

IV. Educational Program
A. Curriculum components
5. ACGME Competencies
b. Medical Knowledge

Common Program Requirement:

5. *ACGME Competencies*
The program must integrate the following ACGME competencies into the curriculum:
- b. *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. Residents:
[As further specified by the Review Committee]

Explanation:

Medical knowledge (knowledge of biomedical, clinical, epidemiological-behavioral sciences and application of this knowledge to patient care) within each specialty is included as part of the specialty-specific program requirements. Formal teaching usually occurs within the didactic curriculum, but most learning takes place within clinical experiences. Thus, competence in medical knowledge is inextricably linked with competence in patient care.

In addition to the specialty-specific knowledge content that is assessed with local, in-training, and Board exams, it is important that each resident, regardless of specialty, demonstrates his/her ability to acquire and access new knowledge (i.e., stay up-to-date with the current literature), interpret the information they uncover, and then apply it in the clinical setting. Prior to the incorporation of the ACGME core competencies, this was called “learning around the patient” but now is often referred to as lifelong learning skills. These are learned skills and may be applied to other competency domains, especially Practice-based Learning & Improvement (PBLI) and Systems-based Practice (SBP). Structured approaches for teaching these skills may include journal club, critically appraised topic, educational prescription (a structured technique for following up on clinical questions that arise during rounds and other venues)¹, or other learning experience. This may be accompanied by a specific evaluation tool that identifies the criteria and standards for achievement of competence. (See CPR V.A.1. explanation section of this Guide.) Consistency among programs within each specialty may allow the development of national standards for these related medical knowledge skills, as has been done for Board exams.

¹ <http://www.cebim.utoronto.ca/practise/formulate/eduprescript.htm>