| Competency / PLO 1: Clinical and Technical Skills (B4.03a) | | | | | Summative Assessment |
|---|---|---|---|---|---|
| **Sub-Competency** | **Level 1: Novice (new student)** | **Level 2: Advanced Beginner (ready for SCPEs)** | **Level 3: Competent (Graduate)** | **Level 4: Proficient (0–5 years)** | **Primary Summative Evidence** |
| **CTS1 – History and Physical Examination** | Obtains limited, incomplete, or unfocused histories and physical examinations; misses key elements related to the patient presentation; requires frequent prompting. | Obtains basic histories and performs focused examinations with improving organization; identifies common key elements but may omit important positives, negatives, or exam maneuvers. | Obtains histories and performs focused or comprehensive physical examinations appropriate to the patient presentation; identifies pertinent positives and negatives; performs the assessment safely, respectfully, and efficiently. | Performs highly focused, efficient, and adaptable histories and examinations; anticipates atypical findings and tailors the assessment to patient context, acuity, and diagnostic priorities. | Station 2 Progressive Patient Encounter OSCE; H&P documentation. |
| **CTS2 – Clinical Data Interpretation and Synthesis** | Recognizes only obvious findings; struggles to interpret or synthesize patient information and diagnostic data; requires guidance to connect findings to assessment. | Recognizes common normal and abnormal findings; begins to synthesize history, exam, and diagnostic results but may have gaps in prioritization or interpretation. | Recognizes, interprets, and synthesizes clinical findings, patient information, and diagnostic study results to inform an appropriate patient assessment. | Rapidly synthesizes complex, evolving, or conflicting data; anticipates implications of diagnostic results and refines assessment with advanced clinical judgment. | Station 2 Progressive Patient Encounter OSCE; Station 1 EOC. |
| **CTS3 – Patient Communication for Understanding and Shared Decision-Making** | Provides information in a disorganized or overly technical way; inconsistently checks patient understanding; minimally incorporates patient preferences. | Communicates basic information with improving clarity; occasionally uses teach-back or shared decision-making but may need prompting. | Communicates effectively with patients to support understanding, shared decision-making, and patient-centered care using clear language and confirmation of understanding. | Adapts communication skillfully to health literacy, emotion, culture, and patient priorities; facilitates nuanced shared decision-making in complex situations. | Station 2 Progressive Patient Encounter OSCE; Station 5 Professional Communication/Ethics. |
| **CTS4 – Patient Safety, Infection Prevention, and Risk Reduction** | Requires prompting to identify patient safety, infection prevention, or risk-reduction needs; may overlook hazards or fail to correct unsafe practices. | Identifies common safety and infection-prevention needs; applies risk-reduction practices inconsistently or with guidance. | Applies patient safety, infection prevention, and risk-reduction practices during clinical and procedural care; recognizes and corrects unsafe conditions when identified. | Anticipates safety risks and system vulnerabilities; proactively reduces risk and models safe clinical and procedural practices for others. | Station 2 Progressive Patient Encounter OSCE; Station 3 OSATS; Station 5 Ethics/Risk Management. |
| **CTS5 – Program-Defined Diagnostic Tests, Procedures, and Interventions** | Performs diagnostic tests, procedures, or interventions with significant prompting; technique or safety may be incomplete or inconsistent. | Performs basic program-defined tasks with improving safety and effectiveness; still requires guidance for sequencing, technique, or patient education. | Performs program-defined diagnostic tests, procedures, and interventions safely and effectively using appropriate technique, preparation, and follow-up. | Performs program-defined tasks efficiently and confidently; adapts technique to patient needs while maintaining safety and effectiveness. | Station 3 Technical Skills / OSATS. |
| **CTS6 – Technical Proficiency and Psychomotor Skill** | Demonstrates inconsistent psychomotor skill; requires step-by-step prompting and may have difficulty with equipment handling or procedural flow. | Demonstrates emerging technical proficiency in routine tasks; completes most steps but may lack efficiency, precision, or independence. | Demonstrates technical proficiency and psychomotor skill in program-defined routine clinical and procedural tasks with safe, organized performance. | Demonstrates smooth, efficient, and adaptable technical performance; anticipates procedural needs and maintains high-quality technique under pressure. | Station 3 Technical Skills / OSATS. |
| **CTS7 – Aseptic, Sterile, and Safety Practices** | Requires prompting to prepare equipment or maintain aseptic/sterile technique; may contaminate supplies or fail to recognize breaks in technique. | Prepares for procedures with improving independence; maintains aseptic or sterile technique inconsistently; recognizes obvious breaks but may need guidance to correct them. | Prepares for, performs, or assists with procedures using appropriate aseptic, sterile, and safety practices; recognizes and corrects breaks in technique. | Anticipates procedural needs, maintains aseptic/sterile integrity, and supports safe procedural flow; models high-level preparation and safety practices. | Station 3 Technical Skills / OSATS. |

| Competency / PLO 2: Clinical Reasoning and Problem-Solving Abilities (B4.03b) | | | | | Summative Assessment |
|---|---|---|---|---|---|
| **Sub-Competency** | **Level 1: Novice (new student)** | **Level 2: Advanced Beginner (ready for SCPEs)** | **Level 3: Competent (Graduate)** | **Level 4: Proficient (0–5 years)** | **Primary Summative Evidence** |
| **CRPS1 – Prioritized Differential Diagnosis and Problem Representation** | Generates a limited or unorganized problem list; relies on exhaustive lists rather than prioritized differentials; requires prompting to connect data to a working assessment. | Generates a basic problem list and differential diagnosis that includes common conditions; begins to prioritize but may need support to identify must-not-miss diagnoses. | Formulates prioritized differential diagnoses and accurate problem representations based on history, physical examination, and available data. | Develops succinct, accurate problem representations and focused differentials for complex or atypical presentations; anticipates diagnostic pitfalls. | Station 2 Progressive Patient Encounter OSCE; Station 1 EOC. |
| **CRPS2 – Diagnostic and Therapeutic Intervention Selection** | Selects diagnostic tests or treatments with limited rationale; may choose unnecessary, low-yield, unsafe, or inappropriate interventions. | Selects common diagnostics and treatments with emerging awareness of risks, benefits, and patient factors; requires some guidance to refine decisions. | Selects and justifies diagnostic and therapeutic interventions using evidence-informed reasoning, patient context, risks, benefits, and safety considerations. | Designs diagnostic and therapeutic strategies that reflect advanced judgment, evidence integration, cost awareness, and anticipation of downstream effects. | Station 2 Progressive Patient Encounter OSCE; Station 4 EBM/Medical Literature; Station 1 EOC. |
| **CRPS3 – Management Plans Across Care Types** | Focuses on the immediate problem and often omits preventive, chronic, emergent, follow-up, or monitoring needs; requires prompting to stay within PA scope or seek supervision. | Develops basic management plans for common acute problems and identifies some chronic, preventive, emergent, or follow-up needs but may lack integration or prioritization. | Develops management plans for acute, chronic, emergent, and preventive care, including appropriate follow-up and monitoring, within PA scope and under appropriate supervision. | Integrates management across care types with strong prioritization, continuity planning, patient-centered goals, and anticipation of evolving needs. | Station 2 Progressive Patient Encounter OSCE; Station 2B CRPS3 Oral Boards Addendum; Station 1 EOC. |
| **CRPS4 – Outcome Evaluation and Plan Revision** | Rarely reassesses response to treatment unless directed; has difficulty recognizing when a plan is ineffective, unsafe, or no longer appropriate. | Recognizes some indications that a plan should be modified; proposes basic adjustments but often needs guidance to fully revise the plan. | Evaluates outcomes and revises care plans appropriately by incorporating new data, patient response, safety concerns, and evolving clinical information. | Continuously evaluates outcomes using clinical data and patient feedback; proactively refines plans and articulates lessons learned from changing patient status. | Station 2 Progressive Patient Encounter OSCE; Station 4 EBM/Medical Literature; Station 5 Ethics/Risk Management. |

| Competency / PLO 3: Interpersonal and Communication Skills (B4.03c) | | | | | Summative Assessment |
|---|---|---|---|---|---|
| **Sub-Competency** | **Level 1: Novice (new student)** | **Level 2: Advanced Beginner (ready for SCPEs)** | **Level 3: Competent (Graduate)** | **Level 4: Proficient (0–5 years)** | **Primary Summative Evidence** |
| **COM1 – Verbal and Nonverbal Communication with Patients** | Communicates with limited clarity or organization; uses primarily closed-ended questions; misses patient cues; rapport and empathy are inconsistent. | Communicates more clearly but inconsistently adapts to patient literacy, emotion, or culture; recognizes some cues but may not address them fully. | Demonstrates effective verbal and nonverbal communication with patients using clarity, empathy, active listening, and respectful rapport. | Communicates with exceptional clarity and rapport; anticipates concerns and adapts communication skillfully in complex or cross-cultural situations. | Station 2 Progressive Patient Encounter OSCE; Station 5 Professional Communication/Ethics. |
| **COM2 – Written Documentation** | Documentation is disorganized, incomplete, inaccurate, or missing key clinical reasoning; requires substantial correction. | Documentation captures major elements with improving clarity but may include omissions, inaccuracies, or limited assessment/plan rationale. | Creates accurate, timely, and professional written documentation that is organized, clinically relevant, and completed within assigned expectations. | Produces concise, sophisticated documentation that integrates relevant data, supports clinical reasoning, and facilitates team communication. | Station 2 H&P/clinical note; Station 5 disclosure/follow-up documentation; Station 4 written appraisal/reflection. |
| **COM3 – Shared Decision-Making with Patients and Families** | Provides information without eliciting patient or family values and preferences; gives limited options or does not verify understanding. | Engages patients or families in decision-making inconsistently; explains some risks and benefits but may omit alternatives or patient preferences. | Engages patients and families in shared decision-making by eliciting values, explaining options/risks/benefits, and verifying understanding. | Facilitates nuanced shared decision-making, anticipates decisional conflict, and supports patients and families through uncertainty. | Station 2 Progressive Patient Encounter OSCE; Station 5 Professional Communication/Ethics. |
| **COM4 – Difficult or Emotionally Sensitive Conversations** | Avoids or struggles with emotional or sensitive discussions; responses may be overly technical, dismissive, or unclear. | Attempts difficult conversations but may inconsistently address emotion, uncertainty, or patient/family concerns; requires prompting for empathy or clarity. | Navigates difficult or emotionally sensitive conversations with professionalism and empathy while maintaining clarity, honesty, and patient-centeredness. | Manages highly challenging conversations with advanced skill; diffuses conflict, conveys difficult information compassionately, and models communication excellence. | Station 2 family communication component; Station 5 Professional Communication/Ethics. |

| Competency / PLO 4: Medical Knowledge (B4.03d) | | | | | Summative Assessment |
|---|---|---|---|---|---|
| **Sub-Competency** | **Level 1: Novice (new student)** | **Level 2: Advanced Beginner (ready for SCPEs)** | **Level 3: Competent (Graduate)** | **Level 4: Proficient (0–5 years)** | **Primary Summative Evidence** |
| **MK1 – Foundational Biomedical Knowledge** | Demonstrates basic recall of biomedical facts but struggles to integrate concepts across systems or apply them to clinical reasoning. | Demonstrates improving understanding of anatomy, physiology, pathophysiology, and pharmacology; applies foundational knowledge more consistently but may lack depth or precision. | Demonstrates foundational knowledge of anatomy, physiology, pathophysiology, and pharmacology and applies it accurately to common clinical problems. | Integrates biomedical knowledge at an advanced level; explains complex mechanisms clearly and connects foundational science to nuanced clinical decision-making. | Station 1 Medical Knowledge / EOC; Station 2 OSCE reasoning components. |
| **MK2 – Normal and Abnormal Clinical Findings** | Identifies obvious abnormal findings but struggles to distinguish subtle variations or link findings to clinical meaning. | Recognizes common abnormal findings and begins to explain them using biomedical principles; interpretation may be incomplete or inconsistent. | Distinguishes normal from abnormal clinical findings and applies this distinction to patient assessment and clinical decision-making. | Recognizes atypical or subtle abnormal findings and integrates them into complex diagnostic reasoning. | Station 1 Medical Knowledge / EOC; Station 2 Progressive Patient Encounter OSCE. |
| **MK3 – Evidence-Based Medicine and Literature Appraisal** | Demonstrates limited understanding of study types, evidence hierarchy, or basic statistics; struggles to identify or appraise relevant evidence. | Identifies relevant evidence with guidance; summarizes findings but may misunderstand methods, bias, statistics, or applicability. | Applies evidence-based medicine and appraises medical literature critically by evaluating study design, validity, results, limitations, and applicability to patient care. | Synthesizes evidence across studies and applies it with sophistication, integrating patient values, safety, and system factors. | Station 4 EBM / Medical Literature + Professional Practice Defense. |
| **MK4 – Learning Needs and Ongoing Improvement** | Identifies learning needs superficially or only when prompted; learning plans are vague or not linked to performance gaps. | Recognizes some knowledge gaps and identifies resources, but follow-through or specificity may be inconsistent. | Identifies learning needs through self-assessment and develops a specific, feasible plan for ongoing learning and improvement. | Demonstrates proactive lifelong learning; identifies patterns in knowledge gaps and adapts learning strategies to improve competence over time. | Station 4 EBM / Medical Literature + Professional Practice Defense. |

| Competency / PLO 5: Professional Behaviors (B4.03e) | | | | | Summative Assessment |
|---|---|---|---|---|---|
| **Sub-Competency** | **Level 1: Novice (new student)** | **Level 2: Advanced Beginner (ready for SCPEs)** | **Level 3: Competent (Graduate)** | **Level 4: Proficient (0–5 years)** | **Primary Summative Evidence** |
| **PB1 – Integrity, Accountability, Empathy, and Respect** | Demonstrates professionalism inconsistently; may require reminders regarding respect, timeliness, accountability, feedback, or empathy. | Demonstrates professional behavior more consistently; accepts feedback with improving openness; empathy and accountability are generally present but may require reinforcement. | Demonstrates integrity, accountability, empathy, and respect in professional interactions with patients, families, faculty, staff, peers, and team members. | Models exemplary professionalism; anticipates team and patient needs and fosters a respectful, accountable culture. | Station 2 OSCE SP/faculty rubric; Station 3 OSATS professionalism; Station 5 Professional Communication/Ethics. |
| **PB2 – Ethical and Legal Standards** | Understands basic ethical and legal principles but struggles to apply them; requires prompting to recognize consent, scope, or boundary issues. | Applies ethical and legal principles in routine scenarios; recognizes common dilemmas but may need guidance to resolve them appropriately. | Upholds ethical and legal standards in clinical care, including informed consent, honesty, appropriate boundaries, scope awareness, and help-seeking when needed. | Navigates complex ethical dilemmas with maturity; integrates legal, ethical, patient, and system factors and communicates ethical reasoning clearly. | Station 5 Professional Communication/Ethics; Station 2 family consent/confidentiality component; Station 3 OSATS consent/documentation. |
| **PB3 – Privacy, Confidentiality, and Autonomy** | Demonstrates variable understanding of privacy, confidentiality, or autonomy; may need reminders about protecting patient information. | Maintains privacy and confidentiality in most routine encounters; demonstrates growing respect for autonomy but may need prompting in complex situations. | Protects patient privacy, confidentiality, and autonomy without prompting, including appropriate permission before sharing information and respect for patient decisions. | Anticipates privacy and autonomy concerns; handles sensitive information with advanced professionalism and advocates for patient rights. | Station 2 family communication component; Station 5 Professional Communication/Ethics. |
| **PB4 – Self-Assessment, Quality Improvement, and Risk Management** | Engages in required reflection superficially; has difficulty recognizing errors, unsafe behaviors, system issues, or risk without prompting. | Identifies some personal or system improvement opportunities; responds to feedback or safety concerns with variable specificity or follow-through. | Applies self-assessment, quality improvement, and risk-management principles to improve patient care by identifying gaps, safety risks, and improvement actions. | Proactively engages in continuous improvement; recognizes patterns in performance and system risk; contributes to meaningful quality and safety improvements. | Station 4 EBM/Professional Practice Defense; Station 5 Ethics/Risk Management. |

| UTampa PA Program Competency Milestones – Updated Framework | | | |
|---|---|---|---|
| **Domain** | **Sub-competencies** | **Primary PAM 800 summative evidence** | **Notes** |
| CTS | 7 | Station 2 OSCE; Station 3 OSATS | CTS5–CTS7 use program-defined technical skills list and OSATS sampling. |
| CRPS | 4 | Station 1 EOC; Station 2 OSCE; Station 2B Oral Boards; Station 4 EBM | CRPS3 is assessed through OSCE plus oral boards for acute/chronic/emergent/preventive care and follow-up/monitoring. |
| COM | 4 | Station 2 OSCE; Station 5 Professional Communication/Ethics | COM2 also assessed through written notes/appraisal documentation. |
| MK | 4 | Station 1 EOC; Station 4 EBM/Medical Literature | MK4 separated from PB4: personal learning needs and ongoing learning plan. |
| PB | 4 | Stations 2, 3, 4, and 5 | PB5/service removed from B4.03 competency framework; service may remain in program values/goals. |
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| PAM 800 Station Reference | | |
|---|---|---|
| Station 1 | Medical Knowledge / EOC | MK1, MK2, supporting CRPS |
| Station 2 | Progressive Patient Encounter OSCE | CTS1–4; CRPS1–4; COM1–4; MK2; PB1–3 |
| Station 2B | CRPS3 Oral Boards Addendum | CRPS3 |
| Station 3 | Technical Skills / OSATS | CTS5–7; CTS4; PB1–3 |
| Station 4 | EBM / Medical Literature + Professional Practice Defense | MK3–4; CRPS2/4; PB4 |
| Station 5 | Professional Communication / Ethics / Risk Management | COM4; PB1–4; COM1/3 |