

# University of Hawai‘i John A. Burns School of Medicine

## Objectives for Graduation

Graduates of the University of Hawai‘i John A. Burns School of Medicine are lifelong learners. They apply their knowledge of foundational and clinical sciences, demonstrate a deep appreciation for their community, and communicate effectively in the care of their patients, particularly the peoples of Hawai‘i and the Pacific Basin. They practice medicine with the highest professional standards while maintaining their wellness and resiliency. All medical students at JABSOM must demonstrate achievement of these objectives prior to graduation.

### I. Lifelong Learning

**Graduates will be lifelong learners.**

*Following PBL tutorial, patient care interactions, or in anticipation of future learning needs, students will be lifelong, self-directed learners by:*

- A. Identifying gaps in knowledge and utilizing learning activities to refine their knowledge base.
- B. Addressing learning needs by acquiring, integrating, and evaluating their ability to utilize credible resources.
- C. Demonstrating commitment to obtaining new and updated knowledge associated with improving patient/population outcomes.
- D. Demonstrating commitment to improving personal performance and acknowledging limits in knowledge.

### II. Foundational Knowledge and Discovery

**Graduates will understand the foundational knowledge and discovery supporting clinical medicine.**

*Students will apply foundational knowledge and discovery to the practice of medicine by:*

- A. Describing the normal structure and function of each organ system and their interaction within the human body as a whole.
- B. Applying knowledge of the biological (molecular, cellular, and biochemical) mechanisms and non- biological (social, behavioral, psychological, and environmental) drivers that maintain the body’s homeostasis in order to address the maintenance of good health and preventative measures in patient care.
- C. Applying the current knowledge necessary to explain the various biological (molecular, cellular, and biochemical) and non- biological (social, behavioral, psychological, and environmental) causes of illness and the way in which they impact the body and mind (pathogenesis), in order to ask focused clinical questions and implement a diagnostic approach in patient care.
- D. Applying the current knowledge necessary to describe the altered structure and function (pathology and pathophysiology) of the body and its organ systems and tissues that are seen in various diseases and disorders, in order to perform a focused clinical history and physical exam, and implement a diagnostic approach in patient care.

- E. Applying the current knowledge necessary to explain the mechanisms by which various treatment modalities impact the pathogenesis and natural history of diseases and disorders seen in patient care, in order to implement a treatment and monitoring plan.
- F. Discussing the principles of biomedical research methods, common biostatistical tools, scientific rationale, and evidence-based medicine, and how they are applied to clinical medicine.

### III. Care of Patients

**Graduates will provide patient-centered care that is compassionate, appropriate and effective for the treatment of health problems and promotion of health in the ambulatory and hospital setting.**

*When seeing a patient presenting with a concern or illness in the ambulatory or hospital setting, students will be able to care for that patient by:*

- A. Approaching each patient with an awareness of and sensitivity to the impact the patient's age, gender, culture, spiritual beliefs, socioeconomic background, lifestyle, social support, sexuality, and healthcare beliefs may have on the diagnosis and treatment of their illness.
- B. Discussing the components of the informed consent process and being capable of obtaining informed consent for tests, procedures, and/or other interventions.
- C. Applying clinical reasoning and critical thinking to develop functional problem lists and differential diagnoses during a patient encounter.
- D. Performing a complete or hypothesis-driven history and physical exam following an appropriate exam sequence as indicated by the context of the encounter and utilizing correct technique in a manner that reflects a clear understanding of the manifestations of common illnesses.
- E. Selecting and interpreting appropriate diagnostic tests with careful consideration of the test characteristics, risks, potential complications, discomfort to patients, cost, and patients' overall therapeutic goals.
- F. Performing routine procedural skills that are considered essential for a general physician, under appropriate supervision.
- G. Developing and implementing an appropriate treatment plan, including the practice of order and prescription entry, that takes into account the context of the patient and their overall values and goals for treatment.
- H. Recognizing and initiating evaluation and management for patients who require urgent or emergent care.
- I. Describing the complex decision-making associated with palliative and/or end-of-life care for patients.
- J. Applying principles of interprofessional, team-based patient care.
- K. Applying the principles of quality improvement and systems-based practice to benefit patient care.

## **IV. Communication and Interpersonal Skills**

**Graduates will be able to communicate effectively with peers, patients, families, and other providers in the interdisciplinary healthcare team.**

*When in a classroom, clinical, or other healthcare setting, students will communicate effectively with others by:*

- A. Communicating with and educating peers, patients, and their support systems, across diverse backgrounds, languages and cultures, using language interpretive services when appropriate, and using strategies to build therapeutic alliances, promote inclusion and equity, ensure understanding, and respect for individual perspectives.
- B. Demonstrating patient-centered communication skills including being attentive to patient verbal and nonverbal cues, patient/family culture, social drivers of health, and utilizing active listening skills.
- C. Demonstrating emotional awareness and intelligence, and reflecting on how one's intersectionality may influence one's perspectives in clinical decision-making, and interaction with patients, families, communities and members of the interprofessional team.
- D. Conveying clinical information and reasoning, with appropriate assertiveness, in all types of formal and informal oral and written presentations, that is tailored for different audiences, purposes and contexts.
- E. Documenting accurate, complete, organized, and concise clinical notes in medical records (including EMR) in a timely manner.
- F. Delivering, receiving and implementing feedback from peers, faculty, administration, staff, and/or patients in a respectful and professional manner.

## **V. Population and Community Health**

**Graduates will understand, advocate, and apply principles and strategies of population and community health that will promote and result in equitable care of diverse patients and communities.**

*When in the classroom, clinical or community setting, students will provide equitable care of diverse patients and communities by:*

- A. Demonstrating an understanding of Native Hawaiian and other Indigenous peoples' views of health and illness, the impact of social and cultural drivers on their health status, and culturally appropriate strategies for optimizing health and wellbeing of individuals and populations.
- B. Demonstrating meaningful participation in collaborative community health activities and identifying community health strategies that optimize the health and quality of life of patients and the communities that they belong to.
- C. Demonstrating knowledge of the physician's role in global health issues impacting the health of individual patients and populations.
- D. Demonstrating knowledge of principles of epidemiology at the patient and population level.
- E. Caring for all people, regardless of ability to pay, and identifying local resources and advocating for access to health care for underserved and at-risk populations.

## **VI. Professionalism**

**Graduates will be professional and ethical and demonstrate an enthusiasm for medicine while delivering compassionate care to their patients.**

*When practicing medicine or representing JABSOM both inside and out of the classroom or clinical setting, students will embody the JABSOM Professionalism Philosophy and exhibit the highest standards of professional and ethical behavior by:*

- A. Applying the theories and principles of medical ethics.
- B. Adhering to the policies of JABSOM and UHM and any hospital and/or clinic sites regarding academic and scientific integrity, student conduct and completing school and professional requirements in a timely manner.
- C. Demonstrating respect, honesty, altruism, accountability, honor, excellence, integrity, and humility in all interactions.
- D. Presenting with appropriate professional appearance and attire.
- E. Maintaining patient confidentiality and preserving patient dignity and modesty.
- F. Dealing with unexpected outcomes and professional mistakes openly and honestly in ways that promote patient and clinical team trust and self-learning.
- G. Recognizing personal limitations and demonstrating the ability to self-assess.
- H. Contributing to a safe and positive environment by demonstrating respect for diversity, and teaching and supporting others.

## **VII. Wellness and Resiliency**

**Graduates will have the skills and strategies to maintain wellness and resiliency.**

*Students will maintain their wellness and resiliency by:*

- A. Developing individualized strategies to maintain personal physical and mental health while fostering positive connections with others.
- B. Utilizing strategies to maintain personal safety and the safety of others in both academic and clinical environments.
- C. Recognizing physician impairment and identifying resources available for treating physical and mental illness.
- D. Stating the key elements of the student mistreatment policy, recognizing mistreatment, knowing how to report it, and finding resources for mistreatment.

## Resources

Association of American Medical Colleges. *The Medical School Objectives Project:*

- *Report I. Learning Objectives for Medical Student Education Guidelines for Medical Schools 1998.*
- *Report II. Contemporary Issues in Medicine: Medical Informatics and Population Health 1998.*
- *Report III. Contemporary Issues in Medicine: Communication in Medicine 1999.*
- *Report IV. Contemporary Issues in Medicine: Basic Science and Clinical Research 2001.*
- *Report V. Contemporary Issues in Medicine: Quality of Care 2001.*
- *Report VI. Contemporary Issues in Medicine: Genetics Education 2004.*
- *Report VII. Contemporary Issues in Medicine: Musculoskeletal Medicine Education 2005.*
- *Report VIII. Contemporary Issues in Medicine: The Prevention and Treatment for Overweight and Obesity 2007.*
- *Report IX. Contemporary Issues in Medicine: Oral Health Education for Medical and Dental Students 2008.*
- *Report X. Contemporary Issues in Medicine: Education in Safe and Effective Prescribing Practices 2008.*

Association of American Medical Colleges. *New and Emerging Areas in Medicine Series:*

- *Quality Improvement and Patient Safety Competencies Across the Learning Continuum 2019.*
- *Telehealth Competencies Across the Learning Continuum 2021.*
- *Diversity, Equity, and Inclusion Competencies Across the Learning Continuum 2022.*

Liaison Committee on Medical Education. *Function and Structure of a Medical School.*

Accreditation Council on Graduate Medical Education (ACGME) *Common Program Requirements: General Competencies 2007.*

The Royal College of Physicians and Surgeons of Canada. *CanMEDS 2005 Physician Competency Framework.*

Coalition for Physician Accountability. *The Coalition for Physician Accountability's Undergraduate Medical Education-Graduate Medical Education Review Committee (UGRC): Recommendations for Comprehensive Improvement of the UME-GME Transition. 2021.*

American Board of Internal Medicine. *Project Professionalism 1995.*

National Academies of Sciences, Engineering, and Medicine. 2019. *Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being.* Washington, DC: The National Academies Press. <https://doi.org/10.17226/25521>.

New England Journal of Medicine. *Topic Collections.*

- *Climate Change:* [https://www.nejm.org/climate-change?query=main\\_nav\\_lg](https://www.nejm.org/climate-change?query=main_nav_lg) (Accessed 13 Sep 2022)
- *Race and Medicine:* [https://www.nejm.org/race-and-medicine?query=main\\_nav\\_lg](https://www.nejm.org/race-and-medicine?query=main_nav_lg) (Accessed 13 Sep 2022)

University of California Davis School of Medicine. *I-EXPLORE Graduation Competencies.*

<https://health.ucdavis.edu/mdprogram/curriculum/graduation-competencies.html> (Accessed 13 Mar 2022)

University of California Davis School of Medicine. *Legacy Graduation Competencies.*

<https://health.ucdavis.edu/mdprogram/curriculum/legacy-competencies.html> (Accessed 13 Mar 2022)