

Feinberg Competency Standards, Anchors and Benchmarks

| Community Engagement and Service | | | | | | |
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| Graduates will: | | | Phase 1 Benchmark | Phase 2 Benchmark | Phase 3 Benchmark | Aspirational behavior |
| CES -1 | Demonstrate knowledge of social determinants and their historical origins, particularly those rooted in structural racism, that influence the health of individuals and communities. | Cannot identify social determinants nor the historical practices that affect individual, community, public or global health. | Can identify and describe social determinants that can affect individual, community, public or global health, as well as their historical origins. | Recognizes social determinants that can affect individual, community, public or global health within the clinical context of patient care. | Utilizes information to generate a hypothesis and plan for patient care, effectively addressing factors that may enhance or detract from individual, community, public or global health. | Utilizes knowledge to generate and execute a plan to improve an individual's health by comprehensively identifying and addressing those factors that affect individual, community, public or global health. |
| CES - 2 | Demonstrate knowledge and application of strategies to mitigate the effects of social determinants, particularly structural racism, in the clinical setting and in partnership with individuals or communities to advocate for improved health. | Does not demonstrate knowledge or use of strategies to advocate for or collaborate with individuals or communities for improved health. | Can identify and demonstrate strategies to advocate for or collaborate with individuals or communities to improve health | Can implement patient level screening strategies and identify community resources to address social need | Can identify the structural determinants of health to effectively advocate for or collaborate with individuals or communities for improved health | Applies skills to effectively advocate for or collaborate with individuals or communities for improved health. |
| Continuous Learning and Quality Improvement | | | | | | |
| Graduates will: | | | Phase 1 Benchmark | Phase 2 Benchmark | Phase 3 Benchmark | Aspirational behavior |
| CLQI - 1a | Accept, seek and implement feedback. | Often resists or fails to acknowledge feedback. | Acknowledges feedback but is inconsistent in implementing it or shows poor situational awareness in seeking it. | Seeks feedback at appropriate times and implements it to improve performance. | | Coaches others on the importance of seeking appropriate multisource feedback for self-improvement. |

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| CLQI - 1b | Provide meaningful feedback to others. | Only infrequently able to provide feedback that is specific and constructive. | Provides feedback that is specific and constructive the majority of the time. | Provides feedback that is specific and constructive in terms that are actionable by the recipient. | | Coaches others on how to provide feedback that is specific and constructive in terms that are actionable by the recipient. |
| CLQI - 2 | Reflect on performance and develop a plan for self-improvement. | Unable to utilize performance data to develop effective learning plans. | Utilizes performance data to develop reasonably effective learning plans. | Prioritizes performance data to develop strategic and reasonably effective learning plans for self improvement. | | Effectively utilizes and prioritizes all performance data for continuous self-improvement. |
| CLQI - 3 | Construct clinical and research questions and apply information to solve them. Retrieve, analyze and critically appraise literature. | Unable to formulate questions and/or uses inappropriate sources of literature. | Can formulate clinical and research questions with assistance. Identifies and analyzes appropriate literature for a given question. | Begins to independently formulate appropriate questions. Identifies and critically appraises the literature to answer basic clinical/research questions that benefit patient care. | Independently formulates appropriate questions. Identifies and critically appraises the literature to answer more complex clinical/research questions that benefit patient care. | Consistently develops sophisticated clinical/ research questions and uses the appropriate literature and analysis to solve them in a way that benefits patient care. |
| CLQI - 4 | Demonstrate quality improvement knowledge and skill. | Lacks knowledge regarding quality improvement in the healthcare setting. | Demonstrates knowledge of how health systems produce variable quality of care and how quality improvement activities are used to improve care. | Demonstrates quality improvement knowledge and skill through application of this knowledge to simple clinical settings. | Demonstrates quality improvement knowledge and skill through application of this knowledge to complex clinical settings. | Leads or takes ownership of a quality improvement project. |

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| CLQI - 5 | Articulate and effectively apply relevant patient safety principles, practices and appropriate patient safety-related behaviors. | Demonstrates lack of awareness of threats to patient safety. | Identifies safety related strengths and weaknesses in the patient care environment. Identifies safety-related behaviors in select patient care settings (i.e. handwashing, positive ID). | When prompted, can assess safety related strengths and weaknesses in the patient care environment and respond to safety threats in the clinical setting. Applies safety-related behaviors in all patient care settings. | Without prompting, can actively assess and effectively respond to safety related strengths and weaknesses in the clinical setting. Applies safety-related behaviors in all patient care settings. | Coaches others on active assessment and effective response to safety-related strengths and weaknesses in the clinical setting. Helps others to apply safety-related behaviors in all patient care settings. |
| Effective Communication and Interpersonal Skills | | | | | | |
| Graduates will: | | | Phase 1 Benchmark | Phase 2 Benchmark | Phase 3 Benchmark | Aspirational behavior |
| ECIS - 1 | Listen empathically and effectively to patients, colleagues and teachers. | Does not demonstrate engaged, active listening. Is either disengaged or impedes conversation. | Listens in an engaged and empathic manner, verbally (e.g. facilitating remarks) and nonverbally (e.g. eye contact and body language). Uses open-ended questions and demonstrates understanding through summary and clarification. | | Listens in an engaged and empathic manner, with verbal and nonverbal facilitation, open-ended questions and demonstration of understanding. Expresses understanding of nuanced communication, and can redirect discussion if needed. | Listens in an engaged and empathic manner, with verbal and nonverbal facilitation, open-ended questions and demonstration of understanding. Expresses understanding of nuanced communication, and can redirect discussion if needed, even in challenging situations. |
| ECIS - 2 | Effectively conveys written information at an appropriate level for patients, colleagues, and teachers. | Written communication is unclear or overly wordy. | Written communication is clear and succinct. | Written communication is clear, succinct, and appropriate for the audience, whether writing a self-reflection, clinical note, scientific paper, or other. | Written communication is clear, succinct, and appropriate for the audience. Can produce written work efficiently. | Written communication is clear, succinct, efficient, and audience-appropriate. Expresses independent, novel ideas which may improve the field. |

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| ECIS - 3 | Communicate information clearly to patients, colleagues and teams. Demonstrate closed loop communication skills. | Fails to contribute information or speaks unclearly. Appears to ignore or disregard communication barriers. | Speaks in a poised and clear manner. Uses closed-loop communication to ensure information sharing was understood by patient. Aware of some communication barriers. | Speaks in a poised, clear, efficient manner, attending to the understanding of the recipient with closed-loop communication. Is able to bridge some communication barriers. | Speaks in a poised, clear, efficient manner without relying on notes. Shows situational awareness by attending to timing as well as the understanding of the recipient with closed-loop communication. Is able to bridge some communication barriers. | Speaks in a poised, clear, efficient manner without relying on notes. Shows situational awareness by attending to timing as well as the understanding of the recipient with closed-loop communication. Is able to bridge communication barriers, even in challenging situations. |
| ECIS - 4 | Facilitate difficult health care conversations with patients and colleagues. Display awareness of barriers including language, health literacy and psychosocial needs. | Unable to demonstrate effective skills in difficult conversations. | Demonstrates beginning skills in some difficult communications. | Exhibits some effective strategies in difficult communications. | Exhibits effective strategies in difficult communications; bridges some barriers of moderate complexity. | Exhibits exemplary strategies in difficult communications in complex situations; avoids potential pitfalls; diffuses hostile conversations. |
| ECIS - 5 | Utilize shared decision making to promote patient-centered communication by eliciting and incorporating patient preferences. | Fails to assess patient's response to or agreement with the diagnosis or plan. Does not elicit or incorporate patient preferences into plan. | Partially assesses and elicits patient's response to or agreement with the diagnosis or plan. Does not incorporate patient preferences into plan. | Fully assesses and elicits patient's response to or agreement with the diagnosis or plan. Begins to incorporate patient preferences into plan. | Fully assesses and elicits patient's response to or agreement with the diagnosis or plan. Incorporates patient preferences to tailor plan. | Fully assesses and elicits patient's response to or agreement with the diagnosis or plan. Fully incorporates patient preferences to tailor plan, even in challenging situations. |

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| Medical Knowledge and Scholarship | | | | | | |
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| Graduates will: | | | Phase 1 Benchmark | Phase 2 Benchmark | Phase 3 Benchmark | Aspirational behavior |
| MKS - 1a | <ul style="list-style-type: none"> • Demonstrate clinically relevant knowledge of the normal structure and function of the body at the molecular, cellular, organ, and system levels. | Unable to demonstrate sufficient knowledge of normal structure and function of the body. | Demonstrates sufficient knowledge of normal structure and function of the body in the classroom setting. | Demonstrates sufficient knowledge of normal structure and function of the body in the context of clinical care of patients. | Demonstrates sufficient knowledge of normal structure and function of the body in the context of clinical care of complex patients. | Demonstrates exceptional knowledge base while teaching basic science principles related to normal structure and function. |
| MKS - 1b | <ul style="list-style-type: none"> • Demonstrate knowledge of the mechanisms (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of mental and physical illness. | Unable to demonstrate sufficient knowledge of mechanisms of disease. | Demonstrates sufficient knowledge of basic mechanisms of disease in the classroom setting. | Demonstrates sufficient knowledge of mechanisms of disease in the context of clinical care of patients. | Demonstrates sufficient knowledge of mechanisms of disease in the context of clinical care of complex patients. | Demonstrates exceptional knowledge base while teaching basic science principles related to mechanisms of disease. |

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| MKS - 1c | <ul style="list-style-type: none"> • Demonstrate knowledge of how illness, injury, and age affect function and quality-of-life. | Unable to demonstrate sufficient knowledge of functional and quality of life issues. | Demonstrates sufficient knowledge of functional and quality of life issues in the classroom setting. | Demonstrates sufficient knowledge of functional and quality of life issues in the context of clinical care of patients. | Demonstrates sufficient knowledge of functional and quality of life issues in the context of clinical care of complex patients. | Demonstrates exceptional knowledge base while teaching basic science principles related to functional and quality of life issues. |
| MKS - 1d | <ul style="list-style-type: none"> • Demonstrate knowledge of the clinical and laboratory manifestations of disease. | Unable to define and identify disease manifestations for common illnesses. | Able to define and identify disease manifestations for common illnesses and describe test characteristics | Able to define and identify disease manifestations for common illnesses and predict test results. | Able to define and identify disease manifestations for complex illnesses and explain the diagnostic testing process for a given disease | Able to analyze and recommend high value testing appropriate for a given disease. |
| MKS - 1e | <ul style="list-style-type: none"> • Demonstrate knowledge of pharmacology and other therapeutic modalities. | Unable to explain mechanism of action or side effects of classes of common drugs/ other therapeutic modalities. | Able to explain mechanism of action and side effects of classes of common drugs / other therapeutic modalities. | Able to explain mechanism of action and side effects of drugs / other therapeutic modalities and identify indications and contraindications for use in common illnesses. | Able to explain mechanism of action and side effects of drugs / other therapeutic modalities and identify indications and contraindications for use in complex illnesses. | Able to analyze and recommend treatment decisions to provide high value care. |
| MKS - 1f | <ul style="list-style-type: none"> • Demonstrate knowledge of epidemiology, biostatistics and the principles of primary, secondary, and tertiary prevention of disease to make medical decisions | Unable to demonstrate sufficient knowledge of basic principles of epidemiology, statistics or prevention. | Demonstrates sufficient knowledge of basic principles of epidemiology, statistics and prevention in the classroom setting. | Demonstrates sufficient knowledge of principles of epidemiology, statistics and prevention in the context of clinical care of patients. | Demonstrates sufficient knowledge of principles of epidemiology, statistics and prevention in the context of clinical care of complex patients. | Demonstrates exceptional knowledge base while teaching basic science principles related to epidemiology, statistics and prevention. |

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| MKS - 3a | <ul style="list-style-type: none"> • Apply knowledge to diagnose illness and solve clinically relevant problems. | Unable to develop a differential diagnosis. | Generates and explains a differential diagnosis for common clinical problems. | Generates, explains and prioritizes a detailed differential diagnosis for common clinical problems and arrives at the most likely diagnosis . | Generates and prioritizes a detailed differential diagnosis for common and complex clinical problems and arrives at the most likely diagnosis . | In challenging situations, efficiently generates a detailed and prioritized differential for complex clinical cases and arrives at the most likely diagnosis using a high-value approach which mitigates diagnostic errors. |
| MKS - 3b | <ul style="list-style-type: none"> • Apply knowledge to prevent and treat illness and improve quality of life. | Unable to identify appropriate prevention and/or therapeutic options. | Able to identify at least one appropriate prevention/therapeutic modality for common conditions | Identifies appropriate prevention/therapeutic modalities for common conditions and can prioritize options | Identifies and prioritizes appropriate prevention/therapeutic options for complex conditions | Evaluates risks/benefits of prevention/therapeutic modalities for complex conditions that addresses quality of life issues and emphasizes high-value care. |

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| MKS - 4 | Contribute to medical knowledge through research and the practice of evidence-based teaching and learning. | | | | | |
| MKS - 4a | Demonstrate facility with research methods and complete a faculty-mentored scholarly project. | Unable to identify or complete a scholarly project. | Constructs a research question and methodology, works effectively with a mentor, and begins data collection that complies with security requirements. | | Completes a faculty-mentored scholarly project and completes a thesis or manuscript. | Disseminates research at a regional or national level. |
| MKS - 4b | Demonstrate teaching skills when facilitating learning via presentations, small-group learning activities and discussions with faculty and peers. | Is unprepared, poorly organized or does not attempt to engage the learner. | Conveys information in a conversational tone and connects with the audience (e.g., makes eye contact). Content is organized. Attempts to engage the learner. | Delivers content with some confidence. Content is organized. Utilizes specific techniques (e.g., stories, statistics, audience questions, etc.) to engage the learner. | Delivers content with confidence throughout the presentation. Responds to learners' needs and utilizes learner engagement techniques effectively (e.g., stories, statistics, audience questions, etc.). Learners' understanding is probed in some way. | Delivers content that is level appropriate and provokes inquiry. Adapts to learners' needs on the fly. Effectively engages learners and employs evidence-based learning strategies. |

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| Personal Awareness and Self-Care | | | | | | | |
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| Graduates will: | | | | Phase 1 Benchmark | Phase 2 Benchmark | Phase 3 Benchmark | Aspirational behavior |
| PASC - 1 | <p>Describe awareness of personal values, implicit biases, and changes in perspective during the progression through medical school. Define how differences between personal values and the values of team members and patients may result in conflict that affects patient care.</p> | <p>Does not describe his/her personal values and/or implicit biases.</p> | <p>Begins to describe awareness of his/her personal values and implicit biases and their potential adverse impact on patient care and relationships with members of the health care team.</p> | <p>Describes his/her implicit biases and personal values and their actual or potential adverse impact on patient care and relationships with members of the health care team, as well as changes in perspective which accompany his/her progression in medical school.</p> | <p>Describes his/her implicit biases and personal values and their actual or potential adverse impact on patient care and relationships with members of the health care team, as well as changes in perspective which accompany his/her progression in medical school; describes application of this insight to complex or challenging situations.</p> | <p>Describes his/her implicit values and their actual or potential adverse impact on patient care and relationships with members of the health care team, as well as changes in perspective which accompany his/her progression in medical school; describes application of this insight to complex or challenging situations and models his/her behavior for team members.</p> | |

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| PASC - 2 | <p>Describe the importance of taking steps to optimize physical and mental health to prevent burnout, and the consequences associated with it, such as isolation, depression, and loss of empathy, and describe coping strategies, including seeking appropriate assistance as needed.</p> | <p>Does not describe preventive or ongoing health needs, whether physical or mental.</p> | <p>Describes physical and mental health needs, strategies to maintain balance, and available services to seek assistance, if needed. Discusses ongoing efforts to maintain physical and mental health during meetings with mentor.</p> | <p>Describes physical and mental health needs and strategies to maintain balance in demanding situations, including advanced coping mechanisms and seeking appropriate assistance, when needed. Discusses ongoing efforts to maintain physical and mental health during meetings with mentor.</p> | <p>Describes physical and mental health needs and strategies to maintain balance in demanding situations, including advanced coping mechanisms and seeking appropriate assistance, when needed. Describes awareness that symptoms of burnout vary by individual, and attempts to identify those symptoms if he/she has experienced burnout. Discusses ongoing efforts to maintain physical and mental health during meetings with mentor.</p> | <p>Maintains balance in demanding situations and is able to identify colleagues at risk of burnout and assist them with risk reduction and seeking appropriate assistance.</p> |
| PASC - 3 | <p>Create a thoughtful and deliberate plan for identifying areas of medicine that fit personal goals and abilities through full participation in professional development activities, such as writing a personal statement, a curriculum vitae, and seeking assistance from advisors.</p> | <p>Does not participate in required professional development activities.</p> | <p>Participates in professional development activities.</p> | <p>Participates in required professional development activities and describes areas of medicine which fit his/her goals and abilities.</p> | <p>Identifies a specialty choice in an area of medicine which fits his/her goals and abilities, participates fully in required professional development activities, such as writing a personal statement and a curriculum vitae, and seeks assistance from advisors.</p> | <p>Identifies a specialty choice in an area of medicine which fits his/her goals and abilities and has completed required professional development activities.</p> |

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| Patient-Centered Medical Care | | | | | | |
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| Graduates will: | | | Phase 1 Benchmark | Phase 2 Benchmark | Phase 3 Benchmark | Aspirational behavior |
| PCMC - 1 | Elicit complete medical histories using questions appropriate for the patient's presenting concerns. | History-taking is disorganized or halting. | History-taking is patient-centered and fairly organized. | History-taking is patient-centered, fairly organized and complete, collecting almost all important details. | History-taking is patient-centered, organized, complete and efficient, even for complex patients. | History-taking is patient-centered, organized, complete and efficient for all patients, even for complex patients in challenging situations. |
| PCMC - 2 | Perform both comprehensive and focused physical exams with sensitivity to patient comfort. Select techniques appropriate to the complexity and acuity of the patient. | Physical exam frequently shows poor technique or ignores patient comfort. Cannot identify abnormal findings. | Physical examination usually attends to patient comfort and shows proper technique, but may not be complete or appropriate for clinical scenario. Correctly identifies some abnormal findings. | Physical examination is appropriate for clinical scenario, and usually shows proper technique and attention to patient comfort. Correctly identifies most abnormal findings. | Physical examination is appropriate for clinical scenario, with proper technique and attention to patient comfort, even for complex patients. Correctly identifies abnormal findings in these patients. | Physical examination is efficient yet appropriate for clinical scenario, with proper technique and attention to patient comfort, even for complex patients or in challenging situations. Correctly identifies abnormal findings in these cases. |
| PCMC - 3 | Display clinical reasoning skills regarding a patient case verbally and in writing. | Patient presentations, write-ups, assessments and plans lack proper structure and sound reasoning. | Patient presentations, write-ups, assessments and plans show proper structure and some sound reasoning. Reasoning may be incomplete or have some errors. | Patient presentations, write-ups, assessments and plans show proper structure and sound reasoning. Reasoning is complete and correct for straightforward cases. | Patient presentations, write-ups, assessments, and plans show proper structure, sound reasoning, and advance the care of the patient. Reasoning is complete and correct for complex cases. | Patient presentations, write-ups, assessments, and plans show proper structure, sound reasoning, and advance the care of the patient. Reasoning is complete and correct for complex cases in challenging circumstances. |

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| PCMC - 4 | Demonstrate proficiency in performing select clinical procedures. | Is not expected to perform procedures. | | Describes risks, benefits, indications, and contraindications of procedures. Can perform select procedures in simulated settings. | Describes risks, benefits, indications, and contraindications of procedures. Can perform select procedures in simulated settings, and can anticipate and avoid potential errors. | Describes risks, benefits, indications, and contraindications of procedures. Can perform select procedures in clinical settings, and can anticipate and avoid potential errors. |
| PCMC - 5 | Demonstrate proficiency in navigating the electronic health record (EHR) to obtain and document information needed for patient care. | Unable to use electronic health records appropriately. | Begins to navigate the EHR and document basic notes in a responsible and ethical manner. | Obtains all information from the EHR needed for good patient care. Writes EHR notes in a responsible, clear manner. Begins to responsibly use clinical decision support. | Obtains all information from the EHR needed for good patient care. Documents care in a responsible, concise, clear manner. Uses clinical decision support, writes orders, and transitions care responsibly in straightforward situations using EHR tools. | Able to obtain all information from the EHR needed for good patient care. Documents care in a responsible, concise, clear manner. Uses clinical decision support, writes orders, and transitions care responsibly in complex situations using EHR tools. |
| PCMC - 6 | Demonstrate the ability to counsel and educate patients and their families about health conditions and disease prevention. | Counseling is unclear. | Counseling is clear and confirms understanding. Adheres to principles of counseling technique. Content of counseling is typically incomplete. | Counseling is clear, correct, and confirms understanding. Adheres to principles of counseling technique. Content of counseling may be incomplete. | Counseling is clear, correct, complete, and confirms understanding. Adheres to principles of counseling technique. | Counseling is clear, correct, complete, and confirms understanding. Adheres to principles of counseling technique and succeeds in challenging circumstances. |

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| Professional Behavior and Moral Reasoning | | | | | | |
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| Graduates will: | | | Phase 1 Benchmark | Phase 2 Benchmark | Phase 3 Benchmark | Aspirational behavior |
| PBMR - 1 | Identify, analyze and justify appropriate ethical choices in the care of individual patients and their families, and recognize legal constraints on such choices. | Unable to identify any ethical choices or legal constraints in patient scenarios | Identifies and performs basic analyses of the key ethical issues and legal constraints in individual patient care, and justifies a decision. | Identifies and analyzes major ethical issues and options in complex case studies and clinical experience, and justifies a decision in response to some counterarguments. | | Identifies and analyzes major and minor ethical issues and options, anticipates and responds to counterarguments in complex case studies and clinical experience, and justifies a decision. Teaches this to colleagues. |
| PBMR - 2 | Identify, analyze and justify appropriate ethical choices in the healthcare systems in which students work, and recognize legal constraints on such choices. | Unable to identify any ethical choices or legal constraints in healthcare systems. | Identifies and performs basic analyses of the key ethical issues and legal constraints in healthcare systems, and justifies a decision. | Identifies and analyzes major ethical issues and options in complex systemic contexts of health care delivery, and justifies a decision in response to some counterarguments. | | Identifies and analyzes major and minor ethical issues and options, and anticipates and responds to counterarguments in the complex systemic contexts of health care delivery, and justifies a decision. Teaches this to colleagues. |
| PBMR - 3 | Display honesty, integrity, respect, and compassion toward others (patients, families, faculty, staff, etc.), regardless of gender, race, religion, ideology, socioeconomic status, disability, age, national origin, sexual orientation or ability to pay. | Exhibits specific episodes of dishonesty, lack of integrity or disrespect toward others. | Behaves with honesty, integrity, respect, and compassion toward all patients, families, students, faculty, and members of the healthcare team. | | | In the face of personal and political consequences, is willing to stand up against breaches in respect or compassion toward others. |

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| PBMR - 4 | Identify, analyze and justify appropriate ethical choices in the design and conduct of research, and recognize legal constraints on such choices. | Unable to identify ethical issues in the design and conduct of research. | Identifies ethical issues in the design and conduct of research. | | Designs and conducts ethical research and teaches others how to do so. |
| PBMR - 5 | Display accountability and dependability. | Exhibits specific episodes of lack of accountability or dependability and corrects when pointed out. | Behaves with accountability and dependability. | Consistently accountable and dependable in challenging situations. | |
| PBMR - 6 | Demonstrate respect for privacy, protect confidentiality, and maintain security of the data of patients and families. | Exhibits specific episodes of violation of privacy and confidentiality. | Respects the privacy and maintains the confidentiality of patients and families. | Respects and helps others maintain the privacy and confidentiality of patients and families. | Maintains privacy and confidentiality and articulates their importance in clinical situations and when teaching others. |
| PBMR - 7 | Demonstrate initiative and responsibility in daily professional tasks including participation in learning activities, class presentations and patient care. | Does not consistently take initiative for own learning and patient care. | Consistently takes initiative for own learning and patient care. | Takes initiative for own learning and patient care in challenging or complex situations. | |

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| Systems Awareness and Team Based Care | | | | | | |
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| Graduates will: | | | Phase 1 Benchmark | Phase 2 Benchmark | Phase 3 Benchmark | Aspirational behavior |
| SATBC - 1 | Describe healthcare finance and delivery in various healthcare systems, and demonstrate the ability to effectively call on system resources to provide care that is of optimal value. | Demonstrates little or no understanding of the healthcare system and financing. Unable to appreciate system barriers as they relate to the patient. | Demonstrates some understanding of the healthcare system and/or financing. Identifies some system barriers as they relate to patients. | Demonstrates a working knowledge and understanding of system and finances. Proposes solutions to help patients navigate system barriers. | Demonstrates knowledge of the healthcare system and finances, may anticipate system barriers to patient care, and is readily able to help patients navigate barriers except in extraordinary circumstances. | Demonstrates significant understanding of the healthcare setting, including the ability to propose changes to the system to provide better care. Can seamlessly call upon system resources to provide care even in the most challenging circumstances. |
| SATBC - 2a | Demonstrate positive teamwork attitudes and skills during coursework, clinical care, and research activities. | Demonstrates lack of awareness of core teamwork principles much of the time. Often unable to apply these principles to work in teams. | Defines core teamwork principles and applies these in work with teams on most occasions. May struggle when assigned role of leader. | Consistently applies teamwork principles with all members of the healthcare team and includes appropriate team members in patient care plans. | Demonstrates teamwork principles even when challenging dynamics are present. Willing and able to assume a leadership role when appropriate. | Demonstrates the ability to consistently apply teamwork principles. Demonstrates collaborative leadership and encourages others to take lead when appropriate. |
| SATBC - 2b | Describe the roles of non-physician interprofessional team members and work effectively with care providers to provide best patient care. | Unaware of the roles of other healthcare team members. Cannot engage appropriate team members in care teams. | Describes roles of care team members. In clinical settings, occasionally includes appropriate team members in patient care plan. | Describes care team member roles and typically interacts appropriately with care team members. Consistently includes team members in patient care plans. | Describes care team member roles and engages (seeks out, etc.) team members in formulating care plans. Consistently includes all appropriate team members in patient care plans. | Coaches others about team member roles and engages (seeks out, etc.) team members in formulating care plans. Consistently includes all appropriate team members in patient care plans. |

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| SATBC - 3 | Demonstrate skills in transitioning care from one clinical team member to another within and between healthcare systems, paying particular attention to unique patient needs. | <p>Demonstrates little or no understanding of the patient safety implications of transitions of care. Unable to describe any structured approaches to patient handoffs.</p> | <p>Can discuss ways that transitions of care introduce risk to patients. Able to identify 1-2 structured approaches to communicating about patients during transitions.</p> | <p>Applies a standardized approach to communicating critical information during patient handoffs for straightforward patients in a variety of settings. Includes all appropriate sections and critical information in discharge instructions/summaries or handoffs.</p> | <p>Applies a standardized approach to communicating critical information during patient handoffs for complex patients. Includes all appropriate sections and critical information in discharge instructions/ summaries or handoffs. Provides anticipatory guidance during handoffs for simple scenarios.</p> | <p>Demonstrates effective, standardized approaches to transitions in care and navigates barriers impeding effective transitions of care. Collaborates with other team members to ensure safe care. Provides anticipatory guidance during handoffs even for complex scenarios.</p> |
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