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| *Incorporating Competencies into your Continuing Education Activity*  *Use the below information as a guide to assist in helping you build and design your content for your activity.  \*Note: If it is an IPCE activity, activity development should address competencies of the healthcare team by utilizing 1 or more of Interprofessional Education Collaborative competencies (see below)* |
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| *ABMS/ACGME* |
| Patient Care or Procedural Skills: Use of clinical skills and ability to provide care and promote health in an appropriate manner that incorporates evidence-based medical practice, demonstrates good clinical judgment, and fosters patient-centered decision-making  Common Assessment methods:   * Direct observation (live or video) * Rating scales/evaluation forms * Audit of clinical practice (e.g., quality performance measures) * Simulation (including standardized patients) * Case logs/registries |
| Medical Knowledge: Demonstration of knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of these sciences in patient care.  Common Assessment methods:   * In-training examinations * Oral questioning methods (e.g., SNAPPS) * Direct observation (live or video) * Assessment of Reasoning Tool |
| Practice-Based Learning and Improvement: Ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve the candidate’s own practice of medicine, the collaborative practice of medicine, or both  Common Assessment methods:   * Audit of clinical practice (e.g., quality performance measures) * Evidence-based medicine log * Case logs * Rating scales/evaluation forms * Reflective practice rubrics |
| Interpersonal & Communication Skills: Demonstration of skills that result in effective information exchange and partnering with patients, their families, and professional associates (e.g., fostering a therapeutic relationship that is ethically sound; using effective listening skills with nonverbal and verbal communication; being mindful of health literacy; and working effectively in a team both as a team member and as a team leader)  Common Assessment methods:   * Multi-source feedback * Patient surveys (can be part of multisource feedback) * Direct observation (live or video) * Simulation (Including standardized patients) |
| Professionalism: Demonstration of a commitment to carrying out professional responsibilities; adhering to ethical principles; applying the skills and values to deliver compassionate, patient-centered care; demonstrating humanism; being sensitive to diverse patient populations and workforce; and practicing wellness and self-care.  Common Assessment methods:   * Multi-source feedback * Patient surveys (can be part of multisource feedback) * Direct observation |
| System-Based Practice: Awareness of, and responsibility to, population health and systems of health care. The candidate should be able to use system resources responsibly in providing patient care (e.g., good resource stewardship, coordination of care)  Common Assessment methods:   * Quality improvement knowledge assessment test * Audit of clinical practice (e.g., quality performance measures) * Multi-source feedback * Rating scales/evaluation forms |
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| *Institute of Medicine* |
| Provide Patient-Centered Care: Identify, respect, and care about patients' differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health |
| Work in Interdisciplinary Teams: Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable |
| Employ Evidence-Based Practice: Integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible |
| Apply Quality Improvement: Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality |
| Utilize Informatics: Communicate, manage knowledge, mitigate error, and support decision making using information technology. |
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| *Interprofessional Education Collaborative* |
| Values/Ethics: Work with individuals of other professions to maintain a climate of mutual respect and shared values |
| Roles/Responsibilities: Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. |
| Interprofessional communication: Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. |
| Teams and Teamwork: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable. |

References:

1. Accreditation Council for Graduate Medical Education (<https://www.acgme.org/>)
2. ACGME Milestone Guidebook (<https://www.acgme.org/globalassets/milestonesguidebook.pdf>)
3. American Board of Medical Specialties: (<https://www.abms.org/wp-content/uploads/2020/11/abms-standards-for-initial-certification-20160511.pdf>)
4. University of Maryland Medical Center (<https://www.umms.org/ummc/pros/gme/acgme-competencies/interpersonal-skills-communication>)