompt medical and surgical attention | 36 | 1 | * | * | * | |
| | | | A2.5 | Generate preliminary diagnoses based on physical examinations and patients' histories | 36 | 1 | * | * | * | |
| | Diabetes and Metabolic Disorders | R2 | A2.6 | Describe complications of common diabetic emergencies | 35 | 1 | * | * | * | |
| | | | A2.7 | Recognize patients presenting with diabetic emergencies | 35 | 1 | * | * | * | |
| | | | A2.8 | Screen patients for complications of diabetes mellitus type 2 | 35 | 1 | * | * | * | |
| | | | A2.9 | Recognize common and important ECG abnormalities | 35 | 1 | * | * | * | |
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| A3. Management | Frail Elderly Patients | R3 | A2.10 | Perform comprehensive assessments, in conjunction with other members of the health care team, of frail elderly patients, placing a special emphasis on social factors, functional status, quality of life, diet and nutrition, and medication history | 36 | 2 | | * | | |
| | | | A2.11 | Develop problem lists based on the assessment of elderly patients | 36 | 1 | | * | * | |
| | | | A2.12 | Recognize poly-pharmacy, prescription cascade, inappropriate dosages, inappropriate drugs, and deliberate drug exclusion as major causes of morbidity in the elderly | 36 | 1 | | * | * | |
| | | | A2.13 | Enumerate the differences and similarities between the comprehensive assessment of elderly patients and the assessment of other patients | 36 | 1 | | * | * | |
| | | | A2.14 | Identify patients suitable for undergoing mini-MSEs | 36 | 1 | | * | * | |
| | | | A2.15 | Screen patients for cognitive impairment through mini-MSEs | 36 | 1 | | * | * | |
| | | | A2.16 | Predict situations where patients or families are likely to decline prescribed treatment | 36 | 1 | | * | * | |
| | | | | | 38 | | | | | |
| | Introduction | R1 | A3.1 | Determine appropriate pharmacological (e.g., selecting antibiotics) and non-pharmacological (e.g., removing indwelling catheters) | 34 | 1 | | * | * | * |
| | | | A3.2 | Apply principles of prescribing drugs in special situations, such as renal failure and liver failure | 34 | 1 | | * | * | * |
| | | | A3.3 | Manage acute chest pain | 34 | 1 | | * | * | * |
| | | | | Manage acute breathlessness | 35 | 1 | | * | * | * |
| | | | A3.5 | Manage altered sensorium | 35 | 1 | | * | * | * |
| | | | A3.6 | Manage hypotension and hypertension | 36 | 1 | | * | * | * |
| | | | A3.7 | Manage upper GI bleeding | 36 | 1 | | * | * | * |
| | | | A3.8 | Manage lower GI bleeding | 36 | 1 | | * | * | * |
| | | | A3.9 | Provide appropriate immediate management for patients | 36 | 1 | | * | * | * |
| | | | A3.10 | Refer patients to the next level of care, if needed | 36 | 1 | | * | * | * |
| | | | A3.11 | Describe the principles of surveillance and follow-ups for patients with cancers | 36 | 1 | | * | * | * |
| Cancer | R2 | A3.12 | Enumerate the surveillance and follow-up plans for common forms of cancer | 35 | 1 | | * | * | * | |

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| | | | A4.7 | Provide preventive measures for such complications | 35 | 1 | * | * | * | | | |
| | | | A4.8 | Screen patients for the presence of common and important comorbidities of obesity | 35 | 1 | * | * | * | | | |
| | | | A4.9 | Provide dietary- and life-style-related advice for the prevention and management of obesity | 35 | 1 | * | * | * | | | |
| | | | Frail Elderly Patients | R3 | A4.10 | Counsel elderly patients and their families on safe medication usage | 36 | 3 | | | * | |
| | | | | | A4.11 | Describe the factors that must be considered while planning care for t | 36 | 1 | * | * | * | |
| | | | Ethics and Healthcare | | A4.12 | Recognize common sources and risk factors concerning occupational h | 37 | 3 | | | * | |
| | | | | | A4.13 | Describe common occupational hazards in the workplace | 37 | 1 | | * | * | |
| | | | | | A4.14 | Exhibit a proactive attitude towards promoting workplace safety | 37 | 3 | | | * | |
| | | | | | A4.15 | Counsel patients and families who are declining medical treatment on the best interests of the patients | 38 | 2,3 | | | * | |
| | | | B. Communicator | | R3 | B.1 | Counsel patients and families in regard to applicable ethical and religious principles | 37 | 1,2 | | * | * |
| | | | | | | B.2 | Guide patients and families in regard to making informed decisions | 37 | 3 | | * | * |
| | | | | | | B.3 | Recognize that being a good communicator is a core skill for physicians, and that effective communication can foster improved outcomes | 17 | 3 | | | * |
| | | | | | | B.4 | Establish constructive relationships with individuals, families, groups, organizations, communities, and populations that are characterized by understanding, trust, respect, honesty, and empathy | 17 | 1 | | * | * |
| | | | | | | B.5 | Listen effectively | 17 | 3 | | | * |
| | | | | | | B.6 | Show awareness of and respond to nonverbal cues | 17 | 3 | | | * |
| | B.7 | Effectively facilitate all forms of encounters | | | 17 | 3 | | | * | | | |
| | B.8 | Gather information about health situations, including the beliefs, concerns, expectations, and experiences of all involved | | | 17 | 2 | | | * | | | |
| | B.9 | Seek out and synthesize relevant information from other sources and stakeholders | | | 17 | 3 | | | * | | | |
| | B.10 | Deliver information in a humane manner, and in such a way that it is understandable and encourages discussion and participation in decision-making | | | 17 | 2,3 | | | * | | | |
| | B.11 | Identify and explore problems to be addressed, including stakeholders' contexts, responses, concerns, and preferences | | | 18 | 2 | | | * | | | |

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| | B.12 | Respect diversity and differences including, but not limited to, the impact of gender, religion, and cultural beliefs on decision-making | 18 | 3 | | * | |
| | B.13 | Encourage discussions, questions, and interactions during encounters | 18 | 3 | | * | |
| | B.14 | Engage all stakeholders in shared decision-making in order to develop plans | 18 | 3 | | * | |
| | B.15 | Effectively address challenging communication issues through methods such as obtaining informed consent, delivering bad news, and addressing anger, confusion, misunderstanding, and conflicting priorities | 18 | 2,3 | | * | |
| | B.16 | Maintain clear, concise, accurate, and appropriate records of encounters and plans | 18 | 3 | | | |
| | B.17 | Present reports of encounters and plans | 18 | 2 | | | |
| | B.18 | Appropriately convey medical information in order to ensure the safe transfer of care | 18 | 2 | | * | |
| | B.19 | Effectively present health information to the public or media | 18 | 2 | | | |
| | B.20 | Present epidemiological data and risk information to affected individuals, the public, other professionals, and the media using a variety of modalities | 18 | 2 | | | |
| | B.21 | Apply risk-communication theory and various communication styles | 18 | 2 | | | |
| | B.22 | Develop and implement communication plans, which should include media-related components, concerning public health issues | 18 | 1,2 | | | |
| | B.23 | Effectively respond to public and media enquiries relating to specific health issues by using various media channels as required | 18 | 3 | | | |
| | C. Collaborator | R2 | C.1 | Liaise with oncologists to provide surveillance and follow-up concerning patients with cancer | 35 | 3 | |
| | | C.2 | Refer patients to the next appropriate level of care | 35 | 1 | * | * * |
| R3 | | C.3 | Show familiarity with Beers criteria | 36 | 1 | | * * |
| R4 | | C.4 | Describe the roles and responsibilities of preventive medicine specialists to other professionals, especially in circumstances concerning legislative authority or emergency situations | 18 | 1 | | * * |
| | | C.5 | Identify and describe the roles, expected contributions, and limitations of all members of interdisciplinary teams assembled to address health issues, educational tasks, or research questions | 18 | 1 | | * * |

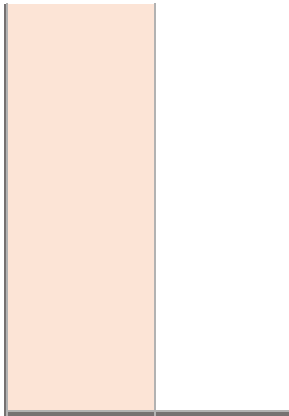
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| C.6 | Identify individuals, groups, and other service providers capable of meaningfully contributing to the definition and solution of individual-, group-, and community-level public health issues, as well as education tasks or research questions concerning, among other topics, social-services agencies, mental-health organizations, the not-for-profit sector, and volunteers | 18 | 1 | * | * |
| C.7 | Recognize and respect the diversity of roles, responsibilities, competencies and, as applicable, the authority of other professionals in relation to their own authority | 18 | 1 | * | * |
| C.8 | Describe the organization, structure, function, and effectiveness of community health and social services in at least one area, such as maternal and child health; dental health; child abuse; income maintenance, including the not-for-profit sector; volunteers; and other service agencies | 19 | 1 | * | * |
| C.9 | Work with others to assess, plan, provide, and integrate services for individuals, families, groups, organizations, communities, and populations | 19 | 1,3 | | |
| C.10 | Work with others to assess, plan, provide, and review other tasks, such as research, education, programs, and administrative responsibilities | 19 | 1,3 | | |
| C.11 | Employ a variety of means through which to engage with and enable the participation of identified key stakeholders | 19 | 1 | * | * |
| C.12 | Clearly articulate the goals and objectives of given collaborative processes | 19 | 2 | | |
| C.13 | Foster collaboration between other individuals and groups | 19 | 3 | | |
| C.14 | Effectively participate in interprofessional and interdisciplinary interactions including, but not limited to, team meetings | 19 | 3 | | |
| C.15 | Enter into relationships with other professions in order to provide quality care or health programs | 19 | 3 | | |
| C.16 | Demonstrate effective team participation including, but not limited to, team leadership and utilizing the principles of team dynamics including, but not limited to, the dyad model of physician-manager integration | 19 | 3 | | |
| C.17 | Respect team ethics, including confidentiality, resource allocation, and professionalism | 19 | 3 | | |
| C.18 | Demonstrate the ability to lead a health team, where appropriate | 19 | 3 | | |
| C.19 | Demonstrate a respectful attitude towards other colleagues and members of interprofessional teams | 19 | 3 | | |
| C.20 | Work with other professionals to prevent conflicts | 19 | 3 | | |
| C.21 | Employ collaborative negotiations to resolve conflicts | 19 | 3 | | |
| C.22 | Respect differences and address misunderstandings and limits in regard to the scopes of practice of other professions | 19 | 3 | | |

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| D. Leader | C.23 | Recognize any differences, misunderstandings, or limitations that may contribute to interprofessional or interdisciplinary tension | 19 | 3 | | | | |
| | C.24 | Reflect on the functions of interprofessional and interdisciplinary teams | 19 | 3 | | | | |
| | C.25 | Demonstrate an ability to work collaboratively on initiatives with non-health-sector organizations and staff/volunteers | 19 | 3 | | | | |
| | C.26 | Enter into interdependent relationships with stakeholders/experts in other sectors in order to conduct the assessment and application of responses to issues impacting the determinants of health or other services outside of health care. Such stakeholders/experts can include, but are not limited to, school boards, water services, municipal planners, or ministries or other government departments outside of the health sector | 19 | 3 | | | | |
| | C.27 | Demonstrate an ability to meaningfully engage with the public/clients/community members in regard to the identification of issues and solutions that impact them | 19 | 3 | | | | |
| | R1 | D.1 | Discuss the ethical and legal frameworks governing the safe prescribing of drugs in Saudi Arabia | 34 | 1 | * | * | * |
| | R3 | D.2 | Show familiarity with legal and regulatory frameworks governing occupational hazards among HCW | 37 | 1 | | * | * |
| | | D.3 | Protect yourself and colleagues against potential occupational hazards in the workplace | 37 | 1 | | * | * |
| | | D.4 | Work collaboratively with others in their organizations | 20 | 1 | | * | * |
| | | D.5 | Participate in quality-improvement initiatives designed to enhance the quality of care and patient safety in preventive medicine, integrating the best available evidence and practices | 20 | 3 | | | |
| | | D.6 | Design and implement data collection for a defined service question and integrate with other routinely available and relevant data | 20 | 3 | | | |
| D.7 | | Assess evidence for proposed or existing screening programs, using established criteria relating to the performance of screening tests; this should include, but not be limited to, sensitivity, specificity, predictive value, and the number of patients requiring screening | 20 | 1 | | | | |
| D.8 | | Monitor and appraise the impact of screening and other disease detection and prevention programs | 20 | 1 | | | | |
| D.9 | | Describe the principles of infection control and their application to effective and appropriate procedures and policies that relate to reducing the risk of infection | 20 | 1 | | * | * | |
| D.10 | | Develop, implement, and critically appraise relevant practice guidelines | 20 | 1 | | | | |
| D.11 | | Investigate and intervene when a potential health hazard is identified in clinical settings | 20 | 1,3 | | | | |

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| D.12 | Manage projects and programs, including those that feature human, financial, and material resources | 20 | 3 |
| D.13 | Hire, support, and guide staff, monitor performance, and receive and give constructive feedback | 20 | 2,3 |
| D.14 | Develop and manage budgets; this can include, but is not limited to, aligning activities and accountability concerning resources, assessing the achievement of objectives, and performing flexible budgeting | 20 | 1 |
| D.15 | Develop and implement plans to secure necessary material resources | 20 | 1 |
| D.16 | Use information technology effectively in the management of projects and programs | 20 | 2 |
| D.17 | Implement quality-improvement techniques that are appropriate for given organizations and settings | 20 | 3 |
| D.18 | Describe the structure and function of the health care system as it relates to preventive medicine, including the roles of physicians | 20 | 1 |
| D.19 | Compare and contrast the different models of public health structures | 20 | 1 |
| D.20 | Discuss the organization of workplace health services in Saudi Arabia | 20 | 1 |
| D.21 | Describe principles of health care financing, including physician remuneration, budgeting, and organizational funding | 20 | 1 |
| D.22 | Set priorities and ensure that they balance professional responsibilities, outside activities, and their personal lives | 21 | 1 |
| D.23 | Manage a practice, including finances and human resources | 21 | 1 |
| D.24 | Implement processes to ensure personal practice improvement | 21 | 3 |
| D.25 | Recognize the importance of the just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care | 21 | 1 |
| D.26 | Allocate finite health resources using evidence-informed and ethical concepts | 21 | 1 |
| D.27 | Apply evidence and management processes for cost-appropriate care | 21 | 1 |
| D.28 | Apply an analysis of determinants of health to policy or program questions in order to assess the equity implications of options relating to the policies or programs concerned | 21 | 1 |
| D.29 | Effectively chair and participate in committees and meetings | 21 | 1 |
| D.30 | Lead or implement changes in health systems | 21 | 2,3 |
| D.31 | Develop visions, implement strategic plans, and effectively communicate this to other key stakeholders | 21 | 1,2,3 |
| D.32 | Influence and negotiate in multi-agency arenas | 21 | 3 |

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E. Health Advocate

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| | D.33 | Demonstrate critical self-appraisal and reflective practice while fulfilling administration and leadership roles | 21 | 3 | | | |
| | D.34 | Demonstrate insight into their own leadership style, personality style, and preferences in different circumstances | 21 | 3 | | | |
| | D.35 | Discuss and apply different approaches to leadership development | 21 | 1,3 | | | |
| | D.36 | Use effective and appropriate leadership styles in different settings and organizational cultures, taking the differences between elected and appointed roles into account | 21 | 3 | | | |
| | D.37 | Discuss and use techniques relating to conflict management, including negotiation and arbitration | 21 | 1 | | | |
| | D.38 | Continually evaluate their own abilities, knowledge, and skills, and are aware of their professional limitations, seeking advice, feedback and assistance where appropriate | 23 | 1 | | | |
| R1 | F.1 | Develop a plan for safe and proper antibiotic usage, including appropriate indications that antibiotics are required, durations of prescriptions, types of antibiotic to use, and the discontinuation of use. | 34 | 1 | * | * | * |
| R2 | F.2 | Identify smoking prevention and other life-style modifications as major preventing measures | 35 | 1 | * | * | * |
| | F.3 | Recognize cancers that are preventable | 35 | 1 | * | * | * |
| | F.4 | Describe the role of primary care physicians, family physicians, and other similar health care professionals in the surveillance and follow-up of cancer patients | 35 | 1 | * | * | * |
| | F.5 | Discuss the major cancer-prevention strategies at the individual and national level | 35 | 1 | * | * | * |
| | F.6 | Identify the role of health care workers in the prevention of HAI | 35 | 1 | * | * | * |
| R3 | F.7 | Recognize the needs and well-being of care-givers | 36 | 1 | * | * | * |
| | F.8 | Develop, with input from other health care professionals, individualized care plans for elderly patients | 37 | 1 | * | * | * |
| | F.9 | Identify the local and community resources available for assisting the provision of care for the elderly | 37 | 1 | | | |
| | F.10 | Define patient advocacy | 37 | 1 | | | |
| | F.11 | Recognize patient advocacy as a core value governing medical practice | 37 | 1 | | | |
| | F.12 | Describe the role of patient advocates in the care of patients | 37 | 1 | | | |
| | F.13 | Exhibit a positive attitude towards patient advocacy | 37 | 3 | | | |
| | F.14 | Be a patient advocate when conflicting situations arise | 37 | 3 | | | |

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| | F.15 | Show familiarity with local and national patient advocacy groups | 37 | 1 | |
| R4 | F.16 | Identify the health needs, concerns, and assets of individuals, families, communities, and populations served | 21 | 1 | |
| | F.17 | Identify opportunities for advocacy, health promotion, and disease prevention with individuals, families, communities, and populations served | 21 | q | |
| | F.18 | Demonstrate an appreciation of the possibility that competing interests may exist and can implement processes for decision making, incorporating an ethical approach, in order to resolve competing interests | 22 | 3 | |
| | F.19 | Recognize situations where advocacy is required and define strategies for obtaining the desired outcome | 22 | 1 | |
| | F.20 | Identify vulnerable or marginalized sub-populations within the communities and populations they serve and respond appropriately to their needs | 22 | 1 | |
| | F.21 | Engage with vulnerable or marginalized sub-populations including, but not limited to, new immigrants and refugees and socio-economically disadvantaged persons and groups, in order to address health inequalities | 22 | 3 | |
| | F.22 | Describe approaches to addressing the health determinants of the populations they serve, including identifying the roles of public-health players | 22 | 1 | |
| | F.23 | Discuss and analyze health laws that are relevant to public health policy and healthy public policy | 22 | 1 | |
| | F.24 | Describe how public policy impacts on the health of the populations served | 22 | 1 | |
| | F.25 | Integrate public health, preventive medicine, and social science evidence into strategies for healthy public policy | 22 | 1 | |
| | F.26 | Discuss the processes for health impact assessments and analyze the health impacts of public policy | 22 | 1 | |
| | F.27 | Discuss mechanisms of policy development and methods of implementation, including legislation, regulation, and incentives | 22 | 1 | |
| | F.28 | Demonstrate an understanding of how competing values affect policy decision-making including, but not limited to, equality and the prosperity and common good of the community | 22 | 1 | |
| | F.29 | Conduct policy analyses and evaluations | 22 | 1 | |
| | F.30 | Identify points of influence present in the health care system and its structure that impact population health | 22 | 1 | |
| | F.31 | Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, reciprocity, and idealism | 22 | 1 | |

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| | F.32 | Demonstrate an appreciation of the fact that that the possibility that conflicts with managers or gatekeepers may occur is inherent in their role as health advocates for patients and communities | 22 | 3 | |
| | F.33 | Demonstrate an appreciation of the potential for, and implement strategies to address, this form of conflict, balancing multiple accountabilities including, but not limited to, individuals, employers, the public, and other individuals within the health profession | 22 | 3 | |
| | F.34 | Describe the role of the medical profession in collectively advocating for healthy individuals, systems, and populations | 22 | 1 | |
| | F.35 | Discuss strategies for advocating for quality improvement and patient safety from a population-health perspective, which includes addressing health inequalities. | 22 | 1 | |
| F. Scholar | E.1 | Describe the principles of maintaining competence | 23 | 1 | |
| | E.2 | Describe the principles and strategies for implementing a personal knowledge-management system | 23 | 1 | |
| | E.3 | Recognize and reflect on learning issues in practice | 23 | 1 | |
| | E.4 | Pose appropriate questions that facilitate learning | 23 | 1 | |
| | E.5 | Access and interpret relevant evidence concerning learning questions | 23 | 1 | |
| | E.6 | Integrate new learning into practice | 23 | 3 | |
| | E.7 | Evaluate the impacts of any changes in practice | 23 | 1 | |
| | E.8 | Document the learning process | 23 | 2 | |
| | E.9 | Describe the principles of critical appraisal | 23 | 1 | |
| | E.10 | Identify, access, and critically appraise data from a variety of sources, including individuals, administrative databases, and the Internet, as well as health, epidemiological, and socialsciences literature | 23 | 1 | |
| | E.11 | Integrate critical-appraisal conclusions into professional practice | 23 | 1 | |
| | E.12 | Describe principles of learning that are relevant to medical education | 23 | 3 | |
| | E.13 | Collaboratively identify the learning needs and desired learning outcomes of others | 23 | 1 | |
| | E.14 | Select effective teaching strategies and content to facilitate others' learning | 23 | 1 | |
| | E.15 | Adapt educational and training strategies to the needs of learner(s) | 23 | 1 | |
| | E.16 | Deliver effective lectures and presentations | 23 | 2 | |
| | E.17 | Assess and reflect on teaching encounters | 23 | 1 | |
| | E.18 | Provide effective feedback | 23 | 2 | |

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| | | | E.19 | Describe the principles of ethics with respect to teaching | 23 | 1 | | |
| | | | E.20 | Describe the principles of research and scholarly inquiry | 23 | 1 | | |
| | | | E.21 | Discuss and apply the principles of quantitative, qualitative, and action-based research/scholarly inquiry, such as study questions/objectives, designs, conduct, analyses, interpretations, and reporting | 23 | 1,2 | | |
| | | | E.22 | Discuss and apply sampling methods, as well as the estimation of appropriate sample sizes, including study power, alpha and beta levels, and considerations of type I and II errors | 23 | 1,2 | | |
| | | | E.23 | Calculate and interpret measures of frequency, including counts, rates, and ratios and, as applicable, their standardization | 23 | 1 | | |
| | | | E.24 | Calculate and interpret measures of risk including, but not limited to, relative risk, risk difference, attributable risk, odds ratio, etiologic fractions, and preventive fractions | 23 | 1 | * | * |
| | | | E.25 | Describe the principles of research ethics | 23 | 1 | * | * |
| | | | E.26 | Pose scholarly questions and participate in research processes | 23 | 1 | | |
| | | | E.27 | Conduct a systematic search for, and review of, relevant evidence including, but not limited to, systematic reviews and meta-analyses | 23 | 1,2 | | |
| | | | E.28 | Recognize potential sources of bias and confusion in research and discuss methods of reducing the impact of these instances through study design and analysis | 24 | 1 | | |
| | | | E.29 | Discuss interactions including, but not limited to, additive, multiplicative, synergist, and antagonist, and effect modification in research; further, discuss methods for their identification and interpretation | 24 | 1 | | |
| | | | E.30 | Select and apply appropriate methods of addressing questions | 24 | 1 | | |
| | | | E.31 | Appropriately disseminate and mobilize the findings of studies | 24 | 1 | | |
| | | | E.32 | Complete scholarly research, quality assurance, and educational projects relevant to preventive medicine in a manner that is suitable for peer-reviewed publications or for presentation at academic meetings | 24 | 2 | | |
| | | | G. Professional | | R3 | G.1 | Apply the key ethical and religious principles governing organ transplantation and withdrawal of care | 37 |
| G.2 | Be familiar with the legal and regulatory guidelines regarding organ transplantation and withdrawal of care | 37 | | | | 1 | * | * |
| G.3 | Analyze key ethical, moral, and regulatory dilemmas in regard to treatment refusal | 38 | | | | 1 | * | * |
| G.4 | Describe the concept of a “rational adult” in the context of patient autonomy and treatment refusal | 38 | | | | | | |

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| | | G.5 | Recognize the importance of patient autonomy in the decision-making process | 38 | 1 | | |
| | R4 | G.6 | Exhibit appropriate professional behaviors in practice, including accountability, honesty, integrity, commitment, compassion, respect, and altruism | 24 | 3 | | |
| | | G.7 | Demonstrate a commitment to delivering the highest quality practice and maintaining competence | 24 | 3 | | |
| | | G.8 | Recognize and appropriately respond to ethical issues encountered in practice | 24 | 2,3 | * | |
| | | G.9 | Recognize and manage real or perceived conflicts of interest | 24 | 3 | | * |
| | | G.10 | Recognize, discuss, and apply the principles and limits of confidentiality, privacy, and access to information in accordance with the regulations defined by professional practice standards and applicable laws | 24 | 1 | * | * |
| | | G.11 | Maintain appropriate relations with individuals, families, groups, organizations, communities, and populations | 24 | 3 | | |
| | | G.12 | Demonstrate knowledge and an understanding of professional, legal, and ethical codes of practice | 24 | 1 | * | * |
| | | G.13 | Fulfill necessary regulatory and legal obligations of current practice in preventive medicine | 24 | 3 | | |
| | | G.14 | Demonstrate accountability to professional regulatory bodies | 24 | 3 | | |
| | | G.15 | Recognize and appropriately respond when unprofessional behaviors of others is observed in practice | 24 | 1,3 | * | * * |
| | | G.16 | Participate in peer reviews | 24 | 3 | | |
| | | G.17 | Balance personal and professional priorities in order to ensure high standards of personal health and sustainable practice | 24 | 3 | | |
| | | G.18 | Improve their personal and professional awareness and insight | 24 | 3 | | |
| | | G.19 | Recognize when other professionals need assistance and respond appropriately | 24 | 1,3 | | |
| | | G.20 | Respect confidentiality, privacy, and autonomy | 17 | 3 | | |