



COMPETENCY FRAMEWORK AND TRANSITION MILESTONES  
February 2012

This document elaborates the initial vision for competency-based education (CBE) in the University of Texas System's Transformation in Medical Education (TIME) initiative. CBE is one of the four principal elements of the TIME model of predoctoral physician education.

The organizational framework mirrors the six competency domains established by the Accreditation Council for Graduate Medical Education (ACGME). The competencies and sub-competencies apply across the predoctoral physician education continuum addressed by the TIME initiative (formerly "premedical" and "undergraduate medical" education). They are derived from the seminal efforts of both the ACGME and the Royal College of Physicians and Surgeons of Canada (RCPSC) through the latter's CanMEDS program.

In addition to the six domains and 38 competencies and 35 sub-competencies for the TIME initiative as a whole, this document details "transition milestones" -- levels of competence that students in TIME programs will be required to demonstrate *before moving from the general academic ("college") campus to the medical campus*. Highlights of these milestones include:

- Development of competence across all six domains in all but 11 competencies/sub-competencies
- Development of substantial skills in medical interviewing and physical examination
- Emphasis on the ability to apply foundational sciences (e.g., chemistry, biology, physics) relevant to human biology in clinical contexts
- Development of skills in evidence-based medicine
- Participation in clinical and community service learning experiences
- Adherence to principles of medical ethics in clinical settings
- Use of reflection to promote professional identity formation
- Interprofessional educational experiences

These milestones represent a substantial change in the decades-old model of what has traditionally been termed "premedical" education. They were developed with broad input and consensus from general academic and medical campus faculty members involved in the initiative and were approved unanimously by the TIME Steering Committee.

This first version is certain to undergo revision following program implementation as lessons are learned. Yet this formulation represents an important early step in the transformation of medical education to produce physicians who are fully equipped for the many challenges they will face practicing medicine in a complex and rapidly evolving health care system.

#### The TIME Steering Committee

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## Professionalism

TIME program graduates will demonstrate the ability to:		At the time of transition from the undergraduate to the medical campus, the student will have demonstrated the ability to:	
Competency	Sub-Competency	Transition Milestone	Level*
<b>1.1 Demonstrate compassion, integrity, and respect for others</b>		Explain how the principles of the Physician Charter (ABIM) apply to student behavior	II
		Demonstrate integrity of effort in assignments, record-keeping, and authenticity of work	II+
		Demonstrate compassion and respect for a patient in a stressful encounter when faced with a purpose-designed standardized patient-based simulation challenge	III
<b>1.2 Prioritize patient needs over self-interest</b>		Enumerate the range of challenges faced by a physician that may conflict with personal needs	II
		Demonstrate ability to reliably fulfill responsibilities in course-based activities	II+
<b>1.3 Respect patient privacy</b>		Identify and describe the key features of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") that impact the relationship between care providers and patients	II
		Apply the principles of patient confidentiality and privacy in a case-based discussion and reflective journaling by identifying appropriate and inappropriate behaviors and by identifying appropriate corrections to behaviors	II+
		Demonstrate appropriate skills in maintaining confidentiality when faced with a purpose-designed standardized patient-based simulation challenge	III
		Demonstrate ability to refrain from breaches of confidentiality under supervised situations in the routine care of genuine patients	IV
<b>1.4 Respect patient autonomy</b>		Identify the tenets of patient autonomy that guide physician behavior	II
		Explain the steps and rationale involved in obtaining informed consent from a patient	II
		Demonstrate the ability to obtain informed consent in a purpose-designed classroom-based role-play	II

**TIME program graduates will demonstrate the ability to:**

**At the time of transition from the undergraduate to the medical campus, the student will have demonstrated the ability to:**

Competency	Sub-Competency	Transition Milestone	Level*
<b>1.5. Demonstrate a commitment to patients, society and the profession through ethical practice</b>		Describe clinical examples where the ethical principles of patient respect, beneficence, and social justice impact medical care	II
		Critique the ethical dilemmas that can arise in areas of patient autonomy/shared decision-making, confidentiality, end-of-life decisions, physician-patient boundaries, and conflict-of-interest as applied to clinical cases in a classroom setting	II
		Role-play issues related to ethical treatment decisions in a purpose-designed classroom-based role-play	II
		Recognize and identify alternatives to deficient ethical practice observed in a clinical setting	II
<b>1.6 Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation</b>		Describe examples of patient diversity characteristics impacting clinical care	II
		Identify a cultural group at risk of stigmatization when interacting with health care providers, research the cultural beliefs/practices of that community, and demonstrate an ability to treat a patient from that community with appropriate understanding	II
		Effectively counsel patients in a purpose-designed classroom-based role-play challenge in which patient diversity characteristics impact clinical care	II
<b>1.7 Display a commitment to their own health and well-being</b>		Identify strategies for maintaining life balance	II
		Define the warning signs of stress, burnout, depression, and substance abuse	II
		Demonstrate balance and coping strategies in life/work challenges	<b>Demonstrate independent of setting</b>
		Recognize and act on personal signs and symptoms of stress/burnout and impairment	<b>Demonstrate independent of setting</b>

## Patient Care

TIME program graduates will demonstrate the ability to:		At the time of transition from the undergraduate to the medical campus, the student will have demonstrated the ability to:	
Competency	Sub-Competency	Transition Milestone	Level*
<b>2.1 Perform a complete or focused assessment of a patient, as appropriate</b>		Perform a complete history and physical exam on a standardized patient.	III
		Perform a focused history and physical exam on a standardized patient with a single, well-controlled, chronic condition.	III
		Perform a focused history and physical exam on a standardized patient portraying a woman with a normal pregnancy.	III
<b>2.2 Use preventive and therapeutic interventions effectively</b>		Describe preventive medicine principles related to the 16 conditions listed in section 3, including (as appropriate) aspects related to lifestyle, behavior, nutrition, pharmaco-prevention, and immunization.	II
		Demonstrate effective preventive counseling in a non-clinical setting.	II
<b>2.3 Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic</b>		< < No transition milestone - to be addressed after transition to medical campus > >	--
<b>2.4 Recognize the limits of their expertise and seek appropriate consultation from other health professionals</b>		Assess and be attentive to limitations in one's knowledge and clinical skills and internalize a commitment to continuous improvement of knowledge and ability (see 5.1).	II+
		Reflect on and critically appraise one's own performance and accept and integrate feedback into practice (see 5.2 and 5.7).	II+
<b>2.5 Respond to individual patient health needs and issues as part of patient care</b>		< < No transition milestone - to be addressed after transition to medical campus > >	--

## Communication Skills & Collaboration

TIME program graduates will demonstrate the ability to:		At the time of transition from the undergraduate to the medical campus, the student will have demonstrated the ability to:	
Competency	Sub-Competency	Transition Milestone	Level*
<b>3.1 Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds</b>	3.1.1 Develop rapport, trust and ethical therapeutic relationships with patients and families	Introduce oneself to all persons in the room	II+
		Explain his or her role in the medical care team	II+
	3.1.2 Elicit and synthesize relevant information and perspectives of patients and families, colleagues and other professionals (see also 2.1)	Ask relevant introductory but not leading questions	III
		Ask open ended and culturally sensitive questions in the middle of the conversation	III
		Follow up with appropriate closed ended questions to close the conversation	III
	3.1.3 Acquire the capacity to interpret a patient's experience of illness within the context of their social, cultural and economic background	Accurately summarize conversation to highlight key points to patient and family as well as other medical professionals within the appropriate cultural context.	II
		Interpret relevant information from 3.1.2 in a way that incorporates social, cultural, and economic background factors and how they impact health care	II
	3.1.4 Convey relevant information and explanations to patients and families, colleagues and other professionals	Demonstrate what content areas of information are appropriate for students to deliver at various stages in his/her premedical and medical training through conversations with supervisory faculty and/or health care professionals	II
		Summarize and deliver information in a way that is culturally sensitive and appropriate to the situation	II
	3.1.5 Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care	< < No transition milestone - to be addressed after transition to medical campus > >	--
	3.1.6 Facilitate the education of patients, families, students, residents, other health professionals, the public, and others, as appropriate	List information as needed regarding the topic of concern	II
		Describe others' base level of information regarding that topic	II
		Define the information needed by others and direct them to the appropriate information resources to address the issue	II
		Identify at least one easily-accessible, evidence-based, and culturally sensitive health educational resource for patients and their families based on their care plans	II
Search the electronic medical literature and generate a bibliography of 5 contemporary, electronic health educational resources for health professionals for at least two care plan topics		II	

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**At the time of transition from the undergraduate to the medical campus, the student will have demonstrated the ability to:**

Competency	Sub-Competency	Transition Milestone	Level*
<b>3.2 Communicate effectively with physicians, other health professionals, and health related agencies, as appropriate</b>		Distinguish the level of knowledge and skill of other health care professionals	II+
		Identify the professional context in which communication will occur	II+
		Clearly and appropriately communicate information, in both oral and written form	II+
		Integrate appropriate medical terminology in care plan discussions with health professionals as appropriate to their level of education and experience	II+
		Describe patient encounters in clear and concise narratives to care team members ( in patient encounter exercises)	II+
<b>3.3 Convey effective oral and written information and documentation about a medical encounter</b>		Recall the facts involved, the persons involved, and describe accurately the physical and emotional context of the encounter	III
		Concisely and clearly transmit the information in oral or written form	III
		Sequentially organize accurate narratives of patient’s histories of present illness in oral and written communications	III
		Transcribe patients’ histories of present illness that includes palliative and provocative factors; quality of symptoms; region(s) of symptoms; severity of symptoms; and temporal characteristics of symptoms. (in patient encounter exercises)	III
<b>3.4 Act in a consultative role to other physicians and health professionals, as appropriate</b>		< < No transition milestone - to be addressed after transition to medical campus > >	--
<b>3.5 Collaborate effectively as a member of a health care team or other professional group (see also 6.10)</b>		Describe one’s role in the care team and at least two ways in which one can facilitate collaboration with team members and patients and their families.	II
		Demonstrate good listening skills and receptive attitude	II
		Discuss and critique ideas presented without bias	II
		Convey ideas and information in a collegial manner	II
		Demonstrate appropriate teamwork and leadership as required	II

## Medical Knowledge & Scholarship

TIME program graduates will demonstrate the ability to:		At the time of transition from the undergraduate to the medical campus, the student will have demonstrated the ability to:	
Competency	Sub-Competency	Transition Milestone	Level*
<b>4.1. Apply established and evolving knowledge of natural, behavioral, and social sciences to human biology and selected medical conditions**</b>	<b>Natural Sciences</b>	Apply quantitative reasoning and appropriate mathematics to describe or explain phenomena in human biology	II+
		Demonstrate knowledge of basic physical principles and their applications to the understanding of human biology	II+
		Demonstrate knowledge of basic principles of chemistry and their applications to the understanding of human biology	II+
		Demonstrate knowledge of how biomolecules contribute to the structure and function of cells	II+
		Apply understanding of principles of how molecular and cell assemblies, organs, and organisms develop structure and carry out function	II+
		Explain how organisms sense and control their internal environment and how they respond to external change	II+
		Demonstrate an understanding of how the organizing principle of evolution by natural selection explains the diversity of life on earth	II+
	<b>Behavioral and Social Sciences</b>	Explain how biological, psychological and socio-cultural factors influence the ways that individuals perceive, think about and react to the world.	II+
		Explain how biological, psychological and socio-cultural factors influence behavior and behavior change	II+
		Explain how biological, psychological and socio-cultural factors influence the way we think about ourselves and others.	II+
		Explain how social and cultural differences influence well-being.	II+
		Explain how social stratification and access to resources influence well-being.	II+
	<b>4.2 Describe the principles of the process of scientific inquiry and their application to patient-oriented research in the laboratory, hospital/clinic, and community.</b>		Describe the process of scientific discovery, its principles, and elements (e.g., experimental design, controls).
		Describe principles of patient-oriented research, including informed consent and the role of institutional review boards.	II
		Describe the types of translational research, including "bench-to-bedside" and "clinic to community" research.	II

**\*\* Case-based learning incorporating the following common conditions is suggested to promote the learning and application of relevant foundational sciences in the contexts in which students will ultimately use the knowledge. Many other conditions are also appropriate for this approach. Knowledge of these conditions will additionally provide useful background for students in clinical settings and allow them to demonstrate (optional) higher level competencies in those settings as their progress and interests allow.**

CONDITIONS (in alphabetical order)	EXAMPLES OF FOUNDATIONAL SCIENCE TOPICS	Level
Alzheimer's	BIO- neurodegenerative diseases, toxic protein aggregate, physiology (neurologic) BEH- memory, nervous system disorders	II+
Asthma or COPD	CHEM- acid-base BIO- mechanisms of disease (toxic-COPD or inflammatory-asthma), acid/base balance, physiology (respiratory) PHYSICS- air flow (starling resistor), work against resistance	II+
Breast cancer	BIO- mechanisms of neoplasia, cell growth and division, genetics (BrCA) PHYSICS- radiation therapy	II+
Cataracts (+ refractive error)	PHYSICS- optics BIO- cell membranes/signal transduction, physiology (visual system)	II+
Deep Vein Thrombosis/ Pulmonary Embollism	BIO- enzymology, genetics (eg, Factor V Leiden), pharmacology (warfarin/drug metabolism), physiology (respiratory, hematologic)	II+
Depression	BEH- emotion, stress BIO- genetics, neurotransmitters, physiology (neurologic), nervous system disorders	II+
Epilepsy	BIO- neuronal excitability, synchronous network discharge, physiology (neurologic)	II+
Herpes Zoster	BIO- virology of DNA/herpes viruses, vaccine immunology, physiology (dermatologic)	II+
Hypertension & atherosclerotic cardiovascular disease	BIO- lipid metabolism, cholesterol (steroid)/lipoprotein biochemistry, cellular metabolism (ischemia, infarction), muscle hypertrophy in response to increased workload PHYSICS- fluid flow/turbulence, work/force relationships, pressure/volume relationships, physiology (cardiovascular)	II+
Multiple Sclerosis	PHYSICS- electrical circuits, insulation BIO- nerve conduction, myelination, physiology (neurologic)	II+
Nephrolithiasis with Urinary tract infection	CHEM- solubility, precipitation BIO- bacteriology, host defenses, pharmacokinetics, physiology (renal)	II+
Obesity/Diabetes	BIO- intermediary (glucose, lipid, protein) metabolism, cellular metabolism, energy utilization, cell signaling, cell membranes, physiology (endocrine, adipose, muscle) CHEM- acid-base, osmolality BEH- motivation, attitude and behavioral change	II+
Osteoporotic fracture	PHYSICS- mechanics, load-bearing BIO- physiology (musculoskeletal)	II+
Pregnancy	BIO- gametogenesis/conception/pregnancy – meiosis, mitosis, differentiation, cell signaling, physiology (reproductive)	II+
Secretory diarrhea (cholera)	BIO- lipid membranes, cell signaling/second messengers, fluid/electrolyte transport, fluid balance, ion transport, physiology (gastrointestinal)	II+
Sickle Cell Disease	BIO- protein structure (primary, secondary, tertiary, quaternary)/function, genetics, evolution, physiology (hematologic)	II+



## Practice-Based Learning & Improvement

TIME program graduates will demonstrate the ability to:		At the time of transition from the undergraduate to the medical campus, the student will have demonstrated the ability to:	
Competency	Sub-Competency	Transition Milestone	Level*
<b>5.1 Maintain and enhance professional effectiveness through ongoing learning</b>		Recognize the limits of personal knowledge while understanding the importance of continuing education as a way to improve and advance professional expertise.	II+
		Broaden personal educational experiences through service learning and volunteerism in health care or non-health care settings.	II+
<b>5.2 Identify strengths, deficiencies, and limits in their own knowledge and expertise</b>		Appropriately and objectively self-assess personal skill level	II+
		Accept constructive feedback in order to improve personal performance (see 2.4 and 5.7).	II+
<b>5.3 Identify learning and improvement goals and carry out appropriate activities to achieve them</b>		Identify knowledge needs related to clinical/scientific case studies or problem sets.	II+
		Set realistic goals based on identified deficiencies or desired competencies, and develop a plan to achieve them.	II+
		Develop a learning strategy (study plan) to address personal goals and objectives related to clinical/scientific case studies or problem sets.	II+
		Seek out and complete relevant learning opportunities to achieve the identified learning goals.	II+
<b>5.4 Critically evaluate information and its sources, and apply this appropriately to practice decisions</b>		Identify the core questions from a scientific problem or clinical case and demonstrate logical thinking about these problems.	II
		Describe and demonstrate basic types of logic used in clinical decision-making (e.g., correlation, tautology, analogy, cause-and-effect) and distinguish when it is possible to state a conclusion or simply a hypothesis.	II
		Develop answerable clinical questions from oral or written case presentations.	II
		Select the appropriate database(s) to find information to answer clinical questions.	II
		Construct a search strategy to find information to answer a clinical question.	II
		Identify optimal study designs to answer specific clinical questions.	II
		Apply statistical concepts to scientific and clinical questions.	II
		Interpret data and statistics reported in clinical studies and describe their scope and limitations.	II
		Identify potential sources of error and bias based on study design described in abstracts of clinical studies.	II
		Differentiate the credibility of different sources of evidence.	II

**TIME program graduates will demonstrate the ability to:**

**At the time of transition from the undergraduate to the medical campus, the student will have demonstrated the ability to:**

Competency	Sub-Competency	Transition Milestone	Level*
5.5 Use information technology to optimize learning		Utilize available technology-based resources to enhance the depth of learning and the efficiency with which learning occurs.	II
		Utilize readily available technology to take part in discussions and the mutual education of peers and other learners.	II
		Demonstrate the ability to select and use an appropriate search engine to conduct relevant literature reviews to address clinical and scientific questions.	II
5.6 Systematically analyze clinical practice using quality improvement methods, and implement changes with the goal of practice improvement		< < No transition milestone - to be addressed after transition to medical campus > >	--
5.7 Incorporate formative evaluation and feedback into their professional activities		Integrate instructor or patient feedback about performance with the goal of professional development.	II+
		Conduct professional and collegial group discussions to give and receive feedback from instructors and colleagues.	II+
		Accept feedback from faculty related to coursework/clinical performance and effectively integrate into ongoing and future courses (see 2.4 and 5.2).	II+

## Systems-Based Practice & Management

TIME program graduates will demonstrate the ability to:		At the time of transition from the undergraduate to the medical campus, the student will have demonstrated the ability to:	
Competency	Sub-Competency	Transition Milestone	Level*
<b>6.1 Work effectively in various health care delivery settings and systems.</b>		<< No transition milestone - to be addressed after transition to medical campus >>	--
<b>6.2 Coordinate patient care within the health care system.</b>		<< No transition milestone - to be addressed after transition to medical campus >>	--
<b>6.3 Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate.</b>		Weigh the costs of various diagnostic tests and therapeutic options in the context of patient outcomes.	II
<b>6.4 Advocate for quality patient care and optimal patient care systems.</b>		<< see 6.9.5 >>	II
<b>6.5 Work in interprofessional teams to identify system errors and implement potential systems solutions to enhance patient safety and improve the quality of patient care.</b>		<< No transition milestone - to be addressed after transition to medical campus >>	--
<b>6.6 Participate in activities that contribute to the effectiveness of their healthcare organizations and systems.</b>	6.6.1 Work collaboratively with others in organizations	Work effectively in teams of students with varying interests, skill levels, and backgrounds	II+
	6.6.2 Participate in systemic quality process evaluation and improvement, such as patient safety initiatives	<< No transition milestone - to be addressed after transition to medical campus >>	--
	6.6.3 Describe the structure and function of the healthcare system as it relates to their health profession and specialty	<< No transition milestone - to be addressed after transition to medical campus >>	--
	6.6.4 Describe principles of healthcare financing, including public and private insurance, hospital funding, safety net funding, and payment of health care professionals	Describe the similarities and differences among private health insurance, Medicare, and Medicaid.	II
		Explain the differences between funding of hospitals and payment of health care professionals.	II
		Describe the financing of health care for uninsured patients.	II
		Describe the health care sector of the economy with regard to its size, projected growth, causes of growth, and current attempts to moderate health care inflation.	II
<b>6.7 Participate in management, administrative, governmental, and leadership roles, as appropriate.</b>	6.7.1 Chair or participate effectively in committees and meetings	Participate in or lead a campus activity related to their studies (may or may not be directly related to medicine or health care).	II

**TIME program graduates will demonstrate the ability to:**

**At the time of transition from the undergraduate to the medical campus, the student will have demonstrated the ability to:**

Competency	Sub-Competency	Transition Milestone	Level*
<b>6.8 Participate in responding to the health needs of the communities that they serve</b>	6.8.1 Describe the communities that they serve.	Identify and describe a relevant community with regard to demographics (e.g., age, gender, ethnicity, income, education), prevalent diseases, payor mix	II
	6.8.2 Identify the determinants of health of the populations, including barriers to access to care and resources.	For the same community addressed in 6.8.1, describe special health risks, and access to health care in the community	II
	6.8.3 Describe how public policy impacts on the health of the populations served.	Analyze the impact of a public policy on the health of the population.	II
	6.8.4 Identify vulnerable or marginalized populations within those served.	For the same community addressed in 6.8.1, describe a vulnerable or marginalized population and the challenges to health posed by their vulnerability/marginalization.	II
	6.8.5 Identify potential competing interests within the communities served and between them and other populations.	In the context of a public policy or vulnerable population, identify competing interests that impact health and describe the political, economic, and/or social dynamics that have produced the current state of the conflict.	II
	6.8.6 Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve.	In the context of the conflict analyzed in 6.8.5, design an intervention to improve the health of the affected population	II
	6.8.7 Describe an approach to implementing a change in a determinant of population health of the communities served.	< < see 6.8.6 > >	II
<b>6.9 Demonstrate the ability to effectively participate in patient care and health advocacy.</b>	6.9.1 Describe the ethical and professional issues inherent in patient care and health advocacy, including altruism, social justice, autonomy, integrity and idealism.	Discuss the principles of altruism, social justice, autonomy, integrity and idealism and their application to patient care and public health.	II+
	6.9.2 Describe the role of the medical profession in advocating collectively for health and patient care.	Identify and describe recent examples of effective and ineffective advocacy by physician organizations.	II
	6.9.3 Describe the potential for conflict between the medical professional's roles as a health advocate for a patient or community and that of manager or gatekeeper.	Analyze a clinical scenario to identify and discuss potential conflicts between the physician's duties to a patient and to society and their resolution.	II
	6.9.4 Identify points of influence in the healthcare system.	For a health advocacy problem, diagram the points at which policy influence is possible and describe methods for exerting it.	II
	6.9.5 Distinguish patient-centered health advocacy from self-interest of health professionals.	Describe the potential for conflict between health advocacy and the self-interest of physicians or other health professionals.	II
	6.9.6 Advocate for quality patient care and optimal patient care systems.	Describe the concept of quality improvement in health care and apply typical approaches (e.g., PDSA) to real or hypothetical scenarios in a classroom environment.	II

TIME program graduates will demonstrate the ability to:		At the time of transition from the undergraduate to the medical campus, the student will have demonstrated the ability to:	
Competency	Sub-Competency	Transition Milestone	Level*
<b>6.10 Effectively work in a team with other health professionals.</b>	6.10.1 Describe other health professions, their expertise, roles, and responsibilities in patient care.	Describe the expertise, roles and responsibilities of case managers, respiratory therapists, physical therapists, occupational therapists, nurse assistants, registered nurses, advance practice nurses, dietitians, pharmacists, physician assistants, and other members of health care teams	II
	6.10.2 Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team	Regularly contribute effectively and interact constructively with other members of an interprofessional team.	II+
	6.10.3 Work with other professionals to prevent conflicts	Describe potential sources of conflict among team members and approaches that help minimize or avoid conflict.	II+
	6.10.4 Employ collaborative negotiation to resolve conflicts	Describe the principles of collaborative negotiation and apply them in simulated conflicts in the classroom.	II+
	6.10.5 Respect differences, misunderstandings and limitations in other professionals	Analyze and describe in non-judgmental terms a real or simulated conflict in an interprofessional health care team	II+
	6.10.6 Recognize one's own differences, misunderstandings and limitations that may contribute to interprofessional tension	Periodically reflect on, analyze, and describe in writing one's own contribution to a misunderstanding or conflict in an interprofessional team.	II+
	6.10.7 Reflect on interprofessional team function	Periodically reflect on, analyze, and describe in writing a team activity or project with emphasis on more and less effective aspects of team function. Describe the interactions of health professionals observed in clinical settings. Employ effective and collaborative communications with the health care team.	II+ II+ II+
<b>6.11 Manage their professional activities effectively.</b>	6.11.1 Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life	Periodically reflect on and describe in writing one's successes and shortcomings in time management and work-life balance.	II
	6.11.2 Implement processes to ensure personal practice improvement (see also 2.4, 5.3, and 5.7)	Periodically reflect on and describe in writing one's preferred learning style(s), and one's successes and challenges in identifying and addressing gaps in knowledge, ability, and professionalism.	II
<b>6.12 Employ information technology appropriately for patient care (see also Practice-based learning &amp; improvement competencies on information technology)</b>		<< No transition milestone - to be addressed after transition to medical campus >>	--

\*Descriptions of Levels:

- I. Demonstrates decontextualized skills, knowledge, behaviors.
- II. Demonstrates application of knowledge, skills, behavior to relevant health care problems
- II+. Competency demonstration is required in non-clinical settings as a transition milestone. The skill/behavior is expected whenever the student is in clinical settings, but its demonstration is not required as a transition milestone.
- III. Demonstrates competency in simulated environments.
- IV. Consistently demonstrates competency in a clinical setting under direct supervision.
- V. Consistently demonstrates competency in a clinical setting with supervision immediately available.
- VI. Consistently demonstrates competency in a clinical setting without supervision ("entrustable").