**A picture containing logo

Description automatically generatedPresenting Behaviors for Competency Deficits**

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| **Deficit** | **Presentation** | **Deficit** | **Presentation** |
| Medical Knowledge | * Unable to answer knowledge-based. Fact-based questions * Lacks evidence of reading * Poor ITE scores | Mental  Well-Being (Not a competency) | * Wide variety of problems = wide variety of presentations * Inconsistent performance |
| Clinical Skills—Patient Care | * Most evident during direct observation * Physical exams lack key elements, are performed incorrectly or inaccurate information is obtained * Does not understand what type of information is obtained by individual exam element * Poor procedural/surgical skills * Unable to answer technique questions about the exam or procedures | Professionalism | * Poor patient-doctor relationships * Unknown to patients * Demonstrates lack of respect * Uses technical jargon with patients * Late, absent or unreliable * Dishonest * Lazy * Specific unethical actions may be brought to your attention * Inability to develop longitudinal continuity with her/his patients * Tries to pass off inappropriate amounts of work |
| Clinical Reasoning and Judgment—Patient Care | * Has adequate knowledge when asked knowledge-based, fact-based questions * Good pre-clinical exam scores * Extraneous information in H&Ps * Unable to focus history and/or physical * Orders too many tests * Difficulty assigning pre- and post-test probabilities * Difficulty prioritizing the differential diagnosis * Difficulty individualizing protocols/practice guidelines | Practice-Based Learning & Improvement | * Does not show evidence of self-directed learning * Does not set personal learning and patient care goals * Does not show evidence of reading * Does not utilize quality improvement methods * Not reviewing literature to answer patient care questions * Does not seek feedback * Defensive when receiving feedback * Does not understand own limitations * Does not seek help when needed |
| Time Management and Organization—Patient Care | * Unprepared * Disorganized in appearance * Disorganized presentations * Disorganized notes * Disorganized thought process * Shuffling through multiple documents on rounds * Multiple incomplete tasks * Starts earlier and/or leaves later than peers * Keeps patient waiting, frequently running behind * Spends patient care or otherwise dedicated time trying to get caught up on prior work | Systems-Based Practice | * Does not value interprofessional input * Neglects health care resources * Does not consider cost and risk-benefit analyses * Does not advocate for patients * Does not seek resources for patients * Neglects transitions of care |
| Interpersonal Skills | * Difficulty functioning within a team * High incidence of interpersonal conflicts * Frequently attempts to transfer blame * Inflexible with negotiations * Difficulty reading social cues * Awkward peer interactions * Actions and questions may seem inappropriate * May expect too much or too little from peers, nurses or ancillary support, inappropriate or lack of delegation * Reports of unprofessional team interactions, such as blocking/turfing patient, yelling at colleagues, or condescending or inappropriate interactions with nursing and other staff | Communication | * Has adequate knowledge and organizational skills * Poor oral presentations * Not as articulate as her/his peers * Struggles to answer questions, in contact to exam scores * Struggles to convey information to patients * Struggles to convey variation in level of urgency and severity * Poor communication in patient charts * Needs to call patients or re-visit to obtain more information * Appears to have more “non-compliant patients” than peers (due to the learner’s poor communication skills) |

Based on material from Guerrasio, J. *The struggling medical learner*. pp. 38-41, 2013

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