

## Health Information Literacy Competencies Map (c)

*The Association of Academic Health Sciences Libraries (AAHSL) Competency-Based Medical Education Task Force asserts the right to first publication of the Health Information Literacy Competencies Map.*

| Association of College and Research Libraries (ACRL): Framework for Information Literacy for Higher Education <sup>1</sup> |   | Association of American Medical Colleges (AAMC): Core Entrustable Professional Activities for Entering Residency <sup>2</sup> | Liaison Committee on Medical Education (LCME): Function and Structure of a Medical School <sup>3</sup> |  | Accreditation Council for Graduate Medical Education (ACGME): Common Program Requirements <sup>4</sup> |  |
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| <i>ACRL Frame: Authority is Constructed and Contextual (A)</i>   |   |   |  |  |  |  |
| A-1  | Define different types of authority, such as subject expertise (e.g., scholarship), societal position (e.g., public office or title), or special experience (e.g., participating in a historic event) | Yes   | 7.9  | The faculty of a medical school ensure that the core curriculum of the medical education program prepares medical students to function collaboratively on health care <b><i>teams that include health professionals from other disciplines as they provide coordinated services to patients.</i></b> These curricular experiences include practitioners and/or students from the other health professions.   | PBLI IV.A.5.c).(6)   | Locate, appraise, and assimilate evidence from scientific studies related to their patient's health problems |
| A-2  | Use research tools and indicators of authority to determine the credibility of sources, understanding the elements that might temper this credibility.  | Yes   | 7.3  | The faculty of a medical school ensure that the medical curriculum includes instruction in the <b><i>scientific method</i></b> (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) and in the basic <b><i>scientific and ethical principles</i></b> of clinical and translational research (including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care). | PBLI IV.A.5.c).(6)   | Locate, appraise, and assimilate evidence from scientific studies related to their patient's health problems |

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| A-3  | Understand that many disciplines have acknowledged authorities in the sense of well-known scholars and publications that are widely considered “standard,” and yet, even in those situations, some scholars would challenge the authority of those sources. | No  | 7.2  | The faculty of a medical school ensure that the medical curriculum includes content and clinical experiences related to each organ system; each phase of the human life cycle; continuity of care; and preventive, acute, chronic, rehabilitative, end-of-life, and primary care in order to prepare students to... | RSA IV.B.1   | The curriculum must advance resident’s knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. |
| A-4  | Recognize that authoritative content may be packaged formally or informally and may include sources of all media types.   | No  | 7.8  | The faculty of a medical school ensure that the medical curriculum includes specific instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.  |  |   |

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| A-5  | Acknowledge they are developing their own authoritative voices in a particular area and recognize the responsibilities this entails, including seeking accuracy and reliability, respecting intellectual property, and participating in communities of practice. | Yes   | 6.3, 7.4   | <p>The faculty of a medical school ensure that the medical curriculum includes <b><i>self-directed learning</i></b> experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' <b><i>self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.</i></b></p> <p>The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine, <b><i>provides opportunities for medical students to acquire skills of critical judgment based</i></b> on evidence and experience, and develops medical students' ability to use those principles and skills effectively in solving problems of health and disease.</p> | P IV.A.5.e).(4)  | Demonstrate accountability to patients, society and the profession |
| A-6  | Understand the increasingly social nature of the information ecosystem where authorities actively connect with one another and sources develop over time.  | No  |  |  |  |  |

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| <b>ACRL Frame: Information Creation as Process (IC)</b>  |   | No  |  |   |  |   |
| IC-1   | Articulate the capabilities and constraints of information developed through various creation processes | No  | 7.1  | The faculty of a medical school ensure that the <b>medical curriculum includes content from the biomedical, behavioral, and socioeconomic sciences to support medical students' mastery of contemporary scientific knowledge</b> and concepts and the methods fundamental to applying them to the health of individuals and populations.  | MK IV.A.5.b)   | Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care |
| IC-2   | Assess the fit between the information product's creation process and a particular information need     | No  | 7.3  | The faculty of a medical school ensure that the medical curriculum includes instruction in the <b>scientific method</b> (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) and in the <b>basic scientific and ethical principles of clinical and translational research (including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care)</b> . | PBLI IV.A.5.c).(6)   | Locate, appraise, and assimilate evidence from scientific studies related to their patient's health problems  |

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| IC-3   | Articulate the traditional and emerging processes of information creation and dissemination in a particular discipline. | No  | 3.2, 7.8   | <p>A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and <b><i>provides sufficient opportunities, encouragement, and support for medical student participation in the research and other scholarly activities of its faculty.</i></b></p> <p>The faculty of a medical school ensure that the medical curriculum includes specific <b><i>instruction in communication skills as they relate to communication with patients and their families, colleagues, and other health professionals.</i></b></p> |  |                          |

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| IC-4   | Recognize that information may be perceived differently based on the format in which it is packaged. | No  | 6.4, 7.9   | <p>The faculty of a medical school ensure that the medical curriculum includes <b><i>clinical experiences in both outpatient and inpatient settings.</i></b></p> <p>The faculty of a medical school ensure that the core curriculum of the medical education <b><i>program prepares medical students to function collaboratively on health care teams that include health professionals from other disciplines</i></b> as they provide coordinated services to patients. These curricular experiences include practitioners and /or students from the other health professions.</p> |  |                          |
| IC-5   | Recognize the implications of information formats that contain static or dynamic information.        | Yes   |  |   |  |                          |

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| IC-6   | Monitor the value that is placed upon different types of information products in varying contexts | No  | 7.4  | The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine, provides opportunities for medical students to acquire skills of <b><i>critical judgment based on evidence and experience</i></b> , and develops medical students' ability to use those principles and skills effectively in solving problems of health and disease. |  |   |
| IC-7   | Transfer knowledge of capabilities and constraints to new types of information products           | No  | 7.4  | The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine, provides opportunities for medical students to acquire skills of critical judgment based on evidence and experience, and develops medical students' <b><i>ability to use those principles and skills effectively in solving problems of health and disease</i></b> . | MK IV.A.5.b)   | Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care |

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| IC-8   | Develop, in their own creation processes, an understanding that their choices impact the purposes for which the information product will be used and the message it conveys | Yes   | 7.4, 7.6   | <p>The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine, provides opportunities for medical students to <b><i>acquire skills of critical judgment based on evidence and experience, and develops medical students' ability to use those principles and skills</i></b> effectively in solving problems of health and disease.</p> <p>The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to <b><i>learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process.</i></b></p> | P IV.A.5.e).(4)  | Demonstrate accountability to patients, society and the profession |
| <b>ACRL Frame: Information has Value (V)</b>   |   | No  |  |  |  |  |
| V-1  | Give credit to the original ideas of others through proper attributions and citation.   | No  |  |  | P IV.A.5.e).(4)  | Demonstrate accountability to patients, society and the profession |
| V-2  | Understand that intellectual property is a legal and social construct that varies by culture.   | No  |  |  |  |  |



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| V-3  | Articulate the purpose and distinguishing characteristics of copyright, fair use, open access, and the public domain.   | No  |  |  | RSA IV.B.1   | The curriculum must advance resident's knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. |
| V-4  | Understand how and why some individuals or groups of individuals may be underrepresented or systematically marginalized by the systems that produce and disseminate information.      | Yes   | 7.6  | The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to <i>learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process</i> | P IV.A.5.e).(4)  | Demonstrate accountability to patients, society and the profession  |
| V-5  | Recognize issues of access or lack of access to health and/or medical information sources.  | No  |  |  | P IV.A.5.e).(4)  | Demonstrate accountability to patients, society and the profession  |
| V-6  | Decide where and how their information is published.  | No  |  |  |  |   |
| V-7  | Understand how the commodification of their personal information and online interactions affects the information they receive and the information they produce or disseminate online. | No  |  |  |  |   |

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| V-8  | Make informed choices regarding their online actions in full awareness of issues related to privacy and the commodification of personal information. | No  |  |  | P IV.A.5.e)  | Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles   |
| <b>ACRL Frame: Research as Inquiry (RI)</b>  |  | No  |  |  |  |   |
| RI-1   | Formulate questions for research based on information gaps or on reexamination of existing, possibly conflicting, information.                       | Yes   | 6.3  | The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' <b><i>self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.</i></b> | RSA IV.B.1.  | The curriculum must advance resident's knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. |
| RI-2   | Determine an appropriate scope of investigation.   | Yes   |  |  | RSA IV.B.1.  | The curriculum must advance resident's knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. |

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| RI-3   | Deal with complex research by breaking complex questions into simple ones, limiting the scope of investigations (e.g.PICO). | Yes   |  |  | RSA IV.B.1.  | The curriculum must advance resident's knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. |
| RI-4   | Use various research methods, based on need, circumstance, and type of inquiry.   | Yes   | 7.3  | The faculty of a medical school ensure that the medical curriculum includes <b><i>instruction in the scientific method</i></b> (including hands-on or simulated exercises in which medical students collect or use data to test and/or verify hypotheses or address questions about biomedical phenomena) <b><i>and in the basic scientific and ethical principles of clinical and translational research</i></b> (including the ways in which such research is conducted, evaluated, explained to patients, and applied to patient care). | RSA IV.B.2.  | Residents should participate in scholarly activity.   |

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| RI-5   | Monitor gathered information and assess for gaps or weaknesses.   | Yes   | 6.3  | The faculty of a medical school ensure that the <i>medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning</i> . Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources. | RSA IV.B.1.  | The curriculum must advance resident's knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. |
| RI-6   | Organize information in meaningful ways (e.g.citation management software, data management tools and strategies). | Yes   |  |  | RSA IV.B.1.  | The curriculum must advance resident's knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. |

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| RI-7   | Synthesize ideas gathered from multiple sources and draw reasonable conclusions based on the analysis and interpretation of information. | Yes   | 7.4, 6.3   | <p>The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine, provides opportunities for medical students to acquire skills of critical judgment based on evidence and experience, and develops medical students' ability to use those principles and skills effectively in solving problems of health and disease.</p> <p>The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; and appraisal of the credibility of information sources.</p> | PBLI IV.A.5.c).(6)   | Locate, appraise, and assimilate evidence from scientific studies related to their patient's health problems |

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| RI-8   | Draw reasonable conclusions based on the analysis and interpretation of information.  | Yes   | 6.3  | The faculty of a medical school ensure that the medical curriculum includes self-directed learning experiences and time for independent study to allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students' self-assessment of learning needs; independent identification, analysis, and <b><i>synthesis of relevant information; and appraisal of the credibility of information sources.</i></b> |  |                          |
| <b>ACRL Frame: Searching as Strategic</b>  |   | No  |  |  |  |                          |
| S-1  | Determine the initial scope of the task required to meet their information needs.   | No  |  |  |  |                          |
| S-2  | Identify interested parties, such as scholars, organizations, governments, and industries, who might produce information about a topic and then determine how to access that information. | Yes   |  |  |  |                          |
| S-3  | Utilize divergent (e.g., brainstorming) and convergent (e.g., selecting the best source) thinking when searching.   | No  |  |  |  |                          |

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| S-4  | Match information needs and search strategies to appropriate search tools.      | Yes   |  |               |  |   |
| S-5  | Design and refine needs and search strategies based on search results           | Yes   |  |               | RSA IV.B.1.  | The curriculum must advance resident's knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. |
| S-6  | Understand how information systems are organized to access relevant information | No  |  |               | RSA IV.B.1.  | The curriculum must advance resident's knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. |

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| S-7  | Use different searching language types (e.g. MeSH, keywords, natural language) | No  |  |               | RSA IV.B.1.  | The curriculum must advance resident's knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. |
| S-8  | Manage searching processes and results effectively.                            | Yes   |  |               |  |   |
| <b>ACRL Frame: Scholarship as Conversation (SC)</b>  |  | No  |  |               |  |   |
| SC-1   | Cite the contributing work of others in their own information production       | No  |  |               | RSA IV.B.1.  | The curriculum must advance resident's knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. |



## Health Information Literacy Competencies Map (c)

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| Association of College and Research Libraries (ACRL): Framework for Information Literacy for Higher Education <sup>1</sup> |  | Association of American Medical Colleges (AAMC): Core Entrustable Professional Activities for Entering Residency <sup>2</sup> | Liaison Committee on Medical Education (LCME): Function and Structure of a Medical School <sup>3</sup> |   | Accreditation Council for Graduate Medical Education (ACGME): Common Program Requirements <sup>4</sup> |   |
|--|--|---|--|---|--|---|
| ACRL Knowledge Practice  | ACRL Knowledge Practice  | AAMC EPAs (Is ACRL KP included?)  | LCME Element   | LCME Standard   | ACGME Core Competency and Common Requirement   | ACGME Common Requirement  |
| SC-2   | Contribute to scholarly conversation at an appropriate level, such as local online community guided discussion, undergraduate research journal, conference presentation/poster session | Yes   | 3.1, 4.2   | <p>3.1 A medical education program is conducted in an environment that fosters the intellectual challenge and spirit of inquiry appropriate to a community of scholars and <b><i>provides sufficient opportunities, encouragement, and support for medical student participation in the research and other scholarly activities</i></b> of its faculty.</p> <p>4.2 The faculty of a medical school demonstrate a <b><i>commitment to continuing scholarly productivity</i></b> that is characteristic of an institution of higher learning.</p> | RSA IV.B.1.  | The curriculum must advance resident's knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. |
| SC-3   | Identify barriers to entering scholarly conversation via various venues.   | No  |  |   |  |   |
| SC-4   | Critically evaluate contributions made by others in participatory information environments   | Yes   | 7.4  | The faculty of a medical school ensure that the medical curriculum incorporates the fundamental principles of medicine, provides opportunities for medical <b><i>students to acquire skills of critical judgment based on evidence and experience</i></b> , and develops medical students' ability to use those principles and skills effectively in solving problems of health and disease.  | P IV.A.5.e)  | Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles   |

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|--|---|---|--|---------------|--|---|
| ACRL Knowledge Practice  | ACRL Knowledge Practice   | AAMC EPAs (Is ACRL KP included?)  | LCME Element   | LCME Standard | ACGME Core Competency and Common Requirement   | ACGME Common Requirement  |
| SC-5   | Identify the contribution that particular articles, books, and other scholarly pieces make to disciplinary knowledge. | Yes   |  |               | ICS IV.A.5.d(2)  | Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds   |
| SC-6   | Summarize the changes in scholarly perspective over time on a particular topic within a specific discipline           | Yes   |  |               | RSA IV.B.1.  | The curriculum must advance resident's knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. |
| SC-7   | Recognize that a given scholarly work may not represent the only or even the majority perspective on the issue.       | No  |  |               |  |   |

<sup>1</sup> Association of College and Research Libraries (ACRL). "Framework for Information Literacy for Higher Education." (January 2016). Retrieved from [http://www.ala.org/acrl/sites/ala.org/acrl/files/content/issues/infolit/Framework\\_ILHE.pdf](http://www.ala.org/acrl/sites/ala.org/acrl/files/content/issues/infolit/Framework_ILHE.pdf).

<sup>2</sup> Association of American Medical Colleges (AAMC). "Core Entrustable Professional Activities for Entering Residency: curriculum developers' guide. (2014). Retrieved from Association of College and Research Libraries (ACRL). "Framework for Information Literacy for Higher Education." (January 2016). Retrieved from [http://www.ala.org/acrl/sites/ala.org/acrl/files/content/issues/infolit/Framework\\_ILHE.pdf](http://www.ala.org/acrl/sites/ala.org/acrl/files/content/issues/infolit/Framework_ILHE.pdf).

<sup>3</sup> Liaison Committee on Medical Education (LCME). "Function and Structure of a Medical School: standards for accreditation of medical education programs leading to the MD degree." Washington, DC (March 2017). Retrieved from [http://lcme.org/wp-content/uploads/filebase/standards/2018-19\\_Functions-and-Structure\\_2017-03-22.docx](http://lcme.org/wp-content/uploads/filebase/standards/2018-19_Functions-and-Structure_2017-03-22.docx).

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|  |                                |   |  |                      |  |                                 |
|--|--------------------------------|---|--|----------------------|--|---------------------------------|
| <b>Association of College and Research Libraries (ACRL): Framework for Information Literacy for Higher Education<sup>1</sup></b> |                                | <b>Association of American Medical Colleges (AAMC): Core Entrustable Professional Activities for Entering Residency<sup>2</sup></b> | <b>Liaison Committee on Medical Education (LCME): Function and Structure of a Medical School<sup>3</sup></b> |                      | <b>Accreditation Council for Graduate Medical Education (ACGME): Common Program Requirements<sup>4</sup></b> |                                 |
| <b>ACRL Knowledge Practice</b>   | <b>ACRL Knowledge Practice</b> | <b>AAMC EPAs (Is ACRL KP included?)</b>   | <b>LCME Element</b>  | <b>LCME Standard</b> | <b>ACGME Core Competency and Common Requirement</b>  | <b>ACGME Common Requirement</b> |

<sup>4</sup>Accreditation Council for Graduate Medical Education (ACGME). "ACGME Common Program Requirements." (July 2007). Retrieved from [https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs\\_07012016.pdf](https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_07012016.pdf).