

Clinical Skills & Reasoning

| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
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| CSR1 | Obtain an accurate, thorough history from an actual patient or standardized patient in an organized fashion | Obtain a relevant, accurate, and problem-focused history from patients, families, and electronic health records in an organized fashion | Obtain a relevant, accurate, and problem-focused history from patients, families, and electronic health records in an organized fashion that demonstrates clinical reasoning |
| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| CSR2 | Perform an accurate and thorough physical exam, understand appropriate anatomy, and identify normal findings | Perform an accurate, clinically relevant physical exam pertinent to the setting and purpose of the patient's visit and identify both normal and abnormal findings | Perform a clinically relevant, appropriately thorough physical exam pertinent to the setting and purpose of the patient visit and identify and interpret normal and abnormal findings |
| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| CSR3 | Create a differential diagnosis for common active problems that includes "must-not-miss" and common diagnoses | Create and prioritize a differential diagnosis integrating key clinical features to appropriately narrow the differential diagnosis to most likely leading diagnoses | Create and prioritize a differential diagnosis following a clinical encounter by synthesizing essential information from previous records, history, physical exam, and initial diagnostic evaluation |
| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| CSR4 | Recommend first-line tests to evaluate diseases on the differential diagnosis as well as screening tests | Recommend, order, and interpret targeted testing for leading and "must not miss" diagnoses, incorporating pre-test probabilities. Recommend patient-appropriate tests for screening | Recommend, order, and interpret laboratory data, imaging studies, and other tests for screening as well as diagnoses, incorporating pre-test probabilities, lab characteristics (e.g., sensitivity and specificity), |

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| | | | and post-test probability |
| CSR5 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Document a clinical encounter with an organized narrative, problem list, basic initial differential diagnosis, and management plan | Document a clinical encounter with a pertinent narrative, problem list, differential diagnosis, and initial management plan | Document a clinical encounter with a pertinent history and physical examination, problem list, prioritized differential diagnosis, and comprehensive management plan |
| CSR6 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Provide an accurate and organized oral presentation of a clinical encounter with a complete history, physical exam, assessment, initial basic differential diagnosis, and propose a management plan | Provide a well-organized oral presentation of a clinical encounter with pertinent history, pertinent physical exam, assessment, differential diagnosis, and basic management plan | Provide a well-organized and concise oral presentation of a clinical encounter with pertinent history, pertinent physical exam, assessment, prioritized differential diagnosis, and comprehensive management plan |
| CSR7 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Identify a basic management plan for common diagnoses using resources | Recommend basic management plans, including medications, demonstrate knowledge of how orders are processed in the workplace, and consistently identify medical and social factors that could influence recommendations | Recommend, enact, follow up, and assess diagnostic and therapeutic plan of care |
| CSR8 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Recognize vital sign abnormalities and the need to respond, and identify potential causes | Recognize concerning signs or symptoms and unexpected results or data, promptly seek help, and recommend some initial or basic stabilization | Recognize and prioritize patients requiring urgent or emergent care, initiating evaluation and management |

| | | interventions | |
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| CSR9 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Understand when to use common procedures, the importance of informed consent, precautions, complications, and sterile technique | Assist in performing common procedures safely and correctly, including participating in obtaining informed consent, following universal precautions and sterile technique, and attending to patient comfort | Perform common procedures safely and correctly when indicated, including participating in obtaining informed consent, following universal precautions and sterile technique, and attending to patient comfort |
| CSR10 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Identify appropriate components of a structured written and verbal patient care handoff to transition care responsibility | Participate in directly observed verbal and written structured handoffs for patients to transition care responsibility and apply information received to patient care | Provide succinct verbal and written communication conveying illness severity, situational awareness, action planning, and contingency planning during a structured handoff to transition care responsibility |

Knowledge for Practice

| Knowledge for Practice | | | |
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| KFP1 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Acquire foundational knowledge of the etiology, pathogenesis, and clinical manifestations of basic medical problems | Further expand and begin to apply foundational knowledge and clinical evidence for the prevention, diagnosis, and treatment of patients with basic medical problems | Apply medical knowledge necessary for the prevention, diagnosis, and treatment of basic and complex medical problems |
| KFP2 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Examine foundational knowledge, clinical evidence, and clinical experience (primary and secondary) as sources of clinical decision support | Apply foundational knowledge, clinical evidence, and clinical experience (primary and secondary) to the care of patients | Recognize limitations in knowledge and subsequently identify and use available resources to inform clinical reasoning and decision-making |

Scholarly Inquiry

| Scholarly Inquiry | | | |
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| SI1 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Identify, select, and navigate literature to inform development of a feasible research question and hypothesis | Critically evaluate the integrity, reliability, and applicability of literature | Identify and critically evaluate existing literature to formulate research questions and hypotheses. |
| SI2 | Phase 1 and Phase 2 | | Graduation |
| | Describe appropriate research methods to investigate a hypothesis | | Describe and utilize appropriate research methods to investigate a hypothesis |
| SI3 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Draw conclusions about a research question from primary data | Describe how results from primary data can be applied in clinical practice | Draw appropriate conclusions from primary data and describe their potential application within medicine |
| SI4 | Phase 1 and Phase 2 | | Graduation |
| | Communicate the relevance and importance of a research question or line of scientific inquiry | | Communicate new knowledge obtained from scientific inquiry |

Lifelong Learning & Improvement

| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
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| LLP1 | Recognize the importance of multisource feedback to assess strengths and limitations of personal performance as a part of ongoing improvement | Seek and incorporate multisource feedback to assess strengths and limitations of personal performance as a part of ongoing improvement | Utilize multisource feedback to identify strengths, deficiencies, and limits of one's knowledge, skill, and behavior as a part of ongoing improvement |
| LLP2 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Demonstrate willingness to utilize available resources (e.g., assessment, feedback, and coaching) to facilitate professional growth | Thoughtfully engage educational and clinical opportunities that target areas of desired growth | Seek and reflect on educational and clinical opportunities that promote professional growth |
| LLP3 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Contribute to collaborative learning with peers | Display effective teaching skills in the education of patients | Demonstrate effective teaching skills in the education of health professionals and patients |

Interpersonal & Communication Skills

| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
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| ICS1 | Communicate with patients in a patient-centered manner that builds rapport and ensures patient understanding | Communicate with patients in a patient-centered manner that builds rapport, establishes trust, and ensures patient understanding | Communicate with patients in a manner that ensures understanding, establishes trust, and forms a therapeutic relationship that promotes shared decision-making |
| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| ICS2 | Participate in discussion of sensitive and difficult topics with patients and standardized patients under the direction of supervisors | Discuss challenging information (e.g., breaking bad news, negotiating complex discharge plans or end-of-life care issues) with patients and caregivers under direction of the healthcare team | Demonstrate sensitivity, honesty, understanding, and empathy in difficult conversations with patients and caregivers |
| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| ICS3 | Communicate effectively with patients and their caregivers and demonstrate understanding of their preferences | Help patients and their caregivers understand recommended medical care and engage in discussions regarding their wants and needs | Solicit patients' and caregivers' needs and goals and incorporate them into the management of a patient |
| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| ICS4 | Demonstrate ability to recognize one's own emotional responses to interpersonal interactions | Anticipate one's own and other's emotional responses to interpersonal interactions | Attend to one's own and others' emotional responses during interpersonal interactions |

Inclusion & Belonging

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| IB1 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Engage in respectful conversations with all colleagues, including those with different life experiences and perspectives | Advocate for an inclusive environment for all colleagues, including those with different life experiences and perspectives | Create a sense of belonging with all colleagues, including those with different life experiences and perspectives |
| IB2 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Articulate the theory of intersectionality, noting how identity and lived experiences can influence patients' perspectives of—and experiences with—the healthcare system | Develop respectful relationships with all patients and their families, including those who have different life experiences and perspectives | Collaborate and cultivate trusting therapeutic relationships with all patients, including those who have different life experiences and perspectives |
| IB3 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Reflect upon one's own identities, noting how they relate to power and privilege | Explain how one's own identities, power, and privilege influence interactions with patients, caregivers, and colleagues | Explain how one's own identities, power, and privileges influence interactions with patients, caregivers, communities, and colleagues |
| IB4 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Explain the use of bystander intervention techniques in responding to instances of injustice (e.g., microaggressions, discrimination, racism) | Note the presence or absence of bystander intervention in experiences where patients, colleagues, or oneself witness, perpetrate, or experience injustice in the healthcare environment | Describe strategies to advocate for oneself and others when there is injustice |

Health Equity, Community Engagement, & Advocacy

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| HCA1 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Define and describe barriers to equitable care, with a focus on addressing structural racism and systems of oppression | Identify and address the specific social and systemic barriers to equitable outcomes faced by patients under their care | Promote equitable care for patients and communities with a focus on addressing structural racism and systems of oppression |
| HCA2 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Outline how social determinants of health – including those created by racist, oppressive, and biased systems – can impact individual and community health | Solicit and advocate for the specific social, emotional, and medical needs of patients and families of all backgrounds, identities, abilities, and beliefs | Provide patient-centered, evidence-based care to patients of all backgrounds, identities, abilities, and beliefs |
| HCA3 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Recognize—through direct engagement—factors that have shaped community assets and challenges, as well as how said assets and challenges impact health | Integrate an understanding of how community organizations may help promote health for an individual within that community and refer individuals to these organizations as needed to promote their health and wellbeing | Evaluate community assets, create a plan to address specific need-gaps, and engage community members and organizations by partnering with individual patients and/or communities |
| HCA4 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Discuss multiple ways in which physicians can be advocates for individual patients, patient populations, and communities | Utilize principles of advocacy on behalf of individual patients by leveraging their position to support patients in navigating the healthcare system and advocating with them to access appropriate resources | Identify ways to advocate on behalf of individual patients, patient populations, and communities to improve overall health |

Healthcare Delivery Science

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| QPS1 | Demonstrate proficiency with relevant technology and data science methodology to enhance patient safety and improve patient care | | |
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| QPS2 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Describe and recognize hazards which present a threat to patient safety | Observe institutional protocol for reporting safety events and hazards to improve patient safety | Demonstrate knowledge of how to recognize, report, and disclose patient safety events |
| QPS3 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Demonstrate knowledge of common types of human error and limits of human performance | Observe common types of human error, limits of human performance, and the role of culture and system factors in creating safe environments of care | Describe common types of human error, limits of human performance, and the role of culture and system factors in creating safe environments of care |
| QPS4 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Demonstrate knowledge of models for improvement (e.g., Plan-Do-Study-Act) and of basic QI methodologies and quality measures | Observe/identify opportunities for healthcare improvements (e.g., deviations from standard of care, barriers to access, factors related to patient experience) during learning experiences | Understand basic principles of quality improvement implementation and engage in system improvement activities |
| QPS5 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Demonstrate knowledge regarding how quality measures can help identify health disparities | Observe quality measures stratification during clinical rotations (by race/ethnicity, primary language, socioeconomic status, LGBTQ identity) | Explain how stratification of quality measures by population and/or sociodemographic factors can allow for the identification of healthcare disparities |

Healthcare Systems & Policy

| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
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| HSP1 | Explain the history and development of the structure and financing models of the U.S. healthcare system, including its similarities and differences in relation to other nations | Discuss the impact of individual patients' insurance status and healthcare financing structures on the care that they receive | Understand systems of payment and medical insurance and their implications for patient care |
| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| HSP2 | Describe the problem of high healthcare spending, including major causal factors and impacts on patients & populations | Describe how high health care prices affect patients' out-of-pocket expenses and connect patients' burden of medical problems to the cost and accessibility of their care | Describe strategies to mitigate high healthcare spending including their impact on providers, health care organizations, and patients |
| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| HSP3 | Outline efforts to reform the U.S. healthcare system since the 20th Century in attempts to expand access, lower costs, and/or promote high-value care | Connect the effects of past, current, or proposed health care reform principles to specific patient cases encountered in the clinical setting | Interpret current health care reform proposals in terms of effects on cost, access, and quality, especially as they relate to health disparities |

Team-based Care

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| TBC1 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Identify the roles of other healthcare team members | Incorporate knowledge of one's own role in different teams and settings and the roles of other health professionals in providing patient care | Use the knowledge of one's own role and those of other professions to appropriately assess and address the needs of patients to deliver safe and high-quality health care |
| TBC2 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Communicate effectively and respectfully with others (peers, physicians, other health professionals) involved in small groups and in patient care | Communicate with colleagues within one's profession or specialty and other health professionals in a responsive and responsible manner that supports collaborative patient-centered care | Communicate with patients, families, and health professionals in a responsive and responsible manner that supports a team approach to healthcare delivery |
| TBC3 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Demonstrate professional values through active participation in preclinical group collaborations | Engage in respectful shared decision-making with physicians and other colleagues in the health care professions | Apply core professional relationship-building values and the principles of team dynamics to perform effectively in designated team roles to plan, deliver, and evaluate patient-centered care that is safe, timely, efficient, effective, and equitable |
| TBC4 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Recognize effective leadership skills and identify mentors who enhance team function, the learning environment, and the healthcare delivery system | Models and begins to develop leadership skills and style that will enhance team function, the learning environment, and the health care delivery system | Demonstrate leadership skills that enhance team function, the learning environment and the healthcare delivery system |

Personal & Professional Development

| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
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| PPD1 | Engage in reflection to identify their academic, physical and emotional stressors, limitations, and available support resources | Recognize academic, physical, and emotional limitations in real time and engage in appropriate help seeking behaviors by accessing support resources | Recognize and utilize support for academic, physical, and emotional limitations that impact academic performance, completion of professional responsibilities, and well-being |
| PPD2 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Identify a range of healthy coping mechanisms, unhealthy coping mechanisms, and related consequences | Integrate healthy coping mechanisms into their stress management response, and demonstrate awareness of unhealthy coping mechanisms | Use healthy coping mechanisms to manage stress and seek help for reliance on unhealthy coping mechanisms |
| PPD3 | Phase 1: Foundation & Formation | Phase 2 and Graduation | |
| | Recognize the importance of flexibility and adaptability when faced with unexpected changes in the educational environment, clinical care, and personal life. | Demonstrate flexibility and adaptability when faced with unexpected changes in the educational environment, clinical care, and personal life | |
| PPD4 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Develop a strategy that ensures response to email and other important communications in a timely fashion | Manage clinical and non-clinical communications via email, phone, text message, and electronic medical record | Demonstrate responsiveness and trustworthiness in the care of patients and professional communications |
| PPD5 | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| | Acknowledge and accept ambiguity and/or | Generate multiple acceptable solutions to | Demonstrate ability to manage complex clinical, |

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| | uncertainty in complex interpersonal and educational situations. | complex clinical, interpersonal, and educational situations accounting for ambiguity and/or uncertainty. | interpersonal, and educational situations involving ambiguity and uncertainty. |
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Professional Accountability and Ethics

| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
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| PFM1 | Engage in and complete all educational responsibilities on time | Attend, engage, and fulfill responsibilities and expectations for students in the educational program, including those specific to each clinical educational environment | Demonstrate accountability for individual and team responsibilities, actions and communications in all required and elective educational and clinical endeavors |
| | Phase 1: Foundation & Formation | Phase 2: Application | Graduation |
| PFM2 | Demonstrate integrity and ethical behavior in relationships, the curriculum, and extracurricular activities | Demonstrate integrity and ethical behavior in relationships and patient encounters across the clinical environment | Demonstrate integrity and ethical behavior in all required and elective educational and clinical endeavors |