Table 6.1-1 | Competencies, Program Objectives, and Outcome Measures

List each general competency expected of graduates, the related medical education program objectives, and the outcome measure(s) <u>specifically</u> used to assess students' attainment of <u>each</u> related education program objective. Add rows as needed.

objective. Add rows as needed.		
General Competency	Medical Education Program Objective(s)	Outcome (Assessment)
	Linked to the Competency	Measure(s) for Each Objective
P1. Professionalism: Practice with	P1.1. Demonstrate honesty and integrity in all	Phase 1– AM03, AM10, AM13, AM17
Integrity and Reliability	interactions with patients and their families,	Phase 2– AM02, AM03, AM10
	colleagues, and others.	Phase 3– AM02, AM10, AM13
	P1.2. Prioritize the interests of one's patients over	Phase 1 –
	one's own interests.	Phase 2 – AM02, AM10, AM13
		Phase 3 – AM02, AM10, AM 13
	P1.3. Show respect for patient confidentiality and	Phase 1 – AM03, AM10, AM13, AM17
	privacy of protected health information.	Phase 2 – AM02, AM03, AM10, AM13
		Phase 3 – AM02, AM10, AM13
	P1.4. Seek to understand and express respect for	Phase 1 – AM03, AM10, AM12, AM13,
	people of diverse cultures and belief systems	AM17
		Phase 2 – AM02, AM10, AM13
		Phase 3 – AM02, AM10, AM13
P2. Professionalism: Practice	P2.1. Exhibit compassion and respect in the	Phase 1 – AM03, AM10
Compassionate Care with a	treatment of patients while maintaining	Phase 2 – AM02, AM03, AM10
Commitment to Dignity (ethical and	appropriate boundaries.	Phase 3 – AM02, AM10, AM13
person-centered)	D2.2 F + + + 1.1	DI 1 ANGO ANGO ANGO
	P2.2. Foster trust and shared decision-making	Phase 1 – AM03, AM10, AM12
	through the exchange of information about	Phase 2 – AM02, AM03, AM10, AM13
	recommended treatments. P2.3. Advocate and provide care for patients from	Phase 3 – AM02, AM10, AM13 Phase 1 – AM03, AM10
	diverse cultures, underserved or vulnerable	Phase 2 – AM02, AM03, AM10
	populations.	Phase 3 – AM02, AM10, AM13
	P2.4. Apply major theories and principles of	Phase 1 – AM03, AM10, AM12, AM13
	medical ethics to resolve ethical dilemmas in	Phase 2 – AM02, AM03, AM10
	research and practice.	Phase 3 – AM02, AM10, AM13
	P2.5. Recognize threats to medical	Phase 1 – AM03, AM10, AM12, AM13
	professionalism posed by conflicts of interest	Phase 2 – AM02, AM03, AM10
	inherent in financial and organizational	Phase 3 – AM02, AM10, AM13
	arrangements overseeing the practice of medicine.	
PC1. Patient Care: Gathering	PC1.1. Complete an accurate and thorough	Phase 1 – AM03, AM11
Information: Assimilate critical	medical history, including topics related to age,	Phase 2 – AM02, AM03, AM10
information from patient history, past	gender, genetic background, occupation,	Phase 3 – AM02, AM10
medical records, and physical exam	environment, sexuality, and socioeconomic	
	status.	
	PC1.2. Conduct a comprehensive and skilled	Phase 1 – AM03
	physical exam.	Phase 2 – AM02, AM03, AM08, AM10
		Phase 3 – AM02, AM07, AM10
	PC1.3. Effectively use clinical information	Phase 1 – AM03
	systems to retrieve patient-specific information or	Phase 2 – AM02, AM03, AM10
	data.	Phase 3 – AM02, AM10
PC2. Patient Care: Diagnostic	PC2.1. Interpret the most relevant clinical,	Phase 1 – AM03, AM11
Processes: Utilize critical synthesis	laboratory, imaging, and pathologic	Phase 2 – AM02, AM03, AM08, AM10
and decision-making skills to	manifestations of common diseases and injuries	Phase 3 – AM02, AM07, AM10
continually update a differential		
diagnosis		

	PC2.2. Articulate a differential diagnosis that	Phase 1 – AM03, AM11
	combines scientific principles and sound clinical	Phase 2 – AM02, AM03, AM10
	reasoning.	Phase 3 – AM02, AM07, AM10
PC3. Patient Care: Developing and	PC3.1. Formulate a problem list, differential	Phase 1 – AM03, AM11
Documenting a Diagnostic and	diagnosis, and their relative certainties, work-up	Phase 2 – AM02, AM03, AM10
Therapeutic Plan: Create appropriate	and treatment plan, identify and communicate the	Phase 3 – AM02, AM10
management strategies for patients	severity of illness and the relative risks and	,
with common acute and chronic	benefits of treatment options and outcomes.	
conditions, including medical,	1	
surgical, and psychiatric conditions,		
and those requiring acute- and long-		
term care.		
	PC3.3. Demonstrate the ability to evaluate and	Phase 1 –
	manage pain to promote comfort.	Phase 2 – AM02, AM10, AM13
	manage pain to promote connorm	Phase 3 – AM02, AM10
	PC3.4. Perform competently the basic technical	Phase 1 – AM03
	procedures used by physicians in clinical practice.	
	procedures used by physicians in crimear practice.	Phase 3 – AM02, AM10
	PC3.5. Record clinical information and formulate	Phase 1 – AM03
	orders directing the further care of the patient.	Phase 2 – AM01, AM02, AM03, AM10
	orders directing the further care of the patient.	Phase 3 – AM01, AM02, AM03, AM10 Phase 3 – AM01, AM02, AM10
	DC2 (Former and formities in should	Phase 1 – AM03
	PC3.6. Engage patients and families in shared	
	decision making.	Phase 2 – AM02, AM10
) (IZ 1) (IZ 1 1) IZ 1	NGZ1 1 D. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Phase 3 – AM02, AM10
MK1. Medical Knowledge: Normal	MK1.1. Describe the body's normal structure and	Phase 1 – AM04, AM11, AM19
Physiology and Anatomy	function for each major organ system and their	Phase 2 – AM02, AM08, AM10
	integration for normal function.	Phase 3 – AM02, AM07, AM10
	MK1.2. Identify and explain the molecular,	Phase 1 – AM04, AM11, AM19
	biochemical, and cellular mechanisms important	Phase 2 – AM02, AM08, AM10
	in maintaining homeostasis.	Phase 3 – AM02, AM07, AM10
MK2. Medical Knowledge:	MK2.1 State the developmental, genetic,	Phase 1 – AM04, AM11
Pathogenesis and Abnormal	metabolic, autoimmune, neoplastic, degenerative,	Phase 2 – AM02, AM08, AM10
Physiology and Anatomy: Apply	psychosocial, and traumatic cause of major	Phase 3 – AM02, AM07, AM10
relevant scientific knowledge of	categories of disease and injury and the ways in	
disease mechanisms and the	which they present in clinical practice.	
consequences of abnormal physiology		
and anatomy.		
	MK2.2. Correlate the pathology and	Phase 1 – AM04, AM11, AM19
	pathophysiology of the body's major organ	Phase 2 – AM02, AM08, AM10
	systems to various diseases and conditions.	Phase 3 – AM02, AM07, AM10
	MK2.3. Define the principles of pharmacology,	Phase 1 – AM04, AM11
	therapeutics, and therapeutic decision-making as	Phase 2 – AM02, AM08, AM10
	they relate to the mechanisms of disease.	Phase 3 – AM02, AM07, AM10
	MK 2.4. Predict the effects of environmental or	Phase 1 – AM04, AM11
	genetic variations in the structure and function of	Phase 2 – AM02, AM10
	the body.	Phase 3 – AM02, AM07, AM10
MK3. Medical Knowledge:	MK.3.1 Recognize and elicit the important non-	Phase 1 – AM04, AM11
Biopsychosocial Factors:	biological determinants of poor health, including	Phase 2 – AM02, AM10
Demonstrate and apply relevant	the psychological and social factors that	Phase 3 – AM02, AM07, AM10
scientific knowledge of	contribute to the development and/or	, .,,
biopsychosocial as well as cultural	exacerbation of illnesses.	
and historical factors unique to the		
community and region that alter		
physiology, affect disease prevention		
and therapeutic interventions, promote		
and merupeane micer ventions, promote	1	I

and protect health and minimize		
health disparities.	MK3.2. Depict the epidemiology and risk factors of common illnesses within defined populations and the systematic approaches useful in lowering the incidence and frequency of those illnesses, emphasizing application of lifestyle medicine	Phase 1 – AM04, AM11 Phase 2 – AM02, AM10 Phase 3 – AM02, AM07, AM10
	(e.g., diet, exercise). MK3.3. Evaluate the major social determinants of health and identify the disparities at the population, local, national, and global levels. MK3.4. Identify and apply strategies and practices to mitigate illness and enhance wellness in a rural setting, emphasizing application of lifestyle medicine (e.g., diet, exercise) and incorporation of community customs and resources.	Phase 2 – AM02, AM10 Phase 3 – AM02, AM07, AM10 Phase 1 – AM04, AM11 Phase 2 – AM02, AM10 Phase 3 – AM02, AM10
	MK3.5. Examine and apply principles of ethical and effective communication, engaging strategies for physician advocacy to reduce health disparities and improve population health.	Phase 1 – AM04, AM11 Phase 2 – AM02, AM10 Phase 3 – AM02, AM10
MK4. Medical Knowledge: Scientific Literacy: Demonstrate scientific literacy, including the ability to gather and evaluate information sources, evidence, and research design	MK4.1. Determine the nature and scope of the information needed and effectively search databases to gather information.	Phase 1 – AM12 Phase 2 – AM02, AM10 Phase 3 – AM02, AM16
	MK4.2. Appraise and use the existing literature in the field of inquiry and its sources in the service of ethical conduct of scientific inquiry. MK4.3. Develop an evidence-based approach to gathering and applying information.	Phase 1 – AM12 Phase 2 – AM02, AM10 Phase 3 – AM02, AM16 Phase 1 – AM12 Phase 2 – AM02, AM10 Phase 3 – AM02, AM16
C1. Communication Skills: Patients, Families, and Other Health Care Professionals: Develop effective communication means, both oral and written, with patients, families, and other health professionals.	C1.1. Apply the influence of health literacy in communication across a broad range of cultural, diverse, and socio-economic backgrounds.	Phase 1 – AM03, AM10, AM11, AM12 Phase 2 – AM02, AM03, AM10 Phase 3 – AM02, AM10
•	C1.2. Identify and develop communication strategies regarding sensitive issues such as sexuality, sexual function, gender identity, domestic violence, substance abuse, socioeconomic barriers to health, end-of-life issues, and other topics that affect patient well-being.	Phase 1 – AM03, AM10, AM11, AM12 Phase 2 – AM02, AM03, AM10 Phase 3 – AM02, AM10
	C1.3. Communicate accurately and effectively in the exchange of information orally, in writing, and through electronic health records in the execution of physician responsibilities.	Phase 1 – AM01, AM03, AM10, AM11, AM12 Phase 2 – AM01, AM02, AM03, AM10 Phase 3 – AM02, AM10
PBLI1. Practice-based Learning & Improvement: Continuous Self-Improvement of Knowledge Gaps: Evaluate own medical knowledge and clinical skills, accept limitations, identify goals, and incorporate new	PBL11.1. Integrate performance feedback to improve gaps in knowledge and skills.	Phase 1 – AM13, AM17 Phase 2 – AM10, AM17 Phase 3 – AM10, AM17

information for continuous, lifelong		
learning and improvement.		
roaming and improvement.	PBLI1.2. Generate a plan for growth and	Phase 1 – AM13, AM17
	improvement based on the appraisal of one's own	Phase 2 – AM10, AM17
	knowledge and competences.	Phase 3 – AM10, AM17
	PBLI1.3. Commit to lifelong learning, integrating	Phase 1 – AM13, AM17
	new information to reduce disparities and	Phase 2 – AM10, AM17
	improve healthcare.	Phase 3 – AM10, AM17
PBLI2. Practice-based Learning &	PBLI2.1. Demonstrate self and social awareness.	Phase 1 – AM12, AM13
Improvement: Emotional Intelligence:		Phase 2 – AM10, AM17
Exhibit emotional intelligence in		Phase 3 – AM10, AM17
management of self and others		,
	PBLI2.2. Identify and practice healthy coping	Phase 1 – AM12, AM17
	mechanisms in response to stress.	Phase 2 – AM17
		Phase 3 – AM17
	PBLI2.3. Manage tensions between personal and	Phase 1 – AM12, AM17
	professional responsibilities in the context of	Phase 2 – AM17
	work-life balance and to safeguard personal well-	Phase 3 – AM17
	being.	
	PBLI2.4. Display trustworthiness and self-	Phase 1 – AM10, AM12, AM13
	control.	Phase 2 – AM09
		Phase 3 – AM09
	PBLI2.5. Express situational and self-awareness	Phase 1 – AM12, AM13
	and use that experience to guide thinking and	Phase 2 – AM09
	behavior in the practice of medicine.	Phase 3 – AM09
	PBLI2.6. Integrate new knowledge, skills, values	Phase 1 – AM12, AM17
	and behaviors with one's own unique identity and	
	core values in the development of a professional	Phase $3 - AM10$, $AM17$
apple a la la la	identity.	N 1 12510 12510 12510
SBP1. Systems-based Practice:	SBP1.1. Express respect for the roles of other	Phase 1 – AM10, AM12, AM13
Interprofessional Care: Employ team-	health care professionals and willingness to	Phase 2 – AM02, AM10, AM12
based interprofessional practice in the	collaborate with others in caring for individual	Phase 3 – AM02, AM10
delivery of safe, timely, effective,	patients and in promoting the health of defined	
efficient, equitable, person-centered,	populations.	
population-based health care.	SDD1.2 Description to the board in terms of again al	Phase 1 – AM10, AM12, AM13
	SBP1.2. Practice team-based interprofessional care and maintain a climate of reciprocal respect,	
	dignity, integrity, trust, and inclusiveness among	Phase 2 – AM02, AM10, AM12 Phase 3 – AM02, AM10
	all team members.	T Hase J = AIVIU2, AIVIIU
SBP2. Systems-based Practice: Health	SBP2.1. Describe the structure, purpose and	Phase 1 – AM04, AM12
Care System Context: Incorporate	finance of the healthcare, public health industry,	Phase 2 – AM12
contextual awareness of the larger	academic and research systems, and the role of	Phase 3 –
health care systems, payors, medical	physicians within them.	
products and pharmaceutical	projection within within	
industries and resources into the		
optimal health care and advocacy for		
patients.		
	SBP2.2. Appraise and apply systematic,	Phase 1 – AM04, AM12
	population-based approaches useful in reducing	Phase 2 – AM12
	the incidence and prevalence of common	Phase 3 – AM16
	conditions.	
	SBP2.3. Analyze positive and negative	Phase 1 – AM12
	consequences resulting from the involvement of	Phase 2 – AM12
	industry in health care delivery, scientific	Phase 3 – AM16
	research, and medical product development.	

	SBP2.4. Recognize the tension between the	Phase 1 – AM12
	obligation to meet the needs of individual patients	Phase 2 – AM12
	with a societal obligation to practice evidence-	Phase 3 –
	based medicine and resource stewardship that	
	considers cost and access to care.	
	SBP2.5. Identify, adopt, and apply	Phase 1 – AM12
	techniques/trends in healthcare (i.e. potable	Phase 2 – AM12
	beside ultrasound, telemedicine, etc.) that are	Phase 3 –
	appliable/can be adapted to rural and community	111111111111111111111111111111111111111
	settings.	
SBP3. Systems-based Practice:	SBP3.1. Recognize errors and hazards in care and	Dhaga 1 AMO4 AM10 AM12
1		
Patient Safety, Quality Improvement	employ quality-improvement and basic safety	Phase 2 – AM12
and Value-Based Care: Apply quality	design principles and tools to improve patient	Phase 3 – AM12, AM16
improvement principles and common	safety or patient care.	
patient safety/quality tools to improve		
the value and quality of care.		
	SBP3.2. Utilize informatics to solve problems,	Phase 1 – AM12
	make decisions, and improve knowledge relevant	Phase 2 – AM12
	to the care of individuals and populations.	Phase 3 – AM12
	SBP3.3. Employ evidence-based practices in	Phase 1 – AM12
	concert with patient preferences and values to	Phase 2 – AM12
	deliver optimal care	Phase 3 – AM12
	SBP3.4. Evaluate the validity of information and	Phase 1 – AM12
	apply statistical and quantitative understanding to	Phase 2 – AM12
	the interpretation of data as related to the	Phase 3 – AM12, AM16
	prevention, diagnosis, and treatment of disease.	T Huse 5 - ANTIL, ANTIU
	SBP3.5. Demonstrate the need for continual	Phase 1 – AM12
	measurement of quality of care based on	Phase 2 – AM12
	community and patient needs	Phase 3 – AM12, AM16
	SBP3.6. Realize that quality of care in terms of	Phase 1 – AM12
	structure, process, and outcomes determines the	Phase 2 – AM12
	overall value of care delivered and the evermore	Phase 3 – AM12, AM16
	interdependence on the payment landscape and	
	transparency of care delivery.	
L1. Leadership: Leading in the	L1.1. Demonstrate commitment to the well-being	Phase 1 – AM12
Community	of the community through active civic	Phase 2 –
	participation.	Phase 3 –
	L1.2. Influence positive health habits of	Phase 1 – AM12
	individuals and community by example.	Phase 2 –
		Phase 3 –
	L1.3. Realize the value of developing familiarity	Phase 1 – AM12
	and understanding regarding individual and	Phase 2 – AM12
	community beliefs in contributing toa thriving	Phase 3 –
		1 Hase 3 –
I O I and and in I and in the III	setting for work and play.	Diagram 1
L2. Leadership: Leading in Health	L2.1. Monitor and evaluate local and regional	Phase 1 –
Care Systems and Population Health:	trends in the delivery of health care, identifying	Phase 2 – AM12
Progressively increase perspective and	those which hold promise to solve problems and	Phase 3 – AM12, AM16
experience with local and rural	drive improvement.	
community and population health		
through technology and service -		
learning activities, working toward		
innovative solutions to community,		
system, and population health		
challenges.		

	L2.2. Forecast opportunities and communicate	Phase 1 –
	regional and global trends in the delivery of	Phase 2 – AM12
	health care and opportunities with stakeholders	Phase 3 – AM12
	and team members.	
	L2.3. Apply a strategic perspective to problem-	Phase 1 –
	solving and decision-making related to	Phase 2 –
	community and population health	Phase 3 – AM16
	problems/health care system.	
	L.2.4. Demonstrate insight into situations,	Phase 1 –
	problems and possible solutions when required to	Phase 2 – AM12
	support innovation and problem-solving related to	Phase 3 – AM12, AM16
	community and population health	
	problems/health care system.	
	L.2.5 Promote a culture of quality and process	Phase 1 – AM12
	improvement within the health system.	Phase 2 – AM12
		Phase 3 – AM12
L3. Leadership: Leading /	L3.1. Create vision and strategy, translate these	Phase 1 – AM10, AM13
Participating in Contemporary Health	into team goals and communicate effectively to	Phase 2 – AM10, AM17
Care Teams: Create, motivate,	the team.	Phase 3 – AM10
participate and or lead teams		
committed to improvement in health		
care.		
	L3.2. Build engaged and committed teams;	Phase 1 – AM12, AM13
	leverage their skills and strengths to drive for	Phase 2 – AM12
	improvement in health care.	Phase 3 – AM10, AM12
	L3.3. Model flexibility in the context of change,	Phase 1 – AM12, AM13
	help team members adapt by explaining the	Phase 2 – AM12
	rationale for change and acknowledge their	Phase 3 – AM10, AM12
	concerns about change.	
	L3.4. Inspire and motivate team members to high	Phase 1 – AM12, AM13
	levels of change, accountability, and	Phase 2 – AM12
	performance.	Phase 3 – AM10, AM12
	L3.5. Collaborate with team members to assess	Phase 1 – AM12, AM13
	processes and outcomes against goals in	Phase 2 – AM12
	continuous quality improvement cycles.	Phase 3 – AM10, AM12

*MEDBIQUITOUS Assessment Methods Assessment Methods

AM01: Clinical Documentation Review

AM02: Clinical Performance Rating/Checklist

AM03: Exam – Institutionally Developed, Clinical Performance

AM19: Exam – Institutionally Developed, Laboratory, Practical

AM04: Exam – Institutionally Developed, Written/Computer-based

AM05: Exam – Institutionally Developed, Oral

AM06: Exam – Licensure, Clinical Performance

AM07: Exam – Licensure, Written/Computer-based

AM08: Exam – Nationally Normed/Standardized, Subject

AM09: Multisource Assessment

AM10: Narrative Assessment

AM11: Oral Patient Presentation

AM12: Participation

AM13: Peer Assessment

AM14: Portfolio-Based Assessment AM16: Research or Project Assessment AM17: Self-Assessment AM18: Stimulated Recall