Directory of symptoms and signs

in medical education

2e edition of Table 1 from the book

Educational Diagnosis and Management of Challenging Learning Situations in Medical Education (2009)

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FAMILY MEDICINE EXPERT		
Skills for competency	**Symptoms and signs associated with difficulties**	
Patient-Centered Approach	Has problems establishing or respecting agenda (25) Lacks patient-centeredness (overlooking fears, ideas, impact on function and expectations) (23;25;29) Lacks empathy (25;29;32) Has a low interest in psychosocial issues and understanding context (23;25;29) Does not involve family members (25) Has a disease-centered approach (29) Does not work with the patient to come to a shared understanding (23) Does not work on finding common ground around the management of a problem (23) Lacks incorporation of relevant health promotion and prevention (23)	
Clinical Reasoning Skills	**Diagnostic thinking issues** Lacks structure or efficiency in history or physical exam (1;25) Shows poorly organized clinical reasoning (29) Shows a lack of organization of knowledge (29;33;115) Conducts slow and strenuous clinical encounters (29) Conducts stereotyped clinical encounters (29) Does not use the hypothetico-deductive model efficiently for clinical problem solving (inadapted to the patient's or problem's needs) (23) Generates the diagnostic possibilities or hypotheses late in the clinical encounter, and cannot use them to direct the subsequent data gathering (23) Does not confirm or rule out diagnostic hypotheses appropriately with the physical examination and investigation phases (23) Has problems identifying and interpreting relevant clinical data (25) Shows premature closure (34) **Global comprehension and synthesis difficulties** Does not interpret data as it is obtained to finish with a second round of diagnostic hypotheses (23) Lacks a global comprehension of the patient (29) Does not communicate an understanding of the patient's point of view (27) Has difficulty explaining relationships among patient care variables (34) Has trouble synthesizing what the patients said and to define their problems (29) Is unable to move beyond obvious surface features when discussing a patient's problems (34) Is unable to compare and contrast physiologic mechanisms (34) Has long-winded, circuitous answers to questions that never get to the point(34)	**Pattern recognition problems** Is unable to look at clinical data and recognize an obvious pattern (34) Has difficulty generating appropriate hypotheses for differential diagnosis (25) **Clinical judgment** Has a poor clinical judgment (errors inappropriate to the level of education) (1;26)
Selectivity	Does not set priorities and does not focus on the most important (23;140) Does not know when to say something and when not to (23) Does not gather the most useful information, loses time on less contributory data (23) Avoids doing something extra even when it will likely be helpful (23) Does not distinguish the emergent from the elective and does not intervene in a timely fashion (23) Does not act when necessary, even though information may be incomplete (23) Does not determine the likelihoods, pertinence and priorities in their differential diagnoses (23) Does not distinguish the sick from the not sick (23) Does not select and modify a treatment to fit the particular needs of a patient and a situation (23) Performs an unfocused history (25)	
Procedure Skills	Struggles with practical procedures (25;27;139) Does not consider the following to decide whether or not a procedure will be performed: a) Indications and contraindications to the procedure (23) b) Own skills and readiness to do the procedure (e.g., level of fatigue and any personal distracters) (23) c) Context of the procedure including the patient involved, the complexity of the task, the time needed, the need for assistance and location (23) Before deciding to go ahead with the procedure, does not: a) Discuss the procedure with the patient, including a description of the procedure and possible outcomes, both positive and negative, as part of obtaining their consent (23) b) Prepare for the procedure by ensuring appropriate equipment is ready (23) c) Mentally rehearse the anatomic landmarks necessary for procedure performance, the technical steps necessary in sequential fashion, including any preliminary examination and the potential complications and their management (23) During performance of the procedure, does not keep the patient informed to reduce anxiety or does not ensure patient comfort and safety (23) When the procedure is not going as expected, does not re-evaluate the situation, stop and/or seek assistance as required (23) Does not develop a plan with the patient for aftercare and follow-up after completion of a procedure (23)	

COMMUNICATOR		
Skills for competency	**Symptoms and signs associated with difficulties**	
	With patients	**With colleagues**
Listening Skills	Does not appropriately look at the patient while patient is talking (23) Does not allow the time for appropriate silences (23) Does not feedback to the patient what he/she has understood from the patient (23) Does not provide appropriate nonverbal responses to patient's statements (23) Does not respond to verbal cues (23) Interrupts the patient inappropriately (23) Does other things while the patient is talking (23;32) Is confused by the patient's words (29) and does not ask for clarification	Is not attentive (23) Does not stop and take the time to listen respectfully to colleagues (23) Does not appropriately maintain eye contact while discussing issues with all members of the health care team (23) Does not allow sufficient time for colleagues to articulate their concerns (23) Does other tasks which interfere with listening (23)
Language Skills **a) verbal**	Has difficulty interviewing patients (16) Fails to greet the patient (23) When first meeting a patient, does not clarify how the patient would like to be addressed (23) Does not facilitate the patients' story (23) Shows verbal cues of non participation (32) Does not ask open and closed ended questions appropriately (23) Asks multiple questions without awaiting the answers (23) Does not check back with patient to ensure understanding (23) Does not provide explanations to accompany examinations and/or procedures (23) Uses inappropriate word choices for the individual's level of understanding (23) His/her language skills are insufficient to be easily understood by the majority of patients (23) Presents inappropriate anger (23) Shows inappropriate humour (23) Uses offensive language (23) Shouts or uses excessively loud speech (23) Uses paternalistic language (23)	Does not introduce self when meeting for the first time (23) Is not specific with requests (23) When asking colleagues to do something, does not make a clear request and ensure that it is understood (23) Does not offer rationale for a plan or an approach to improve understanding (23) Demands rather than asks (23) Case presentations are poorly organized or incomplete (23) Does not adjust tone to be appropriate to circumstances (23) Asks multiple questions without awaiting the answers (23) Does not target language to the individual's professional background and level of understanding (23) Presents inappropriate anger or hostility (23;27;28) Shows inappropriate humour (23) Shouts or uses excessively loud speech (23) Uses blaming, inappropriate, or vague observations when addressing difficult circumstances (23) Interrupts colleagues (23) Swears or uses offensive/condescending language (23)
b) written	Has poor prescription-writing skills (139) Writes illegibly (23) His/her written material is not organized so that the patient can understand (spelling, grammar, and punctuation issues) (23) When providing written information, does not choose materials that are appropriate to the patient's level of understanding (23) Uses abbreviations that are not understood by the patients (23)	Shows poor note-keeping skills (139) Writes illegibly (23) His/her written material is disorganized (23) When writing to request consultation, is not specific about questions/reasons or does not provide relevant information (23) His/her patient care plans (e.g., test requests, follow-up orders) are not clearly written or insecurely transmitted to the appropriate recipient (23) Uses abbreviations that are not universally known or are prone to misinterpretation (23)
c) charting skills	Writes illegible (23;26;27) or illogical (26;27) clinical notes, uses acronyms or abbreviations that may be misunderstood or confusing (23), is not organized so as to facilitate reading and understanding (23) or does not follow an agreed upon structure within the practice setting (23) His/her clinical notes do not reflect all the phases of the clinical encounter that are relevant to the presenting situation (23), show an obvious and logical link between the data recorded and the conclusions and plan (23), do not include the relevant negative findings, as well as the relevant positive findings (23), has inappropriate verbatim reporting of the encounter (23) Does not do charting in a timely fashion, therefore leading to increased risk of inaccuracies and lost information, and delaying availability of information for others involved in care (23) Makes corrections or changes to the note that are not clearly visible as such or dated if not made at the time of the original entry (23) Writes things in the chart that he would not want the patient to read (e.g., disparaging remarks) (23) Falsifies data (23) As part of ongoing care, does not acknowledge additional received data (e.g., test results, consultation reports) or does not document follow-up action when appropriate (23) As new information is gathered during an encounter, does not maintain the chart according to the expectations of the work milieu (e.g., flow sheets, summary page) (23) Does not structure and use the clinical record as a tool to try to improve comprehensiveness and continuity of care (23)	

Non Verbal Skills a) expressive	Shows non-verbal cues of non participation (32) Does not sit while interviewing the patient (in order to convey the feeling of providing the patient more time and attention) (23) Establishes eye contact in a way that is inappropriate for the culture and comfort of the patient (23) Is not focused on the conversation (23) Does not adjust demeanor to be appropriate to the patient's context (23) Does not communicate at eye level (e.g., children, patients who are bed ridden) (23) Establishes physical contact in a way that is inappropriate to the patient's comfort (23) Fidgets (23) His/her hygiene or dress inhibits communication (23) Gets too close (not respectful of other's personal space) Has an inappropriate distance and/or leadership in interview (learner invades patient's space or is being invaded by patient; distant relationship) (25;29)	Is not focused on the conversation (23) Establishes eye contact in a way that is inappropriate for the culture and comfort of the colleague (23) Does not adjust demeanour to be appropriate to the colleague's context (23) Establishes physical contact in a way that is inappropriate to the colleague's comfort (23)
b) receptive	Responds inappropriately to the patients discomfort (23) Does not verbally check the significance of body language, or does not comments on behaviour/nonverbal actions of the patient when appropriate (23) Does not modify actions during examination or history taking in response to patient's discomfort (23) Misses signs that the patient does not understand what is being said (23)	When a colleague is manifesting signs of distress, does not demonstrate awareness by actions such as modifying demands, exploring concerns, seeking resolution (23)
Cultural and Age Appropriateness	Does not use appropriate communication skills with adolescents (e.g., does not offer to see independently, respect capacity to make decisions, acknowledge issues of confidentiality, nor specifically direct questions to the adolescent, or is judgmental) (23) Does not adapt communication style to patient's disability (23) Does not ask about need for, and arrange for interpreter (23) Does not speak at a volume appropriate for the patient's hearing (23) Does not adapt communication style based on patient's cultural expectations or norms (23;32) Does not use appropriate words for children and teens (23) Ignores the patient while exclusively engaging the caregiver, especially with children, elderly, those with cognitive impairment (no questions to the patient, patient not involved in management plan) (23) Makes assumptions based on patient's appearance or dress (e.g., stereotyping) (23) Uses colloquialisms that the patient does not understand (23)	Judges rather than seeks to understand (23) Does not return the focus to effective patient care when interprofessional conflicts occur (23) Ends discussion or walks away before attempting to resolve difficulties (23) Does not apologize when appropriate (23) Appears rude (23) Appears impatient (23) Belittles colleagues or their field of work (23) Trivializes or dismisses ideas or concerns of colleagues (23) Appears arrogant (23) Displays anger or irritation (23) Uses derogatory language when describing a patient's circumstances or case (23) Appears threatening or intimidating (23)
Attitudinal	Does not show interest in patient's opinion (23) Has a superficial relationship showing a lack of interest in the patient (29) Lacks empathy (23;41) Does not maintain appropriate attitude in response to inappropriate/offensive language or comments made by the patient (23) Appears rude, arrogant (23;41) (e.g., ignores patients concerns or opinions about the management plan) Appears impatient (23) Displays irritation or anger (23) Belittles the patient (23) Trivializes or dismisses patient's ideas or concerns (23) Is sarcastic (23) Appears intimidating (23)	Is shy, quiet (16;140;141), non-assertive (16;140), dependent (29), insecure (29) Is distant (29), inhibited (29), withdrawn (27;29) Is passive (29), listless, lazy or indifferent (does not appear to care, emotionless) (14;28), "I don't care" attitude (29) Is rigid (25;29;139) Appears flatterer (29), seductive (25), overeager (16;140) Lacks honesty or integrity (38), ignores rules (14), manipulates (16) Is image-sparing (29) Outbursts about minor issues (26;139) Has a "know-it-all" attitude (14), dominates in a group (141)

COLLABORATOR	
Skills for competency	**Symptoms and signs associated with difficulties**
The physician demonstrates **respect for colleagues** and **team members.**	Undermines and makes negative comments about other providers, who may have seen patients in different settings or contexts (23) When consulted or asked for help, does not listen to concerns, try to respond positively and to be available (23) When needing to talk to someone unexpectedly, does not wait and pick the right moment, interrupts unduly (23) Thinks and speaks about colleagues in a negative manner (23) Does not respect colleagues' time as if it was his/her own (23) Arrives late (23) Does not pay attention when others are speaking (23) Does not let others speak/continue, does not hear them out and does not stay respectful when he/she does not agree with topics or points of view (23) Provides inappropriate feedback in an insensitive manner (non specific, wrong place, wrong time) (23) Leaves early, picks the easy tasks, leaves tasks unfinished etc. such that others have more work (23) Discusses contentious issues in public, or gossips (23) Avoids the discussion of contentious issues which are having or may have major impact on team dynamics and outcomes (23) Argues with other team members (23) Adopts a defensive attitude towards supervision (29) Is poorly prepared for assignments (26) Does not make personal adjustments in spite of repeated messages from others about performance in the work place (23) A male trainee does not accept feedback from a female colleague or faculty (23) Inappropriately interacts with peers, colleagues or staff (1;25) Lacks initiative (29) Is minimal and expeditive (29) Is unable to recall details about assignments (26) Is unable to complete assignments, falls behind with assignments (16)

HEALTH ADVOCATE	
Skills for competency	**Symptoms and signs associated with difficulties**
The physician displays a commitment to **societal and community well being.**	Dismisses concerns raised by patients on local issues that impact on their health (23) Does not try to empower the patient who raises concerns about community issues (23) Responds negatively to community requests for participation: will not dedicate some time, experience and resources (23) Does not respect the duty to report in situations where there is a clear danger to others (e.g., mandatory reporting of communicable diseases; capacity to drive; child abuse) (23) Does not report inappropriate behaviour of professional colleagues to the appropriate supervisor or authority (23)
The physician displays a commitment to **personal health** and seeks balance between personal life and professional responsibilities.	**Personal needs** Does not take appropriate time to fulfill personal needs (23) Burdens co-workers when taking care of their own needs (e.g., leaves many things undone without communicating with colleagues) (23) Does not put patient ahead of personal need (when required), or does not demonstrate satisfaction and appreciation of the value of this action (23) **Personal health** Leads an unhealthy life style: smokes; drinks to excess; drives unreasonably (23) Seeks medical care from friends or colleagues outside of a normal physician/patient relationship; acts as own physician (23) Comes to work sick, is unwilling to take time off (23) His/her appearance raises concerns of substance use or physical/psychological illness: unkempt or bizarre attire (30), sloppy appearance, long sleeves (i.e. covering "track marks"), tremulous hands, bloated face/hands/ankles, tired or sad demeanor, flushed face, bruises or burns, cellulites and hyperactivity (26), unsteady gait (32), lethargy (14), drowsiness or slow actions (26), tearfulness, agitation and mood swings (27), depressed affect or inappropriate euphoria (32) **Attitude** Takes frustration out on colleagues/staff (e.g., is rude and inappropriate) (23) Is not willing to discuss observations from colleagues or team members when behaviour suggests difficulty because stressed (23) Fails or refuses to recognize or deal with significant illness or condition that may impact on professional activities, especially when concerns identified by others (23) When a conflict between professional and personal activities is brought to his attention, does not discuss it nor make an appropriate adjustment (23)

PROFESSIONAL	
Skills for competency	**Symptoms and signs associated with difficulties**
Day to day behaviour reassures that the physician is **responsible, reliable and trustworthy**.	**Attendance/Availability** Does not come to clinic when expected (23;139;140) Does not answer pages when on call (23;139) Does not notify attending if going away and has a maternity patient due or is following an inpatient (23) Does not notify others when away for illness or emergencies (23) Leaves early, arrives late, without advising (23;139) Cumulates excessive and unexplained tardiness or absences (1;14;26;27;30;32;139) Takes frequent breaks (26) Repetitive "accidents" or personal emergencies require the resident to be absent from patient care situations (30) Consistently leaves early from clinics and rotations (26;30) Needs continual reminders regarding responsibilities (41) Inappropriately double schedules activities (23) Switches schedules to personal advantage (23) Is unavailable for clinical responsibilities for personal reasons without consideration of the needs of the patient or team (23) **Reliability, patient care and follow-up** Is not reliable (29;32;38;41;140) Does not look up questions after specific requests (23) Does not set up systems for follow-up of patients (23) Does not round on patients appropriately, e.g., too infrequent, too cursory (23) Allows chart completion to back up unreasonably (23) Does not document lab results as normal or abnormal, does not document follow-up (23) Does not do letters, summaries (23) Adopts a risk-taking behaviour (27) Does not check allergies or interactions when prescribing (23) Fails to follow-up in timely fashion with patients where investigations are pending, or in potentially serious clinical situations (32) Fails to follow protocols (139) Performs inappropriate investigations (139) Fails to recognize or respond to the urgency of a clinical situation (139) **Honesty** Lies (23) Cheats on exams or quizzes (23) Plagiarizes on projects (23) Signs in for others when attendance is taken at academic events (23) Lies about prior experience with a procedure to get to do it (23) Hides mistakes and forgotten items (25;29) Falsifies actions and/or information (41)
The physician **knows his/her limits** of clinical competence and seeks help appropriately.	**Personal expectations and self-assessment** Is vague (29) Has too broad expectations, aims too high (29) Has no expectations, aims too low or is unable to relevantly and realistically identify his/her strengths and weaknesses (25;29) Bases his/her expectations on what the preceptor wants to hear (29) Is overconfident (27;89) Lacks insight (6;25;32;139) and discrepancies are found between student and staff assessments (26) (unreliable self-assessment) **Avoiding behaviour** Refers cases even when he/she has the skills and resources to perform the tasks (does not take the time to do appropriate medical procedures) (23) Does not initiate the management of complex/difficult problems when a patient presents – defers to attending or consultant (23) Lacks initiative (expects to be spoonfed) (14;89) Lacks personal motivation (14;25), is disinterested (140) Uses the excuse of limited clinical competence as an excuse to avoid challenging clinical problems (23) Avoids tasks (140), particularly complex clinical tasks, so that they are assigned patients with easier clinical situations (29) Discussions are often directed on subjects that are well mastered by resident, avoiding confrontation on subjects in which he/she has less expertise (29) Depends on the teacher to make decisions, is insecure (27;29;89) Argues about deficiencies in clinical competence in spite of examples to illustrate concerns (23) Is defensive (hostile when feedback is given) (14;29;32;41;89), quickly feels threatened if confronted (29) Is anxious, fears criticism (25;29) **Uncertainty management** Has difficulty performing under pressure (31) Refuses to compromise in the face of competing priorities (139) Has difficulty dealing with uncertainty or ambiguity (139), is not satisfied with 'symptom diagnosis' when information is limited or diagnosis is not

	confirmable (23)
The physician demonstrates a **flexible, open-minded** approach that is resourceful and deals with uncertainty.	Retains from adapting diagnosis/plan even when provided with alternate view/information/perspective (23) Does not provide time to deal with the emotion related to an uncertain diagnosis (23) Unnecessarily limits patient options (paternalism) (23) Becomes dismissive of patient ideas when they don't fit his/her own (23;41) Uses manipulative techniques to influence patient behaviour (23) Shows anger/rigidity when patients don't follow prescribed course of action (23) Is inflexible in decision making (26) Refuses to deal with a major problem during office visit because of time (23) Refuses to see a patient who arrives slightly late for appointment (23)
The physician evokes **confidence**, without arrogance and does so even when needing to obtain further information or assistance.	Avoids to acknowledge when doesn't know and does not tell patient how he/she will find out the relevant information (23) His/her management discussions with patients are not clearly helpful to the patient without "value-added" even without a certain diagnosis or final opinion about available treatment (23) His/her nonverbal communication projects inappropriate confidence (23) Uses own experience to devaluate the patient's experience (23) Tells patients what to do without understanding their circumstances (displays arrogance, paternalism) (23) Fails to gain the trust of others (139)
The physician demonstrates a **caring and compassionate** manner.	Does not allow patients time to verbalize their concerns (23) Belittles patient's losses/fears (23) Does not sit down with patients whenever possible while communicating (23) Confronts the patient personally or judgmentally rather than addressing issues or behaviours (23) Does not expand healthy options or choices with patients (23) Does not keep patient's needs foremost when faced with own personal concerns about medical errors/disasters/accusations (23) Is not willing to acknowledge patient's emotions within the encounter (23;32) Blames patients for difficult situations he/she encounters (23) When dealing with a difficult patient, does not recognize his/her own feelings and expresses anger inappropriately (23) Because of time and workload pressure, does not maintain a pleasant, compassionate approach (23) Adopts an unsatisfactory humanistic behaviour with patients (1;89) Is insensitive to the needs of patients/families/care team (32;41)
The physician demonstrates **respect for patients** in all ways, maintains appropriate boundaries and is committed to patient well being. This includes time management, availability and a willingness to assess performance.	Does not behave respectfully (32) Does not respect patient's time as if it was his/her own: does not do best to be on time or acknowledge when is not (23) Imposes personal religious, moral, or political beliefs on a patient (23) Does not maintain patient's confidentiality (32) Asks for or accepts offers of dates from patients (23) Asks patients for favours (23) Accepts inappropriate gifts (23) Makes jokes at patient's expense (23) Does not respect patient's lifestyle choices as theirs to make (23) Does not appreciate the power differential in the doctor patient interaction (23) Does not maintain personal appearance to facilitate patient comfort and confidence for individual patient population (23) Comments and behaviours do not reinforce and enhance the patient's abilities and capabilities (23) Lends patients money (or borrows) (23) Does not recognize the difference between maintaining confidentiality and seeking appropriate professional advice when needed in difficult situations (23) Does not actively look at his/her practice with assessment tools, and implements appropriate changes (23) Does not think and speak about patients in a positive manner (23) Does not attempt to understand the patient's issues that precipitate difficult behaviour or non-compliance, and adapt his/her response accordingly (23) Always seems rushed or burdened by too many demands (23) Complains about other team members in front of patients (23) Blames others for personal lack of organization or harried approach (23) Is reluctant or refuses to see some patients (23)
Day to day behaviour and discussion reassures that the physician is **ethical and honest**.	When an error has been made, avoids acknowledging one's own contribution, discussing with the appropriate parties, trying to clarify why the error was made and applying corrective action for the future (23;32;41) Is unwilling to consider change in behaviour (41) Frequently repeats mistakes and does not seem to learn from experience (14;29) Does not obtain informed consent, does not ask about privacy/communication/confidentiality (23) Does not respect patient autonomy, and does not assess whether patient decision-making is impaired (23) Does not provide honest estimates concerning time, services and billing (23) Discloses patient information against their expressed wishes, especially with respect to adolescents, the elderly, different cultural issues (23) Discusses patients in "public" places (23) Provides medical treatment inappropriately to colleagues, including writing prescriptions (23) Claims to have done something that has not been done (23)

	Takes credit for work done by others (for monetary reasons, for prestige, for any reason) (23) Has inappropriate prescribing practices (puts in name of someone with a drug plan instead of the patient, for self-gain, without sufficient assessment, makes unjustifiable claims on insurance or other forms) (23) Shows unacceptable moral or ethical behaviours (1;32)
The physician demonstrates a **mindful approach** to practice by maintaining composure/ equanimity, even in difficult situations and by engaging in thoughtful dialogue about values and motives.	Given a difficult situation, does not maintain composure and does not act appropriately. (e.g., angry patients, unexpected clinical turn of events, overwhelming demand, examinations) (23) Is not consistently attentive to a patient or colleague throughout any interaction (23) Does not try to understand the behaviour of others without getting mad or being hurt (23) Displays anger, inappropriate humour or other emotions when this could undermine constructive work with patients or colleagues (23) When emotions are intense or visible, cannot explain or suggest a constructive plan of action (23) Loses his cool – particularly when the other person in the room loses his/her (23) Cannot allow for multiple perspectives from various participants in complex situations; does not solicit other viewpoints (23) Is not willing to engage in dialogue, in order to learn from experience and others, when bad/unexpected outcome occurs, conflicting ideas, asked questions (perceived as a threat; no time made to discuss) (23) When a mistake appears to have been made, does not acknowledge it and directs blame elsewhere rather than looking first for personal responsibility (23)

SCHOLAR

Skills for competency	**Symptoms and signs associated with difficulties**
The physician practices **evidence-based medicine** skillfully. This implies not only critical appraisal and information management capabilities but incorporates appropriate learning from colleagues and patients.	When using guidelines or the results of clinical trials (on large populations), does not customize and adapt them to ensure applicability to the individual patient in question (23) Does not check as to whether practice is consistent with recent evidence, and does not make changes consistent with evidence (23) Gives undue weight to evidence-based medicine: does not incorporate the patient's and family's expertise about the uniqueness of their situation; does not incorporate the experience and expertise of colleagues and team members, as well as his/her own (23) Does not critically question information (23) When a patient questions his care or makes suggestions, is not open to respectful discussion with them; responds negatively to patients who bring materials from the Internet (23) Changes a current treatment plan when temporarily dealing with someone else's patient without discussing changes first with the regular provider (23) Following a group discussion and decision, does not incorporate agreed-upon changes into clinical practice (23) Does not identify knowledge gaps in own clinical practice, and does not develop a strategy to fill them (23) Does not use resources to acquire up-to-date information about specific cases (23) Relies too much on a limited set of inappropriate information resources (e.g., drug company representative, unselected Internet, not peer-reviewed journals, "expert" opinion) (23) Presents with a phenomenon known as "anchoring" in which the student fails to recognize the need to change an opinion or a patient care plan when new or different information becomes available that changes the situation (34) Provides poor or inadequate medical care to patients (1)
The physician **knows his/her limits** of clinical competence and seeks help appropriately	**Active learning** Has a low personal implication in learning, which is limited to the verification of basics (29) Does not seek opportunities to address limitations on knowledge and skills (electives/continuing education) (23) Ignores clinical problems to mask clinical limitations (23) Does not prepare adequately for a procedure (23) Rejects the learning role and constant justification, challenges everything (29;140)

MANAGER

Skills for competency	**Symptoms and signs associated with difficulties**
The physician displays a commitment to **personal health** and seeks balance between personal life and professional responsibilities.	**Time management** Stays overtime inappropriately (23) Works long hours without corresponding productivity (27) Overworks (27) Uses time inefficiently (1;14) Is disorganized (14;27;29) Transfers tasks to colleagues without clear justification, without adequate communication; changes availability for professional tasks "frequently", "at the last minute" (23)

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