TUFTS UNIVERSITY SCHOOL OF MEDICINE
Institutional Educational Objectives/Competencies

The central aim of the School of Medicine MD degree program is to develop highly competent, intellectually curious, and caring physicians who possess the attributes necessary to meet their individual and collective responsibilities to society. These physicians will demonstrate commitment to humanistic health care for all people, especially underserved and vulnerable patients and populations, acting in accordance with the highest standards of integrity. The school’s institutional learning objectives and competencies reflect these values.

In this updated version of the institutional educational objectives/competencies, the objectives are categorized into eight competency domains. *

*Some objectives were adapted from Englander R et al. Toward a common taxonomy of competency domains for the health professions and competencies for physicians. Acad Med 2013;88:1088-1094

Approved by the Tufts University School of Medicine Curriculum Committee, November 2020
KNOWLEDGE for PRACTICE (KP))

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 its organ systems (KP-1)
- describe the molecular, biochemical and cellular mechanisms that are important in maintaining homeostasis (KP-2)
- apply knowledge of mechanistic causes of disease (e.g. genetic, environmental, developmental, metabolic, toxic, microbiologic, neoplastic, degenerative, traumatic, psychological, social) to patient care scenarios (KP-3)
- apply knowledge of altered structure and function (pathology and pathophysiology) of the major organ systems that manifest in disease to patient care scenarios (KP-4)
- apply knowledge of common clinical, laboratory, radiographic and pathologic manifestations of diseases to patient care scenarios (KP-5)
- apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations (KP-6)
- apply established and emerging biologic scientific principles fundamental to health care for patients and populations (KP-7)
- identify socio-ecologic determinants of health and health outcomes including economic, psychologic, social and cultural factors, and structural racism that contribute to the development and/or persistence of medical conditions and disease states for patients and diverse populations (KP-8)
- apply established and emerging principles of clinical science to diagnostic and therapeutic decision-making, clinical problem solving, and other aspects of evidence-based care (KP-9)
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)
- demonstrate diagnostic and therapeutic reasoning in common clinical scenarios and construct an appropriate differential diagnosis (PC-5)
- identify clinical scenarios that demonstrate life- and function-threatening patient care situations and describe how to institute appropriate therapy (PC-6)
- participate in shared decision making in patient-centered care (PC-7)
- apply information on individual variations in biological and social determinants of health when making diagnostic and treatment decisions, with appropriate sensitivity to the cultural needs of patients (PC-8)
- formulate appropriate management plans, including follow-up and assessment of effectiveness (PC-9)
- promote continuity for patient care including during handoffs, transitions of care and longitudinal care (PC-10)
- manage clinical scenarios addressing acute and chronic pain, and substance use and misuse (PC-11)
- demonstrate core skills in, and appropriate use of, telehealth, including describing indications, limitations, and benefits of use and the ability to maintain patient confidentiality (PC-12)
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 with colleagues and patients of all ages, abilities, gender identities, races, ethnicities, sexual orientations, levels of health literacy, and socioeconomic classes (ICS-1)

- establish and maintain rapport with patients, families and colleagues (ICS-2)

- give and accept constructive feedback to/from other members of the health care team (ICS-3)

- demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics (ICS-4)

- work effectively with a medical interpreter (ICS-5)

- write a clear, concise and well-organized note as appropriate for a given patient encounter (ICS-6)

- present oral case presentations in a clear, concise, articulate, accurate manner (ICS-7)
PROFESSIONALISM (P)

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

- demonstrate a commitment to ethical principles pertaining to the doctor-patient relationship, provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations (P-1)

- demonstrate sensitivity, respect and advocacy for diverse communities, including the vulnerable and underserved (P-2)

- maintain appropriate documentation of patient care activities (P-3)

- demonstrate compassion for patients, and respect for their privacy and dignity (P-4)

- demonstrate accountability, honesty and integrity with patients, patients’ families, colleagues (P-5)

- demonstrate an appropriate professional manner (including but not limited to physical appearance, dress, attendance, punctuality, patient confidentiality, and responsible use of technology and social media) (P-6)

- describe when and how to intervene to protect patients when actions by the medical team compromise patient safety, the ability to carry out professional responsibilities, or patient care (P-7)

- describe the principles governing human subjects research (P-8)

- demonstrate commitment to the welfare of one’s patient as one’s primary professional concern (P-9)

- appropriately discuss and obtain informed consent from patients for medical procedures (PC-10)

- fulfill all professional responsibilities in the required time limit (including, but not limited to: course/clerkship evaluations, patient logs, required credentialing paperwork, required immunizations and testing, etc) (P-11)
PRACTICE BASED LEARNING AND IMPROVEMENT (PBLI)

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

- locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems (PBLI-1)

- apply knowledge of study design and statistical methods to the appraisal of the healthcare literature and other information on diagnostic and therapeutic effectiveness (PBLI-2)

- demonstrate effective self-directed learning skills, including the ability to reflect on, act upon, and reassess one’s professional performance (PBLI-3)

- educate patients about their health, wellness and diseases (PBLI-4)

- educate health professionals, including peers (PBLI-5)

- demonstrate an investigatory and analytic approach to clinical situations (PBLI-6)
SYSTEMS BASED PRACTICE (SBP)

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

• describe medical costs and their impact on individual and population health (SBP-1)

• describe the structure and function of health care systems, health insurance, various settings in which medical care is delivered, and the impact of these settings on variations in access, cost and quality of health care (SBP-2)

• describe the physician’s role in coordinating care of the patient (SBP-3)

• critically evaluate quality and safety practices (SBP-4)

• effectively incorporate the electronic health record into patient care (SBP-5)
INTERPROFESSIONAL COLLABORATION (IPC)

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

- apply knowledge of the roles and responsibilities of other health care professionals and how the team works together to provide patient care that is safe, timely, efficient, effective and equitable (IPC-1)

- work effectively with other health professionals including listening actively, communicating clearly, and respectfully encouraging ideas and diverse perspectives (IPC-2)

- reflect on individual and team performance (IPC-3)

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 in response to stress (PPD-1)

- manage tension between personal and professional responsibilities (PPD-2)

- practice responsibility, integrity, 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)

- acknowledge uncertainty in clinical care and use appropriate resources to manage personal and patient responses to uncertainty and maximize patient benefit (PPD-6)

- ask for help when appropriate (PPD-7)