

Selecting Desirable Provider Competencies

Educational planners should be developing activities in the context of desirable attributes of the clinician and/or healthcare team.

Competency: knowing how to do something; having the knowledge/ability to apply knowledge, skills and judgment in practice; new strategies a clinician or healthcare team might consider putting into practice.

Steps

1. Think about what the practice gap is that this activity or intervention is addressing.
2. What learning objectives for the clinician and/or healthcare team did you write down?
3. Select the competency or competencies that match the learning objectives.
4. And be selective. In other words, it would be unusual for all 15 competencies to be selected. It is certainly reasonable for an educational activity to focus on only 1 competency, or a small number of competencies.

Tips in selecting appropriate competencies

- Think about: was it a knowledge, skill, or attitude change?
- If the educational activity involves healthcare teams and interprofessional education, at least one of the Interprofessional Education Collaborative Competencies should be selected.
- Do your learning objectives use similar language to explanations of competencies below?

Where do these competencies come from and what do they mean?

ACGME/ABMS Competencies <https://www.abms.org/board-certification/board-certification-standards/>

- *Patient Care* is providing patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- *Medical Knowledge* is having knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
- *Interpersonal and Communication Skills* is demonstrating interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- *Professionalism* is demonstrating a commitment to carrying out professional responsibilities and an adherence to ethical principles
- *Practice-based Learning and Improvement* is investigating and evaluating patient care practices, appraising and assimilating scientific evidence, and improving the practice of medicine.
- *Systems-based Practice* is defined as actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to call on system resources effectively to provide care that is of optimal value.

Institute of Medicine Core Competencies Source: Health Professions Education: A Bridge to Quality. Institute of Medicine, 2003.

- *Provide patient-centered care*: Identify, respect, and care about patients' differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.
- *Work in interdisciplinary teams*: Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.
- *Employ evidence-based practice*: Integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.
- *Apply quality improvement*: Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.
- *Utilize informatics*: Communicate, manage knowledge, mitigate error, and support decision making using information technology.

Interprofessional Education Collaborative (IPEC) Competencies – Source: Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.

- *Values/Ethics for Interprofessional Practice*: Work with individuals of other professions to maintain a climate of mutual respect and shared values.
- *Roles/Responsibilities*: Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.
- *Interprofessional Communication*: Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.
- *Teams and Teamwork*: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.