

## NSU MD Educational Program Objectives Mapping Chart

Educational Program Objectives (EPOs)	Assessment Methods	PCRS							EPAS	
		Patient Care	Knowledge for Practice	Practice Based Learning & Improvement	Interpersonal & Communication Skills	Professionalism	Systems Based Practice	Interprofessional Collaboration		Personal & Professional Development
MK1: Demonstrate knowledge of normal human structure, function, and development, from the molecular through whole body levels.	IE, CP, FN, LP, NBME, OSCE, P, Step 1, Step 2 CK		2							1
MK2: Explain the physiologic mechanisms involved in the maintenance and regulation of homeostasis.	IE, CP, FN, NBME, OSCE, P, Step 1, Step 2 CK		2							1
MK3: Explain the underlying causes of diseases, injuries, and functional deficits affecting organ systems.	Same as MK1		2							1
MK4: Interpret clinical, histopathologic, laboratory, and radiographic manifestations of diseases, injuries, and functional deficits affecting organ systems.	Same as MK1	4	2,3							1
MK5: Explain the principles of and rationale for interventions aimed at the prevention, treatment, and/or management of diseases, injuries, and functional deficits affecting organ systems.	Same as MK2		2							1
MK6: Use principles of evidence-based medicine to evaluate the efficacy of diagnostic and therapeutic options.	Same as MK2	5	1,3							1
MK7: Describe the epidemiology of common health problems and patient- and population-based approaches for reducing their incidence and prevalence.	IE, P		4							1
MK8: Identify social determinants of health and the impact on health, care seeking, care compliance, barriers to care, and attitudes towards care.	IE, P		5							1
PC1: Gather and interpret essential and accurate information about patients and their conditions through history taking, physical examination, and use of laboratory data, imaging, and other tests.	CL, CP, FN, OSCE, Step 2 CS	2								1
PC2: Demonstrate knowledge and skills necessary to assume graduated responsibility in providing supervised care for patients in a variety of patient care settings.	CP, FN, OSCE, Step 2 CS	2								1
PC3: Create a prioritized differential diagnosis in a variety of different clinical situations and develop an appropriate patient management plan.	Same as PC1	5,6								2,4
PC4: Make informed decisions about diagnostic and therapeutic options based on patient information and preferences, up to date scientific information, and clinical judgment.	CL, CP, FN, OSCE, Step 2 CK, Step 2 CS	5								3
PC5: Incorporate patient education into patient care activities to improve individual and population health.	CP, FN, OSCE	9		8						3
PC6: Perform and document common clinical procedures using appropriate techniques within the limits of level of training.	CL, CP, FN, OSCE	1								5,12
PC7: Demonstrate an appropriate transition of care between providers or settings that minimizes the risk to patient safety.	CP, FN, OSCE	8					3			8
SBP1: Explain the importance of physician advocacy in shaping healthcare policy, and the potential impact of policy changes on patients, underserved populations, and health care providers.	IE, NBME, OSCE, P				4	4				
SBP2: Demonstrate knowledge of patient safety concepts and apply them to patient care.	IE, NBME, OSCE, CP, FN, P					5	4			13
SBP3: Describe how to incorporate consideration of cost awareness and risk-benefit analysis into patient and/or population-based care.	OSCE, P		5	9		3				3,13
SBP4: Develop quality improvement strategies to address errors in the health care system.	P				4	5				13
PBL1: Identify personal strengths and areas for improvement based on self-awareness and feedback from patients, peers, and/or faculty.	CP, FN, REF			1						
PBL2: Set clear learning and improvement goals to address gaps in knowledge, skills and/or attitudes.	CP, FN, REF			2						

PBLI3: Demonstrate giving and responding to constructive feedback to improve performance of self and others.	CP, FN			5						
PBLI4: Identify, critically appraise, and apply evidence from scientific studies to enhance learning and to improve patient care.	CP, FN			6						7
ISC1: Demonstrate respectful interactions with peers, faculty, and other health professionals.	CP, FN				2,3			1		9
ISC2: Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.	CP, FN, OSCE, Step 2 CS				1				7	
ISC3: Practice person-centered care including communication that is driven by and unique to the needs of the patient.	Same as ISC2			9	1,7					
ISC4: Practice shared decision making with patients to facilitate their active participation in their health care.	Same as ISC2	7			1					11
ISC5: Communicate effectively through oral presentations and written documentation.	Same as ISC2				2					5,6
EP1: Identify approaches to support the needs, dignity, privacy and autonomy of the patient.	CP, FN, OSCE					3				
EP2: Describe strategies to recognize and overcome unconscious bias to improve health outcomes.	IE					5		1	1	
EP3: Demonstrate compassion, honesty, integrity, respect, responsibility, and self-discipline in relationships with patients, families, peers, faculty, and others.	CP, FN, OSCE					1				
EP4: Describe the ethical and legal principles governing medical practice and research.	IE, NBME, OSCE					4			5	
EP5: Demonstrate accountability in both academic and clinical settings.	CP, FN					4				
IPC1: Work with other health care professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.	CP, FN, OSCE, P							1		9
IPC2: Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address health care needs of the patient and populations served.	IE, CP, FN							2		9
IPC3: Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of diseases in individual patients and populations.	CP, FN, OSCE				2			3		9
IPC4: Participate in different team roles to establish, develop, and continuously enhance inter-professional teams to provide patient- and population- centered care that is safe, timely, efficient, effective, and equitable.	CP, FN, P						2	4		
IPC5: Communicate goals effectively to the team.	Same as IPC1				2			3		9
PPDW1: Demonstrate the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors.	REF								1	
PPDW2: Recognize healthy coping mechanisms to respond to stress.	REF								2	
PPDW3: Identify different strategies for managing conflict between personal and professional responsibilities.	CP, FN, REF								3	
PPDW4: Demonstrate ability to adjust behavior in response to change.	CP, FN, OSCE, REF								4	
PPDW5: Demonstrate engagement in professional development through awareness of learning style and limits.	REF								1	
PPDW6: Recognize leadership skills that enhance team function, the learning environment, and/or the health care delivery system.	CP, RN, REF								6	
SI1: Explain the bidirectional relationship between emerging knowledge and clinical care.	CP, FN, IE	5	6							
SI2: Formulate a high-quality research question and develop a hypothesis.	FN, RP		1							
SI3: Apply knowledge of research design to answer a research question.	RP		1							
SI4: Implement specific research methods to prove or disprove a hypothesis; analyze data using the appropriate statistical tools.	IE, FN, RP		1							
SI5: Disseminate new knowledge obtained from scientific inquiry.	RP		6							

**NSU MD General Competencies:** Medical Knowledge (MK), Patient Care (PC), Systems Based Practice (SBP), Practice Based Learning and Improvement (PBLI), Interpersonal Skills and Communication (ISC), Ethics and Professionalism (EP), Interprofessional Collaboration (IPC), Personal and Professional Development and Wellness (PPDW, Scholarly Inquiry (SI))

NSU MD Assessment Methods	Core Entrustable Professional Activities for Entering Residency
CP = Clinical Performance Rating/Checklist (OSCE)	EPA 1: Gather a history and perform a physical examination.
Essay = In-house Essay Exam	EPA 2: Prioritize a differential diagnosis following a clinical encounter.
FN = Faculty Narrative Assessment	EPA 3: Recommend and interpret common diagnostic and screening tests.
IE = In-house MCQ Exam (incl. customized NBME)	EPA 4: Enter and discuss orders and prescriptions.
LP = Lab Practical	EPA 5: Document a clinical encounter in the patient record.
NBME = Subject/"Shelf" or Comprehensive Exam	EPA 6: Provide an oral presentation of a clinical encounter.
Step 1/2CK = USMLE Step 1 or Step 2CK	EPA 7: Form clinical questions and retrieve evidence to advance patient care.
Step 2CS = USMLE Step 2 CS	EPA 8: Give or receive a patient handover to transition care responsibility.
OSCE = Objective Structured Clinical Exam	EPA 9: Collaborate as a member of an interprofessional team.
PN = Peer Narrative Assessment	EPA10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
Self = Self-Assessment	EPA 11: Obtain informed consent for tests and/or procedures.
REF = Reflective Writing by Learner	EPA 12: Perform general procedures of a physician.
	EPA 13: Identify system failures and contribute to a culture of safety and improvement.