SUBJECT: Resident Curriculum

INTENT: The Accreditation Council for Graduate Medical Education Institutional Requirements requires that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.

POLICY STATEMENT: Each program is responsible for the content of a competency-based resident curriculum and that curriculum will be reviewed at each internal review. The Curriculum should be in compliance with the Common and specialty/subspecialty-specific Program Requirements and must be reviewed in each program’s annual program improvement meeting.

DESCRIPTION:

A. Each program must develop a resident curriculum that contains the following educational components:

1) Overall educational goals for the program, which the program must distribute to residents and faculty annually;

2) Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty annually, in either written or electronic form. These should be reviewed by the resident at the start of each rotation;

3) Regularly scheduled didactic sessions;

4) Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program; and,
5) ACGME Competencies

The program must integrate the following ACGME competencies into the Curriculum:

a) Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents:

b) Medical Knowledge

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. Residents:

c) Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

(1) identify strengths, deficiencies, and limits in one’s knowledge and expertise;

(2) set learning and improvement goals;

(3) identify and perform appropriate learning activities;

(4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;

(5) incorporate formative evaluation feedback into daily practice;
(6) locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;

(7) use information technology to optimize learning; and,

(8) participate in the education of patients, families, students, residents and other health professionals.

d) Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

(1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;

(2) communicate effectively with physicians, other health professionals, and health related agencies;

(3) work effectively as a member or leader of a health care team or other professional group;

(4) act in a consultative role to other physicians and health professionals; and,

(5) maintain comprehensive, timely, and legible medical records, if applicable.

e) Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

(1) compassion, integrity, and respect for others;

(2) responsiveness to patient needs that supersedes self-interest;
(3) respect for patient privacy and autonomy;

(4) accountability to patients, society and the profession; and,

(5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

f) Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

(1) work effectively in various health care delivery settings and systems relevant to their clinical specialty;

(2) coordinate patient care within the health care system relevant to their clinical specialty;

(3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

(4) advocate for quality patient care and optimal patient care systems;

(5) work in interprofessional teams to enhance patient safety and improve patient care quality; and,

(6) participate in identifying system errors and implementing potential systems solutions.
B. Residents’ Scholarly Activities

1) The curriculum must advance residents’ knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

2) Residents should participate in scholarly activity.

3) The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities.

C. Resident Participation in Educational and Professional Activities

1) The program must provide residents with the opportunity to participate in effective educational experiences that lead to measurable achievement of educational outcomes in the ACGME competencies.

2) The program must allow residents to participate on committees and councils whose actions affect their education and/or patient care.

3) The program must provide residents with the opportunity to participate in an educational program regarding physician impairment, including substance abuse and sleep deprivation.

4) The Graduate Medical Education Committee will sponsor periodic programs to enhance the curriculum offerings of the various programs. All programs should encourage resident participation in these activities. The Graduate Medical Education Committee will periodically review opportunities to develop those skills that cross all residency lines and promote effective patient care.

Last Review and Approved: Graduate Medical Education Committee
January 14, 2010