CNUCOM PLOs (Mapped to AAMC PCRS) and their Outcome Measures:

1) **Patient Care [PC]**

*Scope:* Students must provide evidence-based care that is compassionate, appropriate, and effective for the promotion of health and the treatment of illness. Students should be able to evaluate relevant diagnostic information.

Spectrum of assessment methods to evaluate the achievement of the “Patient Care” competency:

- Faculty feedback in pre-clerkship settings including Clinical Cases Sessions, Masters Colloquium and Medical Skills courses.
- Faculty and resident direct observation and evaluations during clinical clerkships.
- Patient case logs.
- Standardized Patient Examination (SPE).
- Objective Structured Clinical Examination (OSCE)
- Self-assessment and Peer assessment.
- USMLE Step 2 Clinical Knowledge Exam and Clinical Skills Exam.

<table>
<thead>
<tr>
<th>Sub-Competency Category</th>
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<th>Outcome Measure(s)</th>
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</table>
| **PC1: Clinical History Taking** | **Gather essential and accurate information about patients and their conditions through history-taking and organize all relevant clinical history in a timely manner (1.2)** | • Faculty feedback in pre-clerkship settings including Clinical Cases Sessions, Master Colloquium, and Medical Skills courses  
• Faculty and resident direct observation and evaluations during clinical clerkships  
• OSCE |
|  | **Identify alternative sources and or intuitively fill in the history gaps (1.2)**  
• Share knowledge in topics of disease prevention with patient (1.7,1.9)  
• Document how psychological/social/cultural situations have impacted the health, disease, care-seeking, care compliance, and barriers to and attitudes toward care (1.2, 2.5)  
• Inquire (non-judgmentally) about alternative medical practices being utilized by the patient at the time of presentation (1.2) |  
• Faculty feedback in pre-clerkship settings including Clinical Cases Sessions, Master Colloquium, and Medical Skills courses  
• Faculty and resident direct observation and evaluations during clinical clerkships  
• OSCE  
• USMLE Step 2 Clinical knowledge Exam and Clinical Skills Exam |
| **PC2: Patient Examination** | **Perform a full or focused physical exam on an adult patient in a logical sequence appropriate for the scheduled visit in a timely manner for pediatric, adolescent, adult and elderly patients (1.1, 1.2)**  
• Perform a complete, full mental and functional assessment of an elderly patient (1.1, 1.2)  
• Fully assess a pediatric patient for developmental delay and genetic abnormalities (1.2) | • Faculty feedback in pre-clerkship settings including Clinical Cases Sessions and Medical Skills courses  
• Faculty and resident direct observation and evaluations during clinical clerkships  
• OSCE  
• USMLE Step 2 Clinical knowledge Exam and Clinical Skills Exam |
<table>
<thead>
<tr>
<th>PC3: Medical Notes</th>
<th>Identify pertinent positives and negatives in the exam to accurately determine stage of medical condition (1.2)</th>
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<td></td>
<td>Utilize clinical findings to prioritize additional anatomic or physiologic testing (1.3, 1.5)</td>
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<td>Accurately complete a written H&amp;P in a timely fashion with a well-developed differential diagnosis using the CP clinical algorithms to develop a differential diagnosis (1.2, 4.5)</td>
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<td>Complete a SOAP note using CP clinical algorithms to assist in developing a problem list (1.2, 4.5)</td>
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<td>Utilize a problem list to develop a well thought out plan for ongoing treatment (1.6)</td>
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<td>Integrate periodic evaluation of the care plan to re-evaluate the efficacy of the plan to ensure treatment success (1.2, 1.3, 1.5, 1.6, 2.1)</td>
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<td>PC4: Oral Presentations</td>
<td>Accurately and professionally present a H&amp;P or SOAP note to an attending in a timely fashion indicating when to use “not relevant” or “no pertinent positives” (1.2, 4.2)</td>
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<td>Include a differential or problem list with treatment updates (1.2, 1.5, 1.6)</td>
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<td>Include accurate assessments with prioritized diagnosis or problem list using relevant CP clinical algorithms (1.6)</td>
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<td>Participate in a discussion of prioritized diagnostic approaches and is able to identify where patient teams and consultants are needed (1.3, 1.4, 1.5, 1.6, 1.8, 4.2, 4.3)</td>
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<td>PC5: Medical Skills</td>
<td>Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice (1.1)</td>
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<td>Describe and practice the basic principles of universal precautions in all settings (1.3)</td>
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<td>Achieve certification in BLS (1.1, 6.6)</td>
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<td>Achieve certification in ACLS (1.1, 6.6)</td>
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<td>PC6: Patient Care Teams</td>
<td>Explain how the composition of an adult and pediatric outpatient/hospital Patient Care Team (PCT) differs on each clinical service and recognize and evaluate when their services should be ordered to facilitate recovery (1.3, 1.5, 1.8, 1.6 4.2, 6.1)</td>
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<td>Faculty feedback in pre-clerkship settings including Clinical Cases Sessions and Medical Skills courses</td>
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<td></td>
<td>Faculty feedback in pre-clerkship settings including Masters Colloquium, Clinical Cases Sessions, and Medical Skills courses</td>
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<td>Faculty feedback in pre-clerkship settings including Medical Skills Courses</td>
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<td>Medical Skills Lab: Standardized patient, simulation exercises</td>
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<td>OSCE</td>
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<td></td>
<td>Passing BLS and ACLS certification exam</td>
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<td></td>
<td>Faculty and resident direct observation and evaluations during clinical clerkships</td>
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| PC7: Patient Management | Make appropriate patient referral decisions and follow up the care outcome to ensure continuity of care while the patient moves between different providers/settings. (1.8) | • Faculty feedback in pre-clerkship settings including Clinical Cases sessions, Master Colloquium, and Medical Skills courses  
• Faculty and resident direct observation and evaluations during clinical clerkships  
• OSCE |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                         | Describe a well thought out plan of management of all patients with acute and chronic illnesses in the adult population (1.5, 1.6) | • Faculty feedback in pre-clerkship settings including Clinical Cases sessions, Master Colloquium, and Medical Skills courses  
• Faculty and resident direct observation and evaluations during clinical clerkships  
• OSCE |
|                         | With appropriate supervision, participate in counselling & education of patients and their families enabling them to share in decision making and the care plan. (1.7) | | |
|                         | With appropriate supervision, participate in providing preventive and health maintenance services. (1.9) | | |
|                         | With appropriate supervision, construct a detailed patient management plan utilizing appropriate PCT members (1.6, 6.2) | | |
| PC8: Cost Effective Comparison in Treatment | Recognize that there are differences in the cost of treatment options (1.3, 1.5, 1.6, 6.3) | • Faculty feedback in pre-clerkship settings including Masters Colloquium, Clinical Cases Sessions, and Medical Skills courses  
• Faculty and resident direct observation and evaluations during clinical clerkships |
|                         | Discuss treatment costs in the context of efficacy, social and cultural factors (1.3, 1.5, 1.6, 6.3) | | |
|                         | Use cost-effectiveness information to recommend a stepped approach to the treatment of common medical conditions in the adult patient (1.3, 1.5, 1.6, 6.3) | | |
2) MEDICAL AND SCIENTIFIC KNOWLEDGE [MSK]

Scope:
Students must demonstrate knowledge about established and evolving biomedical and clinical sciences. They must showcase an ability to apply this knowledge to the practice of medicine. Students should be able to appraise and assimilate scientific evidence into their own ongoing learning, research, and patient care.

Spectrum of assessment methods to evaluate the achievement of the “Medical & Scientific Knowledge” competency:
- Written examinations (both individual and team-based) in basic science courses and clinical clerkships
- NBME shelf exams
- Faculty feedback in pre-clerkship settings including small groups, Clinical Cases Sessions, Masters Colloquium and Medical Skills courses
- Self-Directed Student Scholarly Project
- Faculty and resident evaluations during clinical clerkships
- Written and oral case presentations
- Objective Structured Clinical Examination (OSCE)
- Peer assessment and self-assessment
- USMLE Step 1 and Step 2
- Institutionally developed written examinations in system based courses and clinical clerkships
- NBME shelf exams

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<td><strong>MSK1: Knowledge of Medical Practices</strong></td>
<td>Evaluate how the major organ systems contribute to both health and disease (2.1, 2.2, 2.3, 2.4)</td>
<td>- Institutionally developed written examinations in system-based courses and clinical clerkships</td>
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<td>Explain how the organ system pathophysiology is reflected in the CP clinical algorithms and can relate this information to a clinical team (2.1, 2.2, 2.3, 2.4)</td>
<td>- Practical (Lab) Anatomy exam (OSPE)</td>
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<td>Apply clinical reasoning to construct CP clinical algorithms to propose differential diagnosis (2.1, 2.3, 1.2, 1.3, 1.4)</td>
<td>- Faculty feedback in pre-clerkship settings including Clinical Cases, and Medical Skills courses</td>
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<td>Explain the anticipated clinical response to correctly selected medications for a specific number of medical conditions to patients, family members and team members (2.1, 2.3, 1.3, 1.4, 1.7, 4.1)</td>
<td>- Faculty feedback in pre-clerkship settings including Clinical Cases, Master Colloquium, and Medical Skills courses</td>
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<td>- OSCE</td>
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<td>- USMLE Step 2</td>
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| MSK2: Problem Solving & Diagnosis | Recognize the most common drug interactions and their likely signs of presentation in the elderly and can explain them to patient and family *(2.1, 2.2, 2.3, 1.2, 1.3, 1.4, 1.7, 4.1)* | • Institutionally developed written examinations in system-based courses and clinical clerkships  
• Faculty feedback in pre-clerkship settings including Clinical Cases, and Medical Skills courses  
• OSCE  
• Faculty and resident evaluations during clinical clerkships  
• USMLE Step 1 and Step 2 |
| Recognize what types of medical knowledge is required for each individual members of the PCT (patient care team) *(2.1, 2.3, 6.1, 6.2)* | • Faculty feedback in pre-clerkship settings including Clinical Cases, Master Colloquium, and Medical Skills courses.  
• Faculty and resident evaluations during clinical clerkships  
• OSCE  
• Peer assessment and self-assessment  
• USMLE Step 1 and Step 2 |
| Correlate the findings of a patient at clinical presentation with specific CP clinical algorithms and prioritize the conditions in the order of most to least likely *(2.1, 2.3, 1.2, 1.3)* | • Institutionally developed written examinations in system-based courses and clinical clerkships  
• NBME shelf exams  
• Faculty feedback in pre-clerkship settings including Clinical Cases, and Medical Skills courses  
• Faculty and resident evaluations during clinical clerkships  
• OSCE  
• Peer assessment and self-assessment  
• USMLE Step 1 and Step 2 |
| Recognize and explain both typical and atypical presentations for commonly seen clinical conditions in clerkships *(2.1, 2.3, 2.4, 1.2, 2.1, 2.3)* | • Institutionally developed written examinations system-based courses and clinical clerkships  
• NBME shelf exams  
• USMLE Step 1 and Step 2 |
| Construct comprehensive problem lists categorized as both acute versus chronic conditions and prioritize therapeutic interventions *(2.1, 2.3, 2.4, 1.5, 1.6)* | • Institutionally developed written examinations in system-based courses and clinical clerkships  
• Faculty feedback in pre-clerkship settings including Clinical Cases, and Medical Skills courses  
• Faculty and resident evaluations during clinical clerkships  
• OSCE  
• Peer assessment and self-assessment  
• USMLE Step 1 and Step 2 |
| Order appropriate diagnostic tests needed to facilitate both diagnosis and evaluate response to therapy in a cost and time effective manner *(2.1, 2.3, 1.2, 1.4, 1.5)* | • Institutionally developed written examinations system-based courses and clinical clerkships  
• NBME shelf exams  
• USMLE Step 1 and Step 2 |
| Analyze and evaluate diagnostic tests in regards to sensitivity/specificity *(2.1, 2.3, 1.2, 1.4)* | • Institutionally developed written examinations in pre-clerkship courses and clinical clerkships  
• NBME shelf exams  
• Faculty feedback in pre-clerkship settings including Clinical Cases, Master Colloquium, and Medical Skills courses  
• Faculty and resident evaluations during clinical clerkships  
• OSCE  
• USMLE Step 1 and Step 2 |
| Identify preventive, curative, and palliative therapeutic strategies *(2.12.2, 2.3, 2.4, 2.5, 2.6, 1.5, 1.6)* | • Institutionally developed written examinations in pre-clerkship courses and clinical clerkships  
• NBME shelf exams  
• Faculty feedback in pre-clerkship settings including Clinical Cases, Master Colloquium, and Medical Skills courses  
• Faculty and resident evaluations during clinical clerkships  
• OSCE  
• USMLE Step 1 and Step 2 |
| Identify and judge, from direct observation/experience, how cost and social/cultural issues affect the selection of therapeutic interventions (2.1, 2.3, 2.4, 2.5, 1.3, 1.5, 6.3) | Institutionally developed written examinations in system based courses and clinical clerkships
Faculty feedback in pre-clerkship settings including Clinical Cases, Masters Colloquium, and Medical Skills courses
NBME shelf exams
Faculty and resident evaluations during clinical clerkships
OSCE
USMLE Step 1 and Step 2 |
| Select and defend basic therapeutic recommendations for preventive, curative and palliative therapies seen in the clerkships (2.1, 2.2, 2.3, 2.4, 2.5, 1.6, 1.5, 3.4, 3.5, 3.6) | Institutionally developed written examinations in system based courses and clinical clerkships
NBME shelf exams
Faculty feedback in pre-clerkship settings including Clinical Cases, Masters Colloquium, and Medical Skills courses
Faculty and resident evaluations during clinical clerkships
OSCE
USMLE Step 1 and Step 2 |
| Effectively utilize ongoing diagnostic tests to modify recommended therapeutic strategies (2.1, 2.3, 1.4, 1.5, 1.6) | Faculty feedback in pre-clerkship settings including Clinical Cases, and Medical Skills courses
Faculty and resident evaluations during clinical clerkships
OSCE
Peer assessment and self-assessment |
| Discuss the study design, data analysis and scientific findings of a journal article relevant to their patient’s medical condition (2.1, 2.2, 2.3, 2.6, 3.5) | Successful completion of a scholarly project
Faculty feedback in pre-clerkship settings including Clinical Cases and Masters Colloquium
Faculty and resident evaluations during clinical clerkships |
| Routinely read medical journals (2.1, 3.3, 3.7) | Faculty and resident evaluations during clinical clerkships |
| Organize a self-educating approach for life-long learning through observation, research, and analysis (2.1, 2.5, 2.6, 3.1, 3.2, 3.3, 3.5, 3.6, 3.7, 3.10) | Successful completion of a scholarly project
Faculty feedback in pre-clerkship settings including Clinical Cases and Masters Colloquium
Faculty and resident evaluations during clinical clerkships
Peer assessment and self-assessment |
| Through research and/or community service, in the context of the “Self-Directed Student Scholarly Project”, develop, apply, translate and/or communicate medical knowledge to their peers and/or community (2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 3.8) | Successful completion of a scholarly project
Faculty feedback in pre-clerkship settings including Clinical Cases and Masters Colloquium
Faculty and resident evaluations during clinical clerkships
OSCE
Peer assessment and self-assessment |
3) **COMMUNICATION AND INTERPERSONAL SKILLS [C]**

**Scope:** Students must demonstrate compassionate and effective interpersonal communication skills toward patients and families necessary to deliver effective medical care and promote shared decision making. Students must be able to articulate information and ideas (written and oral) in an organized and clear manner to educate or inform patients, families, colleagues, and community.

Spectrum of assessment methods to evaluate the achievement of “Communication & Interpersonal Skills” competency:
- Faculty feedback in pre-clerkship settings including Clinical Cases Sessions, Masters Colloquium and Medical Skills course
- Faculty and resident direct observation and evaluations during clinical clerkships
- Patient case logs
- Presentation of written and oral clinical information
- Standardized patient evaluations, simulation and inter-professional exercises
- Objective Structured Clinical Examination (OSCE)
- Peer assessment, self-assessment
- USMLE Step 2 Clinical Skills Exam
- Multiple choice questions (MCQ’s)

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<td><strong>C1: Doctor-Patient Communication</strong></td>
<td>Utilize communication strategies involving nonverbal, verbal and written modalities to communicate with patients (4.1)</td>
<td>• Faculty feedback in pre-clerkship settings including Clinical Cases, Medical Skills, and Masters Colloquium</td>
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<td>Demonstrate how to ask clarifying questions in a way that is socially and culturally sensitive (4.1, 1.2)</td>
<td>• Faculty and resident evaluations during clinical clerkships</td>
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<td>Create rapport with the patient in order to generate an effective environment for counseling on wellness and disease prevention strategies (4.1)</td>
<td>• OSCE</td>
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<td>Effectively use health coaching strategies (3.8, 4.1)</td>
<td>• Peer assessment and self-assessment</td>
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<td>Effectively communicate medical errors to patients (4.6)</td>
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<td><strong>C2: Communication with family members</strong></td>
<td>Utilize effective communication strategies involving nonverbal, verbal and written skills to communicate with patient’s family members (4.1)</td>
<td>• Faculty feedback in pre-clerkship settings including Clinical Cases, Medical Skills, and Masters Colloquium</td>
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<td>Recognize and effectively communicates his/her legal limitations due to patient privacy (4.1, 4.2, 4.3, 5.3)</td>
<td>• Faculty and resident evaluations during clinical clerkships</td>
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<td>Request the support/assistance of patient’s family members for encouraging changes in disease prevention or wellness strategies (4.1)</td>
<td>• OSCE</td>
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<td>Effectively communicate medical errors to family members (4.6)</td>
<td>• Peer assessment and self-assessment</td>
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### C3: Communication with Medical Team

| Effectively communicate a H&P and SOAP note in both written and oral format (4.2, 4.3) |
| Effectively communicate new patient problems or complaints in healthcare to the medical team (4.2, 4.3) |
| Question medical decisions in a non-confrontational manner (4.2, 4.3, 4.4, 3.9, 7.1) |
| Effectively share relevant information with the team (4.2, 4.3, 4.4, 3.9) |

- Faculty feedback in pre-clerkship settings including Medical Skills
- Faculty and resident evaluations during clinical clerkships
- OSCE
- Peer assessment and self-assessment

### C4: Communication with Faculty

| Identify gaps or deficiencies in understanding on each clerkship and can effectively communicate educational needs to the interns, residents, and faculty to increase knowledge (4.2, 4.3, 4.4, 3.1, 3.3) |
| Discuss personal ethical/social or cultural issues with faculty members to resolve any personal conflicts that may arise in the management or treatment decisions made for the benefit of the patient (4.2, 4.3, 4.7, 7.1) |

- Faculty and resident evaluations during clinical clerkships
- Faculty feedback in pre-clerkship settings including Medical Skills
- OSCE
- Peer assessment and self-assessment

### C5: Communication with Community

| Communicate medical knowledge to the community at large in a professional manner (4.1, 3.8) |

- Faculty feedback in pre-clerkship settings including Clinical Cases Sessions, Masters Colloquium and Medical Skills courses
- Faculty and resident direct observation and evaluations during clinical clerkships
- Presentation of clinical information
- Completion of HIPAA training
- Standardized patient evaluations
- Simulation and inter-professional exercises
- Objective Structured Clinical Examination (OSCE)
- Praise/concern professionalism incident reports
- Peer assessment
- Self-assessment
- USMLE Step 2 Clinical Skills Exam
- Institutionally developed written examinations in system based courses and clinical clerkships
- NBME shelf exams

### 4) PROFESSIONALISM [P]

**Scope:** Students must demonstrate a commitment to the highest standards of professional responsibility and adherence to ethical principles. Students must display the personal attributes of compassion, honesty, integrity, and cultural competence in all interactions with patients, families, and the medical community.

Spectrum of assessment methods to evaluate the achievement of the “Professionalism” competency:
- Faculty feedback in pre-clerkship settings including Clinical Cases Sessions, Masters Colloquium and Medical Skills courses
- Faculty and resident direct observation and evaluations during clinical clerkships
- Presentation of clinical information
- Completion of HIPAA training
- Standardized patient evaluations
- Simulation and inter-professional exercises
- Objective Structured Clinical Examination (OSCE)
- Praise/concern professionalism incident reports
- Peer assessment
- Self-assessment
- USMLE Step 2 Clinical Skills Exam
- Institutionally developed written examinations in system based courses and clinical clerkships
- NBME shelf exams
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<td><strong>P1: Ethical Behavior</strong></td>
<td>Demonstrate respect, compassion and honesty in his/her approach to all patients and family members (5.1) Recognize and disclose one’s errors to appropriate residents/Clerkship Directors and when they involve patient care, seeks guidance on how and with whom that disclosure will be made to the patient or family (5.4, 5.6, 4.6) Consistently display professional attire and behavior (1.10) Maintain-professional behavior in encounters with quarrelsome, hostile, abusive, arrogant or dismissive patients, family members or clinical staff (5.6, 4.7, 7.1) Use clinical hygiene for the prevention of nosocomial infection transmission (5.4, 5.5, 3.10, 1.3)</td>
<td>Faculty feedback in pre-clerkship settings including Clinical Cases, Masters Colloquium, and Medical Skills courses Faculty and resident direct observation and evaluations during clinical clerkships Presentation of clinical information Completion of HIPAA training OSCE Praise/concern professionalism incident reports Peer &amp; self-assessment</td>
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<td><strong>P2: Ethical Responsibility</strong></td>
<td>Obtain patient consent for all therapies and/or procedures in which s/he is involved (5.6) Identify and relate full disclosure of the risks and benefits of a therapy or procedure (5.6, 1.5) Discuss alternative therapies/procedures with their relevant risks and benefits (5.1, 5.6) Identify and adhere to institutional standards involved in patient care (5.6, 6.1)</td>
<td>Faculty feedback in pre-clerkship settings including Clinical Cases, Masters Colloquium, and Medical Skills courses Faculty and resident direct observation and evaluations during clinical clerkships Presentation of clinical information Completion of HIPAA training Standardized patient evaluations Simulation and inter-professional exercises OSCE USMLE Step 2 Clinical Skills Exam Masters Colloquium on professionalism Institutionally developed written examinations in system-based courses and clinical clerkships NBME shelf exams Faculty and resident direct observation and evaluations during clinical clerkships</td>
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| P3: Ethical Principles and Boundaries | • Presentation of clinical information  
• Standardized patient evaluations  
• Simulation and inter-professional exercises  
• OSCE |
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<td>Recognize his/her role as the patient’s advocate for clinical care <em>(5.2, 5.4, 7.2)</em></td>
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</table>
| | • Faculty and resident direct observation and evaluations during clinical clerkships  
• Presentation of clinical information  
• Standardized patient evaluations  
• Simulation and inter-professional exercises  
• OSCE |
| | Demonstrate evidence of maintaining patient privacy *(5.3)* |
| | • Faculty feedback in pre-clerkship settings including Clinical Cases, Masters Colloquium, and Medical Skills  
• Faculty and resident direct observation and evaluations during clinical clerkships  
• Presentation of clinical information  
• Completion of HIPAA training  
• Standardized patient evaluations  
• Simulation and inter-professional exercises  
• OSCE  
• Masters Colloquium on professionalism |
| | Treat all patients with dignity even when the approach is not reciprocated *(5.1, 5.5)* |
| | • Faculty feedback in pre-clerkship settings including Clinical Cases, Masters Colloquium, and Medical Skills  
• Faculty and resident direct observation and evaluations during clinical clerkships  
• Presentation of clinical information  
• Standardized patient evaluations  
• Simulation and inter-professional exercises  
• OSCE |
| | Recognize his/her legal limits on imposing medical care that is considered to be in the best interest of the patient when it is being refused *(5.6)* |
| | • Faculty and resident direct observation and evaluations during clinical clerkships.  
• Presentation of clinical information  
• Standardized patient evaluations  
• Simulation and inter-professional exercises  
• OSCE |
| P4: Professional Relationships | • Faculty feedback in pre-clerkship settings including Clinical Cases, Masters Colloquium, and Medical Skills |
| | Demonstrate integrity, honesty, and authenticity in interactions with faculty and the medical community *(5.4, 5.6, 7.1, 7.3, 8.5)* |
| | Identify conflicts of interest in financial and organizational arrangements in the practice of medicine *(5.6, 6.5)* |
| Identify and utilize standards established by specific professional societies (5.6) | • Faculty and resident direct observation and evaluations during clinical clerkships  
• Faculty feedback in pre-clerkship settings including Clinical Cases, Masters Colloquium, and Medical Skills  
• Faculty and resident direct observation and evaluations during clinical clerkships  
• Presentation of clinical information  
• Standardized patient evaluations  
• Simulation and inter-professional exercises  
• OSCE  
• Institutionally developed written examinations in system-based courses and clinical clerkships  
• NBME shelf exams |
5) **HEALTH CARE SYSTEMS [HC]**

**Scope:** Students must demonstrate knowledge of and responsibility to the larger context of health care (social, behavioral, economic factors). They should have the ability to effectively call on system resources to provide optimal care.

Spectrum of assessment methods to evaluate the achievement of the “Healthcare Systems” competency:
- Faculty feedback in pre-clerkship settings including Clinical Cases, Masters Colloquium, and Medical Skills
- Faculty and resident direct observations and evaluations during clinical clerkships
- Patient case logs
- Presentation of written and oral clinical information
- Standardized patient evaluations, simulation center evaluations
- Objective Structured Clinical Examination (OSCE)
- Peer assessment, Self-assessment
- NBME shelf exams

<table>
<thead>
<tr>
<th>Sub-Competency Category</th>
<th>Educational Program Objective(s) Mapped &amp; Hyperlinked to PCRS</th>
<th>Outcome Measure(s)</th>
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<tbody>
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<td></td>
<td>Identify all members and their roles in a patient care team (PCT) and explain which are specific to certain specialty areas of medical practice <em>(6.1, 6.2, 7.2)</em></td>
<td>• Faculty feedback in pre-clerkship settings including Clinical Cases, Masters Colloquium, and Medical Skills&lt;br&gt;• Faculty and resident direct observations and evaluations during clinical clerkships&lt;br&gt;• Standardized patient evaluations, simulation center evaluations&lt;br&gt;• OSCE&lt;br&gt;• NBME shelf exams</td>
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<td>Identify the major components of a healthcare system and understands how they can impact access, cost and compliance <em>(6.1, 6.2, 6.3, 7.2)</em></td>
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<td>HC1: Healthcare Delivery Systems</td>
<td>Navigate different hospital/clinic infrastructures in providing patient care <em>(6.1)</em></td>
<td>• Faculty and resident direct observations and evaluations during clinical clerkships&lt;br&gt;• Patient case logs&lt;br&gt;• Presentation of written and oral clinical information&lt;br&gt;• Standardized patient evaluations, simulation center evaluations</td>
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<td>Identify major monetary investment and legal needs in designing a student-run free clinic <em>(6.3)</em></td>
<td>• Faculty and resident direct observations and evaluations during clinical clerkships&lt;br&gt;• Peer assessment, Self-assessment</td>
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<td>Interpret and use multiple forms of health information technologies including electronic medical records, patient registries, computerized order entry and prescribing systems <em>(6.1, 3.7)</em></td>
<td>• Faculty feedback in pre-clerkship settings including Clinical Cases, Masters Colloquium, and Medical Skills&lt;br&gt;• Faculty and resident direct observations and evaluations during clinical clerkships&lt;br&gt;• Patient case logs&lt;br&gt;• Standardized patient evaluations, simulation center evaluations&lt;br&gt;• OSCE</td>
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<td>HC2: Delivery Systems Improvement</td>
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<td><strong>Recognize the importance of current models of medical practice performance evaluation (6.6, 3.5)</strong></td>
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<td><strong>Recognize the importance of quality assessment and benchmarking in practice improvement (6.6, 3.1, 3.2, 3.3, 3.5, 3.10)</strong></td>
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<td><strong>Use system approaches to prevent common medical errors and hazards (6.1, 6.4)</strong></td>
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<td><strong>Participate in Phase B and/or C clinic rotation quality assessment for education performance improvement (6.6, 3.1, 3.2, 3.3, 3.4, 3.5)</strong></td>
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- Faculty feedback in pre-clerkship settings including Clinical Cases, Masters Colloquium, and Medical Skills
- Faculty and resident direct observations and evaluations during clinical clerkships
- Patient case logs
- Presentation of written and oral clinical information
- Standardized patient evaluations, simulation center evaluations
- OSCE
- Peer assessment, Self-assessment
6) **Reflective Practice and Personal Development [RP]**

**Scope:** Student must be able to reflect upon their experiences with the goal of continual improvement. They must also demonstrate habits of analyzing experiences that affect their well-being, relationships with groups and individuals. They must demonstrate self-motivation, and awareness and responsiveness to their own limitations.

Spectrum of assessment methods to evaluate the achievement of the “Reflective Practice and Personal Development competency:

- Self-assessment
- Patient case logs/journal
- Evaluation by team members and peers in small group activities/clinical teams
- Faculty feedback in pre-clerkship settings including Clinical Cases Sessions, Masters Colloquium and Medical Skills courses
- Faculty and resident evaluations during clinical clerkships
- Objective Structured Clinical Examination (OSCE)

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| RP1: Personal Assessment | **Accept and respond appropriately to suggestions/constructive criticisms of performance including changing when necessary and discarding inappropriate feedback (3.5, 8.1)** | • Self-assessment Evaluation by team members and peers in small group activities/clinical teams  
• Faculty feedback in pre-clerkship settings including Clinical Cases Sessions, Masters Colloquium and Medical Skills  
• Faculty and resident evaluations during clinical clerkships  
• OSCE |
|                          | **Use self-assessment and reflection skills for growth and development (3.1, 3.2, 3.3, 8.1)** | **Use self-assessment to identify gaps in knowledge and skill sets and finds an approach to fill such gaps (3.1, 3.2, 3.3, 8.1)** |
|                          | **Give a balanced description of personal performance in a confident and skillful manner (3.1, 3.3, 8.1)** | **Give a balanced description of personal performance in a confident and skillful manner (3.1, 3.3, 8.1)** |
| RP2: Time Management | • Develop realistic plans and timelines to achieve desired outcomes *(3.2, 3.3)*  
| | • Refine and implement correction to timelines when appropriate *(3.5, 3.10)*  
| | • Implement corrective actions/changes to correct deficiencies and/or promote personal growth *(3.5, 8.1, 8.4)*  
| | • Faculty and resident evaluations during clinical clerkships  
| | • Evaluation by team members and peers in small group activities/clinical teams  
| | • Faculty feedback in pre-clerkship settings including Clinical Cases Sessions, Masters Colloquium and Medical Skills  
| | • Faculty and resident evaluations during clinical clerkships  
| RP3: Stress/Wellness Management | • Work to identify a passion within the field of medical practice *(8.1)*  
| | • Identify an outlet for personal stress and anxiety *(8.2)*  
| | • Identify the signs, symptoms and triggers of personal stress and anxiety *(8.1, 8.2)*  
| | • Develop a personalized program for physical/mental health *(8.2, 8.4)*  
| | • Recognize and identify when to seek help *(8.1)*  
| | • Self-assessment  
| | • Evaluation by team members and peers in small group activities/clinical teams  
| | • Faculty feedback in pre-clerkship settings including Clinical Cases Sessions, Masters Colloquium and Medical Skills  
| | • Faculty and resident evaluations during clinical clerkships  
| RP4: Conflict Resolution | • Demonstrate open-mindedness to the opinions and approaches of others *(8.3, 8.4)*  
| | • Articulate opinions in a non-confrontational manner *(8.3, 8.6)*  
| | • Formulate strategies to diffuse confrontational situations between team members and/or patient/family members and the patient care team *(8.3, 8.6, 8.7)*  
| | • Effectively negotiate with patients/family members to gain cooperation in the medical plan of treatment *(1.7, 3.8, 4.1, 8.6)*  
| | • Faculty feedback in pre-clerkship settings including Clinical Cases Sessions, Masters Colloquium and Medical Skills  
| | • OSCE  
| | • Patient case logs/journal  
| | • Evaluation by team members and peers in small group activities/clinical teams  
| | • Faculty and resident evaluations during clinical clerkships  