


Accreditation Council for Graduate Medical Education 

The Six ACGME Competencies: What the RCs Expect from Programs

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Six ACGME Competencies

- Patient Care
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- System-based Practice

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ACGME Competencies

- Curriculum
 - Goals and objectives must address the core competencies.
 - Program's objectives must be competency-based and have measurable indices.
 - Specialty-specific objectives must be organized by the six competencies.
 - Vague statement of the competencies must be related to measurable evaluation tools



ACGME Competencies

Curriculum

- The program's curriculum must be adequately developed by specifying the required competency-based clinical experiences in each year of training. Thus, a program should not report identical experiences for several of the competencies.
- The program must take steps to integrate the ACGME competencies into the didactic and clinical education activities, particularly goals and objectives and methods of resident evaluation.



ACGME Competencies

Curriculum

- The program must demonstrate full implementation of the Competencies. Information provided in the Program Information Form (PIF) indicates that the program has made significant progress in incorporating the general competencies into the instruction for residents/fellows in the program. The PIF must be complete and without errors. Poor examples include: 1) No educational activities are listed for Patient Care; 2) For Practice-Based Learning and Improvement the program director provided a description which fails to describe an educational activity; 3) Part 2 fails to include the use of 360 degree evaluations of fellows.



ACGME Competencies

Faculty Development

- Residents and faculty must be educated in the six core competencies
- Adequate instruction in the competencies



ACGME Competencies

Evaluations

- Evaluation of residents must include attention to the all six competencies.
- Faculty global evaluations are only one of several measures used in evaluating residents on the six competencies.
- Proposed evaluation forms must be structured by the competencies.



ACGME Competencies

Evaluations

- The fellows' semiannual reviews must be organized by the six competencies.
- The fellows' final summary evaluations must be organized by the six competencies.
- The competencies must be part of the evaluation system and the program should demonstrate improvements in the competencies.



Six ACGME Competencies

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.



Patient Care - Citations

- Inadequate clinical experience in...
- Inadequate supervision during...
- Inadequate procedural experience in...
- At the time of the site visit, the program did not provide sufficient clinical experience for residents in...



Six ACGME Competencies

- 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.



Medical Knowledge - Citations

- Less than 80 percent of the fellows over the past five years, who were eligible for the subspecialty certifying examination, took the American Board of (Specialty) certifying examination.
- There are an inadequate number of case conferences and journal clubs occurring each year.
- For the core curriculum, the program uses the IFI web-based curriculum which consists of 26 lectures. It is unclear if the faculty provide any face-to-face review for follow-up of these topics with the fellows.



Medical Knowledge - Citations

- The program's Performance Improvement project is described as falling under the medical knowledge competency. The PI project is a plan to use greater reliance on medical literature to improve medical care. Outcome measures include reported improvement in fellows attending national meetings, managing more patients according to "discussed manuscripts" and displaying greater knowledge when answering ABIM Critical Care module questions. The Review Committee concluded that the increased use of evidence-based medicine to improve medical knowledge is a required part of the curriculum and does not represent an acceptable PI project.



Six ACGME Competencies

- 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.



Practice-based Learning and Improvement - Citations

- Based on the example in the PIF, residents do participate in quality improvement learning activities. However, the resident's involvement appears to be limited and/or passive. For meaningful learning to occur, the resident should engage in the planning, implementation of an intervention and analysis of the impact of the intervention on improvement. These activities should be guided by a leader with expertise in performance improvement.



Practice-based Learning and Improvement - Citations

- The semi-annual meetings with mentors in which strengths and weaknesses and evaluations are discussed are not a substitute for the resident's learning plan. The individual learning plan should be a living document created by the resident, with mentor guidance, to identify measurable learning objectives and strategies to achieve them. The plan should be revisited and updated at least annually.



Six ACGME Competencies

- 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.



Interpersonal and Communication Skills - Citation

- At the time of the site visit, multiple evaluators were not used, such as peers, patients, self, and other professional staff.

Six ACGME Competencies

Professionalism

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

Professionalism - Citation

- The program has provided a didactic lecture series to begin teaching professionalism, but other methods of teaching are not described. The use of such methods as videotapes, role playing, and small group discussion of vignettes would enhance this learning experience by generating active participation of the residents and also by teaching professionalism in the context of real world practice.

Six ACGME Competencies

System-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.



System-based Practice - Citation

- Residents are involved in conferences/activities to review patient outcomes, but their role appears to be limited to case presentations. For residents to become competent in the identification of system errors and the creation and implementation of system solutions, they must be involved in identifying the system problems/errors and contributing to the system solutions under the guidance of experienced faculty.



Questions?

- Competency Citations?
- RC Citations?
- Constructive citations?
- Citations with consequence?
