

# PROFILES

Principal Relevant Objectives and Framework for  
Integrated Learning and Education in Switzerland

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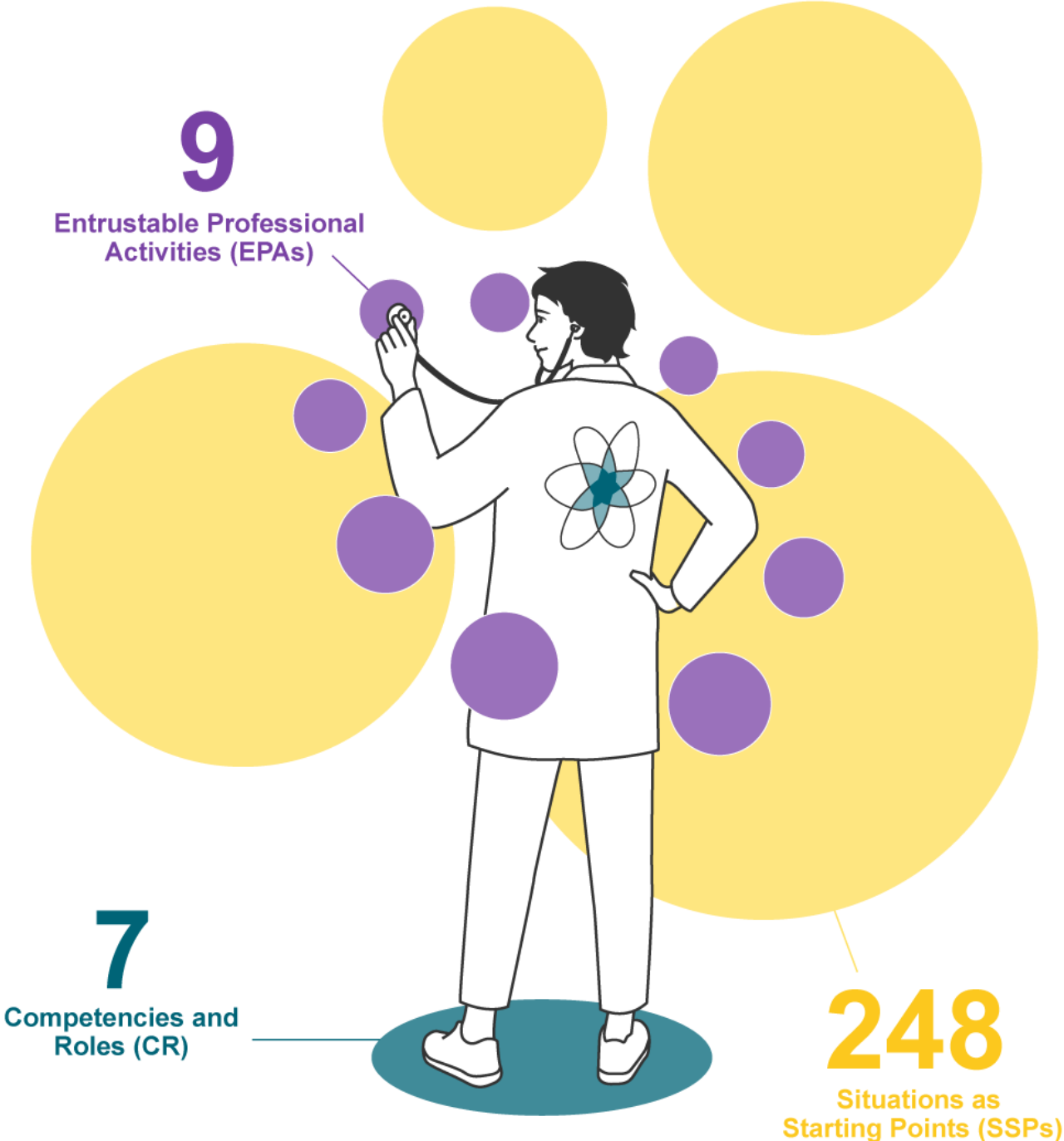
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# Introduction

With this new version, the Joint Commission of Swiss Medical Schools (SMIFK/CIMS) presents the second edition of PROFILES, the Principal Relevant Objectives For Integrative Learning and Education in Switzerland.

PROFILES outline the medical competencies that graduates in Switzerland must demonstrate at the start of their residency. It is rooted in a competency-based approach to medical education, which focuses on the outcome of a profession-oriented curriculum. Thereby, it aims to develop competencies “in daily practice for the benefit of the individual and the community being served”.<sup>1</sup>

To reach this goal, competencies must integrate basic and clinical knowledge and their scientific foundation, skills, values and attitudes essential for medical practice for all age group, each set of circumstances (prevention, acute, chronic and palliative care, rehabilitation) and each setting (ambulatory, hospital, long-term and community care).

The three main chapters of PROFILES cover three inseparable pillars of medical actions: CanMEDS roles (CRs), Entrustable Professional Activities (EPAs) and Situations as Starting Points for Learning (SSPs).

These pillars interact in the following way: CanMEDS roles define the personal attributes and competencies of the graduate. Entrustable Professional Activities represent what the graduate is expected to perform (by using the competencies), and Situations as Starting Points for Learning list the situations in which these professional activities are to be rendered. Ultimately, competencies are observable through EPAs performed for a given SSP.

PROFILES operationalizes the objectives set by the University Medical Profession Act.<sup>2</sup> The document is intended for medical students, medical teachers, and curriculum developers. It offers a comprehensive orientation on the expected competencies graduates should demonstrate at the start of their postgraduate training. Moreover, the Ordinance on the Federal Examinations for the University Medical Professions declares that PROFILES determine the content of the Federal Licensing Examination (FLE). PROFILES also offer an orientational framework for the accreditation of the curricula by Swiss faculties of medicine.

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<sup>1</sup> Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA. 2002 Jan 9;287(2):226-35. DOI: 10.1001/jama.287.2.226. PMID: 11779266.

<sup>2</sup> <https://www.fedlex.admin.ch/eli/cc/2007/537/fr>  
<https://www.fedlex.admin.ch/eli/cc/2007/537/de>  
<https://www.fedlex.admin.ch/eli/cc/2007/537/it>

It must be emphasized that although PROFILES do not provide an explicit and comprehensive list of discipline-related knowledge, the acquisition of this knowledge (both fundamental and clinical) constitutes an essential prerequisite for any medical competency and activity, especially in the area of clinical reasoning.

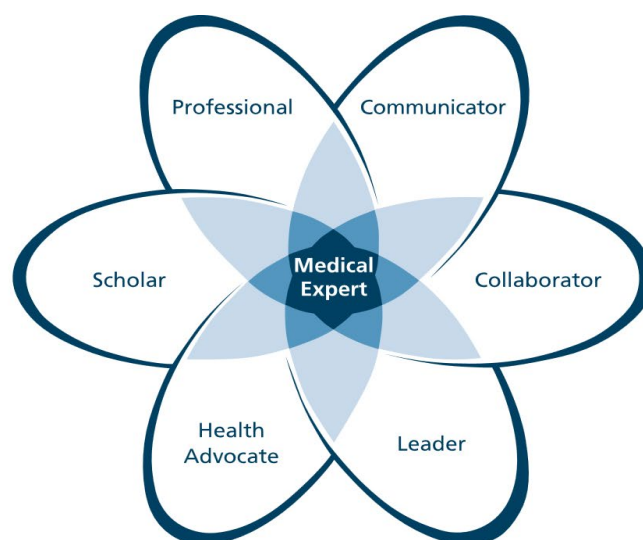
The new set of PROFILES account for the evolution of medicine and society as well as three relevant, recent, global developments. They integrate aspects of diversity, identity, and gender medicine, distributed across all three chapters. The updates also address digitalization in medicine, and new technological advances like clinical decision support systems and artificial intelligence. In addition, "sustainable health care" has been integrated into various positions with the understanding that it provides high-quality care while preserving the environment, is affordable now and in the future, and has a positive social impact. The sustainability of the health system is partially based on the recognition that individual human and population health depends on the integrity of ecosystems. Finally, EPA 9 has been rewritten to present relevant instruments and measures for patient safety and to create observable situations for feedback and assessment.

1. Competencies and Roles (CR)



(Adapted from the CanMEDS 2015 model and the second Swiss version of the SCLO)

The original *CanMEDS Physician Competency Framework*, developed by the Royal College of Physicians and Surgeons of Canada, already inspired the description of the roles of physicians in the second version of the SCLO. PROFILES defines the following set of training objectives, building on the review of the CanMEDS model as presented in the latest available version (2015)<sup>3</sup>. The competencies are organized on the basis of a short description of seven generic roles of physicians, as illustrated in the figure below. While two chapters cover specific aspects of the practice of clinical care, the competencies listed below represent the core of the undergraduate curriculum for all Swiss medical faculties. This chapter promotes an integrative, interdisciplinary vision of the practice of medicine and public health, contributing to the adaptability of future doctors.



The seven CanMEDS *roles* (see figure above) define the framework of daily practice for both training *and* trained physicians, whatever their discipline and setting. In the *PROFILES* document, *these roles are expressed as specific competencies* that the students must attain by the end of their undergraduate training. As illustrated by the CanMEDS ‘flower’ above, any physician integrates all of the other six roles as an expert.

While this section and the next two sections do not provide an explicit and comprehensive list of discipline-related knowledge, the acquisition of this knowledge (both fundamental and clinical) constitutes an essential prerequisite for any medical activity, especially in the area of clinical reasoning.

<sup>3</sup> Frank JR, Snell L, Sherbino J, editors. *CanMEDS 2015 Physician Competency Framework*. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015.  
<http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>

The CanMEDS roles and the list of Entrustable Professional Activities (EPAs) listed in Chapter 2 are all **highly interconnected**, although some connections are stronger than others. For example, to take the history of a patient, the physician must be a good communicator and exhibit professionalism. Confronted with the need to select relevant hypotheses for a differential diagnosis, or the requirement to elaborate a complex management plan, the physician must base these processes on the available literature and evidence (scholar role). When performing emergency procedures on a patient with severe wounds and blood loss, the physician must be particularly aware of the importance of an interprofessional and coordinated team approach.

Thus, in the first chapter on Competencies and Roles, all seven roles described refer to a varying extent to some of the EPAs of Chapter 2. *These links are provided in the titles.*

### 1.1 Medical Expert (EXP)

As Medical Experts, physicians possess a comprehensive body of knowledge and skills which they apply in medical practice. They collect and interpret information, perform problem analyses, and make appropriate clinical decisions within their area of expertise and competence. They check whether their decisions and associated actions are up to the appropriate quality standard and have the desired effects. They assess the extent to which they need supervision in their professional activities. They deliver curative and preventive care using evidence-based, ethically sound, and economically viable standards. Medical care includes both somatic and psychosocial aspects and tackles acute and chronic disorders and situations. Medical experts engage in effective oral, written, and electronic communication with patients, relatives, and other professionals in social services or healthcare. They keep themselves updated on developments in the field of medicine and acquire a critical awareness of the social and ethical issues associated with the progress of science.

The following “expert” section synthesizes the key objectives of undergraduate training, and as such overlaps with the objectives provided in the six other roles (as shown in the CanMEDS “flower”).

#### As Experts, physicians are able to:

CR	1.1	describe and integrate the structures and underlying mechanisms governing the functions of the human body, from molecular to organ level, including pathophysiological processes and principles
CR	1.2	demonstrate a good basic and clinical knowledge of all common situations in each discipline
CR	1.3	perform a patient-focused consultation in the allotted time
CR	1.4	identify and prioritize issues to be addressed in a patient encounter, and elicit a relevant, concise and accurate personal, professional, social, and family history from the patient and other sources
CR	1.5	perform triage assessment and interventions, taking into account clinical urgency, the potential of deterioration, and available resources

CR	1.6	conduct an effective general or specific physical examination, also in difficult situations
CR	1.7	analyse and interpret data to establish a differential and a working diagnosis (clinical reasoning)
CR	1.8	integrate the foundations of basic medical sciences into their clinical reasoning and the selection of relevant procedures and investigations, respecting the principles of sustainable healthcare and environment
CR	1.9	establish a patient-centred, shared management plan and deliver high-quality, cost-effective, and sustainable preventive and curative care, including when dealing with a patient who is vulnerable and/or polymorbid (e.g. elderly) or who suffers from a terminal illness
CR	1.10	demonstrate safe and environmentally responsible prescribing
CR	1.11	prioritize and perform procedures in a skilful and safe manner
CR	1.12	obtain and document informed consent, explaining the risks, benefits and rationale for the proposed options
CR	1.13	advise and counsel patients on their health and lifestyle in an empathetic non-judgmental manner. Perform a motivational interview
CR	1.14	set up and conduct a discussion with the family/caregivers and manage options/decisions regarding the patient's health, condition and outcome
CR	1.15	demonstrate appropriate medical data and information management
CR	1.16	integrate the advancements produced by evidence-based scientific research into clinical practice
CR	1.17	develop a critical awareness of common stereotypes in all areas of diversity that might bias clinical activities, related to factors such as age, gender, ethnicity, culture, level of education, political orientation, handicaps, and representations
CR	1.18	identify the impact of sex (i.e. biological difference related to sexual determination), and gender (cultural and social differences across the spectrum of gender in terms of roles and expectations) on health. Address these issues in medical activities
CR	1.19	incorporate and apply the foundations of biomedical and clinical ethics in patient care; respect values such as autonomy and dignity; identify and weigh up, in situations posing ethical dilemma, the various options available and how principles and values may affect them
CR	1.20	recognize and disclose conflicts of interest that might compromise equitable, high quality care at individual and collective levels
CR	1.21	comply with the code of ethics and consider the recommendations of national professional associations
CR	1.22	take Swiss legislation into account in the care of the patients, in particular coverage for disease, accidents, occupational disease and disability; display awareness and respect for the rights of the patient
CR	1.23	understand the population perspective as a core aspect of public health, and the application of basic principles of social medicine; advocate for the health and healthy environment of the local community and society as a whole
CR	1.24	take into account the economic, social, cultural, and ecological aspects of health maintenance, prevention and care at individual and community levels
CR	1.25	practise self-reflection and critical thinking related to evolution of the health care system; recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice
CR	1.26	demonstrate appropriate use of modern technology and artificial intelligence for diagnosis, decision making, management, communication, and patient guidance
CR	1.27	Integrate sustainable health care into practice (management, procedures and investigations) and recognize the relationship between environment and individual or population health

## 1.2 Communicator (CO)

(linked EPAs: 1, 2, 4-9)

As *communicators*, physicians establish and maintain *effective relationships with patients and relatives*. They use communication skills to provide high-quality care and prevention / health promotion.

**As Communicators, physicians are able to:**

CR	2.1	engage in and maintain therapeutic relationships with patients based on mutual understanding, empathy, and trust
CR	2.2	accurately and adequately convey relevant information and explanations to patients, families, colleagues and other professionals, foster a common understanding of issues and problems, and jointly develop a healthcare plan
CR	2.3	manage disagreements and emotionally charged conversations, for example with patients, families and within teams
CR	2.4	deal effectively with diverse groups of patients such as children, adolescents, and adults of all ages; men, women and people with other gender identities (e.g. non binary); and patients with different languages and different cultural and religious backgrounds
CR	2.5	disclose adverse events (diagnostic and treatment failures, errors) accurately to patients and their families, to the team and to supervisors
CR	2.6	share bad news with patients and their families appropriately (“breaking bad news”)
CR	2.7	develop effective, shared strategies with patients to increase their adherence to therapeutic options and improve their adoption of healthy habits and lifestyles, and to integrate the patients’ relatives to support these strategies
CR	2.8	assist patients in the adoption of health promoting habits and provide effective counselling in the use of personal data obtained through screening procedures, imaging, serologic or genetic findings (precision / prediction medicine)
CR	2.9	improve patients’ and families’ health literacy by using and assisting them to identify, access, and make use of information and communication technologies to support their health care and the adoption of healthy lifestyles

## 1.3 Collaborator (COL)

(linked EPAs: 4-9)

As *collaborators*, physicians are team players who effectively work together in interdisciplinary and interprofessional partnerships in order to provide optimal patient care, education, and/or research.

**As Collaborators, physicians are able to:**

CR	3.1	optimize health care delivery in identifying and understanding the roles and responsibilities of individuals such as physicians from other disciplines, nurses, pharmacists, physiotherapists, psychologists, dieticians, social workers, religious ministers, technology experts, medical engineers, data managers and, when appropriate, the patient him/herself
CR	3.2	communicate with respect for and appreciation of team members, and include them in all relevant interactions; establish and maintain a climate of mutual respect, dignity, integrity and trust
CR	3.3	participate in team building strategies and conflict resolution approaches based on the model of interprofessional education and practice; define overlapping and shared responsibilities between colleagues from all healthcare professions as required

CR	3.4	balance team needs and personal needs in order to optimize delivery of care
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**1.4 Leader / Manager (LEA)**

*(linked EPAs: 5-7)*

As managers and individuals demonstrating leadership, physicians are engaged individuals who take the initiative to contribute in a collaborative way towards positive and sustainable change in health care, from the level of an individual patient to that of the healthcare system (leaders do not need a formal title to lead). Managers take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

**As Leaders/Managers, physicians are able to:**

CR	4.1	understand the principles of population medicine and its strategies, and use the main tools which are used in epidemiology and public health. These include the gathering and use of health determinants and indicators, descriptive and explanatory statistics, risk and protective factors and the concepts of prevention and health promotion at individual, community and environmental levels
CR	4.2	define and illustrate health promotion and health-enhancing strategies at various levels, such as the monitoring and promotion of a safe environment and the promotion of effective public health policies and interventions. In doing so, they take into account financial, material and staffing resources, at both community and public health levels
CR	4.3	recognize and be aware of the complexity of disease outbreaks, epidemics, pandemics, and mass casualties; recognize and respond to climate-induced events
CR	4.4	identify and address the special needs of vulnerable populations, showing awareness of the importance of equity in the delivery of care. They seek collaboration with social services if appropriate
CR	4.5	address the psychosocial, insurance, financial and environmental aspects of persons with disabilities and chronic diseases
CR	4.6	identify the roles and describe the functions of the health and invalidity insurance system and its impact on health and health care at both individual and collective levels
CR	4.7	integrate the principles of economic effectiveness and efficiency in daily work and the planning of healthcare provision
CR	4.8	identify and engage in opportunities for continuous improvement of the healthcare system, based on a critical understanding of the continuous transformation of medicine, society, and environment

**1.5 Health Advocate (ADV)**

*(linked EPAs: 8-9)*

As health advocates, physicians recognize and actively promote the importance of public health and preventive healthcare for the individual patient, for patient groups, and for society. They advocate high quality healthcare to policymakers and, wherever possible, put preventive healthcare into practice. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect

change. They take into account the historical and social aspects of the progress of science, medicine and public health. They promote sustainable healthcare and a healthy environment within the planetary boundaries.

**As Health Advocates, physicians are able to:**

CR	5.1	recognize issues, settings, circumstances, or situations that require advocacy on behalf of patients, professions, or the general population, keeping in mind the structure and function of the healthcare system and insurance coverage of diseases, accidents and disabilities in Switzerland
CR	5.2	incorporate health surveillance activities into interactions with individual patients (discussing lifestyles, counselling). Such activities include, but are not limited to screening, immunization and disease prevention, risk and harm reduction measures, including from environmental hazards, and health promotion
CR	5.3	work with a community or population to identify the determinants of health that affect them, how to address them and promote system-level change in a socially and environmentally accountable manner
CR	5.4	recognize the central role and functions played by primary care in the population
CR	5.5	inform the population on the risks of climate change and biodiversity loss on health. Advocate for systemic actions to mitigate these impacts on health and adapt to global changes

**1.6 Scholar (SCH)**

*(linked EPAs: 3-4, 7,9)*

As scholars, physicians recognize the need for lifelong learning and continual updating of their professional expertise. They strive to make scholarly contributions to the assessment, establishment, and understanding of knowledge and skills in healthcare. They actively participate in teaching, and facilitate the education of medical students, other health professionals, patients and members of the community. They develop and maintain critical thinking about the scientific progress of medicine and health.

**As Scholars, physicians are able to:**

CR	6.1	develop and document a reflective attitude towards learning and education, for example in their learning portfolio
CR	6.2	apply basic principles of critical appraisal to best available sources of evidence-based medical information. Identify ethical principles that apply to basic and clinical research
CR	6.3	demonstrate the critical use of information technology to access accurate and reliable (online) medical information, taking into account the levels of evidence provided by the medical literature, and integrating it into patient care
CR	6.4	understand the general theoretical principles of medical and scientific knowledge and show an awareness of its development, its problems and limits
CR	6.5	identify and develop a research question or hypothesis, work out a procedure to address the issue, analyse and synthesize the results, and publish these as a scientific report or article. Effectively present medical information based on scientific evidence
CR	6.6	adapt to new technological advances, e.g. clinical decision support systems, artificial intelligence, and options for remote patient monitoring

CR	6.7	facilitate the learning of patients, students and health professionals, provide effective feedback to enhance learning and performance, use assessment and evaluation tools
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### 1.7 Professional (PRO)

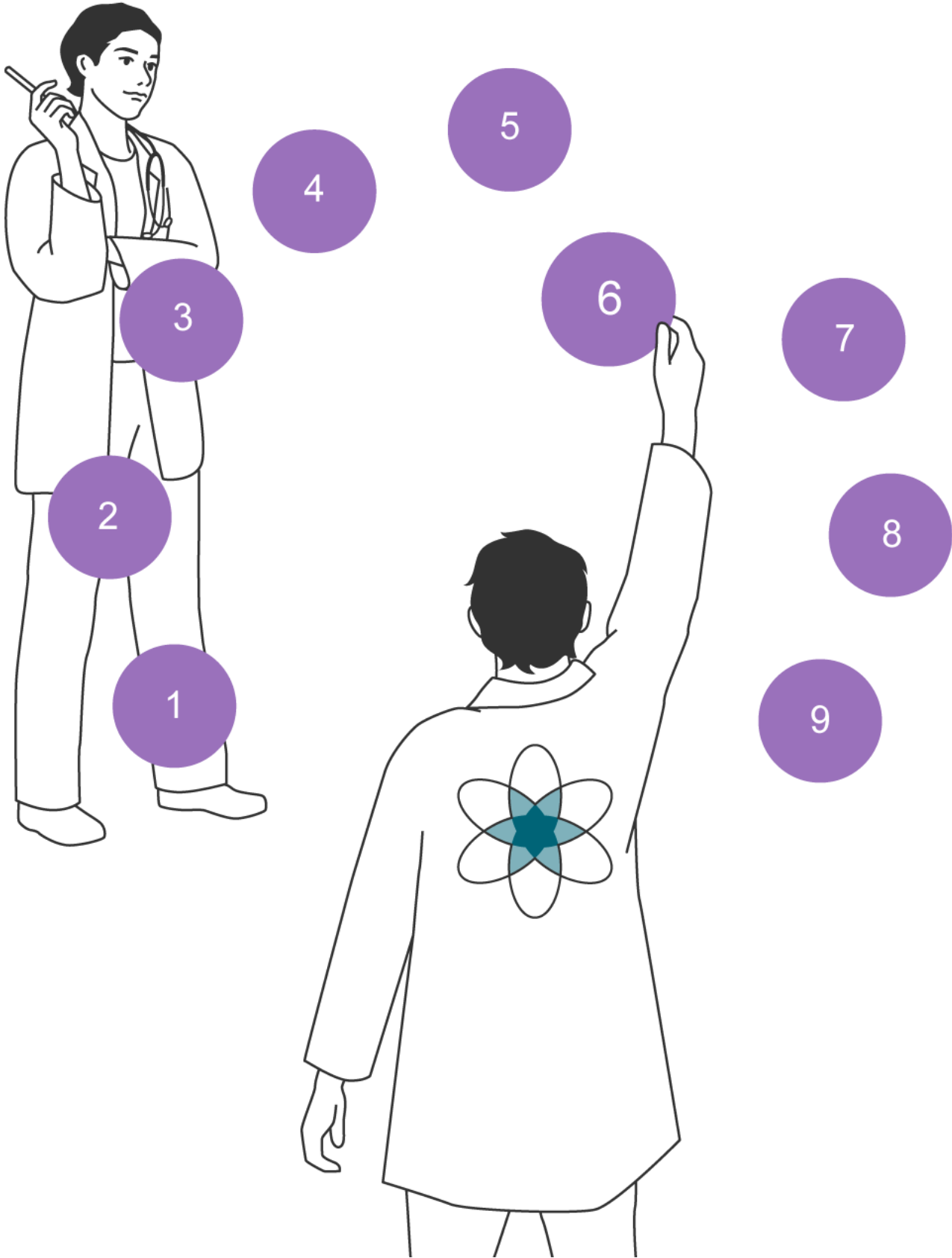
*(linked EPAs: 1, 2, 5-9)*

As professionals, physicians are committed to the health and well-being of individual patients and society. This is expressed by their ethical practice, high personal standards of behaviour, accountability to the profession and society, as well as physician-led regulation and maintenance of the physician's own health.

#### **As Professionals, physicians are able to:**

CR	7.1	display integrity, honesty, commitment, empathy and accountability in taking care of patients and communicating with families and colleagues
CR	7.2	be aware of their own limits, seek supervision when appropriate, and timely refer patients to experts when needed
CR	7.3	respect patients' privacy and confidentiality
CR	7.4	show awareness of individual factors (e.g. cultural, societal, and spiritual/religious issues) that impact on health and delivery of care of individuals and of the community
CR	7.5	recognize that the patient's wishes and preferences are central for medical decision-making ("shared decision-making")
CR	7.6	incorporate and apply the principles of biomedical and clinical ethics in the care of patients; identify the principles and values that affect the available options in situations that pose an ethical dilemma; act according to the highest available ethical recommendations (e.g. national professional associations); recognize and manage conflicts of interest
CR	7.7	demonstrate accountability to their profession and society, respect their legal and professional obligations and the codes of regulatory bodies
CR	7.8	act with respect towards colleagues and other healthcare professionals; recognize and respond appropriately to unprofessional and unethical behavior by physicians and other health care professionals, such as sexism, sexual harassment, racism, or any other forms of discrimination
CR	7.9	allocate personal time and resources effectively in order to balance patient care, learning needs, and private activities outside the workplace, and to sustain their own health; recognize excessive stress; recognize their own substance misuse or personal illness in order to protect patients
CR	7.10	anticipate career choices and plan their own future training and activity

## 2. Entrustable Professional Activities (EPAs)



An Entrustable Professional Activity (EPA) is a unit of medical activities that a trainee is entrusted to perform once the trainee has demonstrated sufficient competence in the activities. Entrustability is closely related to the trainee’s level of autonomy in the given task and the need for supervision. Although new graduates still require direct supervision in several situations, they have to deal with tasks that they must perform under distant supervision.

The medical activities that graduates are expected to perform at the level of distant supervision on the first day of their residency are outlined below in nine broad EPAs.

EPA	1	Take a medical history
EPA	2	Assess the physical and mental status of the patient
EPA	3	Prioritize a differential diagnosis following a clinical encounter
EPA	4	Recommend and interpret diagnostic and screening tests in common situations
EPA	5	Perform general procedures
EPA	6	Recognize a patient requiring urgent / emergency care, initiate evaluation and management
EPA	7	Develop a management plan, discuss orders and prescriptions in common situations
EPA	8	Document and present patient's clinical encounter; perform handover
EPA	9	Apply instruments and measures for patient safety in clinical context

As mentioned in the introduction chapter, these nine EPAs cannot be considered in isolation. Rather, EPAs are context-dependent, which means that EPAs should be trained, applied and assessed in as many different medical situations as possible, as listed in the chapter on SSPs. Not only are the SSPs and the EPAs inextricably linked, but the CanMEDS roles (chapter 1) and the EPAs are also mutually dependent. There are always several roles and competencies required to perform an EPA. In this way, an EPA can be used as an integrative indicator of the different competences a trainee has attained. To highlight this interdependency, each EPA cross-references the main associated CanMEDS roles in its title.

The following selection of items has been adapted from the guide developed by the Drafting Panel of the American Association of Medical Colleges (AAMC) . We are grateful to the AAMC for allowing us to use their document.

**2.1 Take a medical history**

(linked roles: EXP / COM / PRO)

EPA	1.1	Obtain a complete and accurate history in an organized fashion, taking into account the patient's expectations, priorities, values, beliefs and spiritual needs; explore complaints and situations in persons of all ages; adapt to linguistic skills and health literacy; respect confidentiality
EPA	1.2	Explore patient expectations, values and priorities
EPA	1.3	Use patient-centered, hypothesis-driven interview skills; be attentive to patients' verbal and nonverbal cues, patient/family culture, concepts of illness; check need for interpreting services; approach patients holistically in an empathetic and non-judgmental manner
EPA	1.4	Evaluate understanding and decision-making capacity of all patients, especially those of psychiatric patients, cognitively impaired persons or minors
EPA	1.5	Identify and use alternate sources of information to obtain history when needed, including but not limited to family members, primary care physicians, staff of care and living facilities, pharmacy or social/health alliance
EPA	1.6	Assess gender, social, cultural and other factors that may influence the patient's perception and description of symptoms; demonstrate cultural awareness and humility, and be conscious of the potential for bias in interactions with the patient
EPA	1.7	In cases of long-term follow-up care, select the most salient issues that must be addressed in terms of treatment, side-effects, compliance, daily impact of the disease and patient's environment
EPA	1.8	Review the patient's health behavior, lifestyle, and environmental risk exposure as part of a routine check-up, or as far as possible, and assess the patient's opinions, representations and expectations
EPA	1.9	Explore the patient's use of medicine and treatment, including complementary and integrative medicine
EPA	1.10	Explore the patient's use or misuse of psychoactive substances
EPA	1.11	Use clinical reasoning in gathering focused information relevant to a patient's care
EPA	1.12	Identify issues not mentioned spontaneously by the patient (hidden agenda)
EPA	1.13	Recognize situations involving potential self-harm or victimization, such as interpersonal violence, assault
<b><i>Specific competencies / skills related to history taking</i></b>		
EPA	1a	Take an age-specific pediatric history (involving mother/father and child or adolescent)
EPA	1b	Perform an age-specific assessment of a child's / adolescent's development and lifestyle
EPA	1c	Take a psychiatric history
EPA	1d	Take an occupational and workplace history, consider ergonomic and hygienic situation
EPA	1e	Take a sleep history
EPA	1f	Take a history of sexual and reproductive health
EPA	1g	Take a history from critically ill or dying patients

**2.2 Assess the physical and mental status of the patient**

(linked roles: EXP / COM / PRO)

EPA	2.1	Perform an accurate and clinically relevant physical examination in a logical and fluid sequence, with a focus on the purpose and the patient’s expectations, complaints and symptoms, in persons of all ages; respect patient privacy, comfort, and safety
EPA	2.2	Assess the cognitive and mental state of the patient including attention, memory, perception, understanding, language, expression, affect, and behavior
EPA	2.3	Perform a physical examination in difficult situations such as obesity, invasive procedure, non-cooperative patients, reduced consciousness, cognitive impairment, disabled patients, and persons who do not speak the local language or are of different ethnicity
EPA	2.4	Identify, describe, document and interpret abnormal findings of a physical examination. Assess vital signs (temperature, heart and respiratory rate, blood pressure)
EPA	2.5	Demonstrate patient-centered examination techniques; demonstrate effective use of devices, as recommended by medical societies (such as a stethoscope, otoscope, ophthalmoscope)
EPA	2.6	Explain physical examination maneuvers, obtain consent as appropriate, and communicate findings
EPA	2.7	Recognize the signs of imminent death
<p><b>Specific competencies / skills related to history taking.</b></p> <p>Students are expected to perform the tasks below on simulated or real patients. However in some situations, <i>in italics</i>, only a demonstration of the technique should be expected</p>		
EPA	2a	Assessment of patient’s general condition and vital signs
EPA	2b	Assessment of nutritional status
EPA	2c	Assessment of state of consciousness, attention, orientation, language/speech, affect, mood
EPA	2d	Evaluation of patient’s decision-making capacity
EPA	2e	Assessment of the skin, hair and nails, description of lesions
EPA	2f	Palpation of lymph nodes
EPA	2g	Inspection and palpation of the orbit, eyelids and eye (all structures)
EPA	2h	Assessment of visual acuity and visual field, <i>as well as optic disc and retinal vessels with ophthalmoscope</i>
EPA	2i	Assessment of color vision
EPA	2j	Assessment of eye movements, recognition and description of nystagmus
EPA	2k	Inspection and palpation of auricle and adjacent region as well as external auditory canal and tympanic membrane ( <i>using otoscope</i> ) - hearing tests with whispering, conversational voice and tuning fork
EPA	2l	Examination of nose, face, mouth, salivary glands, pharynx, larynx, and neck visually, manually, and by using basic, non-endoscopic instruments
EPA	2m	Inspection, palpation and auscultation of cervical structures
EPA	2n	Inspection and palpation of thyroid, carotid arteries
EPA	2o	Inspection and palpation of skeleton and joints
EPA	2p	Functional testing of joint mobility: shoulders, elbows, wrists, hands, fingers, hips, knees, ankles, feet, and toes
EPA	2q	Inspection, palpation, percussion and assessment of mobility of the spine
EPA	2r	Inspection and palpation of chest, percussion and auscultation of lungs
EPA	2s	Palpation (apex beat/fremitus) and auscultation of heart; description of normal/abnormal heartbeat and murmurs

## PROFILES

EPA	2t	Palpation of pulse, testing for arterial insufficiency or bruits
EPA	2u	Demonstrate ability to perform simple ultrasound investigations (suspected pleural effusion, abdominal mass, ascites)
EPA	2v	Assessment of venous system
EPA	2w	Palpation, percussion and auscultation of abdomen, description of findings
EPA	2x	Inspection and palpation of groin / hernial orifices
EPA	2y	<i>Examination of external genitals (all sexes)</i>
EPA	2z	<i>Rectal examination in patients of all sexes (anus, rectum, prostate gland, sacrum, vagina, uterus, parametria)</i>
EPA	2aa	<i>Speculum examination: inspection of vagina and cervix</i>
EPA	2bb	<i>Bimanual examination: vagina, cervix, uterine corpus, ovaries</i>
EPA	2cc	Palpation of breast
EPA	2dd	Neurological examination: Assessment of state of consciousness, attention, orientation, language/speech, cranial nerves, motor system (including involuntary movements), sensory system, reflexes, stand and gait
EPA	2ee	Assessment of coma (scale)
EPA	2ff	<i>Examination of newborns (Apgar score, dysmorphism, malformation)</i>
EPA	2gg	Assessment of age-specific anthropometric characteristics of infants / children / adolescents
EPA	2hh	<i>Assessment of pubertal growth (pubertal stages)</i>
EPA	2ii	Age-specific assessment of the child: neurological and cognitive development
EPA	2jj	Assessment of basic and instrumental activities of daily living
EPA	2kk	<i>Forensic examination of persons under the influence of alcohol and/or drugs</i>
EPA	2ll	<i>Approach to and documentation of physical/sexual violence</i>
EPA	2mm	<i>Clinical diagnosis of death, estimation of time of death</i>

### 2.3 Prioritize a differential diagnosis following a clinical encounter

(linked roles: EXP / SCH)

EPA	3.1	Synthesize essential data from previous records, integrate the information derived from history, meaningful physical and mental symptoms and physical exam; provide initial diagnostic evaluations; take into account the age, gender and psychosocial context of the patient as well as social determinants of health
EPA	3.2	Assess the degree of urgency of any complaint, symptom or situation
EPA	3.3	Demonstrate awareness of polymorbidity and atypical presentation of disease, especially in elderly patients
EPA	3.4	Integrate the scientific foundations of basic medical sciences as well as epidemiological information (probability of diseases) into clinical reasoning, in order to develop a differential diagnosis and a working diagnosis, organized in a meaningful hierarchical way
EPA	3.5	Engage with supervisors and team members for review and confirmation of the working diagnosis; explain and document the clinical reasoning that led to the working diagnosis; demonstrate critical thinking with regard to differential diagnoses
EPA	3.6	Manage ambiguity in a differential diagnosis for oneself and the patient; respond openly to questions from patients and members of the healthcare team; continuously update the differential diagnosis

## 2.4 Recommend and interpret diagnostic and screening tests in common situations

(linked roles: EXP / COM / COL / SCH)

EPA	4.1	Recommend first-line, cost-effective diagnostic evaluation for a patient with an acute or chronic disorder or as part of routine health maintenance
EPA	4.2	Justify an informed, evidence-based rationale for ordering tests (when appropriate, based on integration of basic medical disciplines as they relate to the clinical condition); take into account cost-effectiveness and environmental impact of test ordering
EPA	4.3	Obtain informed consent: discuss with the patient and the family or proxy, and ensure that they understand the indications, risks, benefits, alternatives, and potential complications; seek an agreement/shared decision and document it in the file
EPA	4.4	Demonstrate awareness of differences in values and thresholds regarding sex and age in the interpretation of biological test results: use reference values
EPA	4.5	Interpret results of tests and investigations (including morphological and pathological findings) and integrate them into the differential diagnosis; understand the implications and urgency of an abnormal result and seek assistance with interpretation if needed
EPA	4.6	As part of a routine check-up, advise patients and order screening tests or procedures to identify asymptomatic diseases or risk factors, weighing up their risks, benefits and predictive value; apply valid epidemiological data in selecting tests and procedures
EPA	4.7	Provide an informed rationale for ordering imaging examinations; interpret first-line, common X-rays; integrate diagnostic imaging into the clinical workup
EPA	4.8	Order required tests and investigations in situations with medicolegal implications: substances in the blood, X-rays and genetic tests

## 2.5 Perform general procedures

(linked roles: EXP / COM / COL / LEA / PRO)

EPA	5.1	Understand and explain the anatomy and physiology, indications and contraindications, risks and benefits, alternatives and potential complications of the procedure
EPA	5.2	Obtain informed consent: communicate the information to the patient and the family or proxy, seek an agreed/shared decision and document it in the medical record
EPA	5.3	Demonstrate the technical (motor) skills required for the procedure
EPA	5.4	Observe principles of asepsis and maximize patient safety during procedures
EPA	5.5	Manage common post-procedure complications
<p><b>Specific procedures that must be mastered by the student by the end of the curriculum</b></p> <p>Students are expected to perform the procedures below with real patients, except for some specific procedures that should be learnt and performed <i>as simulations (marked with italics)</i></p>		
EPA	5a	Measuring and interpreting body temperature
EPA	5b	Intravenous injection and cannulation, subcutaneous and intramuscular injection
EPA	5c	Insertion of a peripheral intravenous line, planning and managing parenteral administration of drugs
EPA	5d	Pre-operative preparation of surgical field for minor surgery; asepsis and antisepsis
EPA	5e	Local skin anesthesia
EPA	5f	Wound cleaning, application and removal of sutures
EPA	5g	Application of bandages and dressings

EPA	5h	Basic spirometry, measurement of peak expiratory flow
EPA	5i	Arterial puncture for blood gas analysis
EPA	5j	Instruction of the patient in the use of metered dose inhalers, spacers and nebulizers
EPA	5k	Taking a throat swab and performing a rapid streptococcal test
EPA	5l	Ear irrigation
EPA	5m	Removal of a superficial foreign body from the cornea
EPA	5n	<i>Urethral catheterization</i>
EPA	5o	Performance and interpretation of a urine stick test
EPA	5p	Preparation and examination of urinary sediment
EPA	5q	Performance and interpretation of an ECG
EPA	5r	Performance and interpretation of a pregnancy test
EPA	5s	<i>Assisting in the delivery of a baby</i>
EPA	5t	<i>Clamping of umbilical cord / separating placenta from child</i>
EPA	5u	<i>Nasogastric intubation</i>
EPA	5v	<i>Lumbar puncture</i>
EPA	5w	<i>Cutaneous allergy test (Prick-test)</i>

## 2.6 Recognize a patient requiring urgent / emergency care, initiate evaluation and management

(linked roles: EXP / COM / COL / LEA / PRO)

EPA	6.1	Recognize abnormal vital signs
EPA	6.2	Interpret the clinical situation using pathophysiological principles
EPA	6.3	Assess the urgency and the severity of a patient's situation / illness and indications for escalating care
EPA	6.4	Identify possible underlying etiologies of the patient's deteriorating condition
EPA	6.5	Initiate a care plan for the decompensating patient; apply basic and advanced life support as needed
EPA	6.6	Take into account a "do-not-resuscitate" request
EPA	6.7	As a team member, share vital and relevant information with other members, using structured communication techniques as well as briefings and debriefings for continuing decision-making and follow-up of the patient
EPA	6.8	Identify the need for rapid transfer of a patient to another facility
EPA	6.9	Update the patient/family and ensure that they understand the indications, risks and benefits, alternatives and potential complications. If possible, ask for the patient's informed consent and check for any advance directives
<p><b>Emergency situations that any resident can autonomously and trustworthily initially manage, i.e. assess the patient's state, order and interpret tests, initiate first procedures and treatment, included basic, immediate, and advanced life support:</b></p>		
EPA	6a	Transient loss of consciousness, syncope, coma, seizures
EPA	6b	Shock, severe hypotension
EPA	6c	Acute chest pain
EPA	6d	Acute severe headache, meningism
EPA	6e	Acute abdominal pain

EPA	6f	Sudden deterioration of mental state, e.g. confusion / delusion /(auto-)aggressive behavior
EPA	6g	Shortness of breath
EPA	6h	Severe hypertension
EPA	6i	Uncomplicated trauma such as fall, minor traffic injury
EPA	6j	Acute neurological deficits
EPA	6k	Severe acute blood loss
EPA	6l	Intoxication / poisoning
EPA	6m	Burns

## 2.7 Develop a management plan, discuss orders and prescriptions in common situations

*(linked roles: EXP / COM / COL / LEA / SCH / PRO)*

EPA	7.1	Establish a management plan that integrates information gathered from history, physical examination, laboratory tests and imaging as well as the patient's preference; incorporate the prescription of medications, physiotherapy and rehabilitation, dietetic and lifestyle advice, psychological support, social and environmental measures into the management plan
EPA	7.2	Use clinical scores and clinical decision rules/protocols to support decision-making (Bayesian approach) when appropriate
EPA	7.3	Adopt a shared-decision making approach in establishing the management plan, take into account patient's preferences in making orders; take into account an indication or request for complementary and integrative medicine; deal with treatment refusal; demonstrate an understanding of the patient's and family's current situation, beliefs and wishes, and consider any physical dependence or cognitive disorders; react appropriately when the patient lacks autonomous decision-making capacity
EPA	7.4	Take into account the patient's specific profile and situation, such as gender, age, culture, religion, beliefs and health literacy; take into account the vulnerability of specific groups such as immigrants, patients with low socioeconomic status, adolescents
EPA	7.5	Ensure patient's and family's understanding of the indications, risks and benefits, alternatives and potential complications of treatment
EPA	7.6	Understand and apply the concept and basic elements of advance care planning
EPA	7.7	Demonstrate an insight into emotional factors that can interfere with patient-doctor communication and their management
EPA	7.8	Provide effective treatment (non-pharmacological, pharmacological, and interventional) of all types of pain
EPA	7.9	Prescribe antibiotics only with clear indications and be aware of the issue of antibiotic resistance
EPA	7.10	Avoid unnecessary/futile/low-value diagnostic measures and treatment (smarter medicine)
EPA	7.11	Determine prescription and treatment according to the patient's condition, and adjust for weight, allergies, pharmacokinetics, pharmacogenetics ("precision medicine"), potential interactions with other medication and substances, pregnancy status or co-morbid conditions, legal/illegal psychoactive substances, potential for self-harm. Use therapeutic drug monitoring appropriately
EPA	7.12	In patients with multimorbidity, prioritize measures and medication; compose orders efficiently and effectively, whether in oral, written or electronic format
EPA	7.13	During follow-up, support self-management by the patient; evaluate and discuss adherence; discuss the potential impact of non-adherence if needed, especially with patients who are cognitively impaired or unable to make decisions; use motivational approaches if appropriate
EPA	7.14	Ensure continuity and interprofessional collaboration in caring for chronic and polymorbid patients

EPA	7.15	Counsel patient and family proactively on decision-making at the end of life, taking into account the patient's preferences and acceptable outcomes; involve a chaplain if needed and/or consult with ethicist in difficult situations
EPA	7.16	Prescribe measures for treatment of pain, palliative and end-of-life care, taking into account any advance directives or a "do not resuscitate" request

## 2.8 Document and present patient's clinical encounter; perform handover

*(linked roles: EXP / COM / COL / ADV / PRO)*

EPA	8.1	Document and record the patient's chart; filter, organize, prioritize and synthesize information; comply with requirements and regulations
EPA	8.2	Document and record the patient's autonomous decision-making capacity
EPA	8.3	Document the rationale for the clinical decision and for involving the patient in making the decision; provide and incorporate discharge document
EPA	8.4	Document the discussion and the informed consent appropriately in the health record, taking into account the importance of privacy, confidentiality and data protection, especially in the use of electronic communication and records
EPA	8.5	Provide an accurate, concise, relevant, and well-organized oral presentation of a patient encounter and situation, adjusting it to the profile and role of the recipient; elicit feedback about the handover, especially when assuming responsibility for the patients; ask for clarification if needed
EPA	8.6	Organize transfer of a patient from one setting to another, involving the patient and family/caregivers; at discharge from hospital, identify the needs for (sustainable) assistance by psychosocial network
EPA	8.7	Consider forced hospitalization for acute psychiatric breakdown

## 2.9 Apply instruments and measures for patient safety in clinical context

*(linked roles: EXP / COM / COL / ADV / SCH / PRO)*

EPA	9.1	Identify actual and potential ("near miss") errors in a patient encounter and report them using an error reporting system (CIRS). Show adequate accountability
EPA	9.2	Address and question critical aspects in patient safety, involving other team members
EPA	9.3	Report own errors to a superior and provide a plan for improvement
EPA	9.4	Encourage patients as partners and communicate sufficient information to patients and families to enable self-care, shared decision-making, and error detection
EPA	9.5	Check drug prescriptions with regards to safety and interactions, considering safety/quality procedures and their vulnerabilities
EPA	9.6	Apply validated standard operating procedures (SOPs) in risk prone clinical situations (e.g. for minimizing nosocomial infections and resistance to antibiotics, avoiding unnecessary investigations and treatments by using 'smarter medicine', optimizing communication during transition of care)
EPA	9.7	Contribute to the literacy of patients regarding environmental and ecological safety
EPA	9.8	Assess patient-specific environmental risks and propose safety measures (i.e. fall risk in elderly, self-medication)

### 3. Situations as Starting Points (SSPs)



*This chapter provides a set of generic situations which cover the common circumstances, symptoms, complaints and findings which the physician should be able to manage on day one of his residency.*

In other words, she or he should be able to assess a patient presenting with any of these situations in a well-structured way, establish a differential diagnosis and propose diagnostic, therapeutic, social and preventive/counselling measures. The list encompasses most of the typical situations a young resident may face. The situations are listed under several subtitles to make their use easier, but in some instances the classification is arbitrary. Items listed as “symptoms” may also be defined as “findings”, and vice-versa. A set of pre-defined criteria was used to design the list. The situations were selected:

- if they occur frequently
- if rapid and appropriate intervention may be crucial or even life-saving
- if they are a recognized cause of important emotional distress for the patient

The situations are presented in a very generic way, which means that they can be used and applied to all gender identities and ages (children, adults, and elderly) unless otherwise specified. They cover acute, subacute and chronic problems (e.g. fever, pain, fatigue), which further increases the range of potential pathologies. For instance, the situation “jaundice” may be a starting point for numerous situations such as neonatal jaundice, hepatitis, pancreatic cancer or cirrhosis.

As entry points, the situations mostly constitute a broad range of diagnostic pathways involving different disciplines. For instance, a situation such as “chest pain” can be a starting point for discussion of several pathologies such as cardiac, pleural and parietal chest problems, disorders of the spine, stress and anxiety and so on. As mentioned above, the situation will have different implications according to the sex, gender and age of the patient and whether the problem is acute or chronic. The use of these situations should assist students to develop their skills in clinical reasoning, to increase their ability to integrate various options into their differential diagnosis, and to maintain an interdisciplinary perspective.

The situations are intended to be used by faculties and teachers to illustrate lectures, to engage in problem-based learning sessions and to facilitate teaching in a clinical environment. They will also be used as a basis for the development of the Federal Licensing Examination.

SSPs are ordered under four sections with their own numbering: General complaints and symptoms (G), System-related and specific complaints and symptoms (S), Findings (F), and Other situations (O).

**Situations as starting points encompass not only health problems and symptoms, but also normal or current health issues, e.g. the birth of a baby or injury prevention among elderly people.**

### 3.1 General complaints and symptoms (G)

SSP	G1	abnormal perspiration
SSP	G2	swelling, tumor, included enlarged lymph nodes (lymphadenopathy)
SSP	G3	excessive thirst, excessive fluid intake (polydipsia)
SSP	G4	fatigue, tiredness
SSP	G5	feeling sick
SSP	G6	fever, chills, hyperthermia
SSP	G7	flushing
SSP	G8	hypothermia
SSP	G9	itching
SSP	G10	pain of all types
SSP	G11	sleep problems (insomnias, hyper-somnias/sleepiness, parasomnias)
SSP	G12	oedema (diffuse or local)
SSP	G13	unnatural death
SSP	G14	unexpected or sudden death
SSP	G15	weight gain, obesity
SSP	G16	weight loss, loss of appetite

### 3.2 System-related or specific complaints and symptoms (S)

<b>S1 Head and neck</b>		
SSP	S1.1	diplopia, ptosis, abnormal eye movements
SSP	S1.2	acute and gradual loss of vision (acute, slow, temporary, partial)
SSP	S1.3	alteration of voice (hoarseness, aphonia, dysphonia)
SSP	S1.4	asymmetric face, deformation
SSP	S1.5	bleeding nose
SSP	S1.6	blepharospasm
SSP	S1.7	difficulty in swallowing, choking
SSP	S1.8	discharge from ear(s)
SSP	S1.9	dryness, pain, mass in mouth or throat, oral lesions

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SSP	S1.10	earache
SSP	S1.11	facial, jaw or tooth pain, trismus
SSP	S1.12	hearing impairment: hyper- and hypoacusis, deafness, whistling, tinnitus
SSP	S1.13	micro- and macrocephaly
SSP	S1.14	nasal discharge
SSP	S1.15	nasal obstruction
SSP	S1.16	neck stiffness and pain
SSP	S1.17	painful, red, itchy eyes; eye discharge
SSP	S1.18	snoring
SSP	S1.19	sore throat
SSP	S1.20	squint (strabismus)
SSP	S1.21	swelling of face, lips, neck
SSP	S1.22	swelling of the eyelid
SSP	S1.23	visual disturbances, photophobia, light flashes, floating objects, diplopia, color blindness, blurred vision
<b>S2 Chest</b>		
SSP	S2.1	apnea, apnea with arousal
SSP	S2.2	change of respiratory pattern
SSP	S2.3	breast lump, breast discharge, changes of breast size
SSP	S2.4	chest discomfort
SSP	S2.5	chest pain
SSP	S2.6	cough, expectoration, hemoptysis
SSP	S2.7	dyspnea
SSP	S2.8	heartburn (pyrosis)
SSP	S2.9	impaired or painful passage of food, dysphagia, regurgitation
SSP	S2.10	painful respiration, wheezing, stridor
SSP	S2.11	palpitations
SSP	S2.12	parietal chest pain
<b>S3 Abdomen</b>		
SSP	S3.1	abdominal pain
SSP	S3.2	abdominal distension
SSP	S3.3	abdominal mass
SSP	S3.4	altered defecation pattern, anal incontinence
SSP	S3.5	anal itching, anal pain, anal protrusion
SSP	S3.6	hematemesis
SSP	S3.7	constipation
SSP	S3.8	diarrhea

SSP	S3.9	anal bleeding, melena; fresh blood, mucus, pus in feces
SSP	S3.10	nausea, vomiting
<b>S4 Pelvis, urogenital system</b>		
SSP	S4.1	variations in sexual development
SSP	S4.2	anuria, pollakiuria, oliguria, polyuria
SSP	S4.3	dysuria, pyuria, hematuria
SSP	S4.4	issues related to conception, e.g. infertility and sterilization
SSP	S4.5	menstrual symptoms: disorders of menstruation, painful menstruation, premenstrual symptoms
SSP	S4.6	pelvic mass
SSP	S4.7	pelvic pain
SSP	S4.8	request for contraception, emergency contraception
SSP	S4.9	scrotal pain, swelling or mass
SSP	S4.10	sexual complaints and dysfunction
SSP	S4.11	swelling, pain in groin
SSP	S4.12	symptoms related to menopause
SSP	S4.13	urethral discharge
SSP	S4.14	urinary incontinence and enuresis
SSP	S4.15	urinary retention
SSP	S4.16	uterine prolapse, pelvic relaxation
SSP	S4.17	vaginal bleeding
SSP	S4.18	vaginal discharge
<b>S5 Back and extremities</b>		
SSP	S5.1	abnormal posture and back deformities
SSP	S5.2	back pain
SSP	S5.3	deformities of skeleton and joints
SSP	S5.4	myalgia
SSP	S5.5	pain, burning, cramp, numbness in the extremities
SSP	S5.6	swollen or painful joints, morning stiffness, reduction of joint mobility
<b>S6 Skin</b>		
SSP	S6.1	changes in oral, genital or perianal mucosa
SSP	S6.2	ecchymosis, hematoma, purpura
SSP	S6.3	hyper- or hypopigmentation
SSP	S6.4	infected wound, delayed wound healing, skin ulcers
SSP	S6.5	jaundice (icterus)
SSP	S6.6	lack or loss of hair, excessive hair growth

SSP	S6.7	macules, papules, pustules, blisters, ulcers, abscesses, bullae, thickening, necroses, tumors of the skin
SSP	S6.8	nail complaints
SSP	S6.9	redness of the skin (localized or diffuse) and/or mucosa
<b>S7 Nervous system</b>		
SSP	S7.1	abnormal sense of balance, falls
SSP	S7.2	abnormal gait
SSP	S7.3	abnormal involuntary movements, tremor, tic, lack of coordination
SSP	S7.4	disorders of speech or language
SSP	S7.5	dizziness, vertigo
SSP	S7.6	headache
SSP	S7.7	cognitive impairment, including loss of concentration, memory disturbance, and trouble in understanding
SSP	S7.8	paresis, paralysis
SSP	S7.9	disturbances of sensation (hyper- or hypo-esthesias, paresthesias, hyper- or hypoalgesia)
SSP	S7.10	twitches, fasciculations, convulsion, seizure and status epilepticus
<b>S8 Injuries and trauma</b>		
SSP	S8.1	abdominal injuries
SSP	S8.2	burn, cold injury
SSP	S8.3	contusion, soft tissue bruising
SSP	S8.4	dislocation of a joint
SSP	S8.5	drowning or near drowning
SSP	S8.6	injury by foreign body
SSP	S8.7	head and brain injuries and trauma
SSP	S8.8	injuries of the extremities
SSP	S8.9	laceration, closed or open wound, blood loss
SSP	S8.10	spine injuries
SSP	S8.11	thoracic injuries
SSP	S8.12	vascular injuries
<b>S9 Emotional and behavioral symptoms</b>		
SSP	S9.1	anxiety and panic
SSP	S9.2	attention deficit
SSP	S9.3	change in behavior
SSP	S9.4	change in eating behavior
SSP	S9.5	change in mood
SSP	S9.6	hyperactivity
SSP	S9.7	irrational fear, fear of illness

SSP	S9.8	irritability, aggressive and violent behavior
SSP	S9.9	changes in mental status such as confusion, delirium, (auto-)aggressive behavior
SSP	S9.10	obsessive and/or compulsive behavior
SSP	S9.11	reactions to major stressful events
SSP	S9.12	self-harm, including suicide
SSP	S9.13	non-medical substance use (“misuse”), addiction e.g. tobacco, alcohol, illegal substances (“controlled medicines”), gambling and gaming

### 3.3 Findings (F)

<b>F1 Findings upon physical examination</b>		
SSP	F1.1	abnormal blood pressure
SSP	F1.2	variations in external genitalia (female, male, including intersex and transgender individuals): physiological or pathological, hormonal driven, post-surgical or after mutilation
SSP	F1.3	abnormal findings upon auscultation
SSP	F1.4	abnormal findings upon inspection
SSP	F1.5	abnormal findings upon palpation
SSP	F1.6	abnormal findings upon percussion
SSP	F1.7	bradycardia, tachycardia, irregular pulse
SSP	F1.8	cachexia and malnutrition
SSP	F1.9	cognitive impairment
SSP	F1.10	cyanosis
SSP	F1.11	abnormal speech or speaking
SSP	F1.12	exophthalmos (proptosis), myosis or mydriasis
SSP	F1.13	halitosis (fedor oris)
SSP	F1.14	gangrene
SSP	F1.15	impairment or loss of consciousness, coma
SSP	F1.16	oedema
SSP	F1.17	pallor
SSP	F1.18	pulseless patient, cardiorespiratory disturbances and arrest
SSP	F1.19	transient loss of consciousness, syncope
<b>F2 Findings upon additional examination</b>		
SSP	F2.1	abnormal blood gas values
SSP	F2.2	abnormal cardiac enzymes
SSP	F2.3	abnormal coagulation profile
SSP	F2.4	abnormal X-rays of abdomen, chest and skeleton
SSP	F2.5	abnormal leukocyte count

SSP	F2.6	abnormal ECG
SSP	F2.7	abnormal electrolytes
SSP	F2.8	abnormal fecal analyses, occult blood, parasites
SSP	F2.9	abnormal glycaemia and markers of glucose homeostasis
SSP	F2.10	abnormal histology, cytology and molecular genetic tests
SSP	F2.11	abnormal liver enzymes
SSP	F2.12	abnormal markers of kidney function
SSP	F2.13	abnormal serum lipids
SSP	F2.14	abnormal thyroid hormones
SSP	F2.15	abnormal urine sediment
SSP	F2.16	anemia
SSP	F2.17	blood group incompatibility
SSP	F2.18	effusion detected by ultrasound (abdomen, pleura)
SSP	F2.19	elevated biomarkers of inflammation
SSP	F2.20	low bone density
SSP	F2.21	nutritional deficiencies
SSP	F2.22	polycythemia
SSP	F2.23	proteinemia, albuminemia
SSP	F2.24	proteinuria
SSP	F2.25	thrombopenia, thrombocytosis

### 3.4 Other situations (O)

<b>O1 Situations related to pregnancy and motherhood</b>		
SSP	O1.1	abnormal birth weight and prematurity
SSP	O1.2	basic care during regular delivery and postpartum period
SSP	O1.3	basic pre- and post-conception screening for genetic diseases and malformations
SSP	O1.4	maternal problems during pregnancy such as fever, oedema, hypertension, irregular premature labour
SSP	O1.5	problems related to delivery
SSP	O1.6	problems related to lactation
SSP	O1.7	basic care during conception and pregnancy
SSP	O1.8	request for abortion
SSP	O1.9	suspicion of pregnancy, unplanned pregnancy
<b>O2 Situations related to childhood</b>		
SSP	O2.1	abnormal growth and accelerated or retarded puberty, failure to thrive
SSP	O2.2	behavioral issues in childhood and adolescence

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SSP	O2.3	child abuse and neglect
SSP	O2.4	child immunization
SSP	O2.5	developmental delay
SSP	O2.6	feeding and eating issues during infancy, childhood and adolescence
SSP	O2.7	fetal problems during pregnancy
SSP	O2.8	infant death
SSP	O2.9	irritable, crying infant
SSP	O2.10	learning and school problems in childhood and adolescence
SSP	O2.11	low muscle tone and hypotonia
SSP	O2.12	well-baby visit, well-child visit, and well-adolescent visit
<b>O3 Situations related to old age</b>		
SSP	O3.1	elder abuse and neglect
SSP	O3.2	functional impairment (cognition, sensory and motor)
SSP	O3.3	malnutrition and sarcopenia
SSP	O3.4	polymorbid, polymedicated patient
SSP	O3.5	pressure ulcers
SSP	O3.6	progressively dependent patient
SSP	O3.7	urinary and fecal incontinence
<b>O4 Issues linked with prevention and health promotion</b>		
SSP	O4.1	consultation before engaging in sports activities or after a sport injury
SSP	O4.2	immunization plan
SSP	O4.3	promotion of a healthy lifestyle
SSP	O4.4	request for and managing check-ups, health examinations, radiological and laboratory procedures
SSP	O4.5	promotion of sexual health and fertility
SSP	O4.6	shared assessment of risks and benefits of screening and treating asymptomatic conditions
SSP	O4.7	shared assessment of risks and protective factors for frequent life-compromising diseases, such as cardiovascular, metabolic, oncological, and neurological diseases
<b>O5 Palliative care</b>		
SSP	O5.1	caregivers' fatigue, loss of energy
SSP	O5.2	change in treatment goals and end-of-life decisions
SSP	O5.3	holistic care of the dying patient
SSP	O5.4	management of refractory symptoms (pain, nausea)
SSP	O5.5	need for psychosocial or other kind of support (e.g. spiritual)
<b>O6 Psychosocial issues</b>		

SSP	O6.1	absenteeism (school, work)
SSP	O6.2	concern about appearance, body image
SSP	O6.3	domestic violence, sexual abuse, rape
SSP	O6.4	harassment, bullying, mobbing
SSP	O6.5	issues regarding diversity of affective and sexual orientation and gender identity
SSP	O6.6	issues related to family life such as divorce, single parenthood and reconstructed family
SSP	O6.7	loss, death, grieving process, illness of someone close
SSP	O6.8	mental or spiritual suffering
SSP	O6.9	problems related to work conditions, burnout, unemployment, financial problems
<b>O7 Various health care issues</b>		
SSP	O7.1	consultation before or after a trip to a foreign (tropical) country
SSP	O7.2	determination of incapacity to work or to attend class/educational lessons
SSP	O7.3	dietary counselling including a healthy and sustainable nutrition
SSP	O7.4	environmental and psychosocial aspects of chronic conditions
SSP	O7.5	errors or misconduct of a co-worker or another healthcare professional
SSP	O7.6	immunocompromised patient
SSP	O7.7	issues related to food tolerance
SSP	O7.8	medically unexplained symptoms
SSP	O7.9	nosocomial infection
SSP	O7.10	request for informed consent for a procedure
SSP	O7.11	patient refusing treatment
SSP	O7.12	patient with sexually transmitted/transmittable infection
SSP	O7.13	patient with another cultural background, migration
SSP	O7.14	physical and psychosocial inpatient and outpatient rehabilitation
SSP	O7.15	poor adherence to treatment
SSP	O7.16	pre-intervention and pre-operative assessment
SSP	O7.17	request for certificate, attestation or expertise by patients and insurers
SSP	O7.18	request for unnecessary investigations and treatment
SSP	O7.19	request for information about gene therapy
SSP	O7.20	request for information related to organ donation, transplantation
SSP	O7.21	benefits and risks of complementary and integrative medicine
SSP	O7.22	suspicion of drug intolerance or interaction (including herbal medicine and dietary supplements)
SSP	O7.23	suspicion of a rare disease
SSP	O7.24	vulnerable patients
SSP	O7.25	request for genetic counselling
SSP	O7.26	intoxication, poisoning