



CME Leaders Institute

An initiative of the California Academy of Family Physicians and CAFP Foundation

ACGME/ABMS/IOM Competencies

CAFP strives to address any/all of these in our activities.

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 involved 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 our 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.

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 health lifestyles, including a focus on population health.

Work in Interdisciplinary Team: 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 care.

Utilize Informatics: Communicate, manage, knowledge, mitigate error, and support decision making using information technology.