TUFTS UNIVERSITY SCHOOL OF MEDICINE  
Institutional Educational Objectives

The central aim of the School of Medicine is to produce highly competent, intellectually curious and caring physicians. To this end, physicians must possess the attributes that are necessary to meet their individual and collective responsibilities to society. In addition to the treatment of disease, we recognize our responsibility to educate doctors who can and will attend equally well to all aspects of health care, disease prevention, promotion and maintenance of health, and collaboration with other members of the healthcare team.

If medical education is to serve the goal of medicine, educators must develop learning objectives for medical education programs that reflect an understanding of those attributes. In this updated version of the objectives, each objective has been categorized an eight-competency framework.
KNOWLEDGE for PRACTICE (MK)

The medical school must ensure that a student will, to the satisfaction of the faculty, be able to:

• describe the normal structure and function of the body and of each of its organ systems. (MK-1)

• apply knowledge of molecular, biochemical and cellular mechanisms that are important in maintaining the body’s homeostasis. (MK-2)

• apply knowledge of the various causes (such as genetic, environmental, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, traumatic, psychologic, and social) of diseases and the ways in which they affect the body. (MK-3)

• apply knowledge of the altered structure and function (pathology and pathophysiology) of the major organ systems that manifest in various diseases and conditions. (MK-4)

• apply knowledge of the most frequent clinical, laboratory, radiographic and pathologic manifestations of diseases. (MK-5)

• apply knowledge of the epidemiology of important conditions and disease states within a defined population, and the systematic approaches useful in reducing their incidence and prevalence. (MK-6)

• demonstrate how an understanding and application of social sciences is important to patient care. (MK-7)

• demonstrate use of the scientific methods used to establish the mechanisms of disease and efficacy of traditional and non-traditional therapies. (MK-8)

• demonstrate the importance of socio-ecologic determinants of poor health and of economic, psychologic, social and cultural factors that contribute to the development and/or persistence of medical conditions and disease states. (MK-9)

• apply established and emerging biophysical scientific principles fundamental to health care for patients and populations (MK-10)

• apply established and emerging principles of clinical science to diagnostic and therapeutic decision-making, clinical problem solving, and other aspects of evidence-based care (MK-11)
PATIENT CARE (PC)

The medical school must ensure that a student will, to the satisfaction of the faculty, be able to:

- obtain an accurate medical history that covers all essential aspects for the specific clinical setting (PC-1)
- perform both a complete and problem-focused examination. (PC-2)
- perform routine technical procedures as periodically defined by the Medical School. (PC-3)
- interpret the results of commonly used diagnostic procedures and tests. (PC-4)
- reason deductively in solving clinical problems. (PC-5)
- construct appropriate diagnostic and therapeutic management strategies for patients with common conditions. (PC-6)
- recognize patients with immediately life-threatening conditions, and describe how to institute appropriate therapy. (PC-7)
- identify factors that place individuals at risk for disease or injury, select appropriate tests for detecting patients either at risk for specific diseases or in the early stage of a specific disease, and determine strategies for responding appropriately to these results. (PC-8)
- demonstrate an understanding of patient-centered care and shared decision making, and how that is practically applied when making diagnostic and treatment decisions. (PC-9)
- demonstrate the ability to utilize information on individual variations in genetics, age, gender, sexual orientation, race and ethnicity and socio-economic status when making diagnostic and treatment decisions, with appropriate sensitivity to the cultural needs of patients. (PC-10)
- demonstrate a concern for establishing the continuity of each patient’s care including immediate follow-up care and long-term aspects. (PC-11)
- demonstrate knowledge of the impact of the structure and function of health care systems on access, cost, and quality, and consider this in developing diagnostic and treatment plans (PC-12)
- demonstrate appropriate professionalism role modeling in the physician-patient interaction (PC-13)
INTERPERSONAL AND COMMUNICATION SKILLS (ICS)

The medical school must ensure that a student will, to the satisfaction of the faculty, be able to:

- communicate effectively, both orally and in writing, with patients, patients’ families, colleagues, and others with whom physicians must exchange information in carrying out their responsibilities. (ICS-1)

- demonstrate sensitivity to patients of all ages, genders, race and ethnicities, sexual orientations and socioeconomic classes. (ICS-2)

- demonstrate the ability to communicate effectively across demographic groups, socioeconomic classes, and varying levels of health literacy. (ICS-3)

- demonstrate the ability to establish and maintain an effective rapport with patients and families. (ICS-4)

- offer constructive feedback to other members of the health care team in a tactful manner.(ICS-6)

(Note: There is no ICS-5)
PROFESSIONALISM (P)

The medical school must ensure that a student will, to the satisfaction of the faculty, be able to:

- describe the principles that govern ethical decision making, and of the major ethical dilemmas in medicine. (P-1)
- describe the major regulatory, legal and administrative issues that must be addressed to practice medicine. (P-2)
- demonstrate the willingness and ability to engage communities to enhance patient care and the health status of the community, and to better understand the diverse cultures in which they practice. (P-3)
- demonstrate the ability to maintain appropriate documentation of patient care activities. (P-4)
- demonstrate compassionate treatment of patients, and respect for their privacy and dignity. (P-5)
- demonstrate honesty and integrity in all interactions with patients, patients’ families, colleagues, and others with whom physicians must interact in their professional lives. (P-6)
- demonstrate a commitment to advocate for the interests of patients and communities.(P-7)
- demonstrate an understanding of the threats to medical professionalism posed by the conflicts of interest that may be present in financial and organizational arrangements in the practice of medicine. (P-8)
- demonstrate an understanding of the need to provide the highest quality of care to members of under-served and vulnerable populations and to patients, independent of ability to pay. (P-9)
- demonstrate a recognition and maintenance of boundaries appropriate for an ethical doctor-patient relationship. (P-10)
- demonstrate an appropriate professional manner (physical appearance, dress, attendance, punctuality). (P-11)
- demonstrate an attitude of forthrightness and tactfulness in bringing professional improprieties to light through appropriate mechanisms. (P-12)
- describe the situations in which and measures by which one should intervene to protect patients when the habits, behaviors and/or mental state of members of the medical team compromise patient safety, the ability to carry out professional responsibilities, or patient care. (P-13)
- describe the principles governing human subjects research (P-14)
- demonstrate commitment to the welfare of their patients as their primary professional concern (PC-15)
PRACTICE BASED LEARNING AND IMPROVEMENT (PBLI)

The medical school must ensure that a student will, to the satisfaction of the faculty, be able to:

- apply knowledge of study design and statistical methods to the appraisal of the healthcare literature and other information on diagnostic and therapeutic effectiveness. (PBLI-1)

- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems. (PBLI-2)

- demonstrate ability to reflect on one’s professional performance, identify gaps, and develop and implement plans to improve. (PBLI-3)

- demonstrate the willingness and ability to teach patients about their health, wellness, and diseases, to teach other health professionals as needed to advance health, wellness and patient care, and to teach and train future generations of physicians in the art and science of medicine. (PBLI-4)

- demonstrate ability to seek, accept and incorporate formative feedback from external sources (supervisors, peers, other healthcare workers, patients) into their daily practice. (PBLI-5)

- improve continuously one’s knowledge, including the ability to manage and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations. (PBLI-6)

- use informational technology to optimize learning (PBLI-7)
SYSTEMS BASED PRACTICE (SBP)

The medical school must ensure that a student will, to the satisfaction of the faculty, be able to:

- describe the various approaches to the organization, financing and delivery of health care including barriers to gaining access to healthcare. (SBP-1)

- demonstrate understanding of medical costs and their impact on individual and population health (SBP-2)

- demonstrate an understanding that medical care is delivered in various settings and of the interplay among care delivery settings, overall health and costs of care (SBP-3)

- demonstrate an understanding of the physician’s role in coordinating care of the patient (SBP-4)

- demonstrate the ability to examine and suggest improvements in quality and safety practices. (SBP-5)

- demonstrate a willingness to collaborate and work as a member of a team. (SBP-7)

(Note: There is no SBP-6)
INTERPROFESSIONAL COLLABORATION (IPC)

The medical school must ensure that a student will, to the satisfaction of the faculty, be able to:

- explain the roles and responsibilities of other care providers and how the team works together to provide care. (IPC-1)

- respect the unique cultures, values, roles/responsibilities, and expertise of other health professions. (IPC-2)

- use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable. (IPC-3)

- communicate with team members to clarify each member’s responsibility in executing components of a treatment plan or public health intervention (IPC-4)

- engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem-solving (IPC-5)

- listen actively, communicate respectfully and encourage ideas and opinions of other team members.(IPC-6)

- express one’s knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions. (IPC-7)

- with regards to teamwork, share accountability for outcomes and constructively manage disagreements about values, roles, goals, and actions, and reflect on individual and team performance. (IPC-8)
PERSONAL AND PROFESSIONAL DEVELOPMENT (PPD)

The medical school must ensure that a student will, to the satisfaction of the faculty, be able to:

- demonstrate healthy coping mechanisms to respond to stress (PPD-1)
- manage conflict between personal and professional responsibilities (PPD-2)
- practice flexibility and maturity in adjusting to change with the capacity to alter one’s behavior (PPD-3)
- demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients (PPD-4)
- engender trust and inspire confidence in a manner that puts patients, families, and members of the health care team at ease (PPD-5)
- recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty (PPD-6)