



**Relevant EPA's**

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| <ol style="list-style-type: none"> <li>1. Assess, manage, and follow-up patients presenting with common complaints and undifferentiated symptoms.</li> <li>2. Recognize and appropriately refer for emergent conditions.</li> <li>3. Complete an adult periodic health assessment, using evidence-based screening and risk reduction recommendations.</li> <li>5. Manage and follow-up patients with common chronic conditions.</li> <li>8. Manage the elderly patient with multiple co-morbidities.</li> <li>9. Identify, diagnose, and manage common mental health symptoms and disorders.</li> </ol> | <ol style="list-style-type: none"> <li>15. Determine when an adult patient requires admission and inpatient hospital care.</li> <li>16. Assess and appropriately manage the adult patient in hospital.</li> <li>17. Recognize and provide appropriate management of the unstable adult patient in the hospital setting.</li> <li>18. Determine when an unstable patient requires referral for higher level care.</li> <li>19. Plan and coordinate discharge of adult patients from hospital.</li> <li>26. Recognize and provide appropriate management of common adult emergencies.</li> </ol> |
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FOUNDATIONAL COMPETENCIES				DOMAIN SPECIFIC Care of the Elderly	
Activity and related CanMEDS-FM role(s)	Competencies - General	Foundational Competencies - detail	Relevant CanMEDS-FM Comps	Domain Specific Competencies - detail	Relevant CFPC Priority Topics & <span style="color: red;">other*</span>
<b>Health promotion and health maintenance</b> (Medical Expert, Collaborator, Manager, Health Advocate)	1. Provide preventive care through the application of current standards for the practice population	a. Do a periodic health assessment in a proactive or opportunistic manner. b. Selectively adapt the periodic health examination to that patient's specific circumstances. c. Use an evidence-based annual health assessment and keep up to date with new recommendations for the periodic health examination. d. Implement prevention and screening recommendations. e. Provide advice on and implement routine /scheduled and <i>ad hoc</i> vaccination as required, based on current recommendations, patient's age and circumstances.	ME3.6, ME4.1, ME4.2 COLL3.1 COLL3.4 MG3.2 HA1.3	a) Identify conditions that are appropriate for screening in the older patient eg pain, falls, impaired cognition, wounds, alcohol abuse, hearing and visual loss, elder abuse and diabetes	Elderly Dementia Depression Periodic Health Assessment Smoking cessation
	2. Recognize modifiable risk behaviors and provide advice	a. Regularly evaluate and document smoking status, discuss the benefits of quitting or reducing smoking, and advise regarding the use of a multi-strategy approach to smoking cessation. b. Regularly evaluate and document current alcohol intake and provide	ME3.6 ME4.1 ME4.2 COLL3.1		Immunization Periodic health Assessment Elderly

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	on risk reduction with appropriate use of resources and supports.	<p>advice on reduction when above recommended maximum intake.</p> <p>c. Regularly ask about use of drugs of abuse and provide advice and intervention where appropriate.</p> <p>d. Identify patients at risk of heart disease, hypertension, stroke and diabetes and provide appropriate, evidence-based -advice regarding risk factor modification and, where appropriate, provide referral to health care professionals for additional support and advice on risk reduction.</p> <p>e. Recognize and advise about protection for patients, or parents of patients/care-givers, involved in activities associated with increased risk of head trauma e.g. bikes/motor-bikes/contact sports and provide advice to patients after sustaining minor traumatic brain injury (concussion) .</p> <p>f. Where appropriate, provide advice on reducing risk of acquiring sexually transmitted infections.</p>	COLL3.4 MG3.2 HA1.3		Trauma Fractures Cancer Smoking cessation Stroke Diabetes Hypertension Ischemic Heart disease Disability
<b>Clinical Care (CC)</b> (Medical Expert, Collaborator)	1. Demonstrate an effective approach to patients presenting with acute self-limiting illness and potentially life-threatening conditions	<p>a. Demonstrate an understanding of the natural history and prognosis of the established diagnosis when treated and untreated.</p> <p>b. Demonstrate skilled interviewing and physical examination techniques in gathering clinical data.</p> <p>c. Formulate a differential diagnosis that includes the most likely diagnosis (taking into account the prevalence of the condition in the population), a hierarchy of likely alternatives, and the most serious or life-threatening possibility.</p> <p>d. Locate the relevant evidence when needed for diagnosis and treatment</p> <p>e. Discuss the most relevant evidence for medical therapy for the diagnosis</p> <p>f. Recommend only pharmacotherapy and other therapeutic interventions that are clearly indicated for the diagnosis</p>	ME1.1 ME2.2 ME3.2 ME3.3 ME3.5 ME3.8 ME4.1 ME4.3  ME5.1 ME5.2 ME5.3 ME5.4 ME5.5	a) Demonstrates understanding of the aging process and the implications of the biological changes associated with aging, the concepts of successful aging and the importance of a comprehensive approach to care. <ul style="list-style-type: none"> <li>i. Identify usual physiological changes associated with aging and have a basic understanding of the concept of frailty.</li> <li>ii. Demonstrate an understanding of the relationship between laboratory values and aging and correctly interpret data in this context.</li> <li>iii. Demonstrate an understanding of the age-related challenges faced by the older person (eg.</li> </ul>	Abdominal pain Anemia Atrial fibrillation Asthma Chest pain COPD DVT Dehydration Diabetes Diarrhoea Domestic violence Elderly Fever Fractures

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		<ul style="list-style-type: none"> <li>g. Outline for the patient (or parent/care-giver) the most common and the most serious risks associated with the pharmacotherapy and other therapeutic interventions.</li> <li>h. Reinforce to the patient (or parent/care-giver) the importance of appropriate non-pharmacological therapy where indicated.</li> <li>i. Explain to the patient (or parent/care-giver) when and/or why they need to follow up in the office.</li> <li>j. Manage the majority of common diagnoses without the need for referral</li> <li>k. List and demonstrate the use of the essential skills, equipment and medications required to deal with acute, life threatening conditions in the office.</li> <li>l. Recognize a patient with an emergent/urgent, potentially life-threatening condition and act promptly to deliver immediate care and/or referral as indicated.</li> <li>m. Access safely and expeditiously emergency services for the patient with a potentially life-threatening condition.</li> <li>n. Share key information with emergency services when referring patients with life-threatening conditions.</li> <li>o. Demonstrate appreciation of the unique considerations for recently hospitalized and/or post-operative patients.</li> </ul>	<ul style="list-style-type: none"> <li>ME5.6</li> <li>ME5.7</li> <li>ME6.1</li> <li>ME6.2</li> <li>ME7.1</li> <li>ME7.3</li> <li>COLL1.4</li> </ul>	<ul style="list-style-type: none"> <li>dealing with loss, coping with chronic disease).</li> <li>iv. Demonstrate an understanding of key determinants of health and their interrelationships in the elderly (eg. biological, psychological, socioeconomic).</li> <li>b) Demonstrate an effective approach to the care of the elderly patient in hospital.                             <ul style="list-style-type: none"> <li>i. Identify possible preventive strategies for <a href="#">hazards associated with hospitalization</a></li> <li>ii. Assess patient for these conditions on admission to hospital and on regular basis and institute corrective measures.</li> <li>iii. Prepare patient for discharge with consideration to these issues</li> <li>iv. Demonstrate an effective approach to the care of the elderly patient in hospital.</li> <li>v. Identify possible preventive strategies for hazards associated with hospitalization such as falls, delirium, immobility, incontinence; indwelling catheters, medication related adverse events and malnutrition.</li> <li>vi. Assess patient for these conditions on admission to hospital and on regular basis and institute corrective measures.</li> <li>vii. Prepare patient for discharge with consideration to these issues.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>GI bleed</li> <li>Headache</li> <li>Hepatitis</li> <li>Hypertension</li> <li>Infections</li> <li>Ischemic Heart disease</li> <li>Loss of consciousness</li> <li>Seizures</li> <li>Meningitis</li> <li>Suicide</li> <li>Depression</li> <li>Pneumonia</li> </ul>

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CC (Medical Expert, Collaborator)	2. Demonstrate an effective approach to patients presenting with undifferentiated, symptoms	<p>a. History</p> <ul style="list-style-type: none"> <li>i. Take an appropriately thorough history in a timely manner.</li> <li>ii. Demonstrate ability to effectively and selectively identify and prioritize main presenting symptoms.</li> <li>iii. Move quickly into a focused history regarding the main symptoms</li> <li>iv. Elicit pertinent associated symptoms, red flags and risk factors</li> <li>v. Demonstrate effective use of the patient-centered clinical method</li> </ul> <p>b. Physical Exam</p> <ul style="list-style-type: none"> <li>i. Perform an appropriately thorough physical examination in a timely manner.</li> <li>ii. Exhibit an awareness of the role of the physical examination in making certain diagnoses more or less likely.</li> </ul> <p>c. Differential Diagnosis</p> <ul style="list-style-type: none"> <li>i. Construct an appropriately thorough differential diagnosis that is congruent with the data generated by the history and physical.</li> <li>ii. Demonstrate the core knowledge of Family Medicine informed by evidence.</li> <li>iii. Modify the differential diagnosis in light of unexpected or changing symptoms or when symptoms persist beyond what one would ordinarily expect.</li> <li>iv. Recognize the typical and atypical presentation of common diagnoses as well as possible emergent life-threatening disease.</li> <li>v. Demonstrate appreciation of the unique considerations for recently hospitalized and/or post-operative patients</li> </ul>	<p>ME1.1 ME2.2 ME3.2 ME3.3 ME3.5 ME3.8 ME4.1 ME4.3  ME5.1 ME5.2 ME5.3 ME5.4 ME5.5 ME5.6 ME5.7 ME6.1 ME6.2 ME7.1 ME7.3 COLL1.4</p>	<p>a) Demonstrate ability to evaluate through history and physical the atypical presentations of common conditions, undifferentiated illnesses, common medical disorders in the elderly</p> <ul style="list-style-type: none"> <li>i. De-afferentation (vision, hearing, sensory loss) <ul style="list-style-type: none"> <li>- Screen for visual and hearing loss</li> <li>- Identify and facilitate appropriate referral of patients with vision and hearing</li> <li>- Impairment as well as speech and language deficits.</li> </ul> </li> <li>ii. Delirium &amp; Dementia <ul style="list-style-type: none"> <li>- Understand the risk factors for dementia</li> <li>- Demonstrate knowledge of the spectrum of cognitive change in the elderly including normal changes associated with aging and mild cognitive impairment (MCI)</li> <li>- Demonstrate an ability to perform a screening test for delirium eg CAHM.</li> <li>- Understand the different types of dementia including Alzheimer's Disease, Lewy Body Dementia, Frontotemporal Dementia and Vascular Dementia</li> <li>- Formulate a differential diagnosis based on an initial evaluation of a patient who presents with delirium, dementia or depression</li> <li>- Demonstrate awareness of non-pharmacological and pharmacological management of delirium.</li> </ul> </li> </ul>	<p>Abdominal pain Allergy Anemia Breast lump Cancer Chest pain COPD Cough DVT Dehydration Dementia <b>Delirium</b> Diabetes Diarrhoea Difficult patient Dizziness Domestic violence Dyspepsia Dysuria Elderly Fever Fractures GI bleed Headache Hepatitis Hypertension</p>

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		<p>d. Diagnostic Tests and Procedures</p> <ul style="list-style-type: none"> <li>i. Select appropriate diagnostic tests and procedures</li> <li>ii. Justify selection of laboratory and imaging tests and employ them only when likely to have an impact on patient management.</li> <li>iii. Select investigations based on consideration of prevalence, evidence of benefit and risk, past experience of physician, patient’s wishes, and cost.</li> <li>iv. Interpret the test results promptly and correctly.</li> <li>v. Communicate results in a timely fashion.</li> </ul> <p>e. Treatment /Management Plan</p> <ul style="list-style-type: none"> <li>i. Develop an appropriate treatment plan.</li> <li>ii. Inform patient about the diagnosis, possible alternative diagnoses and likely prognosis.</li> <li>iii. Link patient’s symptom to a lifestyle behavior and in doing so, employ the principles of disease prevention and health promotion.</li> <li>iv. Counsel on the risks and benefits of treatment if diagnosis is amenable to treatment.</li> <li>v. Synthesize and help focus treatment goals.</li> <li>vi. Integrate the patient’s viewpoint of above. -finding common ground/shared decision making and demonstrating the use of the patient-centered clinical method.</li> <li>vii. Judge the patient’s (and/or parent’s) understanding, ability to adhere to the plan and ability to pay and based on these factors adjust the treatment/management plan as necessary.</li> <li>viii. Write a complete prescription when appropriate.</li> <li>ix. Recommend to the patient (or parent) when and/or why they should present for reassessment.</li> </ul>		<ul style="list-style-type: none"> <li>- Understand the primary treatment options available for the management of dementia</li> <li>- Demonstrate knowledge and understand management strategies .of behavioural and psychological symptoms of dementia (BPSD)</li> </ul> <p>iii. Depression</p> <ul style="list-style-type: none"> <li>- Learn to recognize and effectively treat depression in the elderly by utilizing screening tools such as the Geriatric Depression Scale</li> </ul> <p>iv. Falls and Balance</p> <ul style="list-style-type: none"> <li>- -Understand risk factors for falling in the elderly</li> <li>- -Assess patients who have fallen to evaluate cause and consequence of fall</li> <li>- -Use an evidence-based approach to the assessment and management of falls</li> <li>- -Describe community resources for patients who fall or who are at high risk of falling (i.e. OT PT, CCAC, day treatment centres).</li> </ul> <p>v. Infectious Diseases</p> <ul style="list-style-type: none"> <li>- Show understanding of immune response in the older patient</li> <li>- Demonstrate acknowledgement of atypical presentations of common infectious disease in the elderly</li> <li>- Demonstrate an ability to recognize the presentation of common infections in the elderly and their treatment</li> </ul>	<p>Infections Insomnia Ischemic Heart disease Joint disorder Loss of consciousness Loss of weight Low back pain Multiple medical problems Neck pain Obesity Palliative Care Parkinsonism Pneumonia Poisoning Prostate Seizures Sex Skin disorders Somatization Stress Stroke Thyroid Trauma Travel medicine URTI UTI</p>

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		<ul style="list-style-type: none"> <li>x. Where appropriate coordinate care with other health care-Professionals including referral .</li> </ul>		<ul style="list-style-type: none"> <li>- Understand basic principles of common outbreaks of infectious diseases in congregate settings e.g. influenza and gastroenteritis.</li> <li>vi. Skin Disorder                             <ul style="list-style-type: none"> <li>- Demonstrate knowledge of skin ulcers in the elderly including types of ulcers, risk factors and prevention.</li> <li>- -Identify appropriate resources for referral of patients with skin ulcers.</li> </ul> </li> <li>vii. Elder abuse                             <ul style="list-style-type: none"> <li>- -Demonstrate an ability to recognize and initiate management of Elder abuse.</li> </ul> </li> <li>viii. Urinary Incontinence                             <ul style="list-style-type: none"> <li>- Demonstrate the ability to determine causes incontinence.</li> <li>- Demonstrate knowledge of the different types of incontinence.</li> <li>- Demonstrate knowledge of the non-pharmacological and pharmacological management of different types of incontinence.</li> <li>- Counsel patients on behavioural management of incontinence.</li> </ul> </li> <li>b) Demonstrate ability to complete a Geriatric Assessment with the following additional elements to those listed under foundational competencies                             <ul style="list-style-type: none"> <li>General                                     <ul style="list-style-type: none"> <li>i. Recognize communication barriers (eg.</li> </ul> </li> </ul> </li> </ul>	<p>Vaginal bleeding Vaginitis Violent/aggressive patient Meningitis Suicide Depression</p> <ul style="list-style-type: none"> <li>- Family / psychosocial (Covered in transitions of care, identify and manage caregiver stress. It is also covered in Healthcare planning) (substitute decision making, personal directive, power of attorney , guardianship and trusteeship)</li> <li>- Frailty</li> <li>- Hypertension (Not specific to</li> </ul>

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				<p>Hearing, vision, language, culture, cognition).</p> <ul style="list-style-type: none"> <li>ii. Modify their speaking voice in a manner appropriate to each clinical encounter (eg. Volume, speed, pitch).</li> <li>iii. Consider environmental modification as necessary during interviews with elderly patients (eg. Background noise, hearing aids, lighting)</li> <li>iv. Explore the expectations of the elderly patient during an office-based interview so that goals may be set and future visits can be planned accordingly</li> <li>v. Demonstrate ability to participate in the assessment of a patient in their home</li> <li>vi. Make suggestions for modifications to the home environment and to patient's management plan based on home visit</li> <li>vii. Suitability of living environment and community resources/supports</li> <li>viii. Make suggestions for modifications to the home environment and to patient's management plan based on home visit.</li> </ul> <p>Screening ( as per above)</p> <p>History</p> <p>The following are key elements of completing an effective history with the elderly patient</p> <ul style="list-style-type: none"> <li>i. History of presenting problem</li> <li>ii. Past medical history</li> </ul>	<p>the elderly.)</p> <ul style="list-style-type: none"> <li>- Latrogenesis</li> <li>- Immobility</li> <li>- Impaired cognition</li> <li>- (discussed under Dementia/ Delirium)</li> <li>- Incontinence</li> <li>- Instability (discussed under falls)</li> <li>- Osteoarthritis</li> <li>- Pain</li> <li>- Peripheral Vascular Disease</li> <li>- Unintentional weight loss / nutrition</li> </ul>

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				<ul style="list-style-type: none"> <li>iii. Specific/ elements of a history in the elderly:                             <ul style="list-style-type: none"> <li>• Corroborative history from family and friends</li> <li>• Diligent review of medications</li> <li>• Identification and exploration of multiple medical problems</li> <li>• Social history</li> <li>• Life cycle challenges eg grief loss and chronic disease</li> </ul> </li> </ul> <p>Physical examination</p> <ul style="list-style-type: none"> <li>i. Accurately assess the following relevant physical findings                             <ul style="list-style-type: none"> <li>• Gait, posture and balance</li> <li>• Postural blood pressure readings</li> <li>• Examination of the feet for signs of skin breakdown, pulses, edema, nail care and hygiene</li> <li>• Examination of the ears for cerumen and decreased hearing ability</li> <li>• Assessment for fecal impaction</li> <li>• Assessments of visual acuity</li> </ul> </li> </ul> <p>Functional Assessment</p> <ul style="list-style-type: none"> <li>i. Recognize the central role that function plays in the health status of the elderly.</li> <li>ii. Recognize the impact of aging, life cycle events, and illness on function</li> <li>iii. Be capable of utilizing functional assessment tools such as the Katz ADL Index and be</li> </ul>	

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				<p>capable of incorporating this information into a thorough geriatric assessment</p> <p>iv. Appropriately seek out inter-professional team contributions and incorporate these into a thorough functional assessment</p> <p>v. BADLs and IADLs</p> <p>Nutritional Assessment</p> <p>i. Recognize the importance of weight measurement eg with suspected malnutrition, failure to thrive and monitoring treatment in congestive heart failure.</p> <p>ii. Identify clinical indicators of malnutrition, such as weight loss, anemia, hypoalbuminemia, Malabsorption states and functional status.</p> <p>iii. Identify risk factors for malnutrition, such as drugs, disease, depression, dental problems, economic crisis and social isolation, so that preventative strategies can be initiated early in the care of the elderly patient.</p> <p>iv. Demonstrate an approach to assessing an elderly patient with unintentional weight loss</p> <p>Supports and risk for isolation</p> <p>i. Ask about social supports (eg. spouse, family, friends, group activities).</p> <p>ii. Caregiver stress and management</p> <p>Cognitive Assessment</p>	

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				<ul style="list-style-type: none"> <li>i. Recognize signs of declining cognitive function in elderly individuals, such as poor hygiene, memory complaints from patients of their family members and difficulty with IADL's such as banking and meal preparation</li> <li>ii. Be familiar with a cognitive assessment tool</li> </ul> <p><b>Driving Safety</b></p> <ul style="list-style-type: none"> <li>i. Know the components of a history to assess driving safety in elderly patients, including those with cognitive impairment.</li> <li>ii. Demonstrate knowledge of community resources for driver evaluation</li> <li>iii. Demonstrate awareness of the CMA Drivers Guide and/or the Canadian Consensus Conference on Dementia Guidelines as a resource to evaluating the older driver.</li> </ul>	
CC (Medical Expert, Collaborator)	3. Demonstrate an effective approach to the ongoing care of patients with chronic conditions and/or to patients requiring regular follow-up	<ul style="list-style-type: none"> <li>a. Prioritize professional duties when faced with multiple competing demands</li> <li>b. Apply acquired knowledge, skills and attitudes to daily clinical practice</li> <li>c. Recognize personal limits in knowledge, skills and attitudes</li> <li>d. Find common ground with the patient in regard to defining problems and priorities, setting goals of treatment and recognizing the roles of patient and family physician in each encounter</li> <li>e. Incorporate prevention and health promotion into the clinical encounter</li> <li>f. Consciously enhance the patient-physician relationship recognizing characteristics of a therapeutic and caring relationship</li> </ul>	ME1.2 ME2.1 ME2.2 ME2.4 ME3.3 ME3.5 ME3.6 ME3.7 ME3.8 ME4.1 ME4.2 ME4.3 ME5.7	a) <b>End of Life Care</b> <ul style="list-style-type: none"> <li>i. Demonstrate an effective approach to end of life care in the elderly.</li> <li>ii. Demonstrate ability to assess and manage end of life issues (link).</li> <li>iii. Identify psychological social and spiritual needs of patients with advanced illness and those of their family members</li> <li>iv. Link identified needs with other interdisciplinary team members at the end of life</li> <li>v. Counsel patient and family around end of life treatment decisions and code status.</li> </ul>	Anxiety Asthma Atrial fibrillation Cancer Allergy Bad news Chronic disease COPD Dementia Depression Diabetes Difficult patient Disability

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		<ul style="list-style-type: none"> <li>g. Provide primary contact and comprehensive continuing care to a defined population of patients through the spectrum of health promotion and disease prevention; diagnosis; acute treatment, including the management of life-threatening illness; chronic disease management; rehabilitation; supportive care; and palliation.</li> <li>h. Provide preventive care through application of current standards for the practice population</li> <li>i. Utilize diagnostic and therapeutic interventions meeting the needs of the patient according to available evidence, balancing risks, benefits and costs</li> <li>j. Manage simultaneously multiple clinical issues, both acute and chronic, often in a context of uncertainty</li> <li>k. Appropriately incorporate families and other caregivers in the care of patients, while abiding by the ethical standards of patient autonomy and consent</li> </ul> <p>Inter-professional Care</p> <ul style="list-style-type: none"> <li>a. Coordinate the care of patients with multiple care providers and teams of providers</li> <li>b. Work with others to assess, plan, provide and integrate care for individual patients or groups of patients.</li> <li>c. Participate effectively in inter-professional team meetings</li> <li>d. Enter into interdependent relationships with other professions for the provision of quality care</li> <li>e. Utilize the principles of team dynamics to enhance team performance</li> <li>f. Contribute to working relationships on teams and participate in a collegial process to designate appropriate team leadership roles</li> <li>g. Respect team ethics, including confidentiality, resource allocation</li> </ul>	<p>ME7.1 ME7.2 ME7.3 COLL1.4 COLL1.6-1.11 MG1.2-1.4 MG2.1 MG2.3 MG2.4 MG3.1 MG3.2 MG3.3 MG3.4</p>	<ul style="list-style-type: none"> <li>vi. Demonstrate ability to complete a death certificate</li> <li>b) Medication Management                             <ul style="list-style-type: none"> <li>i. Encourage elderly patients to bring their medications to the office, including any over the counter drug use and complementary products</li> <li>ii. Use non-pharmacological alternatives to drug therapy in the elderly wherever appropriate.</li> <li>iii. Develop an understanding of the pharmacodynamics and pharmacokinetic properties of commonly used medications</li> <li>iv. Use a safe approach to drug dosing in the elderly, including required adjustments in renal impairment</li> <li>v. Recognize the importance of drug monitoring, as well as strategies for enhancing treatment adherence.</li> <li>vi. Recognize polypharmacy in the elderly and learn to effectively monitor for hazardous drug-drug interactions as well as adverse drug reactions.</li> <li>vii. Have the ability to safely stop commonly used drugs and monitor for signs of withdrawal (eg; SSRI's, benzodiazepines).</li> <li>viii. Choose drugs within a class that offer the best balance between therapeutic benefit and adverse effects</li> </ul> </li> </ul>	<p>Dizziness Domestic violence Dyspepsia Elderly Family issues Fatigue Fractures Grief Hypertension Hyperlipidemia Immigrants Insomnia Ischemic heart disease Joint disorder Loss of weight Low back pain Multiple medical problems Neck pain Obesity Osteoporosis Palliative care Parkinsonism Prostate Seizures Sex Skin disorder Smoking cessation</p>

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		<p>and professionalism</p> <p>h. Where appropriate, demonstrate leadership in a healthcare team</p> <p>i. Work collaboratively with other health care professionals and community organizations to provide coordinated care for patients</p> <p>j. Apply the competencies of the Collaborator role in team-based care, and when working with consulting health professionals</p> <p>Quality Improvement</p> <p>a. Participate in systemic quality process evaluation and improvement such as patient safety initiatives</p> <p>b. Participate in continuous quality improvement activities within their own practice environment, such as practice audit.</p> <p>c. Implement processes to ensure continuous quality improvement within a practice</p> <p>d. Contribute to the enhancement of quality of care in their practice, integrating the available best evidence and best practices</p> <p>Practice/Self/Resource Management</p> <p>a. Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life</p> <p>b. Employ information technology, including electronic medical records to plan appropriately for patient care</p> <p>c. Recognize the importance of appropriate allocation of healthcare resources, including referral to other health care professionals and community resources, balancing effectiveness, efficiency and access with optimal patient care</p> <p>d. Apply evidence and management processes for cost- appropriate care</p> <p>e. Judiciously manage access to scarce community resources and referral sources</p> <p>f. Integrate knowledge of the structure of the health care system</p>			<p>Somatization</p> <p>Stress</p> <p>Stroke</p> <p>Thyroid</p> <p>Trauma</p> <p>Violent/aggressive patient</p>

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		and its components in the provision of care g. Manage time and resources effectively			
<b>Communicator (COM)</b>		See Also - CFPC Communication Skills (Skill domain)- <a href="http://www.cfpc.ca/uploadedFiles/Education/Communication%20Skills.pdf">www.cfpc.ca/uploadedFiles/Education/Communication%20Skills.pdf</a>			
COM	Develop rapport, trust and ethical therapeutic relationships with patients and families.	<ul style="list-style-type: none"> <li>a. Recognize that being a good communicator is a core clinical skill for physicians, and that physician- patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes</li> <li>b. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy</li> <li>c. Respect patient confidentiality, privacy and autonomy</li> <li>d. Listen effectively</li> <li>e. Develop awareness of, and responsiveness to, non- verbal cues</li> <li>f. Facilitate a structured clinical encounter</li> <li>g. Acquire skills of cross-cultural communication</li> <li>h. Respect boundaries in the doctor-patient relationship</li> </ul>	COM1.1-1.8		
COM	Accurately elicit and synthesize information from and perspectives of patients and families, colleagues and other professionals	<ul style="list-style-type: none"> <li>a. Gather information about a disease, but also about a patient’s beliefs, concerns, expectations and illness experience</li> <li>b. Explore the patient’s psychosocial context</li> <li>c. Seek out and synthesize information from other sources, such as a patient’s family, caregivers and other professionals</li> <li>d. Conduct an interview with multiple participants to gather information about factors affecting the patient</li> </ul>	COM2.1-2.4		

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COM	Accurately convey needed information and explanations to patients and families, colleagues and other professionals	<ul style="list-style-type: none"> <li>a. Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making</li> <li>b. Disclose error / adverse events in an effective manner</li> </ul>	COM3.1-3.2		
COM	Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop, provide and follow-up on a shared plan of care	<ul style="list-style-type: none"> <li>a. Effectively identify and explore problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences</li> <li>b. Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making</li> <li>c. Encourage discussion, questions, and interaction in the encounter</li> <li>d. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care</li> <li>e. Communicate effectively as a member or leader of a health care team or other professional group</li> <li>f. Provide follow-up contact with patient and family using a form of communication that will achieve the best outcome for the patient and family</li> <li>g. Effectively address challenging communication issues such as motivating behavioural change, delivering bad news, and addressing anger or dependency</li> <li>h. Provide therapeutic interventions through supportive and other counseling techniques used in primary care</li> <li>i. Communicate utilizing an interpreter</li> </ul>	COM4.1-4.9		

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COM	Convey effective oral and written information	<ul style="list-style-type: none"> <li>a. Maintain clear, accurate, and appropriate records (e.g., written and electronic) of clinical encounters and plans</li> <li>b. Use effective written and oral communication for referral and collaborative care.</li> <li>c. Effectively present verbal reports of clinical encounters and plans</li> <li>d. Communicate appropriately using electronic mail and other electronic means, while maintaining patient confidentiality</li> <li>e. When requested or needed by a community, present medical information to the public or media about a medical issue</li> </ul>	COM5.1-5.5		
<b>Professional (PRO)</b>	Demonstrate a commitment to their patients, profession, and society through ethical practice	<ul style="list-style-type: none"> <li>a. Exhibit professional behaviors in practice, including honesty, integrity, reliability, compassion, respect, altruism, and commitment to patient well-being</li> <li>b. Demonstrate a commitment to delivering the highest quality care and maintenance of competence</li> <li>c. Recognize and appropriately respond to ethical issues encountered in practice</li> <li>d. Demonstrate respect for colleagues and team members</li> <li>e. Appropriately manage conflicts of interest</li> <li>f. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law</li> <li>g. Maintain appropriate professional boundaries</li> <li>h. Speak directly and respectfully to colleagues whose behaviour may put patients or others at risk</li> </ul>	PRO1.1=1.8		
PRO	Demonstrate a commitment to their patients, profession, and society	<ul style="list-style-type: none"> <li>a. Appreciate the professional, legal and ethical codes of practice, including knowledge of the CMA Code of Ethics</li> <li>b. Fulfill the regulatory and legal obligations required of current practice</li> <li>c. Demonstrate accountability to professional regulatory bodies</li> <li>d. Recognize and respond to others' unprofessional behaviours in practice</li> </ul>	PRO2.1-2.5		

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	through participation in profession-led regulation	e. Participate in peer review			
PRO	Demonstrate a commitment to physician health and sustainable practice	a. Balance personal and professional priorities to ensure personal health and a sustainable practice b. Strive to heighten personal and professional awareness and insight c. Recognize and respond to other professionals in need	PRO 3.1-3.3		
PRO	Demonstrate a commitment to reflective practice	a. Demonstrate the ability to gather information about personal performance, know one's own limits, and seek help appropriately b. Demonstrate an awareness of self, and an understanding how one's attitudes and feelings impact their practice c. Reflect on practice events, especially critical incidents, to deepen self knowledge	PRO 4.1-4.3		
<b>Health Advocate (HA)</b>	Respond to individual patient health needs and issues as part of patient care	a. Identify the health needs of an individual patient b. Advocate for individual patients around relevant health matters c. Implement health promotion and disease prevention policies and interventions for individual patients and the patient population served	HA1.1-1.3	a) Healthcare planning i. Know the fundamental aspects of a competency assessment (eg. medical competence, financial competence, housing competence). ii. Be aware of the laws pertaining to competence (eg. POA, Public Guardian and Trusteeship, the Mental Health Act). iii. Identify impaired and intact decision making abilities as some may be retained in a given individual iv. Be able to discuss anticipatory care and	<b>Advanced care planning</b> <b>Goals of care</b> <b>Personal Directives</b> <b>Power of attorney</b> <b>/</b> <b>Guardianship / Trusteeships</b>

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				acknowledge the role of patient values, attitudes and beliefs towards medical interventions and devise an appropriate care plan with the patient and family.	
HA	Respond to the health needs of the communities that they serve	a. Describe the practice communities that they serve b. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately c. Appreciate the possibility of competing interests between the communities served and other populations	HA2.1-2.3		
HA	Identify the determinants of health within their own communities	a. Identify the determinants of health within their communities, including barriers to accessing care and resources b. Identify vulnerable or marginalized populations and respond as needed	HA3.1-3.2		
HA	Promote the health of individual patients, communities and populations	a. Describe approaches to implementing changes in determinants of health of the population served b. Describe how public policy, healthcare delivery and healthcare financing impact access to care and the health of the population served c. Identify points of influence in the healthcare system and its structure d. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism e. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper f. Describe the role of the medical profession in advocating collectively for health and patient safety	HA4.1-4.6		

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<b>Collaborator (COLL)</b>	Participate in a collaborative team-based model and with consulting health professionals in the care of the patient	a. Clearly describe their roles and responsibilities to other professionals b. Describe the roles and responsibilities of other professionals within the health care team c. Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own d. Work with others to assess, plan, provide and integrate care for individual patients or groups of patients. e. Where needed, work with others to assess, plan, provide and review non-clinical tasks, such as research problems, educational work, program review or administrative responsibilities f. Participate effectively in interprofessional team meetings g. Enter into interdependent relationships with other professions for the provision of quality care h. Utilize the principles of team dynamics to enhance team performance i. Contribute to working relationships on teams and participate in a collegial process to designate appropriate team leadership roles j. 1.10 Respect team ethics, including confidentiality, resource allocation and professionalism k. Where appropriate, demonstrate leadership in a healthcare team	COLL1.1-1.11	a) Healthcare systems and transitions i. <b>Engage and collaborate with other resources appropriately in the health care system</b> ii. Assessment of Required Level of Care -Identify and facilitate appropriate referral of patients with vision and hearing impairment as well as speech and language deficits iii. Describe the spectrum of community based resources, rehabilitation services and institutional care available to seniors in province. iv. Understand the eligibility and exclusion criteria for admission to the primary community based resources eg long term care , supportive living, respite care, home care, day programmes, day hospitals, PACE like programme v. Demonstrate appropriate referral to geriatrician or multidisciplinary geriatric assessment when patient needs go beyond scope. vi. Understand the goals of care, primary health conditions and health outcomes for patients residing in congregate care settings. vii. Understand the inherent risks for the older patient in transitioning from home to a care setting and between care settings	
COLL	Maintain a positive working environment with consulting health	a. Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team b. Work with other professionals to prevent conflicts c. Employ collaborative negotiation to resolve conflicts	COLL 2.1-2.6		

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	professionals, health care team members and community agencies	d. Respect differences, misunderstandings and limitations in other professionals e. Recognize one's own differences, misunderstanding and limitations that may contribute to inter-professional tension f. Reflect on inter-professional team function			
COLL	Engage patients or specific groups of patients and their families as active participants in their care	a. Find common ground on the identification of problems and priorities of interventions b. Find common ground on the methods and goals of treatment c. Work to establish the respective roles of family physician and patient d. Work with patients and families to optimize health	COLL3.1-3.4		
<b>Manager (MG)</b>	Participate in activities that .	a. Describe the role of the family physician in the health care system and their relationships with other health care professionals, and community organizations b. Work collaboratively with other health care professionals and community organizations to provide coordinated care for patients c. Participate in systemic quality process evaluation and improvement such as patient safety initiatives d. Participate in continuous quality improvement activities within their own practice environment, such as practice audit	MG1.1-1.5		
MG	Manage their practice and career effectively	a. Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life b. Manage a practice including finances and human resources, collaboratively when indicated. c. Implement processes to ensure continuous quality improvement within a practice	MG2.1-2.4		

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		d. Employ information technology, including electronic medical records to plan appropriately for patient care			
MG	Allocate finite healthcare resources appropriately	a. Recognize the importance of appropriate allocation of healthcare resources, including referral to other health care professionals and community resources, balancing effectiveness, efficiency and access with optimal patient care b. Apply evidence and management processes for cost- appropriate care c. Judiciously manage access to scarce community resources and referral sources d. Integrate knowledge of the structure of the health care system and its components in the provision of care	MG3.1-3.4		
MG	Serve in administration and leadership roles, as appropriate	a. Chair or participate effectively in committees and meetings b. Lead or implement a change in health care practice c. Contribute to policy development related to systems of health care d. Participate in relevant administrative roles related to clinical care	MG4.1-4.4		
<b>Scholar (S)</b>	Maintain and enhance professional activities through ongoing self-directed learning based on reflective practice	a. Describe the principles in maintaining professional competence and implementing a personal knowledge management system b. Recognize and reflect learning issues in practice c. Conduct a personal practice audit d. Formulate a learning question e. Identify sources of knowledge appropriate to the question f. Access and interpret the relevant evidence g. Integrate new learning into practice h. Evaluate the impact of any change in practice i. Document the learning process	S1.1-1.9		

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S	Critically evaluate medical information its sources and its relevance to their practice and apply this information to practice decisions	a. Describe the principles of critical appraisal b. Critically appraise retrieved evidence in order to address a clinical question c. Integrate critical appraisal conclusions into clinical care	S2.1-2.3		
S	Facilitate the education of patients, families, trainees, other health professional colleagues, and the public as appropriate	a. Describe principles of learning relevant to medical education b. Collaboratively identify the learning needs and desired learning outcomes of others c. Discuss the benefits of collaborative learning d. Deliver a learner-centred approach to teaching e. Select effective teaching strategies and content to facilitate others' learning f. Deliver an effective presentation g. Assess and reflect on a teaching encounter h. Provide effective feedback i. Describe the principles of ethics with respect to teaching	S3.1-3.9		
S	Contribute to the creation, dissemination, application and translation of new knowledge and practices	a. Describe the principles of research and scholarly inquiry b. Judge the relevance, validity, and applicability of research findings to their own practice and individual patients c. Describe the principles of research ethics d. Pose a scholarly question e. Conduct a systematic search for evidence f. Select and apply appropriate methods to address the question g. Appropriately disseminate the findings of a study	S4.1-4.7		

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With thanks to the following members of the Curriculum Working Group who developed these competencies;

Dr. Paddy Quail (chair) Dr. Darren Burback Dr. Maria Celis Dr. Rachel Defina Dr. Vivian Ewa Dr. Graham Law Dr. Maureen Murray Dr. Lara Nixon Dr. Davida Osei-Tutu  
Dr. MaryJaneShankel

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#### History

- June 2016 – Reviewed at the Curriculum and Evaluation Committee Meeting
- July 2016 – Added 'History' section
- August 2017
  - o Added EPA numbers in line with the EPA List & Guidance Document
  - o Removed EPA # 11
  - o Added EPA's # 3, 9, 15, 16, 17, 18, 19 & 26
- October 2017
  - o Removed 'Calgary' from title