

## Accreditation Council for Graduate Medical Education

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The ACGME e-Bulletin is published several times per year by the ACGME and distributed to individuals in residency education. It is also available from the ACGME Web site at [http://www.acgme.org/acWebsite/bulletin-e/ebu\\_index.asp](http://www.acgme.org/acWebsite/bulletin-e/ebu_index.asp)

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## Resources to Clarify the Accreditation Process

In 2007, change and refinements continue to be made to the accreditation process, in keeping with three of the ACGME's four strategic priorities:

- Fostering innovation and improvement in the learning environment;
- Increasing accreditation emphasis on educational outcomes; and
- Enhancing efficiency and reducing burden in accreditation.

In keeping with the fourth priority, improving communication and collaboration with stakeholders, the *ACGMe-Bulletin* was developed to provide a practical resource to programs and sponsoring institutions and will continue to focus on clarifying the accreditation standards and processes, and offer practical advice and brief descriptions of "innovative practices." Articles in this issue:

- Describe the process of setting educational goals and objectives; summarize new documents available from the ACGME to enhance the transparency of the process;
- Clarify the definition of "transfer resident" in the context of exchange of information between programs;
- Announce the availability of CME resources in palliative care;
- Extend an invitation for programs to participate in the beta pilot of the ACGME's education portfolio; and
- Solicit approaches to increase the focus of the accreditation process on the quality of residents' learning environment, for sharing with the Committee on Innovation in the Learning Environment and through the *ACGMe-Bulletin*.

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## The Goals and Objectives Made Easier

*William W. Robertson, Jr., MD*

Educational goals have gained in relevance over the past decades, as programs seek to clarify expectation for learning and attainment of competence and relate them to residents' clinical and didactic activities. The ACGME requirements specify that all programs need to have goals and objectives for each rotation and training level. The aim of this article is to make formulating and recording goals and objectives easier for programs, by drawing on the experience of the ACGME's field representatives, and the variety of approaches to setting goals and objectives they are exposed to during the accreditation site visit.

That goals and objectives have been written for most programs is a major step ahead for residency and fellowship programs, compared to just a decade ago. At the same time, ACGME's expectation that programs develop goals and objectives that relate to the six general competencies has produced a plethora of objectives that frequently restate the language of the competencies. This seemingly endless repetition of words, especially in the domains of communication and interpersonal skills, practice-based learning and improvement, and systems based practice, may numb the mind to the reasoning behind the objectives, and the goals and objectives may lose meaning for learners and teachers.

ACGME contends that for goals and objectives to be useful, they must be practical and achievable. In her educational module, "Developing A Competency-based Curriculum" ([www.acgme.org/outcome/e-learn/redis\\_module4.asp](http://www.acgme.org/outcome/e-learn/redis_module4.asp)) Barbara Joyce, PhD, notes that goals should be "broad overarching statements" that inform the learner what s/he should gain from the educational experience. Because they are general and aspirational in nature, goals may not be easily measurable.

In contrast, objectives are concrete "landmarks" learners must reach on the way to attaining the larger goal of becoming proficient and competent in the practice of a medical specialty or subspecialty. A learner reaching such a landmark is a measurable action, and the learner's evaluation should note the achievement of objectives in the area of knowledge, skills, and attitude.

Not all learning and patient care experiences relate equally to all six competencies. The learning goals and evaluation of PGY-1 residents' night float experience may focus on their ability to function in the hospital at night without the full range of support systems available during the day (Patient Care and, potentially, Systems-Based Practice), and on how effectively they communicate in the hand-off process and during morning rounds (Communication and Interpersonal Skills). The evaluation of a fellow's experience on a consult service might focus on the same two or three competencies, but with very different objectives. At their higher level, fellows should be evaluated on their ability to provide information in a tertiary setting, while maintaining the referral relationship and effectively communicating highly specific knowledge to the patient, the primary care team and the referring physician.

Since objectives have to be measurable, general statements that the resident must "learn" subjects A, B, and C, to be most effective, should be accompanied by a description of the measurement process. In the same way, general statements that the resident must "perform" certain tasks or procedures must be followed by a description of the process for determining proficiency in those areas.

The use of meaningful objectives tailored to learners' experience, rather than monotonous "cut-and-paste" versions, ultimately will improve the teaching of these objectives, and how they are assessed during the evaluation process. This process will add to the value of the feedback provided to residents, and enhance their attainment of competence.

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## ACGME Documents for Common Elements in Program Requirements

*Pamela L. Derstine, PhD, Kathy Malloy, BA, Jeanne Heard, MD, PhD*

New Common Program Requirements that went into effect July 1, 2007 represent significant progress towards several ACGME strategic priorities, including increasing the accreditation emphasis on educational outcomes, increasing efficiency and reducing burden in accreditation, and improving external and internal communication and collaboration. The new Common Program Requirements contain fewer requirements overall. They incorporate expanded language for the six ACGME competencies, to clarify the expectations for programs and the accreditation process.

A set of common PIF items (the PIF Transition Document), developed to be consistent with the new Common Program Requirements, has been incorporated into the Accreditation Data System (ADS) for all core specialties and several subspecialties. Programs scheduled for a site visit between now and December 7, 2007 will be asked to complete Part I of the PIF in ADS, the existing specialty-specific PIF, and the PIF Transition Document. After December 10, Part I of the PIF and the PIF Transition Document will be phased out, and replaced with a new electronic "common PIF."

DIOs and program directors in selected subspecialties that will not use the new Common Program Requirements and the common PIF were notified by email. The ACGME Glossary of Terms was revised to be consistent with the new Common Program Requirements and the common PIF.

### **Program Director Guide to the Common Program Requirements**

A new resource for program directors, the *Program Director Guide to the Common Program Requirements*, is now available from the ACGME web site (under [http://www.acgme.org/acWebsite/navPages/nav\\_commonpr.asp](http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp)).

The guide was created to assist in program planning and preparation for accreditation reviews. Review Committee (RC) chairs and members, program directors, RC executive directors and members of the field staff reviewed and provided input to the guide. It explains the intent of most common requirements (with a specific focus on those related to competency-based requirements), along with suggestions for applying the requirements, and guidelines for documentation expected to show compliance.

To enhance its ease of use, the guide is organized to follow the numbering of the Common Program Requirements. Added explanations and information about needed documentation is provided through hyperlinked text that is accessible from the table of contents. A downloadable version of the complete guide is also available online: [http://www.acgme.org/acWebsite/navPages/nav\\_commonpr.asp](http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp)

The ACGME invites your comments and suggestions about the guide. They may be sent to [guide@acgme.org](mailto:guide@acgme.org).

## New Feature on ACGME Website

The ACGME has established a new feature on each Review Committee page – Find Staff Contacts by Subject. Click on this to see a Word Document containing the following subjects along with names of specific staff who can answer inquiries: Program Requirements, ADS/PIF/ Resident Survey, Letters of Notifications, Accreditation Process, RRC meetings, Communications and Other Organizations. The new feature will allow program directors, coordinators and DIOs ready access to ACGME staff to receive answers and advice.

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## Clarification About Resident Transfers – Definition and Required Documentation

*Jeanne Heard, MD, PhD, Kathy Malloy, BA, Pamela L. Derstine, PhD*

The requirement about resident transfers is not new. A recent refinement to this standard (see below), clarifying the expectation for exchange of information between programs involved in a transfer, has raised questions about the circumstances under which a resident is considered a “transfer resident” and what documentation needs to be exchanged between the current and ‘receiving’ program directors.

**Common Program Requirement (effective July 1, 2007) III.C.1:** Resident Transfers: Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.

The ACGME has developed the following clarification, contained in the updated ACGME *Glossary of Terms* and the new *Program Director Guide*. During the accreditation site visit, the members of the field staff will review the files for residents who transferred into a program on or after July 1, 2007, to check for the presence of documentation of the residents’ prior education, including verification of educational experiences and a competency-based summative evaluation.

The ACGME “Glossary” contains the following definition of Transfer Resident:

*Residents are considered as transfer residents under several conditions including: moving from one program to another within the same or different sponsoring institution; when entering a PGY 2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match (e.g., accepted to both programs right out of medical school). Before accepting a transfer resident the program director of the ‘receiving program’ must obtain written or electronic verification of prior education from the current program director. This includes evaluations, rotations completed, procedural/operative experience, and a summative competency-based performance evaluation. The term ‘transfer resident’ and the responsibilities of the two program directors do not apply to any resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program.*

The *Program Director Guide to the Common Program Requirements* (July 1, 2007) also includes an added clarification of the expectation for documentation of resident transfers: For residents who have transferred into the program, written verification of prior educational experience and performance should be available in the resident files for site visitors to review. Meeting the requirement for verification *before* accepting a transferring resident is complicated in the case of a resident who has been simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match. In this case, the “sending” program should provide the “receiving” program a statement regarding the resident’s current standing as of one–two months prior to anticipated transfer along with a statement indicating when the summative competency-based performance evaluation will be sent to the “receiving” program.

An example of an acceptable verification statement is:

*“(Resident name) is currently a PGY (level) intern/resident in good standing in the (residency) program at (sponsoring institution). S/he has satisfactorily completed all rotations to date, and we anticipate s/he will satisfactorily complete her/his PGY (#) year on June 30, (year). A summary of her/his rotations and a summative competency-based performance evaluation will be sent to you by July 31, (year).”*

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## Available free from NCI: New CME Training in Palliative Care

The National Cancer Institute (NCI) estimates there are more than 10.5 million cancer survivors living in the United States, and more than half a million individuals will die from cancer each year. To address the educational needs of cancer healthcare providers, NCI is releasing a new palliative and end-of-life care self-study curriculum.

The Education in Palliative and End-of-life Care for Oncology (EPEC™-O) CD-ROM & DVD is a comprehensive multimedia program developed for health professionals, including physicians, physician assistants, nurses, nurse practitioners, therapists, and social workers. The curriculum, featuring slides and case study videos, provides:

- Knowledge and skills necessary to provide state-of-the-art palliative interventions for cancer patients; and
- Educational tools and materials to use in teaching palliative care core competencies.

There are opportunities for physicians and nurses to earn continuing education credits through the American Society of Clinical Oncology and the Hospice and Palliative Nurses Association for completing the palliative care module.

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## CME for Physicians and CE for Nurses

The American Society of Clinical Oncology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The American Society of Clinical Oncology designates this educational activity for a maximum of 32.5 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Hospice and Palliative Nurses Association is approved by the California Board of Registered Nursing (provider number CEP7976) as a provider for continuing education for nurses. This educational activity is approved for a maximum of 31 nursing contact hours.

To order a free copy of the EPEC™-O CD-ROM & DVD, please call NCI's Cancer Information Service toll-free at 1-800-4-CANCER or visit [www.cancer.gov/publications](http://www.cancer.gov/publications). To access EPEC™-O promotional materials, please visit [www.ncipoet.org/PromoToolsEPECO.cfm](http://www.ncipoet.org/PromoToolsEPECO.cfm).

The EPEC™-O curriculum was developed by the EPEC™ Project at Northwestern University with major funding from NCI and supplemental funding from the Lance Armstrong Foundation. The American Society of Clinical Oncology and the Oncology Nursing Society are among the professional organizations partnering with NCI to disseminate the EPEC™-O curriculum.

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## ACGME Publication Chronicles Residents' Journey to Competence

*Julie Jacob, MA*

Last May, directors of core specialty programs and designated institutional officials each received one free copy of the book *Journey to Authenticity: Voices of Chief Residents* from the ACGME as a gift to commemorate the ACGME's 25th anniversary. The 128-page, hardcover book consists of a series of interviews with 20 chief residents from various specialties, who were recommended by their program directors to be featured in this volume. In the interviews, the physicians reflect on their passages from interns to chief residents. They talk about why they became doctors, what they have learned about themselves and their profession, and how they have changed and grown. One physician talks about how his grandfather inspired him to become a doctor. A surgeon reflects on what she learned from caring for hospice patients. An ophthalmologist explains why he walked away from his career as a Wall Street trader and went to medical school. They talk about difficult cases, moments of doubt, leaps of confidence, the encouragement of mentors and the support of their families.

Additional copies of *Journey to Authenticity: Voices of Chief Residents* may be purchased from the ACGME website for \$75. (Visit [http://www.acgme.org/acWebsite/newsRoom/newsRM\\_ChiefResidents07.asp](http://www.acgme.org/acWebsite/newsRoom/newsRM_ChiefResidents07.asp))

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## Beta Test Site Applicants Sought for ACGME Learning Portfolio

*Pamela L. Derstine, PhD*

The ACGME is seeking enthusiastic applicants for beta testing of its learning portfolio!

The learning portfolio, which is currently in alpha testing, is an electronic, web-based tool that supports resident learning, evaluation, and professional development. The portfolio is learner-centered – allowing residents to chronicle their learning experiences and to seek feedback on these experiences. It contains pre-loaded evaluation tools that are competency-based with the capacity to easily create tools from a pool of evaluation items.

For its beta test phase, the ACGME is seeking a cross-section of committed programs to work together by specialty 1) to develop portfolio components to meet unique specialty needs, and 2) to test and assess the stability and usability of the beta-prototype portfolio in a variety of learning environments. Specialty development teams will be formed from the pool of beta test site applicants and beta-test “pre-work” (adaptation and development of specialty-specific portfolio components) will begin January 2008. Initiation of beta testing is planned for mid-2008.

Those programs selected to participate will have an opportunity to provide early leadership for the specialty in achieving competency-based learning and assessment for resident education. If you are interested in having your program become a beta test site, you can access an application at [www.acgme.org](http://www.acgme.org). Applications are due by **October 15, 2007**.

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## ACGME Interested in Ideas to Enhance Focus on the Quality of the Learning Environment as Part of the Accreditation Process

*Ingrid Philibert, MHA, MBA*

At the September meeting of the ACGME Board of Directors, the ACGME will review and consider for approval the first report of its Committee on Innovation in the Learning Environment (CILE). The goal is to promote innovation and improvement in the learning environment. As part of this effort, the ACGME would like to solicit your input on how the ACGME could be more attentive to the quality of the learning environment in its accreditation process.

We would like your ideas in response to the question: How can the accreditation assess the quality of the residents' learning environment? Ideas may include changes to the standards, data collected, or the format of and the individuals interviewed during the site visit. You may also offer your perspective on the benefits of an added focus on the learning environment for programs, institutions, residents and the ACGME.

Finally, CILE is interested in your thoughts about supporting forces and barriers to enhancing the accreditation focus on the learning environment, and about the learning needs of program directors, DIOs, Review Committee members and residents.

Please return your ideas via electronic mail to Ingrid Philibert, Editor, ACGMe-Bulletin, [iphilibert@acgme.org](mailto:iphilibert@acgme.org). ACGME will share them with the Committee, and publish them in an upcoming issue of the *ACGMe-Bulletin*.