IV. Educational Program

A. Curriculum components

5. ACGME Competencies

c. Practice-based Learning and Improvement

Common Program Requirement:

5. ACGME Competencies

The program must integrate the following ACGME competencies into the curriculum:

c. 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. Residents are expected to develop skills and habits to be able to meet the following goals:

(1) identify strengths, deficiencies, and limits in one's knowledge and expertise;

(2) set learning and improvement goals;

(3) identify and perform appropriate learning activities;

(4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; (Review Committees should define expectations regarding quality improvement within specialty specific program requirements.)

(5) incorporate formative evaluation feedback into daily practice;

(6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;

(7) use information technology to optimize learning; and,

(8) participate in the education of patients, families, students, residents and other health professionals.

[As further specified by the Review Committee]

Explanation:

At the core of proficiency in Practice-based Learning & Improvement (PBLI) is lifelong learning and quality improvement. These require skills in and the practice of self evaluation and reflection (CPR IV.A.5.c.1) to engage in habitual Plan-Do-Study-Act (PDSA) cycles (CPR IV.A.5.c.2-5) for quality improvement at the individual practice level, as well as skills and practice using Evidence-based Medicine (EBM) (CPR IV.A.5.c.6-7). In addition, residents must learn and practice teaching skills to enable them to effectively educate patients, families, students, residents and other health professionals (CPR IV.A.5.c.8).

Some specialties have identified tools to support development of **self assessment and reflection** skills and habits. For example, residents in ACGME accredited pediatrics programs must maintain an individual learning plan that must be documented annually

(PR IV.A.5.c.(9)). Other tools might address attributes important to the practicing physician, such as time management, stress management, or elements of the competencies. Or, a simple prompt to think about what went well, what didn't, and what the resident would like to do differently can help residents to think beyond context and to share meaning. Effective use of such tools involves assessment by both the resident (self assessment) and faculty member, as well as subsequent discussion of strengths and areas for improvement that emerge. We know that 'we don't know what we don't know' so discussing differences in self-assessed abilities and faculty member-assessed abilities is a good way to gain awareness and develop better self assessment skills. Reflection is critical for gaining greater self knowledge (link to professionalism); it functions as a personal PDSA cycle (establish goals, monitor progress, question things as they happen, assess what is/is not working).

Didactic training for **EBM-related skills** will help residents develop the needed skills and habits: locating information, using information technology, appraising information, assimilating evidence (from scientific studies as well as practice data), and applying information to patient care. Resources for accomplishing this may include library professionals and a variety of articles, books, and learning modules. (For example, see the RSVP website: http://www.acgme.org/outcome/implement/rsvp.asp.) In addition, residents should have the opportunity to apply these skills in a structured activity such as journal club that is evaluated using a tool structured to provide meaningful feedback. Faculty oversight of this activity as teachers, mentors, and role models will aid resident development of these skills and habits.

Quality improvement (QI) skills may be obtained by active participation on a QI committee (planning; implementation; analysis of an intervention on a practice outcome; incorporation into practice if improvement has occurred; initiation of a new PDSA cycle if improvement has not occurred). Different specialties may have specific expectations regarding requirements for quality improvement related to PBLI.

A final area addressed by this competency domain is **teaching skills** used for the education of patients, families, students, residents, and other health professionals. While this overlaps the Interpersonal & Communication Skills domain, this requirement addresses the need for specific teaching skills. This is linked to practice improvement, because patients who lack a clear understanding of their condition and how they can participate in self care are likely to have worse outcomes than those who can be partners in their care because their physician has educated them effectively. Similarly, physicians who are able to effectively educate consulting physicians rather than just asking for a yes/no answer are more likely to get the information they need to provide better care.

There may be additional specialty-specific requirements for PBLI.