

Wellbeing Subcompetencies



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Introduction

According to the World Health Organization (WHO), wellbeing is “a positive state experienced by individuals and societies” and, like health, functions as a resource for daily life that is shaped by social, economic, and environmental conditions (World Health Organization, 2021). A recent international Delphi consensus study, conducted with interdisciplinary experts on wellbeing science, further defines positive mental health as a subjective and dynamic experience in which people can feel good, function well, view themselves favorably, adapt to challenges and opportunities, and improve positive mental health through multiple forms of action, including while living with a mental health condition (Iasiello et al., 2026).

Within veterinary medicine, this broader understanding is important because wellbeing is not simply the absence of distress. Veterinary work can be deeply rewarding and can contribute to wellbeing through meaningful purpose, helping animals and people, relationships, and personal growth (Cake et al., 2017). At the same time, veterinarians and veterinary team members experience substantial occupational and educational stressors, including high workload, long working hours, poor work-life balance, high client expectations, interpersonal conflict, ethical dilemmas, moral distress, and exposure to emotionally demanding events (Bartram et al., 2009a, 2009b; Campbell et al., 2025; Gardner &

Hini, 2006; Mastenbroek et al., 2014; Moses et al., 2018; Vande Griek et al., 2018). Studies in multiple countries have reported higher proportions of stress, depression, anxiety, burnout, and suicide ideation in veterinarians compared with the general population (Best et al., 2020; Fritschi et al., 2009; Hatch et al., 2011; Nett et al., 2015; Perret, Best, et al., 2020a; Perret, Coe, et al., 2020; Platt et al., 2012; Tran et al., 2014; Volk et al., 2020, 2022; Volk et al., 2018).

Wellbeing challenges are also well documented among veterinary students, for whom high academic demands, expectations, and clinical training can be significant stressors (Bakker et al., 2017; Cake et al., 2017; Cardwell & Lewis, 2017; Cardwell et al., 2013; Hafen et al., 2008; Islam et al., 2025; Reisbig et al., 2012; Strand et al., 2005).

The consequences of chronic stress and poor mental health extend beyond individuals. They can negatively impact concentration, decision-making, communication, client relationships, team functioning, patient care, and workforce retention, which can present challenges for the sustainability of veterinary services (Campbell et al., 2023; Jansen et al., 2024; Moir & Van den Brink, 2020; Perret, Best, et al., 2020b).

A growing body of veterinary wellbeing research points toward complementary strengths-based and systems-informed approaches to proactively address wellbeing in the veterinary profession. Applied positive psychology and wellbeing science emphasize capacities such as self-awareness, emotional intelligence, reflective practice, self-compassion, strengths use, hope, optimism, positive relationships, and values-aligned action (Corrigan et al., 2025;

Kittisiam, 2025). Hope theory is relevant because it emphasizes both agency thinking, the perceived capacity to move toward important goals, and pathways thinking, the ability to identify routes and alternatives for reaching those goals (Colla et al., 2022; Snyder, 2002). This orientation supports learners in moving beyond awareness of stressors toward constructive, adaptive, and purposeful action. Recent qualitative research with veterinarians who are thriving in clinical practice further suggests that wellbeing and sustainable engagement are supported by positive leadership, psychologically safe cultures, trusting relationships, mentorship, self-efficacy, professional identity development, growth through challenge, and a strong sense of purpose and meaning in work (Cantley, 2025; Seale et al., 2025).

Veterinary education is evolving. This evolution must include an upstream approach to wellbeing in the profession. Rather than responding only to distress after it emerges, an upstream approach seeks to address root causes and create conditions that enhance health and prevent harm (Williams et al., 2008). In alignment with a recent call from UNESCO to reorient education toward flourishing (Ergas et al., 2022), veterinary education has an opportunity to position wellbeing as an essential mechanism for teaching, learning, clinical reasoning, communication, collaboration, professional identity formation, and sustainable practice. Wellbeing should therefore be understood as a core educational outcome alongside existing day-one competencies.

These illustrative wellbeing subcompetencies are designed to support veterinary learners in

developing evidence-informed, observable capacities that strengthen their ability to achieve day-one competencies and envision meaningful, sustainable careers. Importantly, this work is not intended to place responsibility for systemic stressors on individual learners. Rather, it aims to prepare graduates to recognize, navigate, influence, and help improve the systems in which they learn and practice. A systems-thinking and systems-leadership lens towards sustainable wellbeing highlights the dynamic interactions among individual wellbeing, team relationships, workplace design, leadership practices, client and community needs, and broader professional structures over time (Lomas et al., 2025). In this way, embedding wellbeing science in veterinary education can strengthen both individual agency and collective capacity for change.

The wellbeing subcompetencies are presented as nested within the existing Competency-Based Veterinary Education (CBVE®) 2.0 Competency Framework rather than as an additional or separate domain. This framing is intentional: wellbeing is not considered to be an add-on to veterinary education. It is a core mechanism through which effective teaching, learning, competency development, and sustainable practice occur. The subcompetencies are intended to evolve as research, stakeholder review, assessment strategies, milestones, and entrustable professional activities (EPAs) further clarify how wellbeing capacities are enacted across veterinary training and practice (Chaney et al., 2024).

Development of the Wellbeing Competencies

The AAVMC convened a Wellbeing

Competency Initiative Task Force in 2021, recognizing a need to support veterinary colleges in their efforts to incorporate wellbeing training into formal DVM curricula. The task force team included veterinary educators, researchers, clinicians, and college and AAVMC administrators. An evidence-informed model was used whereby a review of cross-disciplinary wellbeing-related competencies (e.g., Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, American Psychological Association, Council of Chief State School Officers, National Wellness Institute) and wellbeing programs at University of Florida CVM, University of Tennessee CVM, and the Ontario Veterinary College was first conducted. The team then identified targeted competencies that applied to the needs of the veterinary profession based on relevant peer-reviewed literature, the lived experiences of the veterinary educators, and expert opinions of task force members. A draft of the Competencies was presented to the veterinary academic community for discussion and written feedback via an online survey administered during a workshop at the 2022 AAVMC Catalyze Conference. Feedback was reviewed and incorporated by the task force team.

The AAVMC Wellbeing Committee in 2024, now consisting mainly of new members, reviewed the Wellbeing Competencies. Through several iterations of edits, the committee clarified language, modified competencies to be more inclusive, and re-wrote the competencies to directly align with the CBVE 2.0 Competency Framework. The resulting

Wellbeing Subcompetencies are presented here as embedded within the CBVE 2.0 Competency Framework to guide veterinary colleges in building, expanding, and assessing wellbeing curricula as part of competency-based veterinary education.

Using the Wellbeing Subcompetencies

The Wellbeing Subcompetencies are organized within the AAVMC CBVE 2.0 Competency Framework to provide an outcomes-based framework to support veterinary training programs in modeling, observing, and supporting the development of skills, actions, and responses that support individual, workplace-based, and societal wellbeing. The framework supports training programs in identifying workplace-related scenarios that can affect the wellbeing of veterinary professionals and teams, and in describing evidence-informed practices, perspectives, and systems-level actions that can mitigate harm and promote flourishing.

The goal of this framework is to equip veterinary training and professional development programs with demonstrable behaviors that learners and professionals can work toward developing in response to common educational and professional stressors. The authors consider these behaviors to be core to psychologically safe learning and working environments, individual practitioner wellbeing, positive veterinary-client-patient relationships, team functioning, patient safety, and career longevity, all of which are important elements of safe, high-quality veterinary

practice.

These subcompetencies represent a first step and are expected to evolve as research, stakeholder review, and profession-level needs change. Further development may include course-level learning outcomes, learning activities, programmatic assessment approaches, milestones, and entrustable professional activities that integrate wellbeing with existing CBVE competencies and EPAs across undergraduate, postgraduate, and continuing veterinary professional education.

Glossary of Key Terms

Agency

The ability to exert control over one's life and pursue goals (Cavazzoni et al., 2022).

Bias

There are two types of bias: explicit (or conscious) and implicit (or unconscious). Conscious bias may be expressed through overt negative behavior or more subtle exclusion. Implicit bias operates outside a person's awareness and can be in direct contradiction to espoused beliefs and values. Implicit bias can interfere with clinical assessment, decision-making, and provider-patient relationships (Fitzgerald & Hurst, 2017).

Burnout

A psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job, characterized by exhaustion, cynicism, or detachment from one's job, and a sense of ineffectiveness or reduced professional efficacy. Burnout is specific to an occupational context (Leiter & Maslach, 2024).

Career sustainability

The ability of individuals to adapt to changes in

their career environment with sufficient economic security and to have the opportunity to renew their careers according to their needs and interests (Kim et al., 2024).

Emotional intelligence

A set of skills hypothesized to contribute to the accurate appraisal and expression of emotion in oneself and others, the effective regulation of emotion in self and others, and the use of feelings to motivate, plan, and achieve in one's life (Caruso et al., 2015).

Fixed mindset

A belief that qualities, skills, and intelligence are traits that cannot be changed or improved substantially through effort, feedback, and learning (Dweck, 2016).

Growth mindset

A belief that skills and intelligence can be enhanced with time, effort, feedback, and effective strategies; flaws and mistakes are viewed as opportunities for learning and improvement (Dweck, 2016).

Help-seeking

Recognizing when support is needed and accessing appropriate personal, professional, peer, or workplace resources; a problem-focused, planned behavior involving interpersonal interaction with selected sources of support as needed (Cornally & McCarthy, 2011).

Imposter syndrome / Imposter phenomenon

A commonly reported phenomenon among high-functioning, high-achieving individuals, in which people experience persistent doubts about their abilities or achievements, and fear being exposed as a fraud, despite evidence of competence (Clance & Imes, 1978).

Meaning and purpose

Meaning in life captures the human desire for

life to be significant, coherent, and purposeful (Steger, 2012; Steger et al., 2021).

Mindfulness

The process of regulating attention to bring nonelaborative awareness to current experience, with an orientation of curiosity, openness, and acceptance (Bishop et al., 2004).

Patterns of thinking (Mental Models)

Habitual ways of interpreting, appraising, or making meaning of situations, including cognitive patterns, that may support or undermine learning, wellbeing, and performance (Senge, 2006).

Positive Mental Health

A subjective and dynamic experience in which people can feel good, function well, view themselves favorably, adapt to challenges and opportunities, and improve positive mental health through multiple forms of action, including while living with a mental health condition (Iasiello et al., 2026).

Psychological safety

A shared belief that it is safe to engage in interpersonal risk-taking in a team or workplace, including speaking up, asking for help, and sharing concerns (Edmondson & Lei, 2014).

Psychosocial hazards

Aspects of the design and management of work and its social-organizational context that have the potential to cause physical or psychological harm (Schulte et al., 2024).

Self-advocacy

Speaking up for oneself; having one's voice heard; knowing what is important to oneself; knowing one's rights and how to exercise them in daily life (Roberts et al., 2016).

Self-care

Regular actions taken to protect, maintain, or

promote health, wellbeing, and happiness, particularly during times of stress. Examples include sleep, nutrition, social support, play, meaning, and purpose (Levin & Idler, 1983).

Self-compassion

The support one provides oneself when experiencing pain, difficulty, or perceived failure, grounded in mindfulness, common humanity, and self-kindness (Neff, 2023).

Social connection

The structural, functional, and subjective quality of a person's relationships and social networks, including sense of belonging, perceived support, and experiences of warm, close, and positive connections with others (Birrell et al., 2025).

Social determinants of health

The social, political, economic, and environmental conditions in which people and animals are born, live, learn, work, and age. These non-medical factors can substantially affect the health of people, animals, and communities (Williams et al., 2008).

Stress

A state of worry or mental tension caused by a difficult situation. Stress is a natural response to challenges and threats; how individuals and systems respond to stress influences wellbeing (Fink, 2016).

Stressor

A situation or event appraised as aversive that elicits a stress response, taxes physiological or psychological resources, and may provoke physical or mental tension (Fink, 2016).

Values

Beliefs about what is right, important, or meaningful that influence decisions, priorities, and behavior (Sheldon, 1914).

Wellbeing

A positive state experienced by individuals and societies, and, like health, functions as a resource for daily life that is shaped by social, economic, and environmental conditions (World Health Organization, 2021).

Table 1: Wellbeing Subcompetencies Aligned with the AAVMC CBVE Competency Framework

This table presents the Wellbeing subcompetencies and their alignment with competencies and domains in the AAVMC CBVE 2.0 Model (<https://doi.org/10.17605/OSF.IO/9NTV5>).

Wellbeing (WB) illustrative subcompetencies are highlighted in **orange**.

CBVE DOMAIN 1: CLINICAL REASONING AND DECISION-MAKING

Competency		Illustrative Subcompetencies
CBVE Competency 1.1	Gathers and assimilates relevant information about animals	1.1.1 Collects history
		1.1.2 Performs physical examination
		1.1.3 Interprets diagnostic test results
		1.1.4 Performs necropsy examination

CBVE Competency 1.2	Synthesizes and prioritizes problems to arrive at differential diagnoses	1.2.1 Identifies problems
		1.2.2 Creates refined problem list
		1.2.3 Prioritizes differential diagnoses
CBVE Competency 1.3	Creates and adjusts a diagnostic and/or treatment plan based on available evidence	1.3.1 Appraises available clinical information and acts accordingly despite uncertainty
		1.3.2 Explains justification for plan
		1.3.3 Re-evaluates animal or population in a timely manner to adjust plan
		1.3.4 Uses critical thinking to determine appropriate action when unexpected outcomes occur (e.g., complications, changed diagnosis)
CBVE Competency 1.4	Incorporates animal welfare, client expectations, and economic considerations into the diagnostic or treatment plan	1.4.1 Considers disease in context of the whole animal and client
		1.4.2 Presents a range of options to the client
		1.4.3 Considers euthanasia as a management option when appropriate
		1.4.4 Navigates misalignment among client expectations, self-expectations, professional responsibilities, and workplace context
CBVE Competency 1.5	Prioritizes situational urgency and allocates resources	1.5.1 Triage cases to address most urgent and important problems first
		1.5.2 Recognizes emergent situation and directs action
CBVE Competency 1.6	Adapts knowledge to varied scenarios and contexts	1.6.1 Extrapolates knowledge to novel species or situations
		1.6.2 Adjusts existing protocol or procedure when standard measures are unavailable
		1.6.3 Identifies and examines how one's patterns of thinking, assumptions, and biases influence the adaptation and application of knowledge in uncertain or unfamiliar clinical contexts
CBVE Competency 1.7	Recognizes limitations of knowledge, skill and resources and consults as needed	1.7.1 Identifies situations in which referral is warranted
		1.7.2 Consults experts both within and outside the veterinary profession
		1.7.3 Identifies personal barriers of challenges that may interfere with learning, performance, and decision-making and seeks appropriate support and/or consultation when needed

CBVE DOMAIN 2: INDIVIDUAL ANIMAL CARE AND MANAGEMENT

Competency		Illustrative Subcompetencies
CBVE Competency 2.1	Performs veterinary procedures and post-procedural care ³	2.1.1 Performs diagnostic procedures
		2.1.2 Performs routine therapeutic procedures (e.g., administer fluids)
		2.1.3 Performs elective procedures (e.g., castration)
		2.1.4 Performs emergency procedures (e.g., establish an airway; perform cardiopulmonary cerebral resuscitation [CPCR])
		2.1.5 Provides analgesia and postoperative care
		2.1.6 Anesthetizes and recovers patients
		2.1.7 Manages patient comfort
CBVE Competency 2.2	Promotes comprehensive wellness and preventive care	2.2.1 Recommends disease prevention measures
		2.2.2 Provides nutritional counseling appropriate to life stage and health status
		2.2.3 Advises clients regarding routine dental care
		2.2.4 Educates clients on prevention of common behavioral problems
		2.2.5 Counsels clients about husbandry and welfare needs

CBVE DOMAIN 3: ANIMAL POPULATION CARE AND MANAGEMENT

Competency		Illustrative Subcompetencies
CBVE Competency 3.1	Applies population management principles in compliance with legal regulations and economic realities	3.1.1 Recommends disease prevention measures
		3.1.2 Advises on nutritional management
		3.1.3 Recommends housing and husbandry protocols
		3.1.4 Designs therapeutic plans for disease management
CBVE Competency 3.2	Recommends and evaluates protocols for biosecurity	3.2.1 Develops isolation protocols
		3.2.2 Selects disinfection protocols
		3.2.3 Recommends protocols for animal movement

CBVE Competency 3.3	Advises stakeholders on practices that promote animal welfare	3.3.1 Advocates for animal welfare through communication of the physical, affective and natural needs of the animal
		3.3.2 Explains ethical and welfare-related aspects of production processes and slaughter
		3.3.3 Recognizes proper handling and/or adequate facilities by interpretation of appropriate animal behaviors
		3.3.4 Advises on animal husbandry and transport

CBVE DOMAIN 4: PUBLIC HEALTH

Competency		Illustrative Subcompetencies
CBVE Competency 4.1	Recognizes zoonotic, transboundary, and emerging diseases and responds accordingly	4.1.1 Identifies the clinical signs, clinical course, transmission potential and pathogen(s) associated with zoonotic, transboundary, and emerging diseases
		4.1.2 Responds to disease diagnosis through owner education, reporting, quarantine, and disinfection
CBVE Competency 4.2	Promotes the health and safety of people and the environment	4.2.1 Makes recommendations for management of animal waste, carcasses, and by-products
		4.2.2 Implements safety and infection control practices
		4.2.3 Advises on disaster/emergency preparedness and response
		4.2.4 Practices responsible use of antimicrobial agents
		4.2.5 Describes the role of the veterinarian in food safety
CBVE Competency 5.1	Listens attentively and communicates professionally	5.1.1 Uses appropriate terminology and approach for audience
		5.1.2 Utilizes a variety of communication platforms to ensure effective communication and accessibility (e.g., email, talk to text)
		5.1.3 Communicates effectively and professionally in the face of adversity, ambiguity, discomfort, and misaligned expectations or resources

CBVE Competency 5.2	Adapts communication style to diverse audiences	5.2.1 Demonstrates audience-centered communication
		5.2.2 Elicits goals, expectations, perspectives and constraints, considering the human-animal bond
		5.2.3 Engages in difficult conversations such as financial decisions and end-of-life care (e.g., palliative care and euthanasia)
CBVE Competency 5.3	Prepares documentation/forms appropriate for the intended audience	5.3.1 Records patient care information and communication using professional terminology
		5.3.2 Ensures documentation fulfills professional and legal requirements

CBVE DOMAIN 6: COLLABORATION

Competency		Illustrative Subcompetencies
CBVE Competency 6.1	Solicits, respects and integrates contributions from others	6.1.1 Invites input from others irrespective of role, hierarchy or background
		6.1.2 Acknowledges input and incorporates into ongoing plan of action
		6.1.3 Leverages own role and roles of others to achieve shared goals
		6.1.4 Engages colleagues to foster a culture of patient safety and error reduction
CBVE Competency 6.2	Functions as leader or team member based on experience, skills and context	6.2.1 Applies principles of teamwork
		6.2.2 Bases action on collaborative input
		6.2.3 Manages conflict
		6.2.4 Participates in team behaviors that build trust, shared responsibility, and belonging
CBVE Competency 6.3	Maintains ongoing relationships to provide continuity of collaborative effort	6.3.1 Organizes documentation and communicates with collaborator in preparation for transfer or discharge
		6.3.2 Follows up with collaborator to ensure implementation of care plan
		6.3.3 Provides support through encouragement, education, or redirection to refine the plan of action
		6.3.4 Participates in supportive professional relationships, including appropriate mentor and mentee roles, to support learning, wellbeing, and professional growth
CBVE Competency 6.4	Demonstrates inclusivity and cultural competence	6.4.1 Demonstrates respect for diversity
		6.4.2 Encourages diverse contributions within the workplace

6.4.3 Demonstrates the ability to consider multiple perspectives in challenging situations and encourages others to do the same

CBVE DOMAIN 7: PROFESSIONALISM AND PROFESSIONAL IDENTITY

Competency		Illustrative Subcompetencies
CBVE Competency 7.1	Adopts an ethical approach to meeting professional obligations	7.1.1 Applies an ethical approach to professional decision-making
		7.1.2 Recognizes and responds to evidence of neglect and abuse
		7.1.3 Recognizes ethical dilemmas as they arise and identifies appropriate resources when needed
CBVE Competency 7.2	Practices time management	7.2.1 Recognizes impact of time management on stakeholders
		7.2.2 Prioritizes and completes tasks according to importance and urgency
CBVE Competency 7.3	Reflects on personal actions and uses feedback to plan improvement	7.3.1 Practices self-reflection
		7.3.2 Invites and responds to constructive feedback on performance
		7.3.3 Critiques decision-making process and its outcomes
		7.3.4 Uses reflection to identify actions, feelings, and thoughts in ways that support self-compassion and professional growth
CBVE Competency 7.4	Engages in self-directed learning	7.4.1 Engages in self-directed learning as a foundation for life-long learning
		7.4.2 Identifies and undertakes professional development to meet learning needs
		7.4.3 Uses appropriate resources for learning and decision making (e.g., information technology, consultation with colleagues)
		7.4.4 Identifies one's own individual strengths, meaning, purpose, and values as part of professional identity development
		7.4.5 Identifies personal barriers or challenges to growth and learning
		7.4.6 Develops strategies for overcoming barriers or challenges to growth and learning
CBVE Competency 7.5	Attends to wellbeing of self and others	7.5.1 Recognizes sources of workplace stress and acts to remedy adverse situations
		7.5.2 Recognizes signs of stress in self and colleagues, engages in self-care and recognizes when professional support is

		appropriate for self or others
		7.5.3 Manages expectations of client and self
		7.5.4 Applies strategies to manage risk or address challenges to wellbeing of self and others, including stress management and help-seeking when appropriate
CBVE Competency 7.6	Engages in career planning	7.6.1 Compares career paths and weighs professional and personal rewards (e.g., financial implications)

CBVE DOMAIN 8: FINANCIAL AND PRACTICE MANAGEMENT

Competency		Illustrative Subcompetencies
CBVE Competency 8.1	Weights financial factors in personal and business decision-making	8.1.1 Applies financial principles to personal and professional decisions (e.g., debt repayment plan) 8.1.2 Explains work-related insurance (e.g., personal, professional, patient) 8.1.3 Describes relationship between revenue generation, expense categories, and compensation including benefits 8.1.4 Applies financial principles to make informed decisions that support financial wellbeing, reduce financial stress, and enhance long-term stability
CBVE Competency 8.2	Delivers veterinary services compliant with legal and regulatory requirements	8.2.1 Acts in accordance with codes of professional practice, veterinary practice acts and licensing board regulations (e.g., veterinarian-client-patient relationship) 8.2.2 Acts in accordance with legal and regulatory requirements (e.g., reportable diseases, animal cruelty, waste disposal) 8.2.3 Selects drugs in accordance with regulatory and legal requirements (e.g., controlled substances, extra-label drug use)
CBVE Competency 8.3	Advocates for the health and safety of patients, clients, and members of the team within the workplace	8.3.1 Complies with workplace health and safety regulations (e.g., radiation safety, infection control) 8.3.2 Applies safe practices for handling hazardous materials (e.g., administration of chemotherapeutic agents) 8.3.3 Identifies and addresses sources of medical error/adverse events 8.3.4 Identifies personal and workplace factors that may affect wellbeing and describes appropriate actions or resources

CBVE DOMAIN 9: SCHOLARSHIP

Competency		Illustrative Subcompetencies
CBVE Competency 9.1	Practices evidence-based veterinary medicine (EBVM)	9.1.1 Formulates questions and customizes solutions, drawing on personal experience and available evidence
		9.1.2 Retrieves, evaluates, and applies information to solve clinical or scientific problems
		9.1.3 Applies creativity to develop innovative solutions
		9.1.4 Describes how systems factors can influence wellbeing, learning, patient care, and sustainable practice
CBVE Competency 9.2	Disseminates knowledge and practices to stakeholders	9.2.1 Develops and disseminates educational material
		9.2.2 Explains evidence-based recommendations

Addendum: Teaching and Assessment Considerations

Wellbeing subcompetencies should be taught and assessed through constructive alignment: each subcompetency is treated as a program-level learning outcome, learning activities provide intentional practice, and assessment focuses on observable behaviors rather than assumptions about a learner's internal state.

Assessment should be programmatic, developmental, and low stakes whenever possible. No single tool can fully assess wellbeing-related competence. Programs are encouraged to use multiple sources of evidence across pre-clinical and clinical learning environments, including (but not limited to) guided reflection, case discussion, simulated encounters, peer and team feedback, direct observation, workplace-based assessment, learning plans, and portfolio pedagogy.

Examples of Constructive Alignment and Assessment Approaches by Wellbeing Subcompetency

Note. Assessment examples are limited to assessment tools named in the CBVE 2.0 Toolkit. Teaching examples remain illustrative and are intended to be adaptive to program context.

Wellbeing subcompetency	Pre-clinical teaching examples	Clinical teaching examples	Assessment examples from CBVE 2.0 Toolkit
WB 1.6.3 Identifies and examines personal patterns of thinking, assumptions, and biases when adapting to uncertainty or unfamiliar contexts.	Self-awareness exercises focused on assumptions, cognitive bias, and patterns of thinking; simulated cases with ambiguity or unfamiliar contexts; structured prompts that ask learners to identify what information they used, what they assumed, and what else they may need to consider.	Facilitated case debriefs after unfamiliar or uncertain clinical encounters; discussion of how assumptions, bias, or emotional responses may influence information gathering, interpretation, or decision-making; modeling of reflective clinical reasoning.	Script Concordance Testing (SCT); Key Features Examination; Case-Based Discussion; Chart-Stimulated Recall Examination (CSR); Portfolios.
WB 1.7.3 Identifies personal barriers or challenges that may interfere with learning or clinical work-related duties and seeks appropriate support or consultation when needed.	Resource mapping; help-seeking scenarios; learning-plan/goal development; discussion of limitations, uncertainty, and appropriate consultation; simulated cases requiring students to identify when additional support or expertise is needed.	Preceptor, advisor, mentor, or coach check-ins; structured debriefs when learners encounter limits in knowledge, skill, time, confidence, or resources; explicit modeling of consultation and escalation pathways in clinical settings.	Short Answer Questions (SAQ); Oral Examinations; Case-Based Discussion; In-Training Evaluation Report (ITER); Longitudinal Evaluation of Performance (LEP); Portfolios; Entrustment-supervision scales.

WB 5.1.3 Communicates effectively and professionally in the face of adversity, ambiguity, discomfort, and misaligned expectations or resources.	Simulated client, colleague, or team conversations involving ambiguity, disagreement, emotional intensity, resource limitations, or conflicting expectations; communication skills practice with structured feedback.	Observed client or team encounters; debriefs of difficult conversations; modeling of professional communication when expectations, responsibilities, values, or resources are misaligned.	Objective Structured Clinical Examination (OSCE); Clinical Evaluation Exercise (CEX); Mini-Clinical Evaluation Exercise (Mini-CEX); In-Training Evaluation Report (ITER); Longitudinal Evaluation of Performance (LEP); 360° Evaluations (Multi-Source Feedback); Entrustment-supervision scales.
WB 6.2.4 Participates in team behaviors that build trust, shared responsibility, and belonging.	Team agreements; role rotation; inclusive teamwork practice; structured peer feedback; group learning activities that require shared goals, respectful participation, and accountability.	Rounds, huddles, handoffs, and debriefs focused on team contribution; opportunities to practice role clarity, followership, leadership when appropriate, and shared responsibility in clinical care.	In-Training Evaluation Report (ITER); Longitudinal Evaluation of Performance (LEP); 360° Evaluations (Multi-Source Feedback); Case-Based Discussion; Entrustment-supervision scales.
WB 6.2.5 Participates in supportive professional relationships, including appropriate mentor and mentee roles, to support learning, wellbeing, and professional growth.	Mentorship expectations; role-play or discussion of giving and receiving guidance; peer and near-peer learning activities; professional relationship scenarios focused on feedback, boundaries, and help-seeking.	Clinical coaching conversations; near-peer teaching; structured opportunities to seek feedback, clarify expectations, and provide appropriate support to others within learner roles.	Portfolios; 360° Evaluations (Multi-Source Feedback); In-Training Evaluation Report (ITER); Longitudinal Evaluation of Performance (LEP); Case-Based Discussion.
WB 6.4.3 Demonstrates the ability to consider multiple perspectives in challenging situations and encourages others to do the same.	Perspective-taking cases; conflict and values-clarification exercises; discussion of cultural humility, diverse perspectives, and inclusive decision-making; simulated team	Debrief challenging cases involving differing client, team, learner, or stakeholder perspectives; modeling of curiosity, respectful inquiry, and acknowledgement of multiple viewpoints during clinical decision-making.	Objective Structured Clinical Examination (OSCE); Case-Based Discussion; In-Training Evaluation Report (ITER); Longitudinal Evaluation of Performance (LEP);

	or client scenarios with competing viewpoints.		360° Evaluations (Multi-Source Feedback); Portfolios.
WB 7.1.3 Recognizes ethical dilemmas as they arise and identifies appropriate resources when needed.	Ethics cases; introduction to moral distress vocabulary; use of ethical decision-making frameworks; resource identification for consultation, reporting, or support.	Clinical ethics debriefs; discussion of escalation pathways; consultation with supervisors or appropriate services when ethical concerns arise; reflection on cases involving competing obligations.	Short Answer Questions (SAQ); Essay Questions; Oral Examinations; Case-Based Discussion; Chart-Stimulated Recall Examination (CSR); Portfolios; Capstone Assignments.
WB 7.3.4 Uses reflection to identify actions, feelings, and thoughts in ways that support self-compassion and professional growth.	Guided reflection; feedback exercises; growth-oriented coaching and debriefing; prompts that support learners in identifying actions, feelings, thoughts, learning needs, and next steps without requiring disclosure of personal health information.	Reflection after feedback, uncertainty, mistakes, or challenging encounters; advisor or preceptor conversations focused on learning from experience and identifying constructive next actions.	Portfolios; Case-Based Discussion; Chart-Stimulated Recall Examination (CSR); In-Training Evaluation Report (ITER); Longitudinal Evaluation of Performance (LEP); Capstone Assignments.
WB 7.4.4 Identifies one's own strengths, meaning, purpose, and values as part of professional identity development.	Strengths and values exercises; professional identity formation seminars; guided reflection on meaning and purpose in veterinary medicine; discussion of professional role models and career narratives.	Career conversations; role-model observation; debriefs focused on meaning in work, values-aligned choices, and professional identity development during clinical training.	Portfolios; Capstone Assignments; Essay Questions; Oral Examinations; 360° Evaluations (Multi-Source Feedback).
WB 7.5.4 Applies strategies to manage risk or address challenges to wellbeing of self and others, including stress management and help-seeking when appropriate.	Wellbeing plan development; stress-management and boundary-setting exercises; help-seeking and peer-support resource identification; scenarios requiring learners to identify appropriate actions or	Clinical debriefs; modeling the medical (clinical) pause; workload, boundary, and resource discussions; modeling appropriate help-seeking and referral; practice identifying when support or escalation is needed	Portfolios; Short Answer Questions (SAQ); Objective Structured Clinical Examination (OSCE); Mini-Clinical Evaluation Exercise (Mini-CEX); In-Training Evaluation Report (ITER); Longitudinal

	resources for self or others.	for self, peers, or team members.	Evaluation of Performance (LEP); 360° Evaluations (Multi-Source Feedback).
WB 8.1.4 Applies financial principles to make informed decisions that support financial wellbeing, reduce financial stress, and enhance long-term stability.	Budgeting, debt, credit, compensation, benefits, insurance, and career sustainability exercises; case scenarios linking financial decisions to wellbeing and professional choices.	Discussion of fees, service models, compensation, benefits, and financial stressors in practice; debrief of cases in which financial constraints affect client communication, treatment planning, or learner decision-making.	Multiple Choice Questions (MCQ); Extended Matching Questions (EMQ); Short Answer Questions (SAQ); Case-Based Discussion; Portfolios; Capstone Assignments.
WB 8.3.4 Identifies personal and workplace factors that may affect wellbeing and describes appropriate actions or resources.	Workplace hazard and psychosocial hazard examples; safe systems and workplace health activities; scenarios involving workflow, staffing, communication, hierarchy, workload, or environmental factors that affect wellbeing.	Clinical discussion of psychosocial hazards (workflow, team, environmental, and/or resource factors) that affect wellbeing, including physical and psychological safety; debriefs focused on identifying appropriate actions, resources, and escalation pathways.	Short Answer Questions (SAQ); Case-Based Discussion; In-Training Evaluation Report (ITER); Longitudinal Evaluation of Performance (LEP); Portfolios; Entrustment-supervision scales.
WB 9.1.4 Describes how systems factors can influence wellbeing, learning, patient care, and sustainable practice.	Systems thinking tool use and mapping; introduction to leverage points and quality improvement; case scenarios that ask learners to identify systemic factors affecting wellbeing, learning, patient care, and sustainable practice.	Clinical workflow debriefs; discussion of system contributors to workplace wellbeing; identification of how structures, processes, resources, roles, and culture influence outcomes.	Short Answer Questions (SAQ); Essay Questions; Case-Based Discussion; Chart-Stimulated Recall Examination (CSR); Key Features Examination; Portfolios; Capstone Assignments.

Source note: Assessment tool names are drawn from the CBVE 2.0 Toolkit assessment section, including the toolkit summary table and assessment tool descriptions.

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