

## ***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)*

### **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

### ***Institute of Medicine (IOM)***

**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.

### ***Interprofessional Education Collaborative (IPEC)***

**Values/Ethics:** Work with **team** members to maintain a climate of shared values, ethical conduct, and mutual respect

- Promote the values and interests of persons and populations in health care delivery, One Health, and population health initiatives.
- Advocate for social justice and health equity of persons and populations across the life span.

- Uphold the dignity, privacy, identity, and autonomy of persons while maintaining confidentiality in the delivery of team-based care.
- Value diversity, identities, cultures, and differences.
- Value the expertise of health professionals and its impacts on team functions and health outcomes.
- Collaborate with honesty and integrity while striving for health equity and improvements in health outcomes.
- Practice trust, empathy, respect, and compassion with persons, caregivers, health professionals, and populations.
- Apply high standards of ethical conduct and quality in contributions to team-based care.
- Maintain competence in one's own profession in order to contribute to interprofessional care.
- Contribute to a just culture that fosters self-fulfillment, collegiality, and civility across the team.
- Support a workplace where differences are respected, career satisfaction is supported, and well-being is prioritized.

**Roles/Responsibilities:** Use the knowledge of one's own role and **team** members' expertise to address individual and population **health outcomes**.

- Include the full scope of knowledge, skills, and attitudes of team members to provide care that is person-centered, safe, cost-effective, timely, efficient, effective, and equitable.
- Collaborate with others within and outside of the health system to improve health outcomes.
- Incorporate complementary expertise to meet health needs including the determinants of health.
- Differentiate each team member's role, scope of practice, and responsibility in promoting health outcomes.
- Practice cultural humility in interprofessional teamwork

**Communication:** Communicate in a responsive, responsible, respectful, and compassionate manner with **team** members.

- Communicate one's roles and responsibilities clearly.
- Use communication tools, techniques, and technologies to enhance team function, well-being, and health outcomes.
- Communicate clearly with authenticity and cultural humility, avoiding discipline-specific terminology.
- Promote common understanding of shared goals.
- Practice active listening that encourages ideas and opinions of other team members.
- Use constructive feedback to connect, align, and accomplish team goals.
- Examine one's position, power, role, unique experience, expertise, and culture towards improving communication and managing conflicts.

**Teams and Teamwork:** Apply value and principles of the science of teamwork to adapt one's own role in a variety of **team** settings.

- Describe evidence-informed processes of team development and team practices.
- Appreciate team members' diverse experiences, expertise, cultures, positions, power, and roles towards improving team function.
- Practice team reasoning, problem-solving, and decision-making.
- Use shared leadership practices to support team effectiveness.
- Apply interprofessional conflict management methods, including identifying conflict cause and addressing divergent perspectives.
- Reflect on self and team performance to inform and improve team effectiveness.
- Share team accountability for outcomes.
- Facilitate team coordination to achieve safe, effective care and health outcomes.
- Operate from a shared framework that supports resiliency, well-being, safety, and efficacy.
- Discuss organizational structures, policies, practices, resources, access to information, and timing issues that impact the effectiveness of the team.

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. Interprofessional Education Collaborative (IPEC): [https://ipec.memberclicks.net/assets/core-competencies/IPEC\\_Core\\_Competencies\\_Version\\_3\\_2023.pdf](https://ipec.memberclicks.net/assets/core-competencies/IPEC_Core_Competencies_Version_3_2023.pdf)
5. University of Maryland Medical Center (<https://www.umms.org/ummc/pros/gme/acgme-competencies/interpersonal-skills-communication>)