

**Northeast Ohio Medical University
College of Medicine**

**M3 Clerkships
Competency Objectives and Levels of Competency**

Patient Care

By the end of the rotation and to the satisfaction of the faculty, the student:

Competency/Assessed Skills	Below Expectations	Exceeds Expectations
<p>1. Gathers patient information in a hypothesis-directed manner.</p>	<p>Gathers insufficient or overly exhaustive information rigidly adhering to a template, regardless of the patient's chief complaint. Questions are asked without a clear focus on a potential diagnosis. Unable to prioritize information systematically. Does not seek or is overly reliant on secondary data.</p>	<p>Consistently relies on analytic reasoning of basic pathophysiology to gather information. Highly organized approach that follows a clear line of inquiry. Questions focus on the likelihood of specific diagnoses and links current findings to prior clinical encounters. Seeks and obtains data from secondary sources when needed.</p>
<p>2. Performs accurate physical examinations recognizing normal and abnormal findings.</p>	<p>Incorrectly performs most physical examination maneuvers and fails to elicit responses. May miss key findings. Does not alter the head-to-toe approach to meet the developmental level or behavioral needs of the patient. Does not demonstrate respect for patient privacy or comfort.</p>	<p>Consistently performs maneuvers correctly in a fluid sequence. Recognizes and correctly interprets both normal and abnormal findings. Consistently uses a developmentally appropriate approach to the exam. Demonstrates respect for patient privacy and comfort.</p>
<p>3. Develops an assessment with differential diagnosis for presenting problems.</p>	<p>Limited assessment missing relevant information from history, examination, and common diagnostic tests. Either exhaustive list of all diagnoses considered or no additional considerations. Absence of a focused differential that includes likely or "can't miss" diagnoses. Does not continuously update as additional information is provided.</p>	<p>Develops a well synthesized and organized assessment, including a differential, based on relevant information from history, examination, and common diagnostic tests. Emergence of pattern recognition in diagnostic reasoning results in an accurately rank differential which includes both likely and "can't miss" diagnoses.</p>
<p>4. Generates management plans, (including preventative care and anticipatory guidance when appropriate).</p>	<p>Does not develop plans independently as they progress through the clerkship. Relies on directives from supervising physician or others within the organization to initiate. Not familiar with common testing or health maintenance concepts. Unable to adjust plans based on individual patient differences or preferences. Inconsistently seeks guidance or consultation when needed.</p>	<p>Consistently develops comprehensive management plans based on both theoretical knowledge and some experience. Allows incorporation of patient preferences into plan. Follows institution practice guidelines and treatment algorithms. Seeks additional guidance as needed. Recommends appropriate first-line diagnostic and screening tests. Provides recommendations for health promotion and disease prevention.</p>

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Knowledge for Practice

By the end of the rotation and to the satisfaction of the faculty, the student:

Competency/Assessed Skills	Below Expectations	Exceeds Expectations
<p>5. Applies medical knowledge and demonstrates reasoning for decision-making.</p>	<p>May recall and understand biophysical scientific, clinical science and epidemiologic principles but lacks ability to apply the knowledge to common medical and surgical conditions and basic preventive care.</p>	<p>Possesses sufficient biophysical scientific, clinical science and clinical epidemiology knowledge and can apply that required knowledge consistently to common medical and surgical conditions and basic preventive care (e.g., can formulate a diagnosis, recommend initial management, and recognize variation the presentation of common medical or surgical conditions).</p>
<p>6. Uses available resources and information technology to enhance medical knowledge.</p>	<p>Generally, does not initiate attempts to use information technology without mandatory assignment and direct help. Unable to choose between multiple available databases for clinical query or for addressing learning needs. Unable to filter or prioritize information retrieved. Resistant to adopting new technologies.</p>	<p>Consistently demonstrates a willingness to identify and/or try new technology for patient care assignments or learning. Able to identify and use several available databases or other appropriate tools, resulting in a manageable volume of information which is relevant to the clinical question. Avoids shortcuts that perpetuate incorrect information.</p>

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Practice-based Learning and Improvement

By the end of the rotation and to the satisfaction of the faculty, the student:

Competency/Assessed Skills	Below Expectations	Exceeds Expectations
7. Locates, appraises, and assimilates evidence from scientific studies and applies to patient care (includes PBLI project).	Rarely takes time to reconsider an approach to a problem, ask for help or seek new information. Requires assistance to translate medical information needs into well-formed clinical questions. Unfamiliar with strengths and weaknesses of the medical literature. Accepts findings of clinical research studies without critical appraisal. Unable to apply information to clinical care.	Routinely/appropriately takes times to reconsider an approach to a problem, ask for help or seek new information. Includes relevant medical literature and guidelines in conversations on patient care. Can translate medical information needs into well-formed, searchable clinical questions. Understands level of evidence. Able to appraise a topic critically.

Interpersonal and Communication Skills

By the end of the rotation and to the satisfaction of the faculty, the student:

Competency/Assessed Skills	Below Expectations	Exceeds Expectations
8. Demonstrates sensitivity and compassion in a bi-directional interaction with patients and families that addresses any potential barriers to communication.	Does not accurately anticipate or read others' emotions in verbal and nonverbal communication. Is unaware of one's own emotional and behavioral cues (e.g., anxiety, exuberance, and anger) that can precipitate unintended emotional responses in others. Does not effectively manage one's own emotions or those of others. Can be disrespectful and fail to acknowledge or consider a patient's circumstances.	Consistently anticipates, reads, and reacts to emotions with appropriate and professional behavior in typical medial communication scenarios, including those evoking very strong emotions. Uses theses abilities to gain and maintain therapeutic alliances. Always empathic and patient centered.
9. Demonstrates organization of data in oral presentations to patients and/or the health care team.	Often communicates from a template or prompt with rigid rules-based recitation of facts. Does not focus on most relevant information. Presents in a disorganized and incoherent fashion. Communication does not change based on context, audience, or situation. Uses unidirectional communication that fails to encourage ideas or opinions from patients or other team members.	Able to filter, synthesize, prioritize information, and recognize patterns, resulting in a concise, well organized and accurate presentation. Consistently tailors communication strategy and message to the audience, purpose and context. Listens and actively engages patient, family and other team members in bidirectional communication that ensures a shared understanding of the presentation.
10. Demonstrates organization of data in written documentation.	Documentation is often incomplete; sections and critical data may be missing, inaccurate, or may fail to communicate clinical reasoning. Documentation includes unnecessary information or is not verified (copy and pasting). It is disorganized or not completed in a timely manner. Documentation is inconsistent with institutional policies.	Documentation is highly organized, comprehensive, and accurately captures interaction and service provided. Documentation is tailored to the specific situation. Important data are verified, or source is stated. Clinical reasoning is well documented. Documentation is completed and available for others to review within an appropriate time frame. Documentation is consistent with institutional policies.

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Interprofessional Collaboration

By the end of the rotation and to the satisfaction of the faculty, the student:

Competency/Assessed Skills	Below Expectations	Exceeds Expectations
11. Collaborates effectively with interprofessional health care team to exchange information and minimize medical errors	Does not work well within the team. Develops care plans independent of patient/family or other health care team members. Does not consider the transition of care between settings or factors that could contribute to errors in care. Tends to dismiss input from other professionals.	Is a “team player.” Seeks the input of other health care professionals and establishes a climate of mutual respect. Written care plan is provided and is complete and accurate. Communicates critical information to other team members and consultants. Understands systems and vulnerabilities that could lead to errors in care.

Professionalism

By the end of the rotation and to the satisfaction of the faculty, the student:

Competency/Assessed Skills	Below Expectations	Exceeds Expectations
12. Demonstrates ethical behavior and responsiveness to patient needs that supersede self-interest.	Understands ethical principles and does not intentionally disregard them but does not apply them consistently. Inconsistently considers patient privacy and confidentiality (e.g., may discuss patient information in a public area such as an elevator). Inconsistently demonstrates responsiveness to patient needs in favor of self-interests. May leave the clinical setting right at sign-out/last clinic or office patient regardless of whether care responsibilities are finished.	Adheres to ethical principles and generally applies them consistently across ethical dilemmas. Acknowledges and limits conflicts of interest. Considers patient privacy and confidentiality with rare lapses. Responds to patient needs over fulfilling own self-interests and ensures all patient care responsibilities are complete. Understands that being present is a crucial component of medical education and patient care.
13. Demonstrates honesty, trustworthiness, punctuality, accountability, respectful self-presentation.	Does not accept personal responsibility for actions or failures or tends to find excuses for failures. Information provided may not be complete or accurate. Appears uninterested or not fully engaged which results in an observational or passive role. Does not always demonstrate basic professional responsibilities such as timely reporting for duty, and appropriate dress/grooming and behavior in the clinical environment.	Accepts personal responsibility and consequences for actions or failures. Information provided to the health care team is accurate, completed and verified. Fully engaged in patient care activities. Demonstrates basic professional responsibilities such as timely reporting for duty, appropriate dress/grooming and/or professional behavior in the clinical environment.

Systems-Based Practice

By the end of the rotation and to the satisfaction of the faculty, the student:

Competency/Assessed Skills	Below Expectations	Exceeds Expectations
14. Advocates for resources to assist patients in accessing quality care.	Demonstrates no awareness of care coordination resources (e.g., home care, case managers, financial resources, community health resources, school resources). Unaware of cost issues in the evaluation and management of patients.	Understands care coordination resources and advocates for them to match patient/family needs. Demonstrates understanding of external and internal factors related to quality care. Considers cost in management of patients.

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Personal and Professional Development

By the end of the rotation and to the satisfaction of the faculty, the student:

Competency/Assessed Skills	Below Expectations	Exceeds Expectations
<p>15.-Identifies strengths and limitations in knowledge, skills and attitudes and develops learning goals to support ongoing professional development.</p>	<p>Lack of reflection and insight into limitations results in not recognizing when help is needed, with possible unintended consequences for patients or missed opportunities for learning and self-improvement. Generally unable to use self-identified performance needs to set learning goals. May acknowledge external assessments but understanding or transfer into performance is superficial. Does not solicit feedback. Difficulty in considering others' points of view, leading to defensiveness and inability to receive feedback.</p>	<p>Consistently relies on internal prompts/insight to understanding one's strengths and deficiencies. Uses clinical expectations and self-identified learning needs to develop appropriately focused, achievable learning goals. Recognizes limitations and demonstrates help-seeking resulting in appropriate requests for help when needed. Regularly solicits feedback and engages in reflection. Feedback results in positive changes in behavior.</p>

Date approved 6/1/2021.

Office of the Dean

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