

MEMORANDUM

TO: Designated Institutional Officials
Institutional Administrators
Members of Institutional GMECs

FROM: Cynthia Taradejna, Executive Director
Institutional Review Committee
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**RE: ACGME GENERAL COMPETENCY REQUIREMENTS
EFFECTIVE JULY 1, 2002**

DATE: February 6, 2002

Three years ago, the ACGME launched its Outcome Project and through an extensive review process, identified six general competencies for resident development. As you are aware, these six competencies have been incorporated into the Institutional Requirements and all sets of Program Requirements for implementation on July 1, 2002. With the implementation date just a few months away, Designated Institutional Officials (DIOs) must ensure that they and their program directors are sufficiently prepared to meet these new requirements. This memorandum serves to familiarize DIOs and Graduate Medical Education Committees with the steps involved in the process of implementation prior to July 1, 2002.

In the Institutional Requirements, the standards that address the general competencies have been added to the responsibilities of the GMEC (I.B.3.i). They replace the former requirements that addressed specific core curriculum topics. The definitions of the six competencies are listed in section II.B, and new requirements have been added to the internal review process in section I.B.3.e, and f. A copy of these requirements may be found on the ACGME Web site under "Institutional Review" in the table of contents, "Institutional Requirements", "Approved But Not Currently in Effect 7/2002."

The first step in the implementation plan for institutions is to begin to update the written protocol for the internal review process. **A COPY OF YOUR REVISED WRITTEN PROTOCOL IS TO BE SUBMITTED TO THE ACGME BEFORE JULY 1, 2002.** For clarification, there are two basic requirements regarding the general competencies that should be assessed during the internal review in the initial stages and they are:

1. Assurance that each program has developed its curriculum that incorporates the teaching of the competencies as specified in the specialty's Program Requirements. The program's curriculum should include the goals and objectives based on the competencies because without them, effective evaluation tools cannot be constructed.
2. Assurance that each program is developing and using an assortment of evaluation tools to assess a resident's competence in the various areas.

After programs have had sufficient time to develop steps 1 and 2, the internal review should then include

3. Evidence of a program's development and use of dependable measures to assess resident competencies. (This part cannot be implemented until a program has used its evaluation tools over a period of time to determine whether or not they are dependable.)
4. Evidence of a program's effectiveness in linking educational outcomes with program improvement. (This part cannot be implemented until the program has had sufficient time to analyze its educational outcomes to determine what needs improvement.)

To provide assistance with your revisions, I am attaching language that may be incorporated into your written protocol (number 1.a-d) to ensure that all of the Institutional Requirements regarding the competencies are addressed. In addition, I am providing an example of a table that may be used to gather information from the programs on the types of evaluation tools they have selected.

Please note that internal reviews that are conducted **after July 1, 2002** are expected to provide an assessment of a program's progress in adding the competencies to its curriculum, development of goals and objectives for teaching the competencies, and the types of evaluation tools that are being used. Evidence will be sought in the internal review reports that the programs are addressing these areas.

A word of caution to DIOs: It has been rumored that some program directors have developed a "wait-and-see" attitude with respect to implementing their specific Program Requirements addressing the general competencies. Program directors should be reminded that now is the time to begin to implement the initial steps of the ACGME's Outcome Project to avoid unnecessary citations and possible adverse actions. Program directors seeking additional help should review the ACGME Web site under "Competencies and Outcomes Assessment," which contains an increasing wealth of information, or contact their ACGME Executive Director for the appropriate Residency Review Committee for assistance.

As a reminder, the Outcome Project is to be phased in over a number of years but in the first phase, which is between now and July 1, 2002, program directors are expected to

1. define specific objectives for residents to demonstrate learning in several of the competencies;
2. review current approaches to evaluation of residents learning and develop improved assessment tools; and,
3. begin integrating the teaching and learning of competencies into residents' didactic and clinical educational experiences as needed to ensure learning opportunities.

Many thanks to the DIOs who have already provided their revised written protocols and the program directors who have progressed to outcomes assessment. The ACGME and Institutional Review Committee look forward to the successful implementation of the Outcome Project in your institutions.

**ACGME GENERAL COMPETENCIES AND OUTCOMES ASSESSMENT
FOR DESIGNATED INSTITUTIONAL OFFICIALS**

RESPONSIBILITY OF THE INSTITUTION

To implement the ACGME's Outcome Project, Designated Institutional Officials and Graduate Medical Education Committees are asked to do the following **prior to July 1, 2002** :

1. UPDATE INTERNAL REVIEW PROTOCOL

Update the internal review protocol to include language from the institutional requirements concerning the general competencies. At a minimum, the protocol should include the following:

- a. The internal review is to assess whether each program has defined, in accordance with the relevant Program Requirements, the specific knowledge, skills, and attitudes required and provides educational experiences for the residents to demonstrate competency in the following areas: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice.
- b. The internal review is to provide evidence of the program's use of evaluation tools to ensure that the residents demonstrate competence in each of the six areas.
- c. The internal review is to appraise the development and use of dependable outcome measures by the program for each of the general competencies.
- d. The internal review is to appraise the effectiveness of each program in implementing a process that links educational outcomes with program improvement.

2. UPDATE INTERNAL REVIEW QUESTIONNAIRES

If the institution uses a program director's questionnaire, resident's questionnaire, or has instructions on what to include in an internal review report, update these documents to include questions on the six competencies as well. It will be important for the program directors to respond to the following so that it may be documented in the internal review report:

- a. Can the program director provide adequate evidence of a curriculum, complete with goals and objectives, that is used by the program for teaching the following six general competencies: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice?
- b. Has the program director developed adequate tools to evaluate resident competencies in the six areas based on the goals and objectives?

- c. Can the program director provide a list of the evaluation tools he/she is using for each of the six competencies (see attached example) and can he/she provide documented evidence of these tools to the internal review committee?
- d. Can the program director provide any evidence of developing or using dependable measures to assess the residents' competence in each of these areas? **Note: Dependable measures may not be developed until the program has had an opportunity to evaluate its residents over a period of time using various evaluation tools and analyzing the results.**
- e. Can the program director provide any evidence of a process developed to link educational outcomes with program improvement? **Note: Evidence of program improvement may not be available at first until the program has had an opportunity to develop and analyze its outcome measures over a period of time.**

3. INTERVIEWS WITH RESIDENTS DURING THE INTERNAL REVIEW

When interviewing residents during the internal review, seek verification as to the existence of a curriculum with goals and objectives for teaching the competencies, their involvement in the curriculum, and the kinds of tools used by the program to evaluate them. Do their responses match the program director's?

4. INITIAL DOCUMENTATION FOR THE INTERNAL REVIEW REPORT

As part of each internal review report (conducted after July 1, 2002) there should be

- a. verification of the existence of a curriculum with goals and objectives provided for several of the general competencies;
- b. a summary or list of the types of evaluation tools used by the program for evaluating the competencies (see example attached);
- c. comments on the program's status in the development and use of dependable measures to assess resident competency in the six areas;
- d. comments on the program's status in developing a process that links educational outcomes with program improvement;
- e. verification or confirmation from the residents as to the existence of a curriculum with goals and objectives for teaching the competencies, their involvement in the curriculum, and the kinds of tools used by the program to evaluate them.

EXAMPLE

AN INTERNAL REVIEW CHECKLIST FOR THE GENERAL COMPETENCIES

Can be completed as part of a Program Director's questionnaire if used in the internal review or can be completed by the internal reviewers.

Example of review for an ***Internal Medicine*** Program

List the evaluation tools used by the program for the following General Competencies:

General Competencies	List Evaluation Tools Used or In Development by the Program (completed by program director in internal med. at Sample Hospital)				
					Other tools designed by program?
Patient Care	Developing OSCE	Mini CEX	Patient Surveys	Procedure Logs	
Medical Knowledge	Chart Stimulated Recall	Oral Exam	Written Exam-Multiple Choice		
Interpersonal and Communication Skills	Developing 360 Degree	Patient Surveys	Standardized Patients		
Professionalism	360 Degree	Checklist			
Practice Based Learning	Resident Portfolios	Developing Oral Exam	Record Review		
Systems Based Practice	Developing Resident Portfolios	Developing 360 Degree			

The Program Director is to provide the internal review committee with

- 1. documented evidence of a curriculum with goals and objectives for the general competencies currently implemented;***
- 2. documented evidence of the evaluation tools used that he/she has listed;***
- 3. the status of developing and using dependable measures to assess a resident's competence in these areas; and,***
- 4. the status of developing a process that links educational outcomes with program improvement.***