

Competency

The US Accreditation Council on Graduate Medical Education (ACGME) defines six domains thought to be useful in defining “competency”; these are called the core competencies - patient care, medical knowledge, practice-based learning and improvement, professionalism, systems-based practice, and interpersonal skills and communication. While these were initially developed for residency programs, in the US today competencies are used at many levels of professional practice to define and measure an individual's ability and capability. Medical schools use competency to determine suitability for graduation; residency programs use competency to certify suitability for completion and healthcare institutions use competency to determine eligibility for clinical privileges. The emphasis on achieving and demonstrating competency, a more easily quantifiable and reliable measure, replaces a more traditional model. The traditional model judges students along a qualitative continuum – generally using words like “excellent”, “good”, “needs improvement” or letter grades. It is thought that the more descriptive and quantifiable an assessment method, the more valid and reliable it is.

The American Association of Medical Colleges (AAMC) has grouped competencies into the following 13 Entrustable Professional Activities (EPAs) as a basis for starting postgraduate training in the US.

EPAs

1. Gather a History and Perform a Physical Examination
2. Prioritize a Differential Diagnosis Following a Clinical Encounter
3. Recommend and Interpret Common Diagnostic and Screening Test
4. Enter and Discuss Orders/Prescriptions
5. Document a Clinical Encounter in the Patient Record
6. Provide an Oral Presentation of a Clinical Encounter
7. Form Clinical Questions and Retrieve Evidence to Advance Patient Care
8. Give or Receive a Patient Handover to Transition Care Responsibility
9. Collaborate as a member of an Inter-professional Team
10. Recognize a Patient Requiring Urgent or Emergent Care, & Initiate Evaluation & management.
11. Obtain Informed Consent for Tests and/or Procedures
12. Perform General Procedures of a Physician
13. Identify System Failures and Contribute to a Culture of Safety and Improvement.

In order to ensure that every graduate of XUSOM is able to function at the highest possible professional level, it is necessary for us to define exactly what we mean by “competent”. Multiple models have been used to accomplish this. XUSOM groups its competencies, or outcome objectives, into three domains – medical knowledge, clinical skills and professional behavior. The outcome objectives presented below provide an overarching guide for the curriculum.

In the following pages, seven clinical departments describe the training tasks that students undertake as they rotate through the different clerkships. It is through these tasks that students develop the competencies required by each specialty and, ultimately, required by the school for graduation. Students should become aware of the similarities and differences between the different clerkships. While medical knowledge and aspects of clinical skills differ from specialty to specialty, certainly professional behavior, interpersonal skills and communication are universal.