Feinberg Competency Standards, Anchors, and Benchmarks

Community Engagement and Advocacy

	Graduates will:		Phase 1 Benchmark	Phase 2 Benchmark	Phase 3 Benchmark	Aspirational behavior
CES -1	Demonstrate knowledge of social influencers of health, their root causes, and their impact on population health and equity.	Cannot identify social influencers of health or their impact on population health and equity.	Can identify some social influencers of health and describe their impact on population health and equity.	Describes social influencers of health and their effects on health and equity in detail.		Identifies and describes the complex interactions between social influencers of health in different populations and their effects on varied health outcomes.
CES - 2	Demonstrate knowledge and application of strategies to advance population health and equity *within the clinical setting*.	Does not demonstrate knowledge or use of strategies to enhance population health or equity in clinical settings.	Demonstrates some knowledge and application of strategies to identify social influencers of health and relevant community resources within the clinical setting.	Can implement patient level screening strategies and identify community resources to address social needs.	Demonstrates advanced ability to identify and mitigate social influencers of health within the clinical setting in conjunction with social work or other team members.	Develops and implements strategies for identifying and mitigating social influencers of health within the clinical setting in a manner that enhances health and equity.
CES-3	Demonstrate knowledge and application of strategies *to partner with communities and policy makers* to advance population health and equity.	Does not demonstrate knowledge nor application of strategies to partner with communities or policy makers.	Demonstrates knowledge and application of some strategies to partner with communities or policy makers to address social influencers of health.		Demonstrates knowledge and application of institutional strategies to partner with communities or policy makers to address social influencers of health.	Develops and implements longitudinal partnerships with communities or policy makers to address social influencers of health to improve health and equity.

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 may be inconsistent in implementing it or seeking help when challenged by how to implement feedback.	Consistently seeks feedback at appropriate times and implements feedback to improve performance in straightforward circumstances Appropriately seeks help when challenged by how to implement feedback.	Consistently seeks feedback at appropriate times and implements feedback to improve performance even in some challenging circumstances. Appropriately seeks help when challenged by how to implement feedback.	Coaches others on the importance of seeking appropriate multisource feedback for self-improvement.

Revised 2.5.2025

Feinberg Competency Standards, Anchors, and Benchmarks

CLQI - 1b	**Provide meaningful feedback to others.**	Only infrequently able to provide respectful feedback that is specific and constructive.	Provides respectful feedback that is specific and constructive most of the time.	Provides respectful feedback that is specific and constructive in terms that are actionable by the recipient.	Coaches others on how to provide respectful 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 some effective learning plans; may miss opportunities reflect on all areas at times.	Prioritizes performance data to develop strategic and effective learning plans. Consistently reflects on most to all identified strengths and opportunities for growth.	Effectively utilizes and prioritizes all performance data for continuous self-improvement.
CLQI - 3	**Construct ethical clinical and research questions and apply information to solve them. Retrieve, analyze and critically and ethically appraise evidence.**	Unable to formulate questions and/or uses inappropriate sources of evidence.	Can formulate clinical and research questions with assistance. Identifies and analyzes appropriate and ethical evidence for a given question.	Begins to independently formulate appropriate questions. Identifies and critically appraises the evidence in an ethical manner to answer basic clinical/research questions that enhance patient care and value	Independently formulates appropriate questions. Identifies and critically appraises the evidence in an ethical manner to answer more complex clinical/research questions that enhance patient care and value.	Consistently develops sophisticated clinical/ research questions and uses the appropriate evidence and ethical analysis to solve them in a way that enhance patient care and value.
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 clinical settings.	Leads or takes ownership of a quality improvement project.

Revised 2.5.2025

Feinberg Competency Standards, Anchors, and Benchmarks

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.
CLQI - 6	**Demonstrate teaching skills when facilitating learning via presentations, small-group learning activities and discussions with faculty and peers.**	Unprepared, poorly organized or does not attempt to engage the learner.	Delivers content with clarity and accuracy. Content is organized. Attempts to engage the learner.	Delivers content with clarity and accuracy. Content is organized. Utilizes specific techniques (e.g., stories, statistics, audience questions, spaced repetition, etc.) to engage the learner.	Delivers content with clarity and accuracy. Responds to learners' needs and utilizes learner engagement techniques effectively (e.g., stories, statistics, audience questions, spaced repetition etc.). Probes learners' understanding.	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.

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.

Revised 2.5.2025

Feinberg Competency Standards, Anchors, and Benchmarks

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.
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 challenging health care conversations with patients, families, and colleagues. Elicit and seek to understand the viewpoints of others.**	Unable to demonstrate effective skills in challenging conversations. Does not elicit or incorporate the viewpoints of others.	Demonstrates beginning skills in some challenging communications. Partially seeks to understand other points of view.	Exhibits some effective strategies for challenging communications. Elicits and seeks to understand other points of view.	Exhibits effective strategies for challenging communications; bridges some barriers of moderate complexity. Elicits and expresses understanding of other points of view.	Exhibits exemplary strategies for challenging communications in complex situations; avoids potential pitfalls; diffuses hostile conversations. Elicits and expresses understanding of opposing points of view.

Revised 2.5.2025

Feinberg Competency Standards, Anchors, and Benchmarks

Medical Knowledge and Scholarship

Graduates will:			Phase 1 Benchmark	Phase 2 Benchmark	Phase 3 Benchmark	Aspirational behavior
MKS - 1a	**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	**Demonstrate knowledge of the mechanisms 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.
MKS - 1c	**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	**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	**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.

Revised 2.5.2025

Feinberg Competency Standards, Anchors, and Benchmarks

MKS - 1f	**Demonstrate knowledge of epidemiology, biostatistics, artificial intelligence, and the principles of disease prevention. Apply principles and data relevant to clinical problems from appropriate sources, including emerging technologies.**	Unable to demonstrate sufficient knowledge of basic principles of epidemiology, statistics, or prevention. Does not access appropriate sources.	Demonstrates sufficient knowledge of basic principles of epidemiology, statistics and prevention in the classroom setting and appropriate supporting sources.	Demonstrates sufficient knowledge of principles of epidemiology, statistics, and prevention in the context of clinical care of patients as well as uses sources appropriate for clinical care.	Demonstrates sufficient knowledge of principles of epidemiology, statistics, and prevention in the context of clinical care of **complex** patients, using appropriate sources.	Demonstrates exceptional knowledge base while teaching basic science principles related to epidemiology, statistics and prevention and skilled use of appropriate information sources including emerging technologies.
MKS - 3a	**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	**Apply knowledge to prevent and treat illness and improve quality of life.**	Unable to identify appropriate prevention and/or therapeutic options.	Identifies at least one appropriate prevention/therapeutic modality for common conditions	Identifies appropriate prevention/therapeutic modalities for common conditions and can prioritize options relevant to clinical problems	Identifies and prioritizes appropriate prevention/therapeutic options for complex conditions utilizing shared decision-making considering patient values	Evaluates risks/benefits of prevention/therapeutic modalities for complex conditions that consider quality of life, financial context, and barriers to implementation.
MKS-4a	**Demonstrate facility with research methods, including the appropriate ethical choices and legal constraints involved, and complete a faculty-mentored scholarly project.**	Unable to identify or complete a scholarly project and/or unable to identify ethical issues in the design and conduct of research.	Constructs a research question and methodology, identifies ethical issues in the design and conduct of research, works effectively with a mentor, and begins data collection that complies with security requirements.		Completes a faculty-mentored scholarly project with appropriate ethical considerations and completes a thesis or manuscript.	Disseminates research at a regional or national level and teaches others how to consider ethical choices and legal constraints within the research environment.

Revised 2.5.2025

Personal Awareness and Self-Care

	Graduates will:		Phase 1 Benchmark	Phase 2 Benchmark	Phase 3 Benchmark	Aspirational behavior
PASC - 1	Describes awareness of personal values, implicit biases, and changes in perspective during the progression through medical school and identifies strategies that can mitigate the effects of biases in the professional setting.	Does not describe his/her personal values and/or implicit biases. Exhibits lack of awareness of the impact of personal beliefs on the practice of medicine and/or ways to mitigate biases in the professional setting.	Begins to describe awareness of personal values & implicit biases including their potential adverse professional impact.	Describes personal values & biases and considers their impact within the professional setting. Reflects on changes in perspective which accompany the progression through medical school. Begins to identify opportunities to mitigate biases within the professional setting upon reflection.	Describes personal values & biases and considers their impact within the professional setting. Reflects on changes in perspective which accompany the progression through medical school. Describes application of this insight to complex or challenging situations. Able to recognize own biases or assumptions in the moment.	Models how to reflect on one's values, biases, and progression through training to recognize assumptions in the moment and identify actions that will address the effects of biases in the moment
PASC - 2	Describes the importance of taking steps to optimize one's own physical and mental health. Identify strategies to prevent and address burnout at both individual and systems levels.	Does not describe own preventive or ongoing health needs, whether physical or mental.	Describes physical and mental health needs, strategies to maintain balance, available services, and seeks assistance when needed. Discusses ongoing efforts to maintain physical and mental health during meetings with mentor.	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. Discusses ongoing efforts to maintain physical and mental health during meetings with mentor.	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 one has experienced burnout. Discusses ongoing efforts to maintain physical and mental health during meetings with mentor.	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. Shares an openness to discussing and addressing challenges to physical and mental health.

Revised 2.5.2025

Feinberg Competency Standards, Anchors, and Benchmarks

PASC - 3	**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, developing a curriculum vitae, and seeking assistance from advisors.**	Does not participate in required professional development activities.	Participates in required professional development activities.	Participates in required professional development activities and describes areas of medicine which fit his/her goals and abilities.	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, developing a curriculum vitae, and seeking assistance from advisors.	Identifies a specialty choice in an area of medicine which fits his/her goals and abilities and has completed required professional development activities.

Revised 2.5.2025

Feinberg Competency Standards, Anchors, and Benchmarks

Patient-Centered Medical Care						
Graduates will:			**Phase 1 Benchmark**	**Phase 2 Benchmark**	**Phase 3 Benchmark**	**Aspirational behavior**
PCMC - 1	**Elicit complete medical histories using hypothesis-driven questioning.**	History-taking is disorganized or incomplete.	History-taking is patient-centered, fairly organized, and partially complete.	History-taking is patient-centered, hypothesis-driven, and mostly complete.	History-taking is patient-centered, hypothesis-driven, complete, and efficient, even for complex patients.	History-taking is patient-centered, hypothesis-driven, complete, and efficient for all patients, even for complex patients in challenging situations.
PCMC - 2	**Perform hypothesis-driven physical exam maneuvers correctly, with sensitivity to the patient's needs. Identify and interpret normal and abnormal findings.**	Physical exams are disorganized and incomplete, frequently show poor technique, or ignore patient needs. Cannot identify many normal and abnormal findings.	Physical examination is partially-hypothesis driven, usually attends to patient needs and mostly shows proper technique. Correctly identifies some normal findings.	Physical examination is hypothesis-driven, usually shows proper technique and attention to patient needs. Correctly identifies and interprets most normal and some abnormal findings.	Physical examination is hypothesis-driven, uses proper technique and attends to patient needs, even for complex patients. Correctly identifies and interprets most normal and abnormal findings.	Physical examination is hypothesis-driven, with proper technique and attention to patient needs, even for complex patients or in challenging situations. Correctly identifies and interprets subtle normal and abnormal findings.
PCMC - 3	**Display clinical reasoning skills including an appropriate problem representation, differential diagnosis, and diagnostic justification.**	Assessments and plans lack a problem representation, appropriate differential diagnosis, or diagnostic justification.	Assessments and plans include only a partial problem representation, differential diagnosis, and diagnostic justification.	Assessments and plans include a nearly complete problem representation, differential diagnosis, and diagnostic justification for straightforward cases.	Assessments and plans include a complete problem representation, differential diagnosis, and diagnostic justification for complex cases.	Assessments and plans include a complete problem representation, differential diagnosis, and diagnostic justification for complex cases in challenging circumstances.
PCMC-4	**Determine and implement management plans for patient care informed by available evidence.**	The student consistently omits critical portions of the management plan or includes unnecessary or potentially harmful plans.	The student includes some relevant patient management but is missing key aspects of the plan. No justification of plan is provided.	The student includes key management concepts while missing other less critical details of the plan. Plan is partially justified using available evidence. Begins to enter orders when appropriate.	The student conceptualizes the management plan including all key and most other details. Plan is well-justified using evidence. Developing proficiency with order writing in straightforward	The student conceptualizes the management plan including key and other details, even in nuanced cases and justifies the plan with evidence. Able to enter detailed orders in a variety of settings.

				settings.	
PCMC - 5	**Demonstrate proficiency in navigating sources of patient and population health data and using emerging technologies to document, examine, and improve quality, equity, and value of health care.**	Unable to navigate sources of patient or population health data appropriately.	Begins to navigate the EHR and other sources of patient and population data to document and describe basic health care delivery.	Obtains most data required for patient care or population management using emerging technologies to document, examine, and improve the quality, equity, and value of health care.	Obtains data from available local, regional, and national data sources to develop and implement technology that improves quality, value, and equity in health care.
PCMC-6	**Demonstrate evidence-based patient-centered counseling skills, including eliciting and incorporating patient preferences and addressing mis/disinformation.**	Counseling is unclear and does not elicit or incorporate patient preferences. Includes factually incorrect statements.	Counseling is clear but incomplete and may include minor knowledge errors. Counseling partially elicits or incorporates patient preferences and does not confirm understanding.	Counseling is clear and factual, though content may be incomplete. Counseling elicits and incorporates patient preferences and partially confirms understanding. Makes attempts to address mis/disinformation.	Counseling is clear, complete, and factual. Counseling elicits and incorporates patient preferences and confirms understanding. Uses evidence-based approaches to address mis/disinformation.	In challenging circumstances, counseling is clear, complete, and factual. Counseling elicits and incorporates patient preferences and confirms understanding. Uses evidence-based approaches to address mis/disinformation

Revised 2.5.2025

Feinberg Competency Standards, Anchors, and Benchmarks

PCMC-7	Demonstrate knowledge of and ability to perform 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.

Feinberg Competency Standards, Anchors, and Benchmarks

Professional Behavior and Moral Reasoning						
	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 institutional, cultural, and social contexts of healthcare in which students work, and recognize legal constraints on such choices.	Unable to identify any ethical choices or legal constraints in healthcare contexts.	Identifies and performs basic analyses of the key ethical issues and legal constraints in healthcare contexts and justifies a decision.	Identifies and analyzes major ethical issues and options in complex 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 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, peers, 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, humility, and compassion toward all patients, families, peers, students, faculty, and members of the healthcare team.	Behaves with honesty, integrity, respect, humility, and compassion toward all patients, families, peers, students, faculty, and members of the healthcare team and advocates for others.		In the face of consequences, is willing to stand up against breaches in respect or compassion.

Revised 2.5.2025

PBMR - 5	**Display accountability and dependability including an ability to take responsibility for mistakes.**	Exhibits specific episodes of lack of accountability or dependability and does not correct when pointed out. Does not take ownership of mistakes or take steps to address them	Completes duties and tasks in a timely and reliable manner. Takes ownership of mistakes, utilizing coaching to help address them.	Completes duties and tasks in a timely, reliable, and thorough manner. Takes ownership of mistakes and takes steps to address them.		Completes duties and tasks in a timely, reliable, and thorough manner. Takes ownership of mistakes and independently takes steps to address them.
PBMR - 6	**Demonstrate respect for privacy, protect confidentiality, maintain security of the data of patients and families, and promote patient autonomy.**	Exhibits specific episodes of violation of privacy and confidentiality and/or demonstrates disregard for patient autonomy.	Respects patient autonomy and privacy and maintains the confidentiality of patients and families.	Respects and maintains the privacy and confidentiality of patients and families. Takes steps to foster patient autonomy.	Maintains privacy and confidentiality, articulates their importance in clinical situations and adapts clinical care to promote patient autonomy	Helps others to maintain patient privacy and confidentiality and adapt clinical care to promote patient autonomy.
PBMR - 7	**Demonstrate initiative and responsibility in daily professional tasks, including participation in learning activities, class presentations and patient care. Acknowledges personal limits and seeks help appropriately.**	Does not consistently take initiative for own learning and patient care; unaware of limitations and/or not open to acknowledging limitations and taking steps to address them	Consistently takes initiative for own learning and patient care in the classroom setting. Begins to demonstrate awareness of limitations, openness to acknowledging knowledge or skill deficits, and willingness to take action to address (e.g., "I don't know, and I'll find out.")	Consistently takes initiative for own learning and patient care, including in complex situations. Consistently demonstrates awareness of limitations, openness to acknowledging knowledge or skill deficits, and willingness to take action to address (e.g., "I don't know, and I'll find out.")		Identifies opportunities to beyond typical efforts to support patient care or team education, prioritizing the goals of the patient or team. Role models for others an openness to acknowledging limitations and taking appropriate follow-up steps.

Revised 2.5.2025

Systems Awareness and Team Based Care

	Graduates will:		**Phase 1 Benchmark**	**Phase 2 Benchmark**	**Phase 3 Benchmark**	**Aspirational behavior**
SATBC - 1	**Describe healthcare finance, policy, and delivery in various healthcare systems, and its effect on cost, access, quality, and equity.**	Demonstrates little or no understanding of health care financing, policies, or delivery systems.	Demonstrates fundamental understanding of policies or delivery systems. Able to describe some of their effects on cost, access, quality, and equity.	Demonstrates a working knowledge and understanding of health care finance, policy, and delivery. Proposes solutions to help improve cost, access, quality, and/or equity.		Demonstrates significant understanding of health care finance, policy, and delivery, including the ability to propose changes to the system to improve access, quality, and equity at lower cost. Can seamlessly call upon system resources to achieve cost, access, quality, and equity, even in challenging circumstances.
SATBC - 2a	**Works collaboratively with others using mutual respect to achieve shared goals.**	Demonstrates lack of awareness of core teamwork principles. Disregards team goals in favor of individual goals.	Defines core teamwork principles and consistently applies these when working in teams.	Applies teamwork principles consistently in routine interactions with all members of the team. Actively participates in the accomplishment of team goals.	Demonstrates teamwork principles consistently in challenging situations including managing conflict and giving feedback.	Demonstrates the ability to consistently apply the science of teamwork to adapt one's role and discuss organizational structure to increase effectiveness of teams.
SATBC - 2b	**Demonstrates knowledge of one's own role and team members' expertise to improve health outcomes.**	Unaware of the roles of healthcare team members. Unable to leverage team members' expertise to work effectively in teams.	Demonstrates knowledge of health care team members' roles consistently and understands necessity of diverse team members to providing optimal patient care.	Differentiates each team member's role and scope of practice to work effectively in health care teams. Practices cultural humility to improve collaboration.	Applies knowledge of health care team members' expertise for collaborative practice to improve health outcomes.	Coaches others about the scope of practice of health care team members. Collaborates with others within and across health care settings to improve outcomes.

Revised 2.5.2025

Feinberg Competency Standards, Anchors, and Benchmarks

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.**	Demonstrates little or no understanding of the patient safety implications of transitions of care. Unable to describe any structured approaches to patient handoffs.	Can discuss ways that transitions of care introduce risk to patients. Able to identify 1-2 structured approaches to communicating about patients during transitions.	Applies a standardized approach to communicating critical information during transitions of care for straightforward patients in a variety of settings. Includes all appropriate sections and critical information in discharge instructions, summaries, or handoffs for straightforward patients.	Applies a standardized approach to communicating critical information during transitions of care for complex patients. Includes all appropriate sections and critical information in discharge instructions, summaries, or handoffs for complex patients. Provides correct prioritization, anticipatory guidance, and contingency planning during handoffs for simple scenarios.	Demonstrates effective, standardized approaches to transitions of care and navigates barriers impeding effective transitions of care. Collaborates with other team members to ensure safe care. Provides correct prioritization, anticipatory guidance, and contingency planning during handoffs even for complex scenarios.

Revised 2.5.2025