DEFINITIONS OF ACGME/ABMS AND IOM COMPETENCIES

An Example of Desirable Physician Attributes (ACCME Criterion # 6)

ACGME/ABMS Competencies

Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care

Practice-based learning and improvement that involves investigation and evaluation of their patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals

Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value

Institute of Medicine Core Competencies

Provide patient-centered care – identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; 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