



MEDICAL COUNCIL OF CANADA      LE CONSEIL MÉDICAL DU CANADA

# Updates to the MCC Objectives for the Qualifying Examinations

APRIL 2019

## REFERENCE TABLE

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<b>REVISED Objectives</b>	<b>NEW Reference</b>
The Dying Patient (25)	Dying Patients (25)
Sexually Concerned Patient (94)	Sexual Dysfunctions and Disorders (94) Gender and Sexuality – (94-1)
Substance-Related or Addictive (103)	Substance Use or Addictive Disorders (103)

## DYING PATIENTS - 25

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### Rationale

Physicians frequently deal with patients dying from incurable or untreatable diseases, many of which cause significant physical and psychological pain. The physician's role is to comfort patients and their families and to address patient pain, including facilitating access to medical assistance in dying.

### Causal Conditions

None.

### Key Objectives

Given a dying patient, the candidate will develop an appropriate palliative care plan that optimally controls pain and other symptoms, maintains human dignity, and recognizes the importance of family and social supports and of the health care team's different roles. The candidate must know the provisions in Canada's law on medical assistance in dying (MAID; Bill C-14) and must be prepared to discuss these provisions with patients and to act upon such a request where appropriate.

### Enabling Objectives

Given a patient approaching end of life, the candidate will

1. Determine patient mental capacity to discuss and provide informed consent regarding end-of-life care. If the patient does not have the capacity to make such decisions, the candidate will determine whether the patient has an advance directive or a substitute decision-maker.
2. Develop an appropriate management plan, including
  - a. Discussing with the patient or substitute decision-maker the patient's wishes for their care (e.g., resuscitation) at the appropriate time;
  - b. Using pharmacologic and nonpharmacologic measures for symptom control (e.g., pain, respiratory distress, delirium, or agitation) while recognizing appropriate indications, adverse effects, and possible complications;
  - c. Determining the patient's eligibility (e.g., medical indication, provincial, and territorial legal requirement) for medical assistance in dying if requested and providing access to this intervention without discrimination;
  - d. Ensuring a culturally sensitive approach to emotional, physical, and spiritual support for the patient and their family;
  - e. Treating the patient, their family, and significant others with dignity and respect throughout end-of-life care;
  - f. Referring the patient to other professionals as needed.

## SEXUAL DYSFUNCTIONS AND DISORDERS - 94

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### Rationale

Sexual dysfunction includes clinically significant disturbances in the ability to respond sexually or to experience sexual pleasure. Some sexual behaviours may cause harm.

### Causal Conditions

(List not exhaustive)

1. Erectile or orgasmic dysfunctions
  - a. Psychological or emotional (e.g., depression, abuse)
  - b. Neurologic dysfunction (e.g., spinal cord injury)
  - c. Vascular insufficiency (e.g., diabetes)
  - d. Drug adverse effects (e.g.,  $\beta$ -blockers)
  - e. Aging
2. Genito-pelvic pain or penetration issues (dyspareunia)
  - a. Trauma (e.g., episiotomy)
  - b. Hormonal (e.g., vulvovaginal atrophy postmenopause)
  - c. Other pelvic pathology (e.g., endometriosis, pelvic inflammatory disease)
3. Substance- or medication-induced sexual dysfunction (e.g., alcohol, sedatives)
4. Gender dysphoria
5. Sexual disorders
  - a. Paraphilic disorders (e.g., sexual sadism, pedophilia, fetishes causing harm)
  - b. Sexual addiction
  - c. Arousal disorders
  - d. Anorgasmia

### Key Objectives

Given a patient with sexual dysfunction or disorder, the candidate will address the issues and offer appropriate support and management measures. Because these issues can be emotional, physicians should strive to approach them in an unbiased and nonjudgmental way, with respect for the patient's wishes and values.

## Enabling Objectives

Given a patient with sexual issues, the candidate will

1. List and interpret critical clinical findings, including those derived from an appropriate history, including the patient's physical and sexual development and their comfort with their sexuality, and a physical examination, where appropriate, to
  - a. Identify treatable causes (e.g., atrophic vaginitis, diabetes, antidepressant medications);
  - b. Differentiate between sexual dysfunction versus sexual activity causing harm;
2. List and interpret critical investigations as required to identify underlying causes;
3. Construct an effective initial management plan for underlying issues:
  - a. Construct a relevant safety plan where appropriate;
  - b. Prescribe medications where appropriate (e.g., sildenafil, estrogen);
  - c. Determine whether the patient requires specialized care;
  - d. Engage psychosocial support where appropriate;
  - e. Counsel and educate.

## **GENDER AND SEXUALITY - 94-1**

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### **Rationale**

Gender- and/or sexuality-related issues may include sexual function, navigating sexual relationships, sexual orientation, gender identity, gender expression, access to care, and other issues. Physicians should be sensitive to gender and/or sexuality as part of any patient encounter, whether patients explicitly express concerns in this regard. Physicians should put patients at ease to facilitate discussion.

### **Various Populations**

(List is not exhaustive)

1. Children and adolescents
2. Adults
3. Elderly patients
4. Patients living with disabilities
5. Heterosexual
6. Lesbian, gay, bisexual, and/or queer
7. Cisgender
8. Transgender, two-spirit, and/or nonbinary

### **Key Objectives**

Given a patient with gender- and/or sexuality-related issues, the candidate will provide respectful care and offer appropriate support and management measures, regardless of patient sexual orientation and gender identity. Physicians should strive to approach discussions about gender and/or sexuality in an unbiased and nonjudgmental way, with respect for patients' wishes and values.

### **Enabling Objectives**

Given a patient with gender- and/or sexuality-related issues, the candidate will

1. List and interpret critical clinical findings, including those derived from an appropriate history, including cultural factors, and a physical examination to
  - a. Determine social and physical sexual development and behaviour, as well as sexual orientation and gender identity;
  - b. Identify risk factors for related physical or mental health issues;
  - c. Differentiate between diversity within sexual practices and expression and experiences of sexually-related illnesses or disorders;

- d. Detect individuals who have experienced sexual abuse or assault;
2. Construct an effective initial management plan, including
- a. Ensuring the management plan aligns with the patient's goals and desires;
  - b. Recognition and reassurance that no intervention may be required;
  - c. Pharmacotherapy where appropriate (e.g., oral contraceptives, hormonal therapy, immunization);
  - d. Counselling and educating of patients;
  - e. Determining whether the patient requires specialized care (e.g., psychologist, sexual therapist);
  - f. Engaging community and family support, where appropriate.

## **SUBSTANCE USE OR ADDICTIVE DISORDERS - 103**

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### **Rational**

Substance use disorders include addiction to substances such as stimulants (e.g., cocaine, amphetamines), depressants (e.g., opioids, benzodiazepines) and other substances (e.g., nicotine, alcohol). Addictive disorders include process (behavioural) addictions such as gambling. The neurobiological basis of addiction is similar for substance use disorders and addictive disorders. Both disorders can cause direct or indirect harm to patients and families. Harm can occur during intoxication and withdrawal and may adversely affect the individual's social functioning. There is frequently overlap between addictions, and comorbidities are the rule rather than the exception. Physicians should be aware of the risk of addiction and adhere to best practices when prescribing potentially habit-forming medications.

### **Causal Conditions**

(List not exhaustive)

1. Adverse childhood or traumatic experiences
2. Epigenetic factors
3. Comorbid illnesses (e.g., mental illness, chronic disease, trauma, including acute and chronic pain)
4. Psychosocial stressors (e.g., unemployment, social isolation, and systemic racism and other social determinants)

### **Key Objectives**

Given a patient with substance use or addictive disorders, the candidate will identify the issue, potential consequences, and the need for immediate intervention and ongoing support. Given a patient with chronic pain or other condition who is at risk for substance use and/or addictive disorder, the candidate will prescribe medications with due care. Because these issues can be emotional, physicians should strive to approach them in an unbiased and nonjudgmental way, with respect for patient wishes and values.

### **Enabling Objectives**

Given a patient with chronic pain or other condition who is at risk for substance use and/or addictive disorder, the candidate will:

1. List and interpret clinical findings, including the potential for habituation, and indicate the most appropriate medication for the diagnosis;
2. Construct a management plan, including
  - a. Prescribing according to evidence-based guidelines (e.g., dosage, prescription interval, monitoring of drug use) to minimize addiction;



- b. Initiating alternative therapy or taper/stop therapy where there is evidence of ineffectiveness or habituation (e.g., physiotherapy, psychotherapy).

Given a patient with a substance use disorder, the candidate will

1. List and interpret critical clinical findings, including those derived from
  - a. An appropriate history, including a collateral history, relevant to the presenting problem and previous, possibly addictive behaviour and patient insight into the condition, to determine the duration and severity of any substance overuse or addiction;
  - b. An appropriate physical examination aimed at determining potential withdrawal symptoms and comorbidities, if necessary;
2. List and interpret critical investigations, including laboratory or diagnostic imaging (e.g., drug screening, liver function studies); and recognition of when explicit consent (e.g., drug testing) may be required;
  - a. In collaboration with the patient, construct an initial management plan, including
  - b. Explaining behavioural modification options and appropriate pharmacological intervention (e.g., nicotine or opioid replacement therapy);
  - c. Determining whether the patient or their family members require specialized psychological or other support services (e.g., addiction treatment) delivered at the individual, family, and/or community level;
  - d. Anticipating medium- and long-term complications (e.g., psychosocial effect, safety);
  - e. Advocating for harm reduction strategies (e.g., safe injection sites, naloxone administration education).

Given a patient with a behavioural addictive disorder, the candidate will

1. List and interpret critical clinical findings, including those derived from
  - a. An appropriate history, including a collateral history, relevant to the presenting problem and previous, possibly addictive behaviour and patient insight into the condition, to determine the duration and severity;
  - b. An appropriate physical examination aimed at determining potential symptoms and comorbidities (e.g., lack of sleep, social neglect, physical deconditioning, depression), if necessary;
2. In collaboration with the patient, construct an initial management plan, including
  - a. Explaining behavioural modification options and appropriate pharmacological intervention (e.g., ssris, snris);
  - b. Determining whether the patient or their family members require specialized psychological or other support services delivered at the individual, family, or community level (e.g., addiction treatment);
  - c. Anticipating medium- and long-term complications (e.g., psychosocial effect, safety).