

# ***Health Policy Newsletter***

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## **ACGME Guidelines**

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## ACGME Guidelines

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The Accreditation Council for Graduate Medical Education (ACGME) has mandated that by July of 2003 all residencies (and fellowships) incorporate into their curriculum six competencies in which every physician should be proficient. They are *knowledge, patient care, communication, professionalism, systems-based practice, and practice-based learning*. All of the six skills will be fully implemented over the next six to eight years. As these are presented, the educational techniques will convert from a teaching-based format to a learner-based one. What this means is that just teaching a particular segment is not sufficient; one must prove that it is learned. Therefore, it follows that evaluative tools must be in place. Once the evaluation is complete, feedback in a formative fashion will be given, followed by remediation if necessary.

Haven't we been doing this forever? Well, yes we have, and no we haven't. As far as knowledge and patient care are concerned, we have had evaluative techniques in place for some time. Most of the time, the result is expressed as pass or fail (specialty board exams) or as a grade (USMLE I, II and III). The feedback is usually summative with an attempt at some formative suggestions. At the present, we know immediately that the material has been taught, but at times it takes years to know whether what is taught is learned. This will change.

Communication skills have been with us since Adam and Eve. But the assumption has been that this is something that is transferred by some mysterious, naturally occurring agent that will be universally successful in incorporating the skill into the recipient. We know this is not the case. Therefore, both written (progress notes, consultations, prescriptions) and verbal (to patients, families, nurses, paramedical personnel and colleagues) communication skills will be presented, learned, and evaluated.

Professionalism is another competency that, too, was supposedly transmitted by the same vector that delivered the communication module. Well, again, it is just not so. Therefore, altruism (patient before self) and compassion will be required to be learned and that result will be evaluated and, if necessary, re-taught and learned. This will occur in real time.

Systems-based practice is the skill of understanding systems of health care organization, financing, and delivery, and the working relationship between one's local practice and these larger systems. This also includes understanding how to work with other professionals (administrative and clinical) to manage, measure, analyze, and improve the processes and outcomes of care.

Practice-based learning is the ability to know and apply scientific methods and analytical tools to improve one's patient care. This includes the ability to locate and appraise scientific evidence and clinical studies (journals) related to one's patients' health problems and, obviously, the ability to apply this data to their care. This includes use of online services and other information technology skills.

These last two competencies are, in fact, new. Though bits and pieces of these were scattered about, there were never even any organized thoughts concerning their being accidentally learned or not. Now is the time for all good residents to learn these competencies. And, by the way, the residents are first, but by no means last –

yes, the LCME (licensing council for medical education) and the ABMS (boards of medical specialties) are lined up right behind them. Most physicians possess all of these competencies – we just have to have evaluable data to show it – and, those who do not possess all will be mandated to learn them.

On September 12, 2002, a Residency Program Directors retreat sponsored by the Dean's Office (Section of Graduate Medical Education) addressed the competencies of professionalism, communication, practice-based learning, and system-based practice. Eighty program directors and coordinators, representing 56 residency programs, were present. This group identified specific skills in each of these competencies that should be learned by the residents along with suggestions concerning their evaluation. These are being infused into the programs this academic year. It is our strong impression that Thomas Jefferson University Hospital in concert with Jefferson Medical College is a leader in this effort.

### **About the Author**

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