Competencies Guidelines

In alignment with the University of Texas School of Medicine's mission, the Continuing Medical Education program is committed to improving competency, maintaining board certification and cultivating lifelong learning for Rio Grande Valley region physicians.

To facilitate this commitment, each CME activity should incorporate desirable physician attributes through the overlapping competencies of ACGME, IOM and ABMS MOC:

- Patient care: Physicians must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. ACGME
- Medical knowledge: Physicians must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. ACGME
- Practice-based learning and improvement: Physicians must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. ACGME
- Interpersonal and communication skills: Physician must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. ACGME
- **Professionalism:** Physician must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Systems-based practice: physician must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. ACGME
- 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. IOM
- 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. IOM
- 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. IOM
- Work in interdisciplinary teams: Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. IOM
- Utilize informatics: Communicate, manage knowledge, mitigate error, and support decision making using information technology. IOM
- Professional standing: Evidence of professional standing such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in the jurisdiction. ABMS/MOC
- Commitment to lifelong learning: Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning. ABMS/MOC

- Cognitive expertise: Evidence of cognitive expertise based on performance on an examination.
 That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice-related knowledge, and other issues such as ethics and professionalism. ABMS/MOC
- Performance in practice: Evidence of evaluation of performance in practice including the medical care provided for common major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors such as communication and professionalism, as they relate to patient care. ABMS/MOC

Interprofessional Collaborative Practice Competencies

Adapted from Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative.

Values/Ethics Behavioral Expectations:

- Place the interests of patients and populations at the center of interprofessional health care delivery.
- Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
- Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.
- Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.
- Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.
- Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).
- Demonstrate high standards of ethical conduct and quality of care in one's contributions to team-based care.
- Manage ethical dilemmas specific to interprofessional patient/ population centered care situations.
- Act with honesty and integrity in relationships with patients, families, and other team members.
- Maintain competence in one's own profession appropriate to scope of practice.

Roles/Responsibilities Behavioral Expectations:

- Communicate one's roles and responsibilities clearly to patients, families, and other professionals.
- Recognize one's limitations in skills, knowledge, and abilities.
- Engage diverse healthcare professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.
- Explain the roles and responsibilities of other care providers and how the team works together to provide care.
- Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.
- Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
- Forge interdependent relationships with other professions to improve care and advance learning.
- Engage in continuous professional and interprofessional development to enhance team performance.
- Use unique and complementary abilities of all members of the team to optimize patient care.

Interprofessional Communication Behavioral Expectations:

- Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
- Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible.
- Express one's knowledge and opinions to team members involved in patient care with confidence, clarity, & respect, working to ensure common understanding of information, treatment & care decisions.
- Listen actively and encourage ideas and opinions of other team members.
- Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
- Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.
- Recognize how one's own uniqueness, including experience level, expertise, culture, power, and hierarchy within the healthcare team, contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).
- Communicate consistently the importance of teamwork in patient-centered & communityfocused care.

Team and Teamwork Behavioral Expectations:

- Describe the process of team development and the roles and practices of effective teams.
- Develop consensus on the ethical principles to guide all aspects of patient care and teamwork.
- Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem-solving.
- Integrate the knowledge and experience of other professions— appropriate to the specific care situation—to inform care decisions, while respecting patient and community values and priorities/ preferences for care.
- Apply leadership practices that support collaborative practice and team effectiveness.
- Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among healthcare professionals and with patients and families.
- Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
- Reflect on individual and team performance for individual, as well as team, performance improvement.
- Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.
- Use available evidence to inform effective teamwork and team-based practices.
- Perform effectively on teams and in different team roles in a variety of settings.