

Mapping of Nephrology Curricular Competencies with Assessment Tools

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

| Construct | Domain | Year | Code | Performance indicator (Curriculum) | Page # | Learning Domain (1:Cognitive, 2:Skills, 3:Attitude) | Assessment Method | | | |
|-------------------|-------------------|-------|---|--|--------|--|----------------------|---------------------|-----------------------|----------------------|
| | | | | | | | MCQ - Part I Written | MCQ - Final Written | OSCE - Final Clinical | SOE - Final Clinical |
| A. Medical Expert | A1. Basic science | F1 | A1.1 | The pharmacology of commonly used medications and their kinetic and dosage alteration with HD. | 9,10 | 1 | * | * | | * |
| | | | A1.2 | Understanding dialysis water treatment, delivery systems, and dialyzer reuse. | 9 | 1 | * | * | | * |
| | | | A1.3 | a) Urea Kinetic Modeling in HD: Principles and Clinical Application | 8 | 2 | * | * | | * |
| | | A1.4 | Develop competency in immunologic principles of types and mechanisms of renal allograft rejection. | 11 | 1 | | * | | * | |
| | | A1.5 | Understanding principles of organ harvesting, preservation, and sharing. | 11 | 1 | | * | | * | |
| | | A1.6 | Apply knowledge of the clinical, socio-behavioral, and fundamental biomedical sciences relevant to nephrology. | 13 | 1 | | * | | * | |
| | | A1.7 | Apply knowledge of The anatomy and histology of the kidney, including the structure and function of the glomerular filtration barrier. | 13 | 1 | | * | | * | |
| | | A1.8 | Demonstrate effective use of all CanMEDS competencies relevant to nephrology. | 13 | 1,2,3 | | * | * | * | |
| | | A1.9 | Apply knowledge of The physiology and pathophysiology of: - Renal blood flow and glomerular filtration. - Regulation of acid-base, electrolyte, and water homeostasis. - Mineral metabolism and its alteration in renal disease, metabolic bone disease, and nephrolithiasis. - Hypertension. | 13-14 | 1 | | * | | * | |
| | | A1.10 | Apply knowledge of Clinical pharmacology as it pertains to: - Drug prescribing in renal disease. - Transplantation, especially with regards to immunosuppression. | 14 | 1 | | * | | * | |
| | | A1.11 | Apply knowledge of Toxicology as it relates to the use of dialysis therapies for poisonings. | 14 | 1 | | * | | * | |
| | | A1.12 | Apply knowledge of Immunology as it pertains to mechanisms of renal injury (including but not limited to glomerulonephritis, vasculitis, tubulointerstitial disease, and renal transplant rejection) and diagnostic testing relevant to renal disease. | 14 | 1 | | * | | * | |
| | | A1.13 | Apply knowledge of Microbiology as it pertains to infections of the renal system and infectious complications of renal transplantation. | 14 | 1 | | * | | * | |
| | | A1.14 | Apply knowledge of Growth and development of the kidney in the normal and disordered state, including but not limited to vesicoureteral reflux, cystic diseases of the kidney, and renal changes with ageing. | 14 | 1 | | * | | * | |
| | | A1.15 | Apply knowledge of Mechanisms of fluid delivery, machine mechanics, and membrane physiology as they relate to all dialysis modalities. | 14 | 1 | | * | | * | |
| | | A1.16 | Apply knowledge of Pathology of disease in the native and transplanted kidney, including but not limited to glomerulonephritis, vasculitis, and systemic disease such as diabetes and hypertension. | 14 | 1 | | * | | * | |
| | | A1.17 | Apply knowledge of Epidemiology of acute renal failure and chronic kidney diseases, including those conditions commonly causing end-stage renal failure, such as diabetes and hypertension. | 14 | 1 | | * | | * | |
| | | A1.18 | Apply knowledge of Principles of genetics as they relate to the inheritance and transmission of diseases that affect the kidney. | 14 | 1 | | * | | * | |
| | | A1.19 | Apply knowledge of Psychology of chronic illness such as chronic kidney disease. | 14 | 1 | | * | | * | |
| | | A1.20 | Apply knowledge of The effects of systemic diseases on the kidney as well as the effect of disordered kidney function on systemic health. | 14 | 1 | | * | | * | |

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| A2. Assessment & Diagnosis | F1 | A2.1 | The trainee is expected to develop competency in demonstrating principles and practice of HD including the establishment of vascular access and the advantages/disadvantages related to each type. | 8 | 1,2 | * | * | * | * |
| | | A2.2 | Placement of temporary dialysis catheters, when necessary, for HD patients. | 8 | 2 | | | * | * |
| | | A2.3 | the trainee is expected to develop competency in demonstrating the technology of HD related to HD machines and dialyzers. | 8 | 1,2 | * | * | * | * |
| | | A2.4 | Assessment of HD adequacy including the use of urea kinetic modeling. | 8 | 1 | * | * | | * |
| | | A2.5 | b) HD Access: Choice, Initiation, Monitoring. HD accesses include temporary lines and permanent accesses (arteriovenous fistula, arteriovenous graft, and tunneled vascular HD catheters) g) Dialyzer Reactions -- Presentation | 8 | 1 | * | * | | * |
| | | A2.6 | Evaluation of medical complications in patients during and between dialyses and other extra-corporeal therapies, and an understanding of their pathogenesis and prevention. | 8 | 1 | * | * | | * |
| | | A2.7 | Attend the PD unit for assessment and management of cases with PD-related complications, including PD catheter exit site infection, peritonitis, and catheter dysfunction. | 9 | 1,2 | * | * | * | * |
| | | A2.8 | Assessment of PD adequacy including the use of urea kinetic modeling and weekly creatinine clearance. | 9 | 1 | * | * | | * |
| | | A2.9 | Interpretation of peritoneal equilibration testing and its relevance to PD prescription. | 9 | 1 | * | * | | * |
| | | A2.10 | Demonstrating the technology of PD including the use of PD cyclers. | 9 | 2 | | | * | * |
| | | A2.11 | Demonstrating principles and practice of PD including the establishment of peritoneal access, principles of dialysis catheters, and the choice of appropriate PD catheters. | 9 | 1,2 | * | * | * | * |
| | | A2.12 | Addressing the nutritional status and requirements of HD patients. | 9\10 | 1 | * | * | | * |
| | F2 | A2.13 | Selection, evaluation, and preparation of transplant recipients and donors. | 10 | 1 | | | | |
| | A2.14 | a) Pretransplant Donor Workup b) Pretransplant Recipient Workup c) Transplantation Immunobiology and Immunosuppressive Medications d) Desensitization and Transplantation Across Immunologic Barriers e) Acute Rejection f) Chronic Allograft Dysfunction g) Post-Transplant Infections Including BK virus and Post-Transplant Lymphoproliferative Disorders (PTLD) h) Post-Transplant Complications: Medical and Surgical | 10 | 1 | | * | | * | |
| | A2.15 | Understanding major causes of post-transplant morbidity and mortality. | 11 | 1 | | * | | * | |
| | A2.16 | Although not mandatory, trainees also have the opportunity to perform or learn how to perform transplant kidney biopsies during this rotation. | 11 | 1,2 | | * | * | * | |
| | A2.17 | Diagnosis of all forms of rejection. | 11 | 1 | | * | | * | |
| | A2.18 | Identify and explore issues to be addressed in a patient encounter effectively, including the patient's context and preferences. | 14 | 1 | | * | | * | |
| | A2.19 | Perform a focused physical examination that is relevant and accurate for the purposes of prevention and health promotion, diagnosis and/or management. | 14 | 2 | | | * | | |
| | A2.20 | Select medically appropriate investigative methods in a resource-effective and ethical manner. | 14 | 1 | | * | | * | |
| | A2.21 | Interpret the results of the following investigations in the context of the patient who presents with manifestations of renal disease. -Measures of renal function. - Serology. - Urine microscopy. - Other urine tests, including but not limited to electrolytes. - Blood pressure data, including automated and ambulatory blood pressure monitoring. - Renal imaging. - Renal histology. | 14-15 | 1 | | | | | |
| | A2.22 | Demonstrate effective clinical problem-solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses of the following presentations and their associated complications as appropriate in adult or pediatric nephrology. - Acute kidney injury. - Chronic kidney disease of all stages including transplantation. - Proteinuria. - Hematuria. - Nephrolithiasis. - Hypertension. - Genetic renal disorders (cystic, metabolic, tubular, nephritis). - Pyuria. - Disorders of fluid, electrolyte, and acid-base. | 15 | 1 | | | | | |
| | A2.23 | Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to nephrology. - Urine microscopy. - Insertion of central venous access. - Prescription, monitoring and adjustment of dialysis for renal replacement as well as in the treatment of poisonings and metabolic disorders. | 15 | 1 | | | | | |

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| | | | A2.24 | For the procedures not necessarily performed by nephrologists, describe the risks and benefits and make appropriate recommendations. - Renal biopsy. - Obtaining and maintaining access for dialysis (central venous catheter, arterial venous fistula, arterial venous graft, and PD catheter). - Plasmapheresis. - Renal artery revascularization. - Renal transplantation surgery. - Living kidney donation (adult nephrology only). - Renal replacement therapy in critically ill patients. | 15-16 | 1 | | | | | |
| | A3. Management | | A3.1 | Gain exposure to urea kinetic modeling, dialysis prescription, transonics for evaluation of access, chronic kidney disease – mineral and bone disorder (CKD-MBD), and anemia management. | 8 | 1 | * | * | | * | |
| | | | A3.2 | Discuss management of difficult HD vascular access. | 8 | 1 | * | * | | * | |
| | | F1 | A3.3 | b) HD Access: Management of Complications. HD accesses include temporary lines and permanent accesses (arteriovenous fistula, arteriovenous graft, and tunneled vascular HD catheters) c) Management of Hypotension/Hypertension in the HD Patient d) Management of Anemia in the HD Patient e) Management of Calcium/Phosphate/PTH Disorders in the HD Patient f) Appropriate Management of Line Sepsis – Exploring Controversies g) Dialyzer Reactions – Management h) Water Treatment in the Dialysis Unit | 8 | 1 | * | * | | | * |
| | | | A3.4 | The trainee is expected to develop competency in demonstrating all seven CanMEDS core competencies while learning the basic skills required for management of chronic HD patients. | 8 | 1,2,3 | * | * | * | * | |
| | | | A3.5 | Management of medical complications in patients during and between dialyses and other extra-corporeal therapies | 9 | 1 | * | * | | * | |
| | | | A3.6 | Although not mandatory, trainees also have the opportunity to learn how to place tunneled HD catheters during this rotation. | 9 | 1,2 | * | * | * | * | |
| | | | A3.7 | Management of the complications of PD including peritonitis and its treatment, exit site and tunnel infections and their management, hernias, plural effusions and other less common complications and their management. | 9 | 1 | * | * | | * | |
| | | | A3.8 | Understanding end-of-life care and pain management in the care of patients undergoing chronic dialysis. | 10 | 1 | * | * | | * | |
| | | | A3.9 | Understanding the choice of immunosuppressive medications and protocols. | 10 | 1 | * | * | | * | |
| | | | A3.10 | Although not mandatory, trainees also have the opportunity to learn how to percutaneously insert PD catheters during this rotation. | 10 | 1,2 | * | * | * | * | |
| | | | A3.11 | Management of all forms of rejection. | 11 | 1 | | * | | * | |
| | | | A3.12 | Immediate postoperative management of transplant recipients. | 11 | 1 | | * | | * | |
| | | | A3.13 | Long-term follow-up and management of transplant recipients in the ambulatory setting including economic and psychosocial issues. | 11 | 1 | | * | | * | |
| | | | A3.14 | Approach to management of allograft dysfunction including delayed graft function and nonrejection causes. | 11 | 1 | | * | | * | |
| | | F2 | A3.15 | Demonstrate effective clinical problem-solving and judgment to address patient problems, including interpreting available data and integrating information to generate management plans of the following presentations and their associated complications as appropriate in adult or pediatric nephrology. - Acute kidney injury. - Chronic kidney disease of all stages including transplantation. - Proteinuria. - Hematuria. - Nephrolithiasis. - Hypertension. - Genetic renal disorders (cystic, metabolic, tubular, nephritis). - Pyuria. - Disorders of fluid, electrolyte, and acid-base. | 15 | 1 | | * | | * | |
| | | | A3.16 | Ensure patients receive appropriate end-of-life care. | 15 | 3 | | | * | | |
| | | | A3.17 | Implement a management plan in collaboration with the patient and their family. | 15 | 1,3 | | * | * | * | |
| | | | A3.18 | Demonstrate appropriate and timely application of therapeutic interventions relevant to nephrology. - blood pressure, minimization of proteinuria, and prevention of contrast nephrotoxicity. - Immunosuppression in patients with renal disease and management of its complications. - Plasmapheresis in patients with renal disease. - Hemodialysis (HD). - Peritoneal dialysis (PD). - Renal transplantation. - Strategies for management of complications of kidney disease, including but not limited to bone disease, anemia, growth delay, infection, and malnutrition. | 15 | 1 | | * | * | * | |
| | | | A3.19 | For the procedures not necessarily performed by nephrologists, describe the risks and benefits and make appropriate recommendations. - Renal biopsy. - Obtaining and maintaining access for dialysis (central venous catheter, arterial venous fistula, arterial venous graft, and PD catheter). - Plasmapheresis. - Renal artery revascularization. - Renal transplantation surgery. - Living kidney donation (adult nephrology only). - Renal replacement therapy in critically ill patients. | 15-16 | 1 | | * | | * | |
| | | | A3.20 | Ensure adequate follow-up is arranged for procedures performed. | 16 | 1,3 | | * | * | * | |

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| | | | A3.21 | Arrange appropriate follow-up care services for the patient and their family. | 16 | 1,3 | | * | * | * |
| | A4. Health Promotion & Illness Prevention | F2 | A4.1 | Demonstrate appropriate and timely application of preventive interventions relevant to nephrology. -blood pressure, minimization of proteinuria, and prevention of contrast nephrotoxicity. - Immunosuppression in patients with renal disease and management of its complications. - Plasmapheresis in patients with renal disease. - Hemodialysis (HD). - Peritoneal dialysis (PD). - Renal transplantation. - Strategies for management of complications of kidney disease, including but not limited to bone disease, anemia, growth delay, infection, and malnutrition. | 15 | 1 | | * | | * |
| B. Communicator | | F1 | B1 | Perform a consultation effectively, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional. | 13 | 2 | | | * | |
| | | | B2 | Develop competency in writing HD prescriptions taking into account the different choices in a patient-centered approach. | 8 | 2 | | | * | |
| | | | B3 | Writing PD prescriptions, taking into account the different choices and solutions in a patient-centered approach. | 9 | 2 | | | * | |
| | | F2 | B4 | Implement a management plan in collaboration with the patient and their family. | 15 | 3 | | | * | |
| | | | B5 | Demonstrate effective, appropriate, and timely consultation with other health professionals as needed for optimal patient care. | 16 | 2,3 | | | * | |
| | | | B6 | Develop rapport, trust, and ethical therapeutic relationships with patients, families, and caregivers | 16 | 2,3 | | | * | |
| | | | B7 | Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence, and improved clinical outcomes. | 16 | 1 | | * | | * |
| | | | B8 | Establish positive therapeutic relationships with patients and their families and caregivers that are characterized by understanding, trust, respect, honesty, and empathy. | 16 | 3 | | | * | |
| | | | B9 | Deliver information to patients, families, caregivers, colleagues, and other professionals in a compassionate manner and in such a way that it is understandable, and encourages discussion and participation in decision-making. | 16 | 2,3 | | | * | |
| | | | B10 | Engage patients, families, and relevant health professionals in shared decisionmaking to develop a plan of care. | 17 | 3 | | | * | |
| | | | B11 | Encourage discussion, questions, and interaction in the encounter. | 17 | 3 | | | * | |
| | | | B12 | Address challenging communication issues effectively, such as: - Delivering bad news. | 17 | 2,3 | | | * | |
| | | | B13 | Present verbal reports of clinical encounters and plans. | 17 | 2 | | | * | |
| | | | B14 | Prepare a comprehensive medical report for transplant candidate patients. | 10 | 2 | | | * | |
| | | | B15 | Elicit a history that is relevant, concise, and accurate. | 14 | 2 | | | * | |
| | | B16 | Ensure appropriate informed consent is obtained for procedures & therapies. | 15 | 2 | | | * | | |
| | | B17 | Document and disseminate information relating to procedures performed and their outcomes. | 16 | 2 | | | * | | |
| | | B18 | Respect patient confidentiality, privacy, and autonomy. | 16 | 3 | | | * | | |
| | | B19 | Listen effectively. | 16 | 3 | | | * | | |
| | | B20 | Be aware of and responsive to nonverbal cues. | 16 | 3 | | | * | | |
| | | B21 | Facilitate a structured clinical encounter effectively. | 16 | 2,3 | | | * | | |
| | | B22 | Accurately elicit and synthesize relevant information and perspectives of patients and families, caregivers, colleagues, and other professionals | 16 | 2 | | | * | | |
| | | B23 | Gather information about a disease and about a patient's beliefs, concerns, expectations, and illness experience. | 16 | 2 | | | * | | |
| | | B24 | Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers, and other professionals. | 16 | 2 | | | * | | |
| | | B25 | Present medical information effectively to the public or media about a medical issue. | 17 | 2 | | | * | | |
| | | B26 | Identify and explore problems to be addressed from a patient encounter effectively, including the patient's context, responses, concerns, and preferences. | 17 | 2 | | | * | | |
| | | B27 | Respect diversity and difference, including but not limited to the impact of age, level of functioning, gender, religion, and cultural beliefs on decision-making. | 17 | 3 | | | * | | |
| | | B28 | Address challenging communication issues effectively, such as: - Obtaining informed consent. - Addressing anger, confusion, and misunderstanding. - Initiating and withdrawing dialysis. - Appropriateness and choice of renal replacement modality. | 17 | 2 | | | * | | |
| | | B29 | Maintain clear, accurate, and appropriate records of clinical encounters and plans. | 17 | 2 | | | * | | |
| | | B30 | Provide clear, accurate, and appropriate consultation reports. | 17 | 2 | | | * | | |

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| | | B31 | Document the learning process. | 20 | 2 | | | * | |
| | | B32 | Select effective teaching strategies and content to facilitate others' learning. | 20 | 2 | | | * | |
| | | B33 | Demonstrate an effective lecture or presentation. | 20 | 2 | | | * | |
| | | B34 | Provide effective feedback. | 20 | 2 | | | * | |
| C. Collaborator | F2 | C1 | Seek appropriate consultation from other health professionals, recognizing the limits of their own expertise | 16 | 2 | | | | |
| | | C2 | Participate effectively and appropriately in an interprofessional health care team | 17 | 2 | | | | |
| | | C3 | Describe the specialist's roles and responsibilities to other professionals. | 17 | 1 | | * | | * |
| | | C4 | Describe the roles and responsibilities of other professionals within the health care team. Members of this team may include nurses, clinical nutritionists, social workers, pharmacy staff, physiotherapists, occupational therapists, teachers, child life specialists, psychologists, hospital management staff, biomedical technicians, and other physicians, in addition to the nephrologist. | 17 | 1 | | * | | * |
| | | C5 | Recognize and respect the diversity of roles, responsibilities, and competences of other professionals in relation to their own. | 17 | 1,3 | | * | | * |
| | | C6 | Work with others to assess, plan, provide, and integrate care for individuals or groups of patients, in particular those with progressive kidney disease, on dialysis and with a renal transplant. | 17 | 2 | | | | |
| | | C7 | Work with others to assess, plan, provide, and review other tasks, such as research problems, educational work, program reviews, or administrative responsibilities. | 17 | 2 | | | | |
| | | C8 | Participate effectively in interprofessional team meetings. | 17 | 2 | | | | |
| | | C9 | Enter into interdependent relationships with other professions for the provision of quality care. | 17 | 3 | | | | |
| | | C10 | Respect differences and address misunderstandings and limitations in other professionals. | 18 | 3 | | | | |
| | | | | C11 | Work collaboratively with others in their organizations. | 18 | 3 | | |
| D. Leader | F1 | D1 | Perform rounds regularly and make treatment decisions with appropriate supervision. | 8 | 2 | | | | |
| | | D2 | Practicing a team approach in the care of patients on HD. | 9 | 2 | | | | |
| | | D3 | Practicing a team approach in the care of patients on PD. | 10 | 2 | | | | |
| | F2 | D4 | Attend all combined medical and surgical transplant rounds to review program policies and review complex patients for the wait list. | 10 | 2 | | | | |
| | | D5 | Demonstrate the ability to prioritize professional duties effectively when faced with multiple patients and problems. | 13 | 3 | | | | |
| | | D6 | Contribute to the enhancement of quality care and patient safety in nephrology, integrating currently available best evidence and best practices. | 14 | 2 | | | | |
| | | D7 | Describe the principles of team dynamics. | 18 | 1 | | * | | |
| | | D8 | Demonstrate leadership in a health care team as appropriate. | 18 | 3 | | | | |
| | | D9 | Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict | 18 | 2 | | | | |
| | | D10 | Work with other professionals to prevent conflicts. | 18 | 2 | | | | |
| | | D11 | Participate in activities that contribute to the effectiveness of their health care organizations and systems | 18 | 2 | | | | |
| | | D12 | Participate in systemic quality process evaluation and improvement, such as patient safety initiatives or quality assurance processes in the dialysis unit. | 18 | 2 | | | | |
| | | D13 | Describe the structure and function of the health care system as it relates to nephrology, including the roles of physicians at the local, regional, and national level in the provision of predialysis care, dialysis therapies, and living and deceased kidney transplantation. | 18 | 1 | | * | | |
| | | D14 | Describe principles of health care financing, including physician remuneration, budgeting, and organizational funding. | 18 | 1 | | * | | |
| | | D15 | Set priorities and manage time to balance patient care, practice requirements, outside activities, and personal life. | 18 | 3 | | | | |
| | | D16 | Manage a practice including finances and human resources. | 18 | 2 | | | | |
| | | D17 | Implement processes to ensure personal practice improvement. | 18 | 2 | | | | |
| | | D18 | Employ information technology appropriately for patient care. | 18 | 2 | | | | |
| | | D19 | Nephrologists are able to Employ collaborative negotiation to resolve conflicts. | 18 | 2 | | | | |
| | | D20 | Recognize one's own differences, misunderstanding, and limitations that may contribute to interprofessional tension | 18 | 3 | | | | |

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| D21 | Reflect on interprofessional team function. | 18 | 1 | | * | | |
| D22 | Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care, in particular with highcost therapies or scarce societal resources such as dialysis and deceased donor organs. | 19 | 1 | | * | | |
| D23 | Lead or implement change in health care. | 19 | 2 | | | | |
| D24 | Apply evidence and management processes for cost-appropriate care for individual patients with kidney disease as well as at a systems level. | 19 | 2 | | | | |
| D25 | Chair or participate effectively in committees and meetings. | 19 | 2 | | | | |
| D26 | Plan relevant elements of health care delivery (e.g., work schedules). | 19 | 2 | | | | |
| D27 | Describe the principles of maintenance of competence. | 20 | 1 | | * | | |
| D28 | Describe the principles and strategies for implementing a personal knowledge management system. | 20 | 1 | | * | | |
| D29 | Recognize and reflect on learning issues in practice. | 20 | 1 | | * | | |
| D30 | Conduct a personal practice audit. | 20 | 2 | | | | |
| D31 | Integrate new learning into practice. | 20 | 2 | | | | |
| D32 | Manage conflicts of interest. | 21 | 2 | | | | |
| D33 | Participate in peer review. | 21 | 2 | | | | |
| D34 | Demonstrate a commitment to physician health and sustainable practice | 21 | 3 | | | | |