### Terms and Definitions to Support Understanding of ACCME’s Updated Accreditation Criteria

#### Competence

"Knowing how to do something"


...is a combination of knowledge, skills and performance...the ability to apply knowledge, skills and judgment in practice.

Sanford, B. (Ed.). Strategies for maintaining professional competence: A manual for professional associations and faculty. Toronto, Canada: Canadian Scholars Press, Inc, 1989

The simultaneous integration of knowledge, skills, and attitudes required for performance in a designated role and setting.


#### Competency

An underlying characteristic... causally related to effective or superior performance in a job.


#### Performance

What one actually does, in practice. Performance is based on one's competence but is modified by system factors and the circumstances.

#### Professional Practice Gap

The difference between actual and ideal performance and/or patient outcomes.

In patient care, the quality gap is “the difference between present treatment success rates and those thought to be achievable using best practice guidelines.”


As CME content goes beyond issues of direct patient care the ACCME is using professional practice gap to refer to a quality gap in areas that include but also can go beyond patient care (e.g., systems’ base practice, informatics, leadership and administration)
Scope of Practice

The range or breadth of a physician's actions, procedures, and processes.

"...those health care services a physician or other health care practitioner is authorized to perform by virtue of professional license, registration, or certification."


"Scope of practice: Definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner, with substantial and appropriate training, knowledge, and experience may practice in a field of medicine or surgery, or other specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability."


References for definitions:

Agency for Healthcare Research and Quality. [www.ahrq.gov](http://www.ahrq.gov)


Sanford, B. (Ed.). 1989 Strategies for maintaining professional competence: A manual for professional associations and faculty. Toronto, Canada: Canadian Scholars Press, Inc.


Some Examples of Desirable Physician Attributes (Criterion #6)

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<tr>
<th>Institute of Medicine Core Competencies</th>
<th>ACGME/ABMS Competencies</th>
<th>ABMS Maintenance of Certification</th>
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<td>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 healthy lives, including a focus on population health</td>
<td>Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</td>
<td>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.</td>
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<td>Work in interdisciplinary teams – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable</td>
<td>Medical knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care</td>
<td>Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning.</td>
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<td>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</td>
<td>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</td>
<td>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.</td>
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<td>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</td>
<td>Interpersonal and communication skills that result in effective information exchange and teaching with patients, their families, and other health professionals</td>
<td>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.</td>
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<td>Utilize informatics – communicate, manage, knowledge, mitigate error, and support decision making using information technology</td>
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For more information on these physician attributes, visit:

www.acgme.org

www.abms.org