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## **ACGME launches first journal devoted to GME**

CHICAGO, September 29, 2009 – The Accreditation Council for Graduate Medical Education (ACGME) is launching the first peer-reviewed journal dedicated entirely to the education of medical residents and fellows and the settings in which it occurs.

*The Journal of Graduate Medical Education* is of interest to the graduate medical education community including program directors, graduate medical education leaders, faculty, learners and researchers.

“Delivering value around social goals, like good learning for good patient care, requires careful scrutiny of theory, mechanisms of action, context and the outcome of the work,” comments guest co-editor Paul Batalden, MD. “*The Journal of Graduate Medical Education* offers teachers, learners, researchers and others who benefit from the development of physicians a ‘space of opportunity’ to foster the scholarship of this important work.”

The Accreditation Council for Graduate Medical Education (ACGME) expects that the journal will improve the quality of health care through its positive impact on scholarship in medical education.

"*The Journal of Graduate Medical Education* documents that a new level of precision has been achieved in the development of physicians," says guest co- editor David Leach, MD., who retired as CEO of the ACGME in 2007. "Further, it samples and documents the vibrant community responsible for this progress"

The first issue of *JGME* will be published in September 2009 and mailed to more than 12,000 qualified recipients including program directors and designated institutional officers at accredited programs and institutions throughout the US. *JGME* will be available online at [www.jgme.edu](http://www.jgme.edu)

### **September Issue Highlights:**

#### **Computers help train surgical residents**

Computer Enhanced Visual Learning (CEVL) is effective in helping teach and learn surgery by breaking the procedure down into teachable components, according to a study in the first issue.

In the face of reduced duty hours, surgical residency programs are looking to compensate for lost training hours with nonclinical learning.

"Our institutional experience shows that residents and attending physicians have found the CEVL method to be a practical way to teach and learn surgery," comments lead author Max Maizels, MD, of Children's Memorial Hospital in Chicago.

The CEVL method uses deliberate practice and performance procedures to teach surgery. The specific surgical procedure is broken into components and quantitative feedback and remediation are used to improve performance.

The researchers tracked the CEVL scores of 24 residents as rated by seven attending physicians. The residents performed 166 pediatric urology procedures in 2006-2007. The initial results found that 96% residents improved their CEVL scores over an average of seven cases.

CEVL offers an alternative method to learning surgical procedural skills by performing more cases. Instead, CEVL makes efficient use of time in the operating room. The CEVL technique described in the article can be applied to any type of procedural training.

“We are seeing more and more learning become affiliated with technology,” says Ingrid Philibert, PhD, MBA, *JGME* managing editor. “This study combines computer facilitation with faculty interaction. CEVL provides residents with a visual sense of the procedure, and faculty feedback is broken in the components specific to the CEVL module.”

#### **Resident assessment helps create environment of safety**

Two *JGME* studies examine the effectiveness of physician assessments at the start of residency.

Resident training programs may need to better prepare new residents for and carefully supervise their early clinical work, according to a study in the same issue of *The Journal of Graduate Medical Education*, published by ACGME.

This longitudinal study describes the development of centralized assessments of baseline, core residency competencies at two institutions and includes suggestions for other institutions interested in developing similar interventions.

The expectation of the clinical setting is that interns should be interchangeable. There is some concern that interns may not be at a comparable level when beginning the first year of residency.

“Centralized assessment can inform medical educators of strengths and weaknesses within existing curriculum and evaluation efforts, and help them plan necessary interventions based on the aggregated performance data,” explains co-authors Dianne Wagner, MD, of Michigan State University College of Human Medicine, and Monica L. Lypson, MD, of University of Michigan Medical School.

At one institution the researchers found that 70% of 1083 new residents assessed stated they learned a new skill; 80% believed the orientation was useful; 78% felt better prepared for internship; and 80% recommended it for next year’s interns.

Participants at the other institution expressed high levels of satisfaction, especially with the feedback received immediately after each station. New resident communications skills approached 90%. Patient care scores had wide variability, and hand washing received the lowest scores at the other institution.

The second study found that an objective structured clinical examination (OSCE) can provide outcome measures on resident competency performance and evaluate program effectiveness.

OSCE is administered in multiple simulated clinical encounters lasting 10 to 15 minutes. Currently there is little OSCE data on core competencies in graduate medical education.

“An OSCE during internship can evaluate incoming baseline ACGME core competencies and test for interval improvement,” states lead author Matthew W. Short, MD, of the Madigan Army Medical Center near Tacoma, WA.

For the study, researchers created and administered an OSCE to 106 interns from 10 medical specialties to evaluate the six ACGME core competencies before and after internship to provide data on educational outcomes to improve resident and overall program performance.

The students were given patient-oriented tasks to complete in a controlled setting while their clinical competence was assessed. The tasks included death notification, abdominal pain, transfusion consent, suture skills, wellness history, chest pain, altered mental status, and computer literature search.

The researchers found statistically significant improvement in all ACGME core competencies. Patient care scores improved from 71.9% to 80%; medical knowledge scores went from 59.6% to 78.6%; practice-based learning and improvement scores rose from 45.2% to 63%; interpersonal communication skills scores increased from 77.5% to 83.1%; professionalism scores climbed from 74.8% to 85.1%; and systems-based practice scores improved from 56.6% to 76.5%.

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*The ACGME is a private, non-profit organization that accredits approximately 8,700 residency programs in 130 specialties and subspecialties that educate 109,000 residents. Its mission is to improve the quality of health care in the United States by assessing and advancing the quality of resident physicians' education.*