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Entry-to-Practice Competency Profile for Chiropractors in Canada

The Doctor of Chiropractic Programs in Canada are accredited by the Council on Chiropractic Education Canada, of the Federation of Canadian Chiropractic

Introduction and the Context of Chiropractic

A Doctor of Chiropractic is a primary contact health professional whose purpose is to help meet the health needs of the public, giving particular attention to the structural and neuromusculoskeletal related aspects of the body. The Chiropractic application and development of scientific knowledge focuses on the relationship between; structure, function, the nervous system, and the body's inherent ability to heal itself, as these relationships affect the restoration and preservation of health.

The purpose of chiropractic professional education is to provide the Doctor of Chiropractic candidate with a core of knowledge and skills in the basic and clinical sciences and related health topics required for the Doctor of Chiropractic to perform the professional obligations of a primary contact health care professional.

The Doctor of Chiropractic's responsibilities include health assessment, use of imaging modalities, diagnosis, and the management and coordination of the patient's health care needs in health and disease. When appropriate the Doctor of Chiropractic co-manages or refers to other members of the health care team.

The Doctor of Chiropractic Programs are accredited by the Council on Chiropractic Education Canada of the Federation of Canadian Chiropractic and are dedicated to educating students to become chiropractors who have the knowledge, skills, attitudes and values needed to provide high quality patient care.

This *Entry-to-practice Competency Profile for Chiropractors in Canada* is a guide to ensure that the resources needed by the program to deliver the Doctor of Chiropractic program are in place and that the abilities required by a graduate ready to begin practice, are demonstrated by every graduate. Graduate competencies describe abilities expected of a new graduate chiropractor based upon the health care needs of society. The *Entry-to-practice Competency Profile for Chiropractors in Canada* is the guide for Doctor of Chiropractic Programs to develop curriculum to support educational programs in developing student competencies for entry-to-practice.

Entry-to-Practice Competency Profile for Chiropractors in Canada

This *Entry-to-practice Competency Profile for Chiropractors in Canada* describes the key expected abilities of a chiropractor at entry to the profession in Canada. The profile that follows is organized by roles, key competencies and enabling competencies.

The competency profile is founded on a 'role' framework. The roles in the CanMEDS (2015) approach were adopted for Chiropractors in Canada. There are seven roles: Neuromusculoskeletal (NMS) Expert, Communicator, Collaborator, Health Advocate, Scholar, Professional, and, Leader. A competent chiropractor integrates the competencies of all seven roles.

Competency is an observable and measurable behaviour that integrates multiple components such as knowledge, skills, attitudes and values. They are multidimensional, dynamic and evolve over time. Competence may be assessed to ensure acquisition. In this document, two levels of competencies are described: key competencies and enabling competencies. Key competencies are the important outcome of the objectives (i.e. what is to be achieved or performed). The action verb in the key competency is central to the objective. Enabling competencies are the sub-objectives, or the ingredients to achieving the key competencies. They are shown in this document, each with its own paragraph.

The competency profile for entry-to-practice represents the endpoint of the formal involvement of program accreditors and educators and will serve the needs of regulators. The profile will support quality assurance, continuing professional development and specialization. Entry-to-practice is the point where learners become clinicians without direct supervision.

The *Entry-to-practice Competency Profile for Chiropractors in Canada* is intended to provide guidance in informing curriculum content of DCP programs, identifies the expected graduate entry-to-practice competencies for a chiropractor, sets accreditation standards and support, and, establishes a baseline for specialization.

The Doctor of Chiropractic educational programs use the *Entry-to-practice Competency Profile for Chiropractors in Canada* to guide the development of curriculum, establish outcome measures of how the program achieves and prepares learners to successfully integrate the competencies to be a clinician, and their readiness to enter into practice.

Details on accreditation are contained in *Program Standards for the Doctor of Chiropractic Degree Program – Canada (2018 Pending)*. The role of accreditation is to accredit the program. The program must demonstrate how students reach the level of competencies included in the *Entry-to-practice competency profile for Chiropractors in Canada*.

NB. All of the colour highlights (hyperlinks) are described or defined in tabular form at the end of this document.

Key Competencies, enabling competencies

1. [Neuromusculoskeletal \(NMS\) Expert](#)

The role of the NMS expert is to:

- 1.1 Demonstrate proficiency in determining a differential diagnosis of the patient.
 - 1.1.1 Demonstrate proficiency in conducting a [history](#)
 - 1.1.2 Demonstrate proficiency in performing an [examination](#)
 - 1.1.3 Demonstrate proficiency in determining the need for and selection of or referral for appropriate [imaging modalities](#) and [laboratory analysis](#) to order to arrive at an appropriate [differential diagnosis](#).
 - 1.1.4 Demonstrate proficiency in interpretation of results of diagnostic testing
 - 1.1.5 Demonstrate [clinical reasoning](#) by considering the relative influence of all determinants in the formulation of a differential diagnosis

- 1.2 Develop and manage an appropriate [plan of patient care](#).
 - 1.2.1 Prioritize issues that need to be addressed
 - 1.2.2 Consider risk management strategies that address [patient safety](#)
 - 1.2.3 Obtain informed consent
 - 1.2.4 Implement measurable and effective [patient-centered](#) management that supports ongoing care, follow up investigations, response to treatment and further consultation
 - 1.2.5 Adapt to unanticipated clinical findings.

- 1.3 Demonstrate the proficient delivery of [therapeutic interventions](#)
 - 1.3.1 Implement safe and effective interventions consistent with the established differential diagnosis and treatment goals and expectations
 - 1.3.2 Recognize and respond to [adverse events](#)
 - 1.3.3 Provide evidence informed [conservative](#) care for NMS conditions

- 1.4 Deliver appropriate chiropractic adjustments/manipulations as identified in the treatment plan
 - 1.4.1 Identify segmental dysfunction of the spine and/or other articulations
 - 1.4.2 Analyze and interpret findings indicating the need for chiropractic adjustment / manipulation
 - 1.4.3 Identify indications, contraindications, and risk factors for the chiropractic adjustment / manipulation, explain the anticipated benefits, potential complications and effects to patients
 - 1.4.4 Apply chiropractic adjustment/manipulation to patients while ensuring patient safety
 - 1.4.5 Identify the effects following the chiropractic adjustment / manipulation

2. Communicator

The role of the communicator is to:

- 2.1 Establish rapport and trust with patients, their families and/or caregivers and/or support persons, colleagues and other [health professionals](#):
 - 2.1.1 Engage in responsive, non-judgmental and [culturally respectful dialogue](#), during written (including electronic) communication, verbal, and non-verbal communication
 - 2.1.2 Facilitate an environment which optimizes patient comfort, safety, confidentiality and privacy
 - 2.1.3 Share information in an empathic manner that respects patient privacy and confidentiality
 - 2.1.4 Recognize the physical and psychosocial needs of patients
 - 2.1.5 Identify [barriers](#) and adapt [communication approaches](#) that enable shared decision-making and promote patient engagement in their care.
- 2.2 Synthesize relevant information and perspective of patients and families and/or caregivers and/or support persons, colleagues and other health professionals.
 - 2.2.1 Gather and document relevant information and perspectives of patients and families, colleagues and other professionals
 - 2.2.2 Document clinical information and encounters in an accurate, [readable](#), complete, timely and accessible manner in compliance with regulatory and legal requirements
- 2.3 Communicate in a collaborative, responsive and responsible manner that is meaningful to the recipient.
 - 2.3.1. Recognize when values, biases, or perspectives of patients, chiropractors or other health care professionals may have an impact on quality of care, and modify the approach to the patient accordingly
 - 2.3.2 Participate in a continuing dialogue (with patient and/or referrer) while maintaining informed consent as part of the evolving process of patient engagement
 - 2.3.3 Assist patients, their families and/or caregivers and/or support persons to identify, access and make use of information and communication technologies to support their care and manage their health
 - 2.3.4 Utilize communication skills and strategies that help the public to practically apply evidence-informed health information
 - 2.3.5 Manage [conflicts](#), misunderstandings and sensitive conversations in a professional manner
 - 2.3.6 Address challenging communication issues effectively, such as obtaining informed consent and addressing anger, confusion and misunderstanding
 - 2.3.7 Provide clear and accurate explanation about the plan of care, recommendations and prognosis for the goals of proposed interventions, as well as the risks and benefits of proposed interventions within a structured report of findings.
- 2.4 Demonstrate appropriate and responsible use of technology for communication
 - 2.4.1 Implement steps to comply with relevant regulation and acts that relates to security, confidentiality and privacy issues with the use of [electronic communication](#) and data collection

3. Collaborator

As collaborators, chiropractors work with others to deliver [intra-](#) and [inter-](#)professional care.

- 3.1 Demonstrate an understanding of the chiropractic scope of practice and those of other health professions
 - 3.1.1 Demonstrate knowledge of relevant provider's scopes of practice in order to best address the patients' needs and health goals
 - 3.1.2 Co-manage and/or refer to the appropriate health professionals when applicable

- 3.2 Value and engage the patient/family/support persons in patient care.
 - 3.2.1 Actively engages patient/family/support persons as team members in planning patient care
 - 3.2.2 Demonstrate respect for patient, family and community cultural and social values in the provision of clinical care
 - 3.2.3 Adapt to a variety of patient types and populations

- 3.3 Work effectively with chiropractors and other health professionals.
 - 3.3.1 Engage in respectful shared decision making with chiropractors and others health professionals when required or when applicable
 - 3.3.2 Negotiate overlapping and shared responsibilities with chiropractors and other health professions when required or when applicable
 - 3.3.3 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
 - 3.3.4 Utilize both verbal and/or written communication in situations of referrals and co-management
 - 3.3.5 Support and assist colleagues and other health professionals through constructive feedback and knowledge transfer when required or when applicable

4. Health Advocate

The role of a health advocate is to:

- 4.1 Advocate for health, healthy lifestyle at home/work/recreation, injury prevention, and quality of life for individual patients and communities within and beyond the clinical environment.
 - 4.1.1 Explore relevant personal and social [determinants of health](#) with the patient
 - 4.1.2 Encourage patients and their families to adopt healthy behaviours
 - 4.1.3 Recognize, support and assist in implementing evidence-informed public health practices and initiatives
 - 4.1.4 Identify and address barriers and [facilitators](#) to adopting healthy behaviours
 - 4.1.5 Use opportunities to communicate the role and benefits of chiropractic to enhance individual and community health

5. Scholar

The role of a scholar is to:

- 5.1 Demonstrate skills as a [knowledge broker](#) that includes contribution to the creation, critical appraisal, dissemination, application and/or translation of health care knowledge into practice.
 - 5.1.1 Demonstrate an understanding of the scientific principles of research and evidence-informed practice for health care
 - 5.1.2 Demonstrate the ability to identify and retrieve relevant scientific literature, and to critically appraise and evaluate the applicability of health related literature and research
 - 5.1.3 Summarize and communicate to professional and lay audiences the findings of relevant research and/or [scholarly evidence](#)
 - 5.1.4 Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations
 - 5.1.5 Identify and develop strategies to address knowledge gaps in clinical care
 - 5.1.6 Demonstrate attributes of a lifelong learner including strategies to integrate new [evidence](#)-informed knowledge into practice
 - 5.1.7 Educate colleagues, other health professionals and students in evidence-informed chiropractic practice
- 5.2 Establish and maintain [evidence informed](#) clinical knowledge, skills, and attitudes, appropriate for the practice of chiropractic.
 - 5.2.1 Demonstrate the application of knowledge of the clinical and biomedical sciences
 - 5.2.2 Execute the practice of chiropractic in an evidence-informed manner considering best current evidence, patient preference and clinician expertise

6. Professional

The role of a professional is to:

- 6.1 Demonstrate a commitment to the patient, profession and society through ethical behaviour.
 - 6.1.1 Exhibit appropriate professional behaviours and relationships with colleagues, mentors, and other health professionals
 - 6.1.2 Respond appropriately to ethical issues and conflicts of interest
 - 6.1.3 Adhere to professional codes of ethics, standards of practice, and professional regulations

- 6.2 Identify and describe the elements of appropriate, [ethical](#) and [healthy business practices](#) that could help develop and sustain a successful chiropractic practice.
 - 6.2.1 Identify and describe the elements of how to manage and balance personal and professional demands
 - 6.2.3 Understand ethical business skills and practices
 - 6.2.4 Understand relevant advertising and marketing practices that comply with legislation and/or regulation
 - 6.2.5 Understand [quality improvement](#) processes for business practices.

- 6.3 Demonstrate elements of reflective practice.
 - 6.3.1 Demonstrate an ongoing ability for critical self-appraisal, including an examination of one's own strengths, weaknesses and biases
 - 6.3.2 Implement appropriate learning opportunities and/or remediation strategies
 - 6.3.3 Demonstrate the ability to ask for assistance or mentorship

7. Leader

The role of a leader is to:

- 7.1 Identify and describe the elements of leadership in professional practice.
 - 7.1.1 Understand the roles and governance structures of regulatory and professional organizations relevant to the chiropractic profession
 - 7.1.2 Identify capacity to contribute to the profession through strategic alignment between areas of interest, strengths and professional opportunities
 - 7.1.3 Demonstrate [engagement](#) through community, professional, volunteer or other activities
 - 7.1.4 Understand how to contribute to the improvement of health care delivery in teams, organizations and systems

References:

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<http://www.health.gov.on.ca/en/pro/programs/fht/>

Term	Description of key terms
I. Expert	
(NMS) expert	As Neuromusculoskeletal (NMS) Experts, chiropractors integrate all of the key competencies, applying chiropractic knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. NMS Expert is the central chiropractic key competency and defines the chiropractor’s clinical scope of practice.
Evidence informed	Evidence-informed practice integrates best available evidence with client context and the personal knowledge and experience of the chiropractor to inform clinical problem solving and decision-making. Note: Practice-based evidence is evidence collected from routine clinical practice and it forms part of evidence-informed practice. References: Sackett, DL; Straus, SC; Richardson, WS; Rosenbert, W; Harnes, RB. (2000). Evidence Based Medicine: How to practice and teach EBM. (2nd ed). Edinburgh: Churchill Livingstone. Woodburt, MG; Kuhnke, JL. Evidence-based Practice vs. Evidence-informed Practice: What’s the Difference? Wound Care Canada. Vol 12, No 1, Spring 2014. 18-21
History	The chiropractor identifies the area(s) of complaint and the nature of the NMS condition by asking questions regarding the onset and pattern of the symptoms (location, duration, frequency, intensity, character, radiation), aggravating and relieving factors, and associated signs and symptoms. The history enquires about different areas of the patient's health including: <ul style="list-style-type: none"> ○ Family history ○ Dietary habits and general lifestyle ○ Past history of other treatments (chiropractic, physiotherapy, medical and other) ○ Occupational history ○ Psychosocial history ○ Other areas to probe, often based on responses to above questions.

Physical examination	<p>The chiropractor performs physical tests, taking into account the patient’s presenting history and symptoms, with the intent of establishing a diagnosis and devising a treatment plan.</p> <p>The examination may include observation, postural evaluation, as well as biomechanical, neurological and orthopedic tests, and assessment of joint motion and muscle function and palpation.</p> <p>The chiropractor also performs a basic evaluation of all body systems with the intent of screening for conditions that need to be considered in the differential diagnosis process or that require a referral to another health professional.</p>
Imaging modalities*	<p>Imaging modalities refer to techniques and processes which create visual representations of the interior of a body for clinical analysis and intervention. Depending on the jurisdiction, chiropractors may have the right to prescribe, perform and interpret diagnostic ultrasound, x-ray, computed Tomography (CT), magnetic resonance imaging (MRI)</p> <p>*regulations vary and are controlled by jurisdiction</p>
Laboratory analysis*	<p>The testing of human samples of tissues, blood, urine, and feces, for the purposes of refining a differential diagnosis.</p> <p>*regulations vary and are controlled by jurisdiction</p>
Differential diagnosis	<p>The process of differentiating between two or more diagnostic possibilities that share similar signs or symptoms, using results of history, physical exam, and/or laboratory tests, imaging and/or referral as needed to rule in or rule out different diagnostic possibilities.</p>
Clinical reasoning	<p>“The Process in which the clinician, interacting with the patient and significant others structures meaning, goals, diagnosis and health management strategies based upon clinical data, client choices and professional judgement and knowledge. It is thinking and decision-making associated with clinical practice that enables clinicians to take the best-judged action for individual patients. In this sense, clinical reasoning is the means to ‘wise’ action.”</p> <p>Jones, M. and Rivett, D. (Clinical Reasoning for manual therapists, 2004) Butterworth-Heinemann ISBN: 978-0-7506-3906-4</p>

Referral	<p>The directing of a patient to another health professional for consultation, review, or further action, from one clinician or clinic to another by request.</p> <p>Note: the term health professional is used in the broadest sense to including referral to health professionals as well as community services and psychosocial supports needed to manage health</p>
Plan of patient care	<p>The plan of management for the patient and their condition. The care plan generally includes goals, as well as treatment modalities, frequency and duration.</p> <p>Short-term goals may include pain reduction and restoration of normal joint function and muscle balance</p> <p>Care plans may also include long-term goals such as restoring functional independence and/or tolerance to normal activities of daily living.</p> <p>For chiropractors, the care plan may include some or all of the following:</p> <ul style="list-style-type: none"> • Joint manipulation (adjustments) and mobilizations, both manual and mechanically-assisted to areas of joint dysfunction, including the spine and the peripheral joints • Established therapeutic modalities to improve soft tissue healing and pain control • Exercises to improve muscle balance, flexibility, strength, and coordination • Patient education to improve posture and motor control, as well as possibly reduce anxiety • Other treatments such as massage, heat/cold application, and education on ergonomics and nutrition. <p>The plan should specify the expected frequency and duration of care and include periodical re-evaluations.</p> <p>https://www.spine-health.com/treatment/chiropractic/chiropractic-treatment-plan</p>
Patient safety	<p>The World Health Organization (WHO) defines patient safety as:</p>

	<p>“the absence of preventable harm to a patient during the process of health care and reduction of risk of unnecessary harm associated with health care to an acceptable minimum. “</p> <p>Acceptable minimum: “refers to the collective notions of given current knowledge, resources available and the context in which care was delivered weighed against the risk of non-treatment or other treatment” and expects co-morbidities and contra-indications to be taken into account when establishing a plan of care.</p> <p>http://www.who.int/patientsafety/en/</p> <p>WHO notes that older and sicker patients often present with significant co-morbidities “requiring more and more difficult decisions as to health care priorities. Increasing economic pressure on health systems often leads to overloaded health care environments.”</p> <p>http://www.euro.who.int/en/health-topics/Health-systems/patient-safety</p>
Adverse event	An untoward or undesirable occurrence in the healthcare process
Patient centered care	<p>“the practice of caring for patients (and their families) in ways that are meaningful and valuable to the individual patient. It includes listening to, informing and involving patients in their care.”</p> <p>Eight principles of patient centered-care:</p> <ol style="list-style-type: none"> 1. Respect for patients’ values, preferences and expressed needs 2. Coordination and integration of care 3. Information and education 4. Physical comfort 5. Emotional support and alleviation of fear and anxiety 6. Involvement of family and friends 7. Continuity and transition 8. Access to care <p>https://www.oneviewhealthcare.com/the-eight-principles-of-patient-centered-care/</p>

Conservative care	Type of treatment defined by the avoidance of invasive measures such as surgery or other invasive procedures , usually with the intent to preserve function or body parts
Adjustment/manipulation	Doctors of chiropractic employ adjustment/manipulation to address joint and neurophysiologic dysfunction. The adjustment/manipulation is a precise procedure requiring the discrimination and identification of dysfunction, interpretation and application of clinical knowledge; and the use of cognitive and psychomotor skills.
Therapeutic interventions	A treatment or intervention delivered with the intent of modifying the outcome of a patient's health. In chiropractic, an intervention is usually undertaken to help treat or cure a condition.
Therapeutic skill	The ability of a clinician to deliver a therapeutic intervention in a way that is effective while minimizing risk to the patient. e.g. as a therapeutic skill used by most chiropractors, spinal manipulation requires the ability to accurately control the speed, force, depth and distance of the adjustive thrust. It also requires the ability to modify these parameters to suit different types of patients and conditions, including the recognition of risk factors and contraindications.
Co-morbidity	One or more additional conditions that co-exist alongside the patient's primary complaint, and may require co-management of the patient's care and/or modification of the treatment approach e.g. osteoporosis, Parkinson's, lupus, etc.
Chronic conditions	Pre-existing health conditions which need to be co-managed alongside the NMS conditions e.g. lupus, metabolic syndrome, COPD, multiple sclerosis, etc.
II. Communicator	
Health professional	Both regulated and non-regulated professions involved in patient management e.g. doctors, physiotherapists, social workers, kinesiologists, personal support workers, case managers, etc.
Culturally respectful communication	Finding a way to communicate effectively that also respects and accepts cultural differences in ways of communicating
Barriers to communication	Obstacles which interfere with a message being understood. Examples of barriers:

- Use of jargon. Over-complicated, unfamiliar and/or technical terms.
 - Emotional barriers and taboos. Some people may find it difficult to express their emotions; some topics may be completely 'off-limits' or taboo. Taboo or difficult topics may include, politics, religion, disabilities (mental and physical), sexuality and sex, racism and any opinion that may be seen as unpopular.
 - Lack of attention, interest, distractions, or irrelevance to the receiver.
 - Differences in perception and viewpoint.
 - Physical disabilities such as hearing problems or speech difficulties.
 - Physical barriers to non-verbal communication. E.g. not being able to see the non-verbal cues, gestures, posture and general body language can make communication less effective.
 - Language differences and the difficulty in understanding unfamiliar accents.
 - Expectations and prejudices which may lead to false assumptions or stereotyping. People often hear what they expect to hear rather than what is actually said and jump to incorrect conclusions.
 - Cultural differences. Differences in the norms of social interaction differ between cultures, including the way in which emotions are expressed. E.g. the concept of personal space is different for different cultures and between different social settings.
- (Reference: <https://www.skillsyouneed.com/ips/barriers-communication.html>)

Readable	Able to be read or deciphered; legible. Legible, easy to read, decipherable, clear, intelligible, comprehensible, reader-friendly e.g. "the inscription is perfectly readable"
Communication approaches	Broadly encompasses all forms of communication (e.g. verbal, written, non-verbal, including assistive devices (hearing aids, augmented communication devices, interpreters)) The approach used for communication will depend on whether the goal is to gather information, provide support, share insights, etc.
Conflict	Actual or perceived difference between two or more beliefs, ideas or interests; Note: conflict can be constructive and its resolution can lead to growth
Electronic communication	All forms of electronic communication including email, texts, data bases, websites, social media
Assistive/augmented communication devices	"communication methods and technologies used to supplement or replace speech or writing for those with impairments in the production or comprehension of spoken or written language." Fossett, B; Mirenda, P. (2009). Augmentative and Alternative Communication. In Odom, SL; Horner, RH; Snell, ME. Handbook of Developmental Disabilities. Guilford Press. 330–366.
III. Collaborator	
Intra-professional care	Intra-professional care refers to care provided through collaboration between two or more chiropractors
Inter-professional care	Inter-professional care refers to care provided through collaboration between chiropractors and other health professionals Note: inter-professional adopts an inclusive view of "professional" to include all those who provide, care/ service as well as patients/ clients, families and communities who are integral components of the patient care process
IV. Health Advocate	
Determinants of health	Conditions in which people are born, grow, live, work and age. The WHO states that the determinants of health include: the social and economic environment,

	the physical environment, and the person's individual characteristics and behaviours.
Facilitators of health	Personal, environmental, financial and social resources which improve the ability to make and implement positive health choices
Barriers to health	Personal, environmental, financial and social resources that limit the ability to make and implement positive health choices
V. Scholar	
Knowledge broker	Knowledge brokers (KBs) work collaboratively with key stakeholders to facilitate the transfer and exchange of information in a given context https://doi.org/10.1186/s13012-015-0351-9
Vulnerable populations	Vulnerable populations are groups and communities at a higher risk for poor health as a result of the barriers they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability. http://nccdh.ca/glossary/entry/vulnerable-populations
Scholarly evidence	"Scholarly sources (also referred to as academic, peer-reviewed, or refereed sources) are written by experts in a particular field and serve to keep others interested in that field up to date on the most recent research, findings, and news." https://www.library.illinois.edu/ugl/howdoi/scholarly/
Evidence	More broadly defined than scholarly evidence; may include consensus based guidelines, systematic and narrative reviews includes original research, systematic reviews, clinical practice guidelines, etc.
Lifelong learner	Lifelong learning is the "ongoing, voluntary, and self-motivated"[1] pursuit of knowledge for either personal or professional reasons. Department of Education and Science (2000). <u>Learning for Life: Paper on Adult Education</u> . Dublin: Stationery Office.
VI. Professional	
Ethical business practices	Using values and morals to guide your business decisions, evidence-informed care plan, includes recognizing and adhering to contractual obligations, and ethical tax practices

Healthy business practices	A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace (WHO)
Quality improvement	Using data from your practice to improve your practice management e.g. monitoring and addressing long wait lists, lack of follow-up, etc...
VII. Leader	
Engagement	Participation in community and professional activities or events e.g. sitting on student council, boards of vulnerable groups and/or charities, volunteering, running events; coaching sports teams