



AAVMC Team-Based Veterinary Healthcare (TBVH) Competencies

AAVMC Task Force on Team-Based Veterinary Healthcare
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AAVMC Task Force on Team-Based Veterinary Healthcare

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AAVMC Team-Based Veterinary Healthcare (TBVH) Competencies

In 2021, the American Association of Veterinary Medical Colleges (AAVMC) convened a Task Force on Team-Based Veterinary Healthcare (TBVH) comprised of Doctor of Veterinary Medicine (DVM) and veterinary technician (VT) educators. The Task Force was charged with:

- Defining team-based veterinary healthcare (TBVH) for the primary care setting
- Developing an evidence-based competency framework to support TBVH education in DVM and VT curricula

This report presents the Task Force's recommendations which were accepted by AAVMC in April 2024 and presented at the AAVMC Catalyze 2024 conference in Washington, DC (Wichtel & Parker, 2024).

BACKGROUND

Patient outcomes rarely depend on one individual (Kinnison & May, 2016). Veterinary healthcare is delivered through teamwork: at minimum a team of two, the veterinarian and client, but most often a team of many, including veterinary technicians, veterinary assistants, client service personnel and management staff, and sometimes this is expanded to include individuals extrinsic to the core team (e.g., consulting veterinarians, specialists).

Ideally, each collaborating veterinary team member shares responsibility, consistent with their role, to optimize functioning of the team, including overall effectiveness and delivery of quality care. Thus, quality team-based veterinary healthcare requires a culture and skillset shared among team members that support a high-functioning team and a psychologically safe workplace (Greulich et al., 2023; Sinyard et al., 2022; Thomson et al., 2015).

Changing roles for technicians and other personnel in primary care settings (Fults et al., 2021; Shock et al., 2020; Tremblay, 2024) also means that practice culture and organizational design considerations must evolve if we are to empower all members of the health delivery team (American Animal Hospital Association, 2023). Further, there is increasing evidence for the effect of veterinary team functioning and culture on the wellbeing of its members (Blokland et al., 2025; Janke et al., 2024; Moore et al., 2014; Pizzolon et al., 2019).

Some authors have attempted to define professional attributes that might support stronger veterinary teams (Cake et al., 2016; Clarke et al., 2019; Kinnison et al., 2015). However, to date, there has been no published competency framework designed specifically for teaching and assessing team-based competencies within DVM and VT curricula. Human medicine shares our challenges in measuring collaborative clinical performance where the competency of the individual and the team are interdependent (Sebok-Syer et al., 2021).

Teaching of elements of effective professional teamwork can be found in wellbeing, professional skills, and communication coursework in many DVM and VT curricula (Cake et al., 2016; Gordon et al., 2021). Some team-related competencies are present in the AAVMC CBVE® 2.0 Model already in wide use across accredited DVM programs (AAVMC Council on Outcomes-based Veterinary Education et al., 2024). Studies on pedagogical approaches to teaching certain TBVH skills have suggested a positive impact of teaching team effectiveness skills on team function among veterinary students (Hammond & Kedrowicz, 2022; Hanley et al., 2019; Kates et al., 2020; Kedrowicz et al., 2019).

DEFINITION OF TBVH IN THE PRIMARY CARE SETTING

The Task Force conducted a review of the literature to identify the characteristics and skills associated with successful and effective teams working in healthcare settings, including the individuals who populate those teams. Ample research related to human health professions was found, including several competency frameworks specific to or including team-based healthcare within the human health professions. While veterinary employers tend to place importance on the non-technical competencies of future employees (Bell et al., 2018), scant research was found related to veterinary care settings and there was no published definition for TBVH.

The Task Force considered definitions found in the human healthcare literature to develop the following definition for TBVH for the typical primary care veterinary setting:

Team-Based Veterinary Healthcare delivers context-appropriate care where all care team members, including the client, possess and act on a common understanding of the goals and shared responsibilities supporting quality patient care. This is achieved through the coordinated provision of services and support from multiple roles, working together in collaboration with the client while creating a supportive and psychologically safe work environment.

DEVELOPMENT OF A TBVH COMPETENCY FRAMEWORK

The TBVH Competency Framework is designed to advance discussion around the place of TBVH competencies in veterinary curricula, and to help inform how they might best be taught and assessed. It is not intended to be prescriptive and does not assume that these skills are absent from DVM and VT curricula.

To assemble an initial list of competencies, the Task Force used five competency frameworks specific to or including team-based healthcare from the human health professions (American Association of Medical Colleges, 2023; Canadian Interprofessional Health Collaborative, 2024; Interprofessional Education Collaborative, 2023; Royal College of Physicians and Surgeons of Canada, 2015; World Health Organization, 2010) and a general veterinary-specific competency framework released by the American Association of Veterinary State Boards et al. (2022). Common themes were identified and relevant competencies were extracted, grouped, and edited for the veterinary context. Competencies were then refined and streamlined internally and shared with the AAVMC veterinary educator community for review and feedback. Additional information about the development of the TBVH Competency Framework is available in Appendix A.

THE TBVH COMPETENCY FRAMEWORK

The final set of 19 TBVH competencies are presented in Table 1 as subcompetencies of the AAVMC CBVE® 2.0 Competency Framework (AAVMC Council on Outcomes-based Veterinary Education et al., 2024). The CBVE Competency Framework provides a useful organizational structure and demonstrates alignment of the TBVH competencies with programs' existing competency-based education efforts. The competencies can also integrate as subcompetencies of AAVMC's complementary competency framework for veterinary nursing and technology programs that uses the same domains and suggests alignment with essential skills for accreditation (AAVMC Competency-Based Veterinary Education - Nursing Working Group et al., 2025). The TBVH competencies may also be aligned with other frameworks, such as the RCVS Day One competences for veterinary surgeons and nurses (Royal College of Veterinary Surgeons, 2022; n.d.).

Given the importance of teams to the delivery and outcomes of veterinary care, DVM and VT education programs are encouraged to examine their curricula to identify where the TBVH competencies are, or might be, taught and assessed.

Table 1. TBVH competencies and their recommended alignment as subcompetencies of the AAVMC CBVE 2.0 Competency Framework.

CBVE Domain 1: Clinical Reasoning and Decision-making
CBVE Competency 1.7: Recognizes limitations of knowledge, skills and resources and consults as needed
⇒ TBVH Subcompetency: Recognizes the team's limitations in skills, knowledge, and abilities.
CBVE Domain 4: Public Health
CBVE Competency 4.2: Promotes the health and safety of people and the environment
⇒ TBVH Subcompetency: Contributes to risk management, including anticipation, recognition, and prevention of risks to animals, people, and the environment during the delivery of team-based veterinary care.
CBVE Domain 5: Communication
CBVE Competency 5.1: Listens attentively and communicates professionally
⇒ TBVH Subcompetency: Utilizes communication tools, including information systems and communication technologies, to facilitate discussions and interactions that enhance veterinary team function.
CBVE Competency 5.2: Adapts communication style to diverse audiences
⇒ TBVH Subcompetency: Communicates with team members and clients to enhance participation in decision-making
⇒ TBVH Subcompetency: Facilitates context-appropriate discussions to address difficult situations and resolve conflict within the veterinary team.
Domain 6: Collaboration
CBVE Competency 6.1: Solicits, respects and integrates contributions from others
⇒ TBVH Subcompetency: Recognizes and integrates the full scope of knowledge, skills, and abilities of all veterinary team members to provide care that is safe, timely, efficient, and effective.
⇒ TBVH Subcompetency: Ensures clarity with respect to each team member's responsibility in executing components of a task.
CBVE Competency 6.2: Functions as leader or team member based on experience, skills and context
⇒ TBVH Subcompetency: Models collaborative, team-oriented care delivery when delegating or being delegated duties and accountabilities.
⇒ TBVH Subcompetency: Identifies situations that may lead to conflict within a team and addresses or seeks support to avoid or de-escalate conflict, as appropriate.
⇒ TBVH Subcompetency: Flexibly assumes leadership or followership roles within the veterinary team, as appropriate to experience, skills, team composition, and situation.
CBVE Competency 6.3: Maintains ongoing relationships to provide continuity of collaborative effort
⇒ TBVH Subcompetency: Collaborates with care team members to optimize individual and population level animal health.
⇒ TBVH Subcompetency: Provides constructive and timely feedback to refine the delivery of team-based care.
CBVE Competency 6.4: Demonstrates inclusivity and cultural competence
⇒ TBVH Subcompetency: Seeks and acknowledges input from other team members to include diverse perspectives.

- ⇒ **TBVH Subcompetency:** Works with all members of the veterinary team to establish and maintain a climate of mutual respect, dignity, ethical integrity, and trust.
- ⇒ **TBVH Subcompetency:** Recognizes biases of self and others and strives to minimize their impact on the delivery of team-based veterinary healthcare.

CBVE Domain 7: Professionalism and Professional Identity

CBVE Competency 7.3: Reflects on personal actions and uses feedback to plan improvement

- ⇒ **TBVH Subcompetency:** Contributes to continuous improvement of team functioning by engaging in and acting on formal and informal reflection.

CBVE Competency 7.4: Engages in self-directed learning

- ⇒ **TBVH Subcompetency:** Pursues learning and improvement opportunities for themselves and all team members to drive continuous improvement in team function and practice success, acknowledging relevant scope of practice regulations.

CBVE Competency 7.5: Attends to wellbeing of self and others

- ⇒ **TBVH Subcompetency:** Recognizes and acknowledges signs and sources of workplace stress within the veterinary team.

CBVE Domain 8: Financial and Practice Management

CBVE Competency 8.3: Advocates for the health and safety of patients, clients, and members of the team within the workplace

- ⇒ **TBVH Subcompetency:** Monitors team performance to support individual and practice success.

REFERENCES

- AAVMC Competency-Based Veterinary Education - Nursing Working Group, Cravens C, Epp T, Banach J, Brown C, Jackson M, Jensen W, Lloyd J, Salisbury SK. (2025) Competency-Based Veterinary Education - Nursing (CBVE-N) Model. Washington, DC: American Association of Veterinary Medical Colleges. doi:[10.17605/OSF.IO/X7MH8](https://doi.org/10.17605/OSF.IO/X7MH8)
- AAVMC Council on Outcomes-based Veterinary Education, Chaney KP, Hodgson JL, Banse HE, Danielson JA, Foreman JH, Kedrowicz AA, Meekins JM, Read EK, Salisbury SK, Taylor RM, Frost JS. (2024) CBVE 2.0 Model. Washington, DC: American Association of Veterinary Medical Colleges. doi:[10.17605/OSF.IO/9NTV5](https://doi.org/10.17605/OSF.IO/9NTV5)
- American Animal Hospital Association. 2023 AAHA Technician Utilization Guidelines [Internet]. Lakewood, Colorado: American Animal Hospital Association; 2023 Oct [cited 2024 Dec 5]. Available from: <https://www.aaha.org/resources/2023-aaha-technician-utilization-guidelines/>
- American Association of Medical Colleges. The Premed Competencies for Entering Medical Students [Internet]. 2023. Available from: <https://students-residents.aamc.org/media/15396/download>
- American Association of Veterinary State Boards, Canadian Council of Veterinary Registrars, College of Veterinarians of Ontario, International Council for Veterinary Assessment. North American Essential Competency Profile for Veterinary Medicine [Internet]. 2022. Available from: <https://www.icva.net/blog/creating-the-north-american-essential-competency-profile/>
- Bell MA, Cake MA, Mansfield CF. Beyond Competence: Why We Should Talk About Employability in Veterinary Education. Journal of Veterinary Medical Education. 2018 Feb;45(1):27–37. doi:[10.3138/jvme.0616-103r1](https://doi.org/10.3138/jvme.0616-103r1)
- Blokland K, Janke N, Coe JB. Veterinary team relational coordination is associated with healthier perception of workplace psychological climate, increased job satisfaction, and reduced intention to leave. JAVMA. 2025 Jun 1;263(6):746–54. doi:[10.2460/javma.24.09.0570](https://doi.org/10.2460/javma.24.09.0570)
- Cake MA, Bell MA, Williams JC, Brown FJL, Dozier M, Rhind SM, et al. Which professional (non-technical) competencies are most important to the success of graduate veterinarians? A Best Evidence Medical Education (BEME) systematic review: BEME Guide No. 38. Medical Teacher. 2016 Jun 2;38(6):550–63. doi:[10.3109/0142159X.2016.1173662](https://doi.org/10.3109/0142159X.2016.1173662)
- Canadian Interprofessional Health Collaborative. CIHC Competency Framework for Advancing Collaboration [Internet]. 2024. Available from: www.cihc-cpis.com
- Clarke P, Henning J, King E, Coleman G, Schull D. What makes a great clinical team? Stakeholder perspectives on the attributes of effective veterinary health care teams in Australia. Aust Veterinary J. 2019 Nov;97(11):424–32. doi:[10.1111/avj.12855](https://doi.org/10.1111/avj.12855)
- Fults MK, Yagi K, Kramer J, Maras M. Development of Advanced Veterinary Nursing Degrees: Rising Interest Levels for Careers as Advanced Practice Registered Veterinary Nurses. Journal of Veterinary Medical Education. 2021 Jun;48(3):242–51. doi:[10.3138/jvme.2019-0041](https://doi.org/10.3138/jvme.2019-0041)
- Gordon S, Gardner D, Weston J, Bolwell C, Benschop J, Parkinson T. Fostering the Development of Professionalism in Veterinary Students: Challenges and Implications for Veterinary Professionalism Curricula. Education Sciences. 2021 Nov 9;11(11):720. doi:[10.3390/educsci11110720](https://doi.org/10.3390/educsci11110720)

Greulich PE, Kilcullen M, Paquette S, Lazzara EH, Scielzo S, Hernandez J, et al. Team FIRST framework: Identifying core teamwork competencies critical to interprofessional healthcare curricula. *J Clin Trans Sci*. 2023;7(1):e106. doi:[10.1017/cts.2023.27](https://doi.org/10.1017/cts.2023.27)

Hammond S, Kedrowicz AA. Increasing Team Effectiveness through Experiential Team Training: An Explanatory Mixed-Methods Study of First-Year Veterinary Students' Team Experiences. *Journal of Veterinary Medical Education*. 2022 Dec 1;49(6):770–7. doi:[10.3138/jvme-2021-0108](https://doi.org/10.3138/jvme-2021-0108)

Hanley A, Kedrowicz AA, Hammond S, Hardie EM. Impact of Team Communication Training on Performance and Self-Assessment of Team Functioning during Sophomore Surgery. *Journal of Veterinary Medical Education*. 2019 Feb 25;46(1):45–55. doi:[10.3138/jvme.0317-046r1](https://doi.org/10.3138/jvme.0317-046r1)

Interprofessional Education Collaborative. IPEC Core Competencies for Interprofessional Collaborative Practice: Version 3 [Internet]. Washington, DC; 2023 [cited 2024 Dec 6]. Available from: <https://www.ipecollaborative.org/core-competencies>

Janke N, Gohar B, Blokland K, Coe JB. Workplace psychosocial factors are associated with veterinary employees' organizational commitment to their current veterinary hospital. *javma*. 2024 Apr 1;262(4):1–10. doi:[10.2460/javma.23.10.0601](https://doi.org/10.2460/javma.23.10.0601)

Kates FR, Samuels SK, Case JB, Dujowich M. Lessons Learned from a Pilot Study Implementing a Team-Based Messaging Application (Slack) to Improve Communication and Teamwork in Veterinary Medical Education. *Journal of Veterinary Medical Education*. 2020 Jan;47(1):18–26. doi:[10.3138/jvme.0717-091r2](https://doi.org/10.3138/jvme.0717-091r2)

Kedrowicz A, Hammond S, Hardie E. The impact of team training on perceptions of team functioning during 3rd year veterinary surgery. *Educ Health Prof*. 2019;2(1):34. doi:[10.4103/EHP.EHP_7_19](https://doi.org/10.4103/EHP.EHP_7_19)

Kinnison T, Guile D, May SA. Errors in veterinary practice: preliminary lessons for building better veterinary teams. *Veterinary Record*. 2015 Nov;177(19):492–492. doi:[10.1136/vr.103327](https://doi.org/10.1136/vr.103327)

Kinnison T, May SA. Evidence-Based Healthcare: The Importance of Effective Interprofessional Working for High Quality Veterinary Services, a UK Example. *VE*. 2016 Nov 29;1(4). doi:[10.18849/ve.v1i4.54](https://doi.org/10.18849/ve.v1i4.54)

Moore IC, Coe JB, Adams CL, Conlon PD, Sargeant JM. The role of veterinary team effectiveness in job satisfaction and burnout in companion animal veterinary clinics. *javma*. 2014 Sep 1;245(5):513–24. doi:[10.2460/javma.245.5.513](https://doi.org/10.2460/javma.245.5.513)

Pizzolon CN, Coe JB, Shaw JR. Evaluation of team effectiveness and personal empathy for associations with professional quality of life and job satisfaction in companion animal practice personnel. *javma*. 2019 May 15;254(10):1204–17. doi:[10.2460/javma.254.10.1204](https://doi.org/10.2460/javma.254.10.1204)

Royal College of Physicians and Surgeons of Canada. CanMEDS 2015 Physician Competency Framework. Ottawa, Canada: Royal College of Physicians and Surgeons of Canada; 2015.

Royal College of Veterinary Surgeons [Internet]. The Royal College of Veterinary Surgeons Day One Competences. London, United Kingdom: RCVS; 2022 [cited 2026 Aug 5]. Available from: <https://www.rcvs.org.uk/sites/default/files/2026-01/rcvs-day-one-competences-2023%20%285%29.pdf>

Royal College of Veterinary Surgeons [Internet]. RCVS Day One Competences, Skills and Professional Behaviours for Veterinary Nurses: Introduction. London, United Kingdom: RCVS; n.d. [cited 2026 Aug 5]. Available from: <https://www.rcvs.org.uk/about-us/what-we-do/accrediting-qualifications/accrediting->

[veterinary-nursing-qualifications/rcvs-day-one-competences-skills-and-professional-behaviours-for-veterinary-nurses/rcvs-day-one-competences](#)

Sebok-Syer SS, Shaw JM, Asghar F, Panza M, Syer MD, Lingard L. A scoping review of approaches for measuring 'interdependent' collaborative performances. Medical Education. 2021 Oct;55(10):1123–30. doi:[10.1111/medu.14531](#)

Shock DA, Roche SM, Genore R, Renaud DL. The economic impact that registered veterinary technicians have on Ontario veterinary practices. Can Vet J. 2020 May;61(5):505–11. PubMed PMID: 32355349; PubMed Central PMCID: PMC7155880.

Sinyard RD, Rentas CM, Gunn EG, Etheridge JC, Robertson JM, Gleason A, et al. Managing a team in the operating room: The science of teamwork and non-technical skills for surgeons. Current Problems in Surgery. 2022 Jul;59(7):101172. doi:[10.1016/j.cpsurg.2022.101172](#)

Thomson K, Outram S, Gilligan C, Levett-Jones T. Interprofessional experiences of recent healthcare graduates: A social psychology perspective on the barriers to effective communication, teamwork, and patient-centred care. Journal of Interprofessional Care. 2015 Nov 3;29(6):634–40. doi:[10.3109/13561820.2015.1040873](#)

Tremblay R. A role for registered veterinary technicians in food animal practice. Can Vet J. 2024 Feb;65(2):185–8. PubMed PMID: 38304481; PubMed Central PMCID: PMC10783579.

Wichtel JJ, Parker PA. Competency-based initiative to prepare graduates for team-based veterinary care. American Association of Veterinary Medical Colleges Catalyze. 2024; Washington, D.C.

World Health Organization, Department of Human Resources for Health. Framework for Action on Interprofessional Education & Collaborative Practice [Internet]. Geneva, Switzerland: WHO; 2010 [cited 2024 Dec 6]. Available from: <https://www.who.int/publications/i/item/framework-for-action-on-interprofessional-education-collaborative-practice>

APPENDIX A: DETAILED METHOD FOR DEVELOPING THE TBVH COMPETENCY FRAMEWORK

The project was cleared by the University of Guelph Research Ethics Board (REB# 22-11-014) for meeting federal guidelines for the involvement of human participants and approved by the AAVMC Educational Research Committee.

To assemble an initial list of competencies, the Task Force elected to use five competency frameworks specific to or including team-based healthcare established within the human health professions. Three were related to human interprofessional education and collaborative practice (Canadian Interprofessional Health Collaborative, 2024; Interprofessional Education Collaborative; 2023; World Health Organization, 2010). A further two were related to general physician competency frameworks (American Association of Medical Colleges, 2023; Royal College of Physicians and Surgeons of Canada, 2015). During the Task Force's work, a general veterinary-specific competency framework was released by the American Association of Veterinary State Boards et al. (2022) and incorporated into the process.

Common themes were identified and like competencies were grouped from the six competency frameworks. For the three frameworks specific to interprofessional education and collaborative practice, all competencies were extracted and included. For the three general competency frameworks, only those competencies deemed relevant to TBVH were extracted. For further refinement specific to TBVH competencies, where there were multiple competencies addressing the same theme, those most directly applicable to the veterinary setting were selected. In a few cases, components of two or more competencies were combined. Phrasing of some competencies was edited to reflect the veterinary context. The resulting list had 92 team-based competencies that were possibly relevant to the veterinary primary care setting.

Given the liberal and inclusive approach taken to compile the initial list, there was significant redundancy among the 92 competencies. The remainder of the Task Force's work focused on refining this list. To assist with this effort, the competencies were organized into domains of the AAVMC CBVE 2.0 Competency Framework (AAVMC Council on Outcomes-based Veterinary Education et al., 2024). Next, Task Force members ($N = 7$) completed an anonymous online survey to gather each member's rating of the importance of each of the 92 competencies (using a 5-point Likert-like scale from 1 = not important to 5 = very important), suggestions on missing competencies, and suggested refinements in wording of existing competencies. Following this survey, two online discussions were held with Task Force members to review the survey results and to provide an opportunity for the group to share their perspectives and opinions.

The first discussion focused on reviewing the quantitative results of the survey, including discussion of 7 items that fewer than 80% of participants rated as important or very important (ratings 4 or 5, respectively). These competencies were ultimately removed. The second discussion reviewed qualitative feedback, including 12 new competency suggestions proposed from the survey. Following the discussion, 4 of the 12 suggested items were added. The Task Force then reviewed the rest of the list to further reduce redundancy by removing or combining competencies. The revised list included 59 competencies.

The Task Force next solicited feedback on the 59 competencies by distributing an anonymous online survey to veterinary educators via AAVMC listservs. Participants were asked to rate the importance of each competency (using a 5-point Likert-like scale from 1 = not important to 5 = very important), suggest any missing competencies, and offer further refinement on wording of competencies. A total of $N = 128$ veterinary educators participated in the survey. The majority were veterinarians ($n = 90$; 70.3%), followed by credentialed veterinary technicians/nurses ($n = 29$; 22.7%) and individuals in other roles in veterinary

medicine ($n = 9$; 7.0%). Most participants resided in the United States ($n = 113$; 88.3%) and were primarily employed at a veterinary college or school of veterinary medicine ($n = 115$; 89.8%).

Each of the 59 competencies were rated by at least 85.2% of participants ($n = 109$). At least 82.7% of participants considered each competency to be at least moderately important (ratings of 3 or higher) for new graduates to be able to practice TBVH. The Task Force next refined the list of competencies based on the large volume of competency-specific and general feedback provided by participants. For this purpose, the Task Force divided into small groups to review competency-specific feedback for each CBVE Competency Framework domain and suggestions for additional competencies for that domain. Work by small groups resulted in 15 competencies removed, 11 competencies retained with some reworded, and 22 competencies flagged for review by the larger group. Eleven competencies with no specific feedback were also saved for review by the larger group. No additional suggested competencies were added.

As a group, the Task Force then reviewed, kept, and in some instances reworded 10 out of the 11 competencies retained by small groups, 5 out of the 22 flagged competencies, and 4 out of the 11 competencies without survey feedback, for a total of 19 final TBVH competencies.