

SUBJECT: Resident Curriculum and RAsT

POLICY

STATEMENT: The Accreditation Council for Graduate Medical Education Institutional Requirements requires that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements. Each program is responsible for the content of a competency-based resident curriculum and that curriculum will be reviewed at each internal review. The curriculum should be in compliance with the common and specialty/subspecialty-specific program requirements, and curriculum review must be a documented part of each program's annual program improvement meeting.

DESCRIPTION:

Each program must develop a resident curriculum that contains the following educational components:

- A. Overall educational goals for the program, which the program must distribute to residents and faculty annually;
- B. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty annually, in either written or electronic form. These should be reviewed by the resident at the start of each rotation;
- C. Regularly scheduled didactic sessions;
- D. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program; and,
- E. ACGME Competencies

Please note that each individual RRC will add additional specialty specific competencies in each category. These competencies are common to all programs. The program must integrate the following ACGME competencies into the curriculum:

1. 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.
2. 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.

3. 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:
 - a. identify strengths, deficiencies, and limits in one's knowledge and expertise;
 - b. set learning and improvement goals;
 - c. identify and perform appropriate learning activities;
 - d. systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
 - e. incorporate formative evaluation feedback into daily practice;
 - f. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
 - g. use information technology to optimize learning; and,
 - h. participate in the education of patients, families, students, residents and other health professionals.
4. 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. Residents are expected to:
 - a. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
 - b. communicate effectively with physicians, other health professionals, and health related agencies;
 - c. work effectively as a member or leader of a health care team or other professional group;
 - d. act in a consultative role to other physicians and health professionals; and,
 - e. maintain comprehensive, timely, and legible medical records, if applicable.
5. Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
 - a. compassion, integrity, and respect for others;
 - b. responsiveness to patient needs that supersedes self-interest;
 - c. respect for patient privacy and autonomy;
 - d. accountability to patients, society and the profession; and,
 - e. sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
6. Systems-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. Residents are expected to:

- a. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- b. coordinate patient care within the health care system relevant to their clinical specialty;
- c. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- d. advocate for quality patient care and optimal patient care systems;
- e. work in interprofessional teams to enhance patient safety and improve patient care quality; and,
- f. participate in identifying system errors and implementing potential systems solutions.

F. Residents as Teachers (RasT): There are two programs. The first is required and will involve all entering housestaff at the University of Florida. The second program is elective and results in a certificate of achievement for those completing the program. This elective program focuses on those housestaff considering a career in academic medicine.

1. **Required program:** The University of Florida College of Medicine aims to improve the teaching skills of all housestaff, thereby enhancing the educational experience of more junior residents, medical students, and other healthcare professionals throughout their clinical training. All PGY1 residents and residents beginning training at the PGY2 level must be scheduled by their programs to attend a one-day session designed to improve teaching skills.
2. **Residents as Teachers Certificate Program:** Optional training is available:
<http://education.med.ufl.edu/office-of-graduate-medical-education/resident-as-teacher-program/>

G. Alertness Management / Fatigue Mitigation: The program must:

1. Educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation.
2. Educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
3. Be able to demonstrate that residents understand the potential negative effects of fatigue on patient care, their own behavior, and learning and are aware of potential mitigation processes such as naps or back-up call schedules.

4. Both the institution and the department will share in meeting this educational requirement.
- H. Quality Improvement and Patient Safety: Each program must have an interdisciplinary clinical quality improvement and patient safety education program. This program must either have specific learning objectives or have learning objectives included in each clinical rotation. The learning objectives of this program must:
1. Be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching and didactic training
 2. Not be compromised by excessive reliance on residents to fulfill non-physician service obligations associated with quality improvement and patient safety.
 3. Both the institution and the department will share in meeting this educational requirement.
- I. Residents' Scholarly Activities
1. The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.
 2. Residents should participate in scholarly activity.
 3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities.
- J. Resident Participation in Educational and Professional Activities
1. The program must provide residents with the opportunity to participate in effective educational experiences that lead to measurable achievement of educational outcomes in the ACGME competencies.
 2. The program must allow residents to participate on committees and councils whose actions affect their education and/or patient care.
 3. The program must provide residents with the opportunity to participate in an educational program regarding physician impairment, including substance abuse and sleep deprivation.
- K. The Graduate Medical Education Committee will sponsor periodic programs to enhance the curriculum offerings of the various programs. All programs should encourage resident participation in these activities. The Graduate Medical Education Committee will periodically review opportunities to

develop those skills that cross all residency lines and promote effective patient care.

Review and Approved:
Graduate Medical Education Committee (GMEC)
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