Medical Education Program Objectives (MEPOs) and Milestones for Trek Curriculum

October, 2023
Guiding Principles

• Assessment is a means of making a claim/judgement about a learner. A milestone should therefore be claim that we want to make about a student’s ability at a specific transition point.

• Milestones are only included if they are necessary for a student to succeed in the next phase of the curriculum. A milestone is considered the bare minimum rather than aspirational goals.

• All milestones must have associated assessments/data to back them up.

• Milestones should use behavioral anchors that are observable and avoid language that compares students to each other.

• Red flags are not just the absence of attaining a milestone, but rather a concerning behavior that needs response at any point in medical school. Many are related to professionalism as that is a foundational attribute for many of the other outcomes.
<table>
<thead>
<tr>
<th>Red Flags</th>
<th>Prior to Core Clinical Experiences</th>
<th>Prior to Acting Internships</th>
<th>Goal Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milestone that needs to be met prior to starting the LIC in the Foothills</td>
<td>Descriptive bullets that provide more detail and context for the Prior to Foothills Milestone</td>
<td>Milestone that needs to be met prior to starting Acting Internships in the Alpine</td>
<td>Description of the outcome expected by graduation – in some cases may be same wording as outcome or may have more detail/description than the outcome phrase</td>
</tr>
<tr>
<td>• List of behaviors that are concerns for this particular outcome – not meant to be exhaustive or exclusive</td>
<td>• Descriptive bullets that provide more detail and context for the Prior to Foothills Milestone</td>
<td>• Descriptive bullets that provide more detail and context for the Prior to Alpine Milestone</td>
<td>• Descriptive bullets that provide more detail and context for the Goal Behavior</td>
</tr>
<tr>
<td>These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.</td>
<td>• These bullets should all be assessable</td>
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<td>• List of methods of assessment for this milestone</td>
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<tr>
<td>MEPO Commitment #1</td>
<td>Red Flags</td>
<td>Prior to Core Clinical Experiences</td>
<td>Prior to Acting Internships</td>
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<tr>
<td>Compassion/empathy/respect</td>
<td>Interaction Lapses</td>
<td>• Does not demonstrate empathy, compassion, respect, and/or inclusion</td>
<td>• In an interaction, recognize whether the other person feels heard, understood, and respected. Employ questions when appropriate</td>
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<tr>
<td></td>
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<td>• Does not maintain professional appearance/attire/demeanor</td>
<td>• Begin to incorporate “compassionate” body language in daily practice.</td>
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<td></td>
<td></td>
<td>• Does not communicate with courtesy and respect</td>
<td>• Demonstrate self-compassion</td>
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<td></td>
<td>• Inadequate rapport with patients or families</td>
<td>• Encourage others to express opinions and ideas in multiple arenas.</td>
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<td></td>
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<td>• Inadequate rapport with fellow students, faculty or other team members</td>
<td>• Actively incorporate others’ views, culture, and background into plan of action</td>
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<td></td>
<td></td>
<td>• Poor verbal/non-verbal communication</td>
<td>• Demonstrate self-compassion</td>
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<tr>
<td></td>
<td></td>
<td>• Inappropriate use of social media</td>
<td>• Encourage others to express opinions and ideas in multiple arenas.</td>
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<td></td>
<td></td>
<td>• Bullying, discrimination, sexual harassment</td>
<td>• Demonstrate compassion/empathy and respect for self and others.</td>
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MEPO Commitment #2

Professional behaviors

Red Flags

- Integrity and Involvement Lapses
  - Does not display Humility (Discernment of own limitations and willingness to ask for help when needed), Integrity (Benevolence, honesty, and truthfulness), or Reliability (Working conscientiously and showing predictable behavior).
  - Requires repeated reminders to fulfill responsibilities (assignments and attendance)
  - Cannot be relied upon to complete tasks
  - Inadequate or untimely communication
  - Misrepresents or falsifies information
  - Disregards directives, policies, or processes

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

Prior to Core Clinical Experiences

- No pattern of consistent Red Flags

Prior to Acting Internships

- No pattern of consistent Red Flags

Goal Outcome

- Demonstrates professional behaviors that build trust including humility, reliability, and integrity.

- Behavior honors both self and profession
- Keep commitments to others, take responsibility for actions; and show consistency between words and actions
- Open with information; share readily
- Make a systematic comparison of various courses of action, weigh priorities;
- Make decisions based upon analysis incorporate patient experience, input and psychosocial factors in decision making process

- Preceptor assessment
- Small group assessment
- Reflection
- 360 evaluation

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.
### MEPO Commitment #3

#### Ethical Values

- Integrity and Interaction Lapses
  - Imposes personal values on others
  - Does not abide by core ethical concepts in healthcare
  - Disregards ethical and legal standards
  - Violates ethical boundaries
  - Dismissive of the importance of ethics in patient care and research
  - Privacy and/or confidentiality violations

*These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.*

### Prior to Acting Internships

- **Red Flags**
  - No pattern of consistent Red Flags

- **Prior to Core Clinical Experiences**
  - Define core ethical concepts in healthcare
  - Apply an ethical framework to hypothetical cases with guidance
  - List and define core legal requirements for health systems practice and policy
  - Describe historically and ethically significant cases and problems
  - Define legal standards

- **Prior to Acting Internships**
  - Apply an ethical framework to actual patient cases with guidance
  - Recognize concepts involving justice in clinical cases with guidance
  - Demonstrate behaviors that uphold the core legal requirements for health systems practice (with guidance)
  - Demonstrate behaviors that uphold ethical and legal standards
  - Encourage peers to uphold ethical and legal standards

### Goal Outcome

- Independently identifies ethical and legal issues in the delivery of healthcare
- Demonstrate ethical practice when engaging with community
- Demonstrate behaviors that uphold the core legal requirements for health systems practice
- Hold others accountable to ethical and legal standards

### Assignments

- Preceptor assessment
- Reflective writing
- 360 evaluation
- Small group assessment

### Supervisor assessment

- Reflective writing
- 360 evaluation
MEPO Commitment #4

Professional Identity Formation

Red Flags

- Integrity and Introspection Lapses
  - Does not acknowledge that personal identities and values influence perception of professional standards.
  - Imposes personal identities and values on others.
  - Not sensitive to another person’s needs.
  - Demonstrates arrogance.
  - Abusive or critical during times of stress.

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

Prior to Core Clinical Experiences

- Recognize conflict(s) between personal and professional identities and values.
- Describe how local culture can alter personal and professional identity.
- Describe resources for gathering information on career choice.
- Express an initial vision/values for career.

Prior to Acting Internships

- Reflect on how peers, mentors and role models influence one’s professional identity.
- Describe how the culture of healthcare systems can impact professional identity.

Goal Outcome

- Develop an individualized identity as a physician, built on the shared values of the profession.

Assignments

- Reflective writing
- Small group assessment

Develop an integrated identity where self is defined independently of others AND reflects how one’s self will be manifest in professional standards.

Reflective writing

- Small group assessment
MEPO Commitment #5

Advocacy

Interaction Lapses
- Does not advocate for patients and/or communities despite direction.
- Unable to identify key stakeholders or ineffective communication with key stakeholders with guidance.
- Does not recognize or manage conflicts of interest (self and others)

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

Red Flags

Prior to Acting Internships
- No pattern of consistent Red Flags

Prior to Core Clinical Experiences
- No pattern of consistent Red Flags

Goal Behavior
- Advocate for the well-being of patients, families, communities, and populations.
- Consistently integrate the determinants of health into analyses of health issues (structural competency).
- Consistently apply the socioecological model to identify possible advocacy actions.
- Communicate with and effectively manage key stakeholders as part of routine practice, when indicated.

- Assignments
- Reflective writing

- Reflective writing
- Small group assessment
- Service learning project

- Reflective writing
- Small group assessment
History

Prior to Acting Internships

- Appropriately employs patient centered communication skills
- Able to form a connection with most patients
- Utilizes a template to gather information
- Collects and reports accurate information
- May gather excessive or incompletely nuanced data
- Identifies essential elements of a patient centered history (HPI, PMH, PSH, FH, SH, Meds)

Prior to Core Clinical Experiences

- Using a template, complete a comprehensive patient-centered history from a medically stable patient with a common chief concern.

- Complete a comprehensive patient-centered history from a patient with a common chief concern from the core specialties.

- Uses patient centered communication skills for challenging encounters
- Able to form a therapeutic relationship with patients
- Uses logical progression of questioning
- Incorporates information obtained during history to tailor questioning (illness scripts)

- OSCE
- Preceptor assessment
- Small group assessment
- OSCE
- Preceptor assessment
- Trained observer
- 360 evaluation

Goal Outcome

- Obtains a complete & accurate history in an organized and empathetic fashion
- Adapts communication skills to different care settings and patients
- Adapts communication skills to the individual patient’s needs and level of health literacy
- Responds effectively to patient’s verbal and nonverbal cues and emotions
- Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning
- Incorporates secondary data into targeted questioning

- OSCE
- Supervisor assessment
- Trained observer
- 360 evaluation

MEPO
Patient Care #6

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.
Physical Exam

Red Flags
- Does not demonstrate sensitivity to patient’s preferences when performing a PE
- Falsifies reporting of physical findings

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

Prior to Core Clinical Experiences
- Perform a core PE in a comprehensive medical encounter with a cooperative patient who is medically stable
- Begin to target the PE based on the patient’s history and preliminary differential diagnosis
- Identify and describe normal findings.

Prior to Acting Internships
- Perform PE in a non-critical care setting
- Perform PE that is guided by patient’s history initial PE findings and working differential diagnosis for common chief concerns
- Adapt exam as needed for challenging clinical encounters
- Identify and describe normal PE findings
- Perform a PE using a fluid and logical sequence

Goal Outcome
- Demonstrate astute targeted hypothesis-driven PE for any chief concern
- Adapt exam as needed for different clinical settings and individual patient needs and characteristics
- Identify and describe normal and abnormal findings and clinical relevance
- Perform accurate PE in an efficient and fluid manner
- Respond effectively to patient’s verbal and nonverbal cues and emotions during PE

- OSCE
- Preceptor assessment
- Small group assessment
- MCQ

- OSCE
- Preceptor assessment
- Trained observer

- OSCE
- Supervisor assessment
- Trained observer
Differential Diagnosis

• Lacks basic medical knowledge to reason effectively
• Becomes defensive and/or belligerent when questioned on differential diagnosis
• Cannot explain or document clinical reasoning

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

Prior to Core Clinical Experiences

Integrate information about the patient to construct a simple problem list and basic differential diagnosis for a common chief concern.

• Propose a reasonable differential diagnosis for a Plains chief concern that may neglect some important diagnostic information
• Create a summary statement and problem list for a Plains chief concern
• Begin to utilize comparing/contrasting elements to support differential diagnosis
• Begin to organize knowledge by illness scripts

Develop a differential diagnosis and problem list for a patient with a common clinical condition.

• Develop a differential diagnosis for Foothills clinical condition that is appropriately broad and prioritized relative to complexity of patient presentation
• Prioritize problem lists on medically and psycho-socially complex patients
• Support differential diagnosis and working diagnosis with information gathered from patient record and outside resources
• Develop concise and accurate summary statement
• Organize knowledge of clinical and basic medical science using illness scripts

Develop a prioritized differential diagnosis and problem list for any patient concern or clinical condition.

• Develop a prioritized differential diagnosis that is neither too broad nor too narrow for any chief concern
• Gather pertinent information from many sources in a hypothesis-driven fashion
• Use illness scripts that generate and support a diagnosis and recognize when patient presentations fall outside typical patterns
• Filter, prioritize, and make connections between sources of information
• Seek and integrate emerging information to update the differential diagnosis

Goal Outcome

• OSCE
• Preceptor assessment
• Small group assessment
• Assignments
• MCQ

• OSCE
• Preceptor assessment
• Trained observer

• OSCE
• Supervisor assessment
• Trained observer
MEPO
Patient Care #9

Diagnostic tests

- Unable to provide a rationale for ordering tests
- Unable to interpret normal and abnormal values of common lab testing with reference ranges provided

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

Prior to Acting Internships

- Recommend and interpret common diagnostic and screening laboratory tests
- Recommend and interpret common diagnostic and screening tests that incorporates unique features of each patient.

Red Flags

- Provide basic interpretation of common diagnostic and screening laboratory tests
- Recommend and interpret common diagnostic and screening laboratory tests that have been presented in the Plains when provided with normal reference ranges
- CBC, BMP, LFTs, Urinalysis, TSH, chest X-ray, ECG
- Recognize need for assistance to evaluate urgency of results

Prior to Core Clinical Experiences

- Recommend and interpret common diagnostic and screening laboratory and radiologic tests in core Foothills specialties
- Interpret normal and abnormal tests in a broad range of patient care scenarios, taking into account patient’s age, gender, race and illness when applicable
- Correlate labs with differential diagnosis
- Apply guidelines to individual patients and scenarios

Goal Outcome

- Recommend and interpret common diagnostic and screening laboratory and radiologic tests across a broad range of medical and surgical specialties
- Engage in shared decision-making with patients when applying recommendations related to diagnostic and screening tests
- Describe test characteristics to patients
- Apply evidence-based medicine and cost effectiveness principles to the ordering and interpreting of diagnostic and screening tests

- Small group assessment
- OSCE
- Preceptor assessment
- MCQ

- OSCE
- Preceptor assessment
- Trained observer

- OSCE
- Supervisor assessment
- Trained observer
**MEPO Patient Care #10**

**Red Flags**
- Unable to describe importance of basic safe prescribing practices
- Demonstrates inflexibility and closed-mindedness in discussions of care plan development
- Lacks basic knowledge needed to guide orders

*These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.*

**Prior to Core Clinical Experiences**
- Describe necessary elements of orders and prescriptions.
- Describe prescription elements including drug name, dose, administration, instructions, number dispensed, refills
- Describe safety measures to prevent prescribing errors (similar names, written numbers, etc.)
- Develop familiarity with electronic order entry

**Prior to Acting Internships**
- Develop a management plan for a common clinical condition with support from faculty. Input orders independently.
- Develop appropriate management plan with support from faculty including naming and ordering medications, labs, radiology, referrals, follow-up, etc.
- Generate simple orders independently for co-signature in the EMR
- Recognizes when to tailor or deviate from standard order set
- Communicate management plans to care teams and patients/families in a clear and comprehensive manner with minimal input from supervisors

**Goal Outcome**
- Create and implement a management plan including entering and discussing patient orders/prescriptions and explaining the diagnosis and collaboratively discussing treatment plans.
  - Performed independently for common clinical conditions and with faculty support for advanced conditions.
- For Foothills conditions, develop appropriate management plan including ordering medications, labs, radiology, referrals, follow-up independently
- For advanced conditions, develop appropriate management plan with minimal faculty support
- Communicate complicated and sensitive management plans to care teams and patients/families in a clear and comprehensive manner with minimal input from supervisors

**Evaluation Measures**
- OSCE
- Preceptor assessment
- Small group assessment
- Assignments
- OSCE
- Preceptor assessment
- Trained observer
- 360 evaluation
- OSCE
- Supervisor assessment
- Trained observer
- 360 evaluation
**MEPO Patient Care #11**

### Urgent/Emergent Care

- Unable to list vital signs and importance of measurement in all patient care encounters
- Dismisses concerns of team members (nurses, family members, etc.) about patient deterioration

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### Red Flags

- Recognize normal heart rate, respiratory rate, oxygen saturation
- Identify a patient with a normal cardio-pulmonary exam
- Identify a patient with a normal neurologic exam and the absence of mental status changes
- Call for help when presented with a patient with medical needs beyond their scope of training
- Complete BLS certification

### Prior to Core Clinical Experiences

- Recognize normal vital signs, mental status, and cardiopulmonary status
- Recognize and respond to unstable vital signs, altered mental status, and cardiopulmonary distress

### Prior to Acting Internships

- Recognize signs of acute patient distress beyond vital sign abnormalities that require urgent attention (e.g. CP, SOB, EKG changes, pallor, diaphoresis)
- Recognize signs of acute neurologic distress (mental status, change, eye exam gain, gait change, etc.).
- Ask for help

- OSCE
- MCQ
- Small group assessment

### Goal Outcome

- Independently identify patients needing urgent vs. emergent care
- Identify patients needing escalation in level of care
- Respond to early clinical deterioration and seek timely help
- Provide initial triage and management of acute cardiopulmonary, neurologic, hematologic, and septic emergencies
- Describe advanced pathophysiology of common emergent conditions (e.g. MI, PE, GI bleed, stroke, sepsis)

- OSCE
- Preceptor assessment
- Trained observer

- OSCE
- Supervisor assessment
Procedures

MEPO
Patient Care #12

Red Flags

- Refusal to perform outlined procedures
- Lack of empathy or regard to patient comfort
- Performs procedures without appropriate oversight

Prior to Core Clinical Experiences

- No pattern of consistent Red Flags

Prior to Acting Internships

- Participate in basic procedures with supervision.

Goal Outcome

- Perform basic procedures with supervision after obtaining consent.

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

- Demonstrate the following procedures:
  - CPR
  - Bag-mask ventilation
  - Laceration repair: wound cleaning, anesthetic application, suture selection, demonstrate interrupted stitches, wound care management
  - Pap smear
  - Venipuncture
  - Know when and demonstrate ability to perform informed consent

- Demonstrate necessary preparation for performance of procedures
- Correctly perform procedure on multiple occasions over time.
- Demonstrate knowledge of consent and appropriateness of procedures in a broad range of surgical and medical specialties
- Demonstrates patient-centered skills while performing procedures
- Asks for help with complications

- OSCE
- Preceptor assessment

- OSCE
- Supervisor assessment
## MEPO Patient Care #13

### Socio-ecological model

- Define and describe components of social history
- Differentiate individual vs. systems factors
- Describe common patterns of power differentials in physician-patient interactions
- Describe common barriers that impact access to care and ability of patients to participate in care (e.g., language, transportation, etc.)
- Define culture-bound syndrome

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

### Red Flags

- Unwilling to ask about patient context
- Unaware of impact of student’s own social factors on relationships with patients and families

### Prior to Core Clinical Experiences

Gather information about patient context and values and create a basic structural differential for a patient with a common chief complaint.

- Define and describe components of social history
- Differentiate individual vs. systems factors
- Describe common patterns of power differentials in physician-patient interactions
- Describe common barriers that impact access to care and ability of patients to participate in care (e.g., language, transportation, etc.)
- Define culture-bound syndrome

### Prior to Acting Internships

Create a structural differential; Adapt care plan to account for individual, community, socio-ecological, and/or systems factors.

- Create individualized patient care plans that mitigate against the impact of social determinants of health
- Differentiate population and individual health while appropriately applying evidence-based care to unique patient circumstances
- Incorporate health systems and family members into treatment plans
- Incorporate inter-professional and community resources to address patient-specific barriers

### Goal Outcome

Integrate individual, community, socio-ecological, and systems factors in service of patient and family well-being.

- Approach individual health with a public health lens
- Provide highly personalized treatment planning that considers the patient’s life and context outside of the medical system
- Demonstrate activation of system, family, and community resources aimed at mitigation of social determinants of health

### Assessments

- MCQ
- Small group assessment
- Reflection
- Preceptor assessment
- Supervisor assessment
- 360 evaluation
## MEPO Patient Care #14

### Prior to Acting Internships

- Prioritize and anticipate needs of patients
- Ask for assistance with tasks when needed if workload is hindering efficient and safe care of patients
- Identify urgent and emergent situations and appropriately prioritize those tasks
- Has a system for managing patient care tasks

### Prior to Core Clinical Experiences

- Regularly complete assignments on time with little external reminders
- Begin to develop a system for time management and tracking tasks

### Goal Outcome

- Demonstrate ability to organize the safe and efficient care of 1-2 patients simultaneously with support from faculty.

### Goal Outcome: Organize and prioritize responsibilities to provide care that is safe, effective, and efficient.

### Red Flags

- Unwilling to respond to feedback in a productive manner

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

### Evaluation

- Demonstrate appropriate organization and prioritization for classroom work.

### Prior to Acting Internships

- Evaluation completion
- Assignment completion
- Preceptor assessment

### Prior to Core Clinical Experiences

- Supervisor assessment
- 360 evaluation

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**Note:**

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<table>
<thead>
<tr>
<th>MEPO</th>
<th>Interpersonal and Communication Skills #15</th>
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<tbody>
<tr>
<td><strong>Verbal and nonverbal communication</strong></td>
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</table>

- Interrupts others frequently
- Demonstrates behaviors that are uncaring or dismissive of others
- Demonstrates excessive anxiety, disorganization or distraction when talking with patients or colleagues
- Does not demonstrate sensitivity to patient’s age, gender, culture, race, religion, disabilities, and/or sexual identity or orientation

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

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<tr>
<td>Demonstrates basic patient centered communication skills.</td>
<td>Seek out and responds effectively to feedback on improving communication skills</td>
<td>Able to accurately assess the impact of their own communication skills</td>
<td>Demonstrate effective person-centered verbal and nonverbal communication with patients, families/care supporters of diverse backgrounds in diverse settings including both face-to-face interactions and other forms of communication.</td>
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<td>Describe and practice skills for initiating patient encounters, building and sustaining the patient-doctor relationship, building and sustaining visit structure, gathering information, and closing the visit</td>
<td>Demonstrate effective communication skills for sharing information and treatment planning</td>
<td>• Maintain effective verbal and nonverbal communications during all interactions with patients and colleagues</td>
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<td>Ask patients about their social history and life context when gathering information</td>
<td>Demonstrate skills for shared-decision making</td>
<td>• Maintain an empathic, caring stance with others</td>
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<td>Describe skills for sharing difficult news and strong emotions</td>
<td>Demonstrate skills for motivational interviewing</td>
<td>• Accurately assesses own communication skills</td>
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<td>Describe sources of implicit and explicit bias and the impact on communication.</td>
<td>Demonstrate effective use of interpretation services</td>
<td>• Actively choose different communication strategies to best fit the situation</td>
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<td>Demonstrate self-awareness when communicating with others</td>
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<td>Demonstrate skills for delivering difficult news</td>
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<td></td>
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<td>Demonstrate awareness and management of bias</td>
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| OSCE | Preceptor assessment | Small group assessment | OSCE | LIC Preceptor assessment | 360 Evaluation | OSCE | Supervisor assessment | 360 evaluation |
### MEPO Interpersonal and Communication Skills #16

**Red Flags**

- Copies and pastes information without verification or attribution
- Does not provide documentation when required
- Includes inappropriate language
- Documents potentially damaging information without verification or attribution

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**Prior to Core Clinical Experiences**

- Differentiate between comprehensive (H&P) from focused (SCOAP) note
- Describe components of H&P and SCOAP notes
- Use appropriate abbreviations
- Document history and physical following patient’s encounter with few organizational errors
- Use available note templates with limited ability to adjust based on audience, context, or purpose

**Prior to Acting Internships**

- Demonstrate ability to adjust or adapt notes to audience, context, or purpose across Foothills specialties
- Meet needed turnaround time for standard documentation
- Recognize and correct errors related to required elements of documentation

**Goal Outcome**

- Adapt or adjust notes based on audience, context or purpose
- Provide accurate, timely documentation that includes institutionally required elements

**Written documentation**

- OSCE
- Preceptor assessment
- Assignments

<table>
<thead>
<tr>
<th>OSCE</th>
<th>LIC Preceptor assessment</th>
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<td>OSCE</td>
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MEPO
Interpersonal and Communication Skills #17

Oral Presentation

Red Flags

- Fabricates information
- Routinely reports inaccurate information
- Reacts defensively when queried
- Presents in a disorganized and incoherent fashion
- Presents information in a manner that frightens patient or family
- Disregards patient’s privacy and autonomy

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

Prior to Core Clinical Experiences

- Present a patient with a common chief concern including a basic assessment.
- Follow an oral presentation template
- Deliver oral presentations that are organized and can be followed
- Present a story that may be imprecise because of omitted or extraneous information
- Use medical terminology when communicating with team
- Demonstrate basic situational awareness when presenting in front of the patient

Prior to Acting Internships

- Present a patient with a common clinical condition in an organized and efficient fashion.
- Able to report sensitive information at the bedside
- Adjust style of communication when given feedback
- Support management plan with limited information
- When prompted, can adjust presentation in length and complexity to match situation and audience
- Incorporate patient’s preferences and privacy needs
- Deliver presentation inclusive of patient’s contextual factors
- Present personally verified and accurate information

Goal Outcome

- Provide an oral presentation/summary of a patient encounter, adjusting for audience and context and in a well-organized fashion.
- Seek additional information to clarify or refine presentation
- Filter, synthesize, and prioritize information into a concise presentation
- Articulate clearly and logically data to support plan
- Tailor length and complexity of presentation to situation and audience

- OSCE
- Preceptor assessment
- Small group assessment
- Assignments

- OSCE
- LIC Preceptor assessment
- Trained observer

- OSCE
- Supervisor assessment
**MEPO**
Interpersonal and Communication Skills #18

**Handover**

- Consistently does not communicate relevant patient information to members of the healthcare team
- Breaches patient confidentiality and privacy

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

**Red Flags**
- No pattern of consistent Red Flags

**Prior to Core Clinical Experiences**
- Communicates verbally with colleagues about clinical case scenarios
- Identify importance of clear communication and patient safety at times of transitions in care

**Prior to Acting Internships**
- Summarize patient history and course and communicate key information to colleagues for a straightforward patient with a common clinical condition
- Summarize in 2-3 sentences a patient's comorbidities and current issues
- Communicate a patient summary verbally to a colleague
- Acknowledge receipt of information when receiving a patient summary from a colleague
- Appropriately identify illness severity
- Create a contingency plan for patient that may lack clarity

**Goal Outcome**
- Effectively and efficiently provide or receive a patient handover to transition care responsibility to another healthcare provider and prioritize the work of cross-coverage.
- Provide efficient (2-5 min per patient) handoffs of at least 3 patients to a team member including only essential information (name, locations, underlying conditions, current admission problems, items to "check on")
- Recognize what tasks are appropriate to handoff for coverage
- Prioritize tasks for patients to maximize safe and efficient cross-coverage

**Assessment Methods**
- **MCQ**
- **OSCE**
- LIC Preceptor assessment
- Trained observer
- **OSCE**
- Supervisor assessment
Interprofessional care

MEPO
Interpersonal and Communication Skills #19

Red Flags

- Frequent misunderstandings or miscommunications
- Disrespectful or dishonest to team members
- Does not acknowledge feedback
- Engages in conflict avoidant behavior
- Dismisses input from professionals other than physicians

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

Prior to Core Clinical Experiences

- Describe one’s own role on an interprofessional healthcare team
- Recognize one’s own strengths and limitations in skill, knowledge and ability
- Describe how each interprofessional team member’s unique experience and expertise can contribute to the interprofessional team
- Describes roles and practices of effective teams

Prior to Acting Internships

- Engage with interprofessional team to delegate and accept responsibilities that facilitate patient care
- Communicate one’s roles and responsibilities clearly to family, patients, and other professionals
- Communicate with interprofessional team reliably and professionally
- Develop trusting and respectful relationships with team members
- Engage effectively in conflict resolution with team members

Goal Outcome

- Work with interprofessional team to maintain a climate of mutual respect and shared values.
- Use one’s own role to complement that of diverse healthcare professionals in a variety of settings
- Participate independently in interprofessional care planning
- Communicate bidirectionally, keeping team members informed and up to date

Assessment Methods

- MCQ
- OSCE
- LIC Preceptor assessment
- 360 evaluation
- Supervisor assessment
- 360 evaluation
MEPO
Medical Knowledge #20

Medical Knowledge

Red Flags

Prior to Core Clinical Experiences

Demonstrate knowledge of foundational basic science concepts; Integrate and apply foundational basic and medical science concepts to solve simulated clinical problems using a systematic approach to the Trek chief concerns in Plains.

Prior to Acting Internships

Demonstrate and apply knowledge of foundational science concepts to patients with a common complaint from the core Foothills specialties.

Goal Outcome

Demonstrate and apply knowledge of established and evolving biomedical, clinical, informatics, epidemiological and social-behavioral sciences.

- MCQ
- NBME exams

- NBME exams

- Supervisor assessment
- 360 evaluation

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.
### MEPO Leadership #21

**Leadership**

**Red Flags**
- Introspection Lapses
  - Lacking insight in own behavior
  - Unable to discern how personal behavior impacts others and regulate behavior accordingly
  - Dismissive of the opinions and contributions of others
  - Insensitive to another person’s needs

*These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.*

**Prior to Core Clinical Experiences**
- Identifies actions and personnel required to accomplish a goal
- Recognizes and reflects on how personal behavior impacts others
- Actively participates in teams

**Prior to Acting Internships**
- With guidance, can prioritize actions and personnel required to accomplish a goal
- With guidance, is able to reflect upon and regulate personal behavior
- Actively seeks input from others, acknowledging their unique contributions

**Goal Outcome**
- Adapt personal leadership skills to maximize the performance of self and others by being a respectful and engaged team member able to manage relationships and find common ground.
- Independently prioritizes key actions and personnel required to accomplish a goal
- Independently able to reflect upon and regulate personal behavior
- Collaborates with others to accomplish common goals

**Reflective writing**
**Preceptor assessment**
**360 evaluation**
<table>
<thead>
<tr>
<th>Red Flags</th>
<th>Prior to Core Clinical Experiences</th>
<th>Prior to Acting Internships</th>
<th>Goal Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Create a structural differential of a hypothetical case with guidance.</td>
<td>• No pattern of consistent Red Flags</td>
<td>• No pattern of consistent Red Flags</td>
<td>• Recognize how healthcare system factors impact health and care delivery.</td>
</tr>
<tr>
<td>• Describe current US health policy and structures, and how they impact patient populations.</td>
<td>• Describe how current US policy and structures impact patient care.</td>
<td>• Create a structural differential of a hypothetical case with prompting.</td>
<td>• Routinely incorporate a structural differential into care plans and identifies systems level issues impacting care.</td>
</tr>
<tr>
<td>• Differentiate between high value and low value care.</td>
<td>• Analyze the cost of a case both to the system and to the patient.</td>
<td>• Describe the potential power and limitations of electronic health records.</td>
<td>• Suggest a care plans to accommodate current US policy and structures.</td>
</tr>
<tr>
<td>• Describe key functions and regulation of health information technology</td>
<td>• Demonstrate competent use of health IT and data to improve patient and population health and health systems</td>
<td>• Reflective writing, Preceptor assessment, MCQ, Small group assessment</td>
<td>• Apply cost of care, value, and patient values to patient care with guidance.</td>
</tr>
<tr>
<td>• Reflective writing</td>
<td>• Small group assessment</td>
<td>• Supervisor assessment</td>
<td>• Demonstrate competent use of health IT and data to improve patient and population health and health systems</td>
</tr>
</tbody>
</table>

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.
### Prior to Acting Internships

- No pattern of consistent Red Flags

### Prior to Core Clinical Experiences

- Describe rationale for error reporting and systems improvements
- Describe key tenets of CQI process

### Prior to Acting Internships

- Identify appropriate mechanisms to report medical errors or patient safety concerns.
- Participate in simulated or actual systems improvement activity at clinical site.
- Create accurate documentation, perform accurate medication reconciliation and appropriate handwashing.

### Goal Outcome

- Identify personal and system level factors impacting patient safety and participate in improvement activities.

### Red Flags

- Dismissive of the importance of medical errors
- Avoids improvement efforts/reporting errors
- Places self or others at risk of injury or adverse event

*These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.*

### Assessment

- Reflective writing
- MCQ
- Small group assessment
- Reflective writing
- Preceptor assessment
- Supervisor assessment
- Assignments
### MEPO Curiosity #24

**Evidence-Based Medicine**

**Red Flags**
- Unwilling or unable to ask questions or seek out answers independently
- Needs help in formulating questions that are neither overly broad nor too narrow
- With external prompts, seeks information from the literature
- Retrieve basic information through information aggregators (e.g., Google and UpToDate), but does not utilize primary literature searches and national guidelines to inform patient care

*These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.*

**Prior to Core Clinical Experiences**
- With guidance, formulate basic clinical questions and retrieves basic information.
- Needs help in formulating questions that are neither overly broad nor too narrow
- With external prompts, seeks information from the literature
- Retrieve basic information through information aggregators (e.g., Google and UpToDate), but does not utilize primary literature searches and national guidelines to answer clinical questions.
- Retrieve evidence about a topic, but needs guidance in understanding various levels of evidence

**Prior to Acting Internships**
- Independently formulate basic clinical questions and retrieves basic information from a variety of resources.
- Form answerable patient care questions.
- Independently access the medical literature and national guidelines to answer clinical questions.
- Retrieve evidence about a topic, but needs guidance in understanding various levels of evidence

**Goal Outcome**
- Reliably form clinical questions and independently access resources to inform patient care
- Understand various levels of clinical evidence along with their strengths and weaknesses
- Manage ambiguity when applying evidence-based medicine to individual patients

**Assignments**
- MCQ
- Small group assessment
- Reflective writing
- Preceptor assessment
- Supervisor assessment
- Assignments
Introspection Lapses
• Unaware of inadequacies despite feedback
• Dismissive of feedback or resists considering or making changes
• Does not accept responsibly for actions
• Hesitates to seek help when needed

These are examples and not an exhaustive list and represent behaviors that would need immediate correction at any point in medical school.

No pattern of consistent Red Flags

Prior to Core Clinical Experiences
• With the support and guidance from a coach:
  • Undertake informed self-assessment
  • Receive and process feedback from multiple sources in a professional manner
  • Create personal improvement goals and learning goals
  • Demonstrate appropriate and professional responsiveness to feedback

Prior to Acting Internships
• Incorporate changes in attitudes or behavior in response to feedback
• Accurately articulate personal progress towards previously established goals
• Seek support or help, when needed for advice, to engage additional resources, or to receive help in times of personal or professional difficulty
• Demonstrate ability to make an appropriate plan to achieve a personal or professional goal, with little assistance needed from a coach

Goal Outcome
• Demonstrate the skills of a master adaptive including the ability to seek, respond to, and incorporate feedback from multiple sources, to create and implement personal learning goals, and to reflect on learning.

• Demonstrate ability to identify personal and professional needs and create plans (or access additional resources) to address them
• Accurately perform informed self-assessment
• Receive feedback professionally
• Incorporates changes in self attitudes or behaviors in response to feedback in an ongoing fashion

• Reflective writing
• Feedback from coach
• Learning goals assignment

• Reflective writing
• Feedback from coach
• Learning goals assignment

• Reflective writing
• Feedback from coach
• Learning goals assignment
Suggested Progression:
• Identify an area of scholarly interest and a mentor for the project
• Develop a research question or project goal
• Identify the literature in the area of scholarly interest
• Devise and carry out a plan to complete the scholarly project

Prior to Core Clinical Experiences

Prior to Acting Internships

Goal Outcome

Complete a mentored scholarly project in order to demonstrate an understanding of the processes of structured scholarship and an ability to communicate findings or results via written and oral formats to a scientific community.