

Additional file 3: English translation of the competency assessment rubric based on the national framework, according to *Compagnon L et al. Définitions et descriptions des compétences en médecine générale. exercer. 2013;24(108):148-55* and *Compagnon L, Bail P, Huez JF, Stalnikiewicz B, Ghasarossian C, Zerbib Y, et al. Les niveaux de compétences. exercer. 2013;24(108):156–64.*

		The resident...
PRIMARY CARE, EMERGENCY	Novice	☐ Accepts all complaints made to them, particularly in the biomedical field. ☐ Discusses and identifies major life-threatening emergencies and knows how to alert emergency services to direct them to the appropriate departments. ☐ Becomes aware of the breadth of possible activities in outpatient practice and questions their ability to handle them.
	Intermediate	☐ Collects, accepts without rejecting, and analyzes the most frequent explicit requests, attempts to manage them by identifying the real demand, trying to prioritize them with a disease-centered rather than patient-centered approach, and considering prevalences related to the context. ☐ Makes attempts to identify the real demand behind the alleged complaint, trying to integrate the patient's history and life context; still struggles to broaden their disease-centered vision and needs support in the form of supervision to become more patient-centered. ☐ Makes decisions without having systematically obtained a disease diagnosis and accepts discussing this with the patient. ☐ Accepts the idea that urgent requests also cover perceived emergencies. ☐ Gradually extends the scope of their intervention capabilities and appropriately addresses problems or situations of patients that require external intervention. ☐ Broadens the content of the consultation to include other health problems.
	Competent	☐ Addresses the most prevalent primary care complaints by mobilizing internal and external resources to resolve them. ☐ Organizes to address the most prevalent primary care complaints by also participating in on-call duties. ☐ Makes situational diagnoses. ☐ Discusses the early stages of diseases and, outside of emergency situations, takes time (cf. follow-up). ☐ Considers the possibility of medically unexplained symptoms (MUS). ☐ Expands the scope of the consultation to other dimensions and other health problems by potentially planning preventive actions in agreement with the patient. ☐ Manages the patient's perceived emergencies. ☐ Collaborates with other professionals and assumes their responsibilities.

		The resident...
HOLISTIC APPROACH, CONSIDERATION OF COMPLEXITY	Novice	☐ Explores certain aspects of the clinical situation by segmenting them analytically, prioritizing the biomedical aspect over psychosocial aspects. ☐ Utilizes the consultation and clinical examination time primarily for collecting biomedical data. ☐ Perceives that there are psychosocial, cultural, ethical, legal, and administrative factors in the decision-making process and acknowledges the necessity of considering them. ☐ Accepts that caring for the patient is not limited to focusing on their illness, although this approach is not straightforward for them. ☐ Seeks to improve their knowledge to find the appropriate response to a situation.
	Intermediate	☐ Recognizes that a clinical situation cannot be reduced to a medical diagnosis and that it is necessary to integrate other aspects to understand and manage the clinical situation. ☐ Attempts to move from a medical diagnosis to a diagnosis that includes part of the context, without it necessarily being a situational diagnosis. ☐ During a consultation, can use certain concepts from medical psychology to better understand the meaning of their own reactions and those of the patient, with the aim of assisting the latter. ☐ Can reassess a situation, changing their analysis of it during subsequent visits to integrate new data after reflection. ☐ Adapts their approach to better understand the situation and modifies their initial stance if necessary. ☐ Understands that there are different timelines between the doctor and the patient in all situations, especially in cases of discordance (time needed for each patient). ☐ Accepts that there are multiple acceptable responses depending on the various possible analyses. Considers part of the complexity in the situation. Acknowledges the role of uncertainty in the decision-making process.
	Competent	☐ In routine situations, considers data from multiple fields and sources, attempting to integrate them into a patient-centered decision. ☐ Takes the necessary and sufficient time to explore a situation. Allows the patient time to process. ☐ Manages several different types of problems simultaneously by prioritizing them. ☐ Uses time as an ally, as an aid to decision-making in accordance with the patient's situation. ☐ Depending on the situation, can adjust their approach. ☐ In typical conditions of moderate complexity, can establish a supportive relationship with a beneficial psychotherapeutic effect for the patient. ☐ Differentiates between personal uncertainty and professional uncertainty.

		The resident...
EDUCATION, PREVENTION, INDIVIDUAL AND COMMUNITY HEALTH	Novice	☐ Accepts the significance and importance of the various components of this broad competency in the general practitioner's activity. ☐ Defines what the three levels of prevention by the WHO cover: primary, secondary, and tertiary. ☐ Has a vague understanding of what patient education encompasses with its three levels of activity, from the most general to the most specific: patient health education, patient education about their illness, and therapeutic patient education. ☐ Feels responsible for managing the patient's health. ☐ Argues their proposals to gain patient adherence, using a logic-centered approach based on their own reasoning and without considering the patient's perceptions.
	Intermediate	☐ Conducts consultations dedicated to prevention, integrating them into care based on patient demand and the physician's constraints. ☐ Carries out preventive measures and actions in the simplest situations. ☐ Identifies and expresses difficulties in changing their caregiver approach. ☐ Seeks collaboration and support from the family environment to assist the patient. ☐ Works with other professionals involved in prevention and patient education.
	Competent	☐ Routinely integrates moments dedicated to individual prevention, organized screening, and patient education into their care activities over time. ☐ Supports the patient in a health education process (educator role). ☐ Clarifies the tensions between individual and collective prevention issues to seek patient adherence. ☐ Actively collaborates with other professionals involved in prevention and patient education.

		The resident...
CONTINUITY, FOLLOW-UP AND COORDINATION OF CARE AROUND THE PATIENT	Novice	☐ Accepts the idea that they will need to see patients again. ☐ Uses the medical record. ☐ Frequently consults other professionals based on decision-making criteria centered on the biomedical and medical aspects. ☐ Transmits the necessary information for the continuity of care. ☐ Utilizes and considers the information from other professionals. ☐ Establishes a doctor-patient relationship based on a "high" expert stance and recognizes its limits. ☐ Makes themselves available for on-call duties.
	Intermediate	☐ Uses time as a factor in the decision-making process in certain situations. ☐ Considers problems and complaints to organize follow-up care. ☐ Builds a relationship over time by trying to involve the patient in decision-making and the care process. ☐ Uses and maintains the medical record with a follow-up perspective. ☐ Connects different points of care. ☐ Establishes a relationship with other professionals, particularly paramedics and social workers, by adapting communication and information methods to the situation and the professional they are communicating with.
	Competent	☐ Understands that the patient has a personal history and a life that determine their character traits and influence the type of follow-up. ☐ Prioritizes complaints and problems and establishes a patient-centered follow-up. ☐ Uses time as an ally, as a decision-making aid in accordance with the patient's situation. ☐ Chooses professionals in agreement with the patient based on biopsychosocial criteria. ☐ Analyzes the opinions of various professionals, synthesizes them to make a patient-centered decision. ☐ Uses the medical record to plan follow-up with a perspective of promoting health at both individual and collective levels, including prevention and screening. ☐ Collaborates in the continuity and coordination of home care. ☐ Participates in organizing accessibility to care, including during their absences.

		The resident...
RELATIONSHIP, COMMUNICATION, PATIENT-CENTRED APPROACH	Novice	☐ Accepts the idea that they must establish a relationship with the patient to practice general medicine. ☐ Knows some theoretical foundations of communication and the difference between relationship and communication. ☐ Understands the fundamental characteristics of the doctor-patient relationship. ☐ Identifies the inherent difficulties in practicing relational and communication skills and recognizes that acquiring these competencies requires training. ☐ Conducts a directive interview, interprets the data with a primarily "biomedical" framework, and perceives the limitations in terms of understanding the clinical situation. ☐ Primarily uses verbal communication. ☐ Explains decisions and hopes to gain patient adherence. ☐ Communicates with patients' families based on what they believe is important for the patient. ☐ Communicates with various professionals using different media.
	Intermediate	☐ Identifies the communicational and relational data that contribute to the decision-making process. ☐ In analyzing a consultation, can use certain notions from medical psychology to better understand the patient and the meaning of their reactions. ☐ In routine situations, builds a relationship by applying patient-centered communication skills. ☐ Accepts the idea that not everything can be addressed or resolved in a single consultation. ☐ Identifies and expresses their relational and communication difficulties. ☐ Communicates with the patient's family, using the same skills as with the patient, while being mindful of medical confidentiality. ☐ Establishes a relationship with other professionals (including paramedics and social workers) by adapting communication and information methods to the situation and the professional they are communicating with.
	Competent	☐ Except in very complex situations, independently conducts a patient-centered interview and structures it. ☐ In usual conditions of moderate complexity, can manage emotions, remaining empathetic and respectful. ☐ In usual conditions of moderate complexity, can establish a supportive relationship with a beneficial psychotherapeutic effect for the patient. ☐ In problematic situations and/or relationships (aggression, seduction, sympathy, rejection, etc.), builds and attempts to maintain the relationship while questioning its nature. ☐ Communicates about their mistakes, considering the patient's opinion and accepting to be questioned. ☐ In usual conditions, reflects on their communication abilities with the patient and their family. ☐ Establishes an operational relationship with medical and social care professionals and the patient's family in the patient's best interest.

		The resident...
PROFESSIONNALISM	Novice	☐ Envisions a professional project. ☐ Accepts their role as an intern. ☐ Demonstrates an altruistic commitment to the patient. ☐ Participates in the theoretical and practical training
	Intermediate	☐ Shows commitment to general practice. ☐ Cares for the patient with altruism, honesty, and in adherence to ethical standards. ☐ Recognizes the need for continuous acquisition of new knowledge to improve competencies. ☐ Defines training objectives based on their professional project. ☐ Organizes their work time.
	Competent	☐ Assumes responsibility towards the patient and society. ☐ Collaborates with other healthcare providers. ☐ Organizes their tools and work time. ☐ Improves their competencies. ☐ Cares for the patient with altruism. ☐ Contributes to the promotion of the discipline.