ADVANCING INNOVATION IN RESIDENCY EDUCATION (AIRE) REQUEST FOR PROPOSALS
Accreditation Council for Graduate Medical Education (ACGME)

BACKGROUND

The implementation of the Next Accreditation System offers an opportunity to help catalyze, recognize, and highlight innovation in graduate medical education (GME). While the current Program Requirements already provide substantial flexibility to test new educational and assessment approaches, the ACGME anticipates the potential need to offer waivers to compliance with selected requirements to further foster innovation in GME.

PILOT GOAL AND OBJECTIVES

The overarching goal is to catalyze greater innovation in residency and fellowship training that improves the quality and safety of health care delivered by graduates of those programs. To help achieve this goal, the ACGME is initiating a pilot program with the dual aims of 1) enabling the exploration of novel approaches and pathways in GME, and 2) enhancing the attainment of educational and clinical outcomes through innovative structure and processes in resident and fellowship education.

The pilot will encourage the adoption of the key principles of competency-based medical education (CBME) and outcomes. See Appendix A for detailed information on these principles and characteristics.

APPROVAL PROCESS

Pilot proposals will be initially reviewed by the Innovation Pilot Research Committee (Innovation PRC) for completeness and methodological rigor. The Innovation PRC is an ACGME staff committee consisting of individuals with experience in curricular design and assessment. The goal of the Innovation PRC review is to provide useful feedback to the proposers before forwarding to the appropriate Review Committee for review and potential approval. If the Innovation PRC has concerns regarding the proposal, it will provide specific feedback to the proposers and invite a re-submission.

Implicit in this approval process is an understanding that these pilots represent complex interventions in GME training. As such, the ACGME understands that pilot study interventions and anticipated outcomes will likely require modification as the pilot projects evolve. Each pilot project must critically review and iteratively assess the project design and outcomes based on real-time learning during the implementation period, and collaborate closely with ACGME staff members and

project facilitators in this work. Regular monitoring reports will be shared with the respective Review Committee to ensure learner safety and address adverse events in the event they occur. Applicants should be mindful that the review process will ensure that pilots provide innovative approaches to GME without jeopardizing program accreditation, trainee certification eligibility, or the learning environment. To that end, programs participating in the pilot may need to obtain approval and/or relief from existing board certification requirements. We strongly recommend that programs contact the pertinent certification board prior to submitting a proposal to ensure that graduates will be Board-eligible.

Review Committee Approval

Proposals that include requests for a waiver/variation/suspension of Common Program and/or Specialty Program Requirements require ACGME approval; such proposals will be reviewed by ACGME staff members prior to consideration by the applicable Review Committee. The Review Committee Executive Director will provide official notification to the program director and designated institutional official (DIO) of the Review Committee's decision, to include:

1. The duration of the approval will depend on the nature of the innovation and submitting programs should clearly specify the rationale for the requested duration.
2. The method of monitoring (e.g., progress reports, updates) will be determined by the Innovation PRC staff at ACGME in collaboration with the Review Committee, and at a minimum will include yearly program updates and performance by the residents or fellows on the Milestones.
3. Supporting evidence from the program of assessment developed to support the innovative pathway should be specified in the proposal (see below).

PILOT REQUIREMENTS
Initial Proposal

Proposals must be grounded in sound educational principles and theory, including competency-based training principles with a clear focus on outcomes, a clear rationale for what the pilot program intends to accomplish from a patient, learner, faculty, educational system, and public perspective. In addition, pilot programs must meet the following requirements:

1. Have a faculty lead/champion;
2. Have obtained local approval and support as evidenced by letters of support from the organizational entity responsible for the program's oversight, the GMEC, and the DIO;
3. Provide evidence that the executive leadership of the pertinent clinical learning environment (CLE) in which these residents or fellows will train has signed off on the proposal and attests to:
    a. local monitoring by its DIO and GMEC;

b. how the innovation could impact the CLE, including issues of supervision policies that are understood for traditional trainees within the CLE;

c. how their GME community would view success/failure of such a pilot, and;

d. what they believe the scalability of such a change in training would look like if such pilots are successful.

Note: The ACGME Clinical Learning Environment Review (CLER) Program team will be informed of the pilot and will also be included as part of the monitoring activity.

4. Describe in sufficient detail the re-design of the specific curriculum based on CBME principles for the pilot;

5. Provide a description of the pilot design and methodology that documents how the pilot project will advance the assessment and evaluation of trainees in an outcomes-based education framework;

6. Include a clear definition of the outcome measures that will be used to demonstrate over time how the innovation improved educational outcomes, in keeping with CBME principles;

7. Include an evaluation plan to generate evidence-based data and outcomes, including plans on how the program will track the learner after completion of the program, that is focused on actionable learning from the strengths and weaknesses of the project and its overall impact;

8. Use rigorous assessment methods;

9. If a new assessment method or tool is utilized, describe how the method or tool will be evaluated to collect validity evidence.

10. Continue to use a competency or promotions committee to review assessment data and provide attestation regarding competency of trainees;

11. Provide a specific corrective action plan for trainees, including remediation and how trainees would be transitioned back into other pathways (where applicable) if they fail to meet pilot developmental standards;

12. Define how faculty development activities required to implement the innovation will be organized and delivered, and how outcomes of faculty development will be assessed;

13. Provide information on how the program will meet infrastructure and resource needs to conduct the pilot; and,

14. Describe how the Milestones will be used as part of the pilot.

Appendix B provides a template to organize your proposal. Appendix C provides a planning tool to help you put your proposal together but you are not required to submit this document. Pilot project submissions must address all of the above requirements as part of the pilot approval process.

Past Innovations
The ACGME is proud of its past efforts in innovation and would encourage potential applicants to review some of these efforts. For example, the

Educational Innovation Project (EIP) in internal medicine helped to lay the foundation for the current approach to accreditation. Some internal medicine programs dramatically altered their curricular and assessment approaches as part of their innovations. The article by Warm and colleagues provides a nice overview of how to build a community of practice for innovation. (Warm 2013)

Use of Milestones in the Innovation Pilots
While the use of the Milestones in innovation pilots is required as a component of the pilot proposal, the current version of the Milestones has not been sufficiently studied to support using the Milestones as the sole mechanism for decision making around trainee progression.

Clinical Competency Committees in the Innovation Pilots
Clinical Competency Committees (CCCs) must be used in all pilots. The ACGME strongly encourages proposals to explicitly describe how the CCC process will be used in the pilot. Research has demonstrated that effectively-performed group process leads to better judgments and decisions. The ACGME recommends that proposals include robust and innovative approaches to group decision making.

Common Program Requirements
The innovation pathway is not intended to provide relief from key components of the Common Program Requirements. *Specifically, Sections I, II, III, V, and VI must be met as part of the pilot.* Pilots must also abide by duty hour requirements. This innovation pathway is not to be used for relief or changes to duty hour requirements.

Program Evaluation
Since it will be important to determine the success of approved pilot studies, these proposals must emphasize the program evaluation approach to support the pilot, especially with regard to ongoing assessment that enables faculty members to more accurately determine learners' developmental progress, and to help learners through frequent feedback, coaching, and adjustments to learning plans (Holmboe 2010; van der Vleuten, 2012; Kogan 2013). Many approaches exist to program evaluation; it is recommended, if at all possible, to work with educational experts with experience in program evaluation to provide guidance in determining the most logical approach for the specific innovation and context. The ACGME also expects that the results of the innovation be shared with the community through presentations and scholarly publications.

Implementation
Implementation of innovations is a complex task and often where innovations fail despite comprehensive planning. The ACGME suggests that programs consult the literature on frameworks to monitor and assess their implementation efforts. Damschroder and colleagues provide a consolidated framework for implementation research (CFIR) that may be a helpful place to start and provides a nice review of the literature (Damschroder 2009).

Monitoring

Proposals much include a description of how the innovation will be monitored, especially for unintended consequences. For example, if the innovation targets only a subset of learners, how will the quality of the program for non-participants be maintained? The proposal should also describe how an innovation will be suspended or ended should problems arise.

Proposals must include learner outcome measures. In addition, inclusion of outcomes related to the quality of care experienced by patients is encouraged.

SUBMISSION OF PROPOSAL

Proposals should be submitted to AIRE@acgme.org. All information must be provided and must be complete before the proposal will be considered. Appendix B provides a template for proposals.

References

Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation science of health services research findings into practice: a consolidated framework for advancing implementation science. Implementation Sci 2009; 4:50. Available at http://www.implementationscience.com/content/4/1/50.

Holmboe ES, Sherbino J, Long DM, Swing SR, Frank JR. The role of assessment in competency-based medical education. Med Teach. 2010;32(8):676-82.

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van der Vleuten CP, Schuwirth LW, Driessen EW, Dijkstra J, Tigelaar D, Baartman LK, van Tartwijk J. A model for programmatic assessment fit for purpose. Med Teach. 2012;34(3):205-14.

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APPENDIX A

COMPETENCY-BASED MEDICAL EDUCATION
Competency-based educational models are not new. Competency-based models for medical education were first promoted for wide use by McGaghie and colleagues as part of a report to the World Health Organization in 1978. Their 1978 report defined CBME as:

> *"The intended output of a competency-based programme is a health professional who can practise medicine at a defined level of proficiency, in accord with local conditions, to meet local needs."*

In a 2002 review, Carraccio and colleagues compared the elements between the two different models:

Comparison of the Elements of Structure/Process-based vs. Competency-based Educational Programs		
	Educational Program	
Variable	Structure/Process	Competency-based
Driving force for curriculum	Content-knowledge acquisition	Outcome-knowledge application
Driving force for process	Teacher	Learner
Path of learning	Hierarchical (Teacher→student)	Non-hierarchical (Teacher↔student)
Responsibility for content	Teacher	Student and Teacher
Goal of educ. Encounter	Knowledge acquisition	Knowledge application
Typical assessment tool	Single subjective measure	Multiple objective measures
Assessment tool	Proxy	Authentic (mimics real tasks of the profession)
Setting for evaluation	Removed (gestalt)	"In the trenches" (direct observation)
Evaluation	Norm-referenced	Criterion-referenced
Timing of assessment	Emphasis on summative	Emphasis on formative
Program completion	Fixed time	Variable time

Adapted from Carraccio, 2002.

Finally, Carraccio et al. also described a four-step process for implementing CBME: 1) Identification of the competencies (i.e., ACGME Competencies); 2) determination of competency components and performance levels (e.g., the Milestones); 3) competency evaluation; and 4) overall assessment of the process.

More recently, a group of international educators worked to "modernize" the definition of CBME and lay out the theoretical rationale for a CBME system (Frank et al. 2010). This group defined CBME as:

"An <u>outcomes-based</u> approach to the design, implementation, assessment and evaluation of a medical education program using an <u>organizing framework</u> of competencies."

Competency-based programs usually require a change in both curriculum *and* assessment. More importantly, changes in curriculum and assessment need to be integrated – assessment drives learning and learning drives assessment (van der Vleuten; 2012). Organizations seeking to implement CBME-designed pilot studies will need to attend to both curriculum and assessment. Van der Vleuten's model of programmatic assessment is an excellent place to start.

In summary, the fundamental characteristics of CBME are shown below, and it will be important for programs to attend to these key features as they design innovative educational pilot proposals.

1. Graduate outcomes in the form of achievement of predefined desired competencies are the goal of CBME initiatives. These are aligned with the roles graduates will play in the next stage of their careers.
2. These predefined competencies are derived from the needs of patients, learners, and institutions and organized into a coherent guiding framework (e.g., ACGME/ABMS Competencies).
3. Time is a resource for learning, not the basis of progression of competence (i.e., time spent on a ward is not the marker of achievement).
4. Teaching and learning experiences are sequenced to facilitate an explicitly defined progression of ability in stages.
5. Learning is tailored to the learner's individual progression in some manner. Numerous direct observations and focused feedback contribute to effective learner development of expertise.
6. Assessment is planned, systematic, systemic, and integrative. Specifically, programmatic assessment systems allow for valid and reliable decision making.

CBME REFERENCES

Carraccio C, Wolfstahl SD, Englander R, Ferentz K, Martin C. Shifting paradigms: from Flexner to competencies. Acad Med. 2002; 77: 361-67.

Carraccio CL, Englander R. From Flexner to competencies: reflections on a decade and the journey ahead. Acad Med. 2013 Aug; 88(8):1067-73.

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Frank JR, Snell LS, Cate OT, Holmboe ES, Carraccio C, Swing SR, Harris P, Glasgow NJ, Campbell C, Dath D, Harden RM, Iobst W, Long DM, Mungroo R, Richardson DL, Sherbino J, Silver I, Taber S, Talbot M, Harris KA. Competency-based medical education: theory to practice. Med Teach. 2010; 32(8):638-45

Frank JR, Mungroo R, Ahmad Y, Wang M, De Rossi S, Horsley T. Toward a definition of competency-based education in medicine: a systematic review of published definitions. Med Teach. 2010; 32(8):631-7.

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McGaghie WC, Miller GE, Sajid AW, Telder TV. Competency-based curriculum development in medical education. World Health Organization. Geneva. 1978.

van der Vleuten CPM, Schuwirth LWT, Driessen EW, Dijkstra J, Tigelaar D, Baartman LKJ, van Tartwijk J. A model for programmatic assessment fit for purpose. Med Teach. 2012; 34: 205-14.

Appendix B: Proposal Template for Program Experimentation and Innovation Project

    I.   **Program and Sponsoring Institution Demographics**

        A. **Review Committee:**

        B. **Program Name:**

        C. **Program Number:**

        D. **Program Director Name:** (include e-mail and telephone number)

        E. **Program Accreditation Status:**

        F. **Program Citations and/or areas for improvement (AFI):** List each citation or area for improvement included in the program's current letter of notification and explain how each has been addressed.

        G. **Sponsoring Institution:**

        H. **Designated Institutional Official Name:**

        I. **Sponsoring Institution Accreditation Status:**

    II.   **Project Description**

        A. **Title:**

        B. **Goals and Objectives:**

        C. **Description of the Innovation:** Briefly describe the innovation (or experimentation), including changes or improvements from the current process and the anticipated outcomes. If the innovation requires a request for waiver/variation/suspension of Common, Institutional, and/or specialty-specific Requirements, provide the exact Requirement reference (e.g., Common Program Requirements, Section #, etc.). Include current methods for Requirement compliance and how that will change. A diagram highlighting key design features and processes is encouraged.

D. **Methodology and Evaluation:** Describe in detail the specific changes to the curriculum and assessment program (See Appendix B for guidance). Describe how the innovation will improve GME and improve learner and patient outcomes. In addition, explain how the proposed changes will improve or advance current accreditation requirements. For example, how will the project improve the learning environment and resident education? How will it improve patient care quality/continuity/access/outcomes and/or better support the competency/Milestones objectives? How might the innovation help address remediation challenges with struggling residents and fellows? Given robust, rigorous assessment is essential to effective CBME, please provide examples of what assessment approaches and instruments will be used in this pilot. This proposal should also include what evidence exists regarding the instruments' reliability, validity, feasibility, cost effectiveness, educational impact, and acceptability. As noted above, if new assessment approaches are to be used, the proposal must describe how the new approaches will be studied.

E. **Clinical learning environment impact assessment:** Describe how the innovation will assess and monitor the impact on the learning environment, especially if the innovation only involves a subset of learners.

F. **Monitoring:** Describe how the program will monitor progress of the implementation of the innovation. The proposal should describe the evaluation plan (i.e., program evaluation; see G below) for the innovation, addressing the overarching questions, what works, for whom, under what circumstances, and why regarding the innovation.

G. **Program Evaluation:** Describe how the overall program will be evaluated, and what evaluation approach will be used. For example, a program might wish to use the Kirkpatrick framework of a logic model to describe its program evaluation plan. These tools and framework provide a systematic and rigorous approach to evaluation that can help to increase the chances of success. Program evaluation approaches can also help identify problems and challenges earlier so that changes and alterations can be made in a timely manner.

H. **Timeline:** Provide the tentative implementation date and duration of the project.

I. **Description of the Measures:** Describe the type and frequency of measures by which the innovation will be evaluated. Some of the measures must be outcomes-based in relation to the innovation being proposed.

J. **Criteria for Assessing Degree of Success:** Describe the criteria for determining success of the innovation, including the related targets/benchmarks and outcomes. This should be included in the program evaluation plans.

K. **Applicability:** Describe how the innovation's goals and anticipated outcomes may apply to other GME programs.

III. **Approval Signatures and Dates**

A. **Program Director:**

B. **Department Chair, if applicable:**

C. **If a dependent subspecialty, Core Program Director:**

D. **American Board of _____,** if applicable (i.e., if the proposal affects any requirement of the specialty board, prior approval should be included with the proposal)

E. **Designated Institutional Official:**

F. **Chair, Graduate Medical Education Committee:**

IV. **Appendices, if applicable**

Appendix C: Planning Worksheet
Provided below is a template to help you plan your pilot and submission to the ACGME. **You are not required to submit this as a document, rather use this as a planning guide for your proposal.** E-mail questions to AIRE@acgme.org.

Description of Your Innovation Pilot
We suggest using two tables to assist in describing your innovation training pilot. In the first table, describe the major short-term (one year) and long-term (three to five-year) outcomes that you anticipate for each innovation listed in Column 1 (i.e., start with the end in mind). These could be resident/fellow outcomes, program outcomes, or patient outcomes. For each outcome in the second column, identify how you will measure the outcomes or determine the degree to which each has been achieved. Measures could include trainee evaluation data, exam scores, resident/fellow surveys, analysis of hospital QI data, etc.

Educational Innovation	What are your major intended results/outcomes? Consider short-term (one year) and long-term (three to five-year) outcomes.	What processes, tools, or other measures will you use to determine whether you have achieved these outcomes?

In the second table, repeat your list of educational innovations in the first column what methods you will use for implementation in the second column, and indicators of success in the third column.

Educational Innovation	What methods/activities will you use to implement your innovation?	Indicators of successful implementation – how will you know that you are on the right track during the project? Consider major milestones, deliverables, or intermediate outcome measures for this question.

Assessment to Measure Key Outcomes
In addition to the Milestones, please list the specific assessment methods you will use to generate data on trainee competence in each of the six required ACGME Competencies (Note: A method can be used more than once).

Competency	Assessment Method(s) [and frequency]	Evaluator(s)
Patient Care		
Medical knowledge		
Practice-based Learning and Improvement		
Interpersonal Communication Skills		
Professionalism		
Systems-based Practice		

List each of the assessment tools to be employed and provide a brief description. This should include relevant validity evidence or theoretical justification supporting the use of these tools in this context.

Describe how faculty members completing these assessments will be trained to use the assessment methods listed above.

Describe how trainees (residents or fellows) will be informed of the performance criteria on which they will be assessed.

Describe the process that will be used to complete and document written semiannual evaluations, including the mechanism for reviewing results.

Describe how the program will assess trainees using direct observation of patient encounters. Identify the direct observation tools used (e.g., mini-CEX, procedure checklist, etc.) to assess a resident's or fellow's (a) ability to gather data; (b) clinical reasoning; (c) patient management skills; and (d) procedural skills.

Where applicable, describe how simulation will be used as part of the innovation, especially around procedural skills.

Assessment of Patient Care
Documented direct observation of a trainee-patient encounter by supervising attending occurs in the:
      Inpatient Setting – Yes/No
      Ambulatory Setting – Yes/No

Documented direct observation takes place to evaluate a trainee's ability to:
      Ability to gather data – Yes/No
      Clinical reasoning – Yes/No

       Patient Management – Yes/No
       Procedural skill – Yes/No

Assessment of Medical Knowledge
What assessment method(s) is used in evaluating a trainee's medical knowledge?

How often is the assessment given to each trainee?

Assessment of Practice-based Learning and Improvement
Assessment of a trainee's competency in practice-based learning and improvement includes:
       Application of evidence to patient care – Yes/No
       Practice improvement – Yes/No
       Teaching skills involving peers – Yes/No
       Teaching skills involving patients – Yes/No
       Scholarship – Yes/No

Assessment of Interpersonal and Communication Skills
Does the program use documented direct observation tools to evaluate trainees:
       Communication with patient – Yes/No
       Communication with family – Yes/No
       Teamwork – Yes/No
       Communication with peers – Yes/No
       Transition of care – Yes/No
       Record keeping – Yes/No
       Communication with other fellows and/or residents

Which of the following provide assessment of the trainee's interpersonal and communication skills:
       Patients – Yes/No
       Peers – Yes/No
       Nurses – Yes/No
       Technicians – Yes/No
       Ancillary staff – Yes/No
       Allied health professions – Yes/No
       Social workers – Yes/No
       Clerical staff – Yes/No
       Referring physician – Yes/No
       Consultants – Yes/No
       Physician Assistants – Yes/No
       Medical students – Yes/No
       Other – Please describe
       Communication with other fellows and/or residents

Assessment of Professionalism
Which of the following provide assessment of the trainee's professionalism:
- Patients – Yes/No
- Peers – Yes/No
- Nurses – Yes/No
- Technicians – Yes/No
- Ancillary staff – Yes/No
- Allied health professions – Yes/No
- Social workers – Yes/No
- Clerical staff – Yes/No
- Referring physician – Yes/No
- Consultants – Yes/No
- Physician Assistants – Yes/No
- Medical students – Yes/No
- Other – Please describe
- Other fellows and/or residents

Does the program assess the trainee's:
- Honesty – Yes/No
- Integrity – Yes/No
- Ability to meet professional responsibilities – Yes/No
- Ability to maintain appropriate professional relationships with patients and colleagues – Yes/No
- Commitment to self improvement – Yes/No

Assessment of Systems-based Practice
Which of the following provide assessments of the trainee's competency in systems-based practice:
- Patients – Yes/No
- Peers – Yes/No
- Nurses – Yes/No
- Technicians – Yes/No
- Ancillary staff – Yes/No
- Allied health professions – Yes/No
- Social workers – Yes/No
- Clerical staff – Yes/No
- Referring physician – Yes/No
- Consultants – Yes/No
- Physician Assistants – Yes/No
- Medical students – Yes/No
- Other – Please describe
- Other fellows and/or residents

Does the program assess the trainee's:
- Care coordination – Yes/No
- Transition of care – Yes/No

Ability to work in interdisciplinary teams – Yes/No
Advocacy for quality care – Yes/No
Ability to identify systems problems and participate in improvement activities – Yes/No

Patient Care
Describe one proposed learning activity designed to identify strengths, deficiencies, and limits in trainee patient care skill involving the care of an individual patient and a patient population under the care of the trainee.

Describe how direct observation of trainees interacting with patients, families, and other health care team members will be documented. Include a description of the number of direct observations that will be completed per year.

Describe the faculty development that will ensure that faculty members have the requisite knowledge, skills, and attitudes needed to complete the above referenced direct observations. Also discuss how the program will develop a common or shared understanding of the criteria that will be used to judge competency through the direct observation process.

Practice-based Learning and Improvement
Describe one proposed learning activity designed to identify strengths, deficiencies, and limits in trainee knowledge and expertise (self-reflection and self-assessment), set learning and improvement goals, identify and perform appropriate learning activities to achieve self-identified goals (lifelong learning).

Describe one example of a learning activity designed to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. The description should include:
   a. locating information
   b. Using information technology
   c. Appraising information
   d. Assimilating evidence information (from scientific studies)
   e. Applying information to patient care

Give one example of a proposed quality improvement activity or project intended to demonstrate trainee's ability to analyze, improve, and change practice or patient care.

Describe how residents or fellows:
   a. Develop teaching skills necessary to educate patients, families, students, and other residents.
   b. Receive and incorporate formative feedback into daily practice.

Interpersonal and Communication Skills
Describe one proposed learning activity/venue in which residents and fellows develop competency in communicating effectively with patients, families, physicians, other health professionals, and health-related agencies.

Describe one proposed learning activity in which residents or fellows develop their skills and habits to work effectively as a member or leader of a health care team. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities.

Explain (a) how the completion of comprehensive, timely and legible medical records is monitored and evaluated, and (b) the mechanism for providing residents or fellows' feedback on their ability to competently maintain medical records.

Professionalism
Describe at least one proposed learning activity, other than lecture, by which residents or fellows demonstrate professional responsibilities and an adherence to ethical principles.

How does the program promote and monitor professional behavior in residents, fellows and faculty?

How are lapses in these behaviors addressed?

Systems-based Practice
Describe a proposed learning activity/venue through which trainees will achieve competence in the elements of systems-based practice: work effectively in various health care delivery settings and systems; coordinate patient care within the health care system; incorporate considerations of cost containment and risk benefit analysis in patient care; advocate for quality patient care and optimal patient care systems; and work in inter-professional teams to enhance patient safety and care quality.

Describe an activity that fulfills the requirement for experiential learning in identifying system errors.

Appendix D: Flowchart for Proposal and Notification Process

Residency or Fellowship Programs

Submit to Milestones Research Unit

Decision/Annual Update

Revise and resubmit

Milestones Research Unit: Performs initial review for methodology and adherence to key Common Program Requirements

Initial review: If any issues proposal returned to submitters. If meets initial screen, then forwarded to CBME PRC

Monitoring

CBME Pilot Review Committee

Secondary review: If a revise, the proposal returned to submitters via the Milestones Research Unit

Approve, revise, reject

Review Committee