

As the next step in refining content, planners address nationally-established goals for physician core competencies as developed by the Institute of Medicine, Accreditation Council on Graduate Medical Education (ACGME), Association of American Medical Colleges (AAMC), and the American Board of Medical Specialties (ABMS) related to specialty maintenance of certification. Based on this chart listing all of these related national and prioritized competencies, select the specific areas of content in your planned CME activity that will address the selected national competencies:

Institute of Medicine Core Competencies	ABMS (MOC)/ACGME Competencies	AAMC Competencies
<p>1 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 educated patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of health lifestyles, including a focus on population health.</p> <p>Work in interdisciplinary teams – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.</p> <p>2</p> <p>3 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.</p> <p>4 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.</p> <p>5 Utilize informatics – communicate, manage, knowledge, mitigate error, and support decision making using information technology.</p>	<p>6 Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</p> <p>7 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</p> <p>8 Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care</p> <p>9 Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals</p> <p>10 Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population</p> <p>11 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.</p>	<p>12 Evidence of professional standing, such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.</p> <p>13 Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning.</p> <p>14 Evidence of cognitive expertise based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice- related knowledge, and other issues such as ethics and professionalism.</p> <p>15 Evidence of evaluation of performance in practice, including the medical care provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care.</p>