**SHM CORE COMPETENCIES TASK FORCE REVIEW FORM**

CORE COMPETENCY CHAPTER NUMBER: CATEGORY:

CORE COMPETENCY TITLE:

Reviewer Name:

**Is the Core Competency still one of the most common Diagnosis-Related Groups (DRGs) discharged from US Hospitals?** YES [ ]  NO ☐

**Please comment on the continuing relevance of this competency to the field of hospital medicine**:

**Please comment on any data or information that may need to be revised or included in this competency**:

*Knowledge Section*

*Skills Section*

*Attitudes Section*

*System Organization & Improvement Section*

*Other or general*

**Please comment on any change in research or evidence-based practice related to this competency**:

**Should this competency be combined with any other competency**? YES [ ]  NO [ ]

**If yes, which one**?

**Should any part or section of this competency be separated into another category**? YES [ ]  NO ☐

**If yes, what is the category (new or existing)**?

**Please provide any other comments or recommendations related to this competency**: