

# ACGME Outcome Project and LCME Competency Requirements

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# Objectives

- Discuss the new requirement for outcomes-based competency assessment
  - Discuss plans to teach, assess and document competency in your program
  - Develop systems to provide feedback and teaching to learners

# What is the ACGME

The Accreditation Council for Graduate Medical Education is an independent, private sector, voluntary, not-for-profit organization *responsible for evaluating and accrediting residency programs* in the United States.

# The ACGME Mission

To improve the quality of health care in the United States by ensuring and improving the quality of graduate medical educational experiences for physicians in training.

<http://www.acgme.org/Outcome/>

# What is LCME

- The Liaison Committee on Medical Education (LCME) is an agency cosponsored by the American Medical Association and Association of American Medical Colleges that *accredits educational programs in allopathic schools of medicine*.
  - Its Medical School Objectives Project (MSOP) lists the skills, attitudes, and knowledge that graduating medical students should possess. See <http://www.aamc.org/meded/msop/>  
Note that AAMC publishes Academic Medicine

# LCME Mission

- Accreditation determines whether an institution meets established standards for function, structure, and performance. The accreditation process also fosters institutional and program improvement.

# Other Players and Issues

- Osteopaths have a group similar to LCME. They add osteopathic manipulation as a seventh general competency.
- ACCME has function similar to ACGME, but for continuing education (professional development)
- All are moving towards outcome focus and competency assessment as they accredit programs. (LCME is moving slowest)

# Hot Issue for LCME—ED-2

- Revised Annotation to Standard ED-2
- This standard requires that a system be established to specify the types of patients or clinical conditions that students must encounter and to monitor and verify the students' experiences with patients so as to remedy any identified gaps. The system, whether managed at the individual clerkship level or centrally, must ensure that all students have the required experiences. For example, if a student does not encounter patients with a particular clinical condition (e.g. seasonal), the student should be able to remedy the gap by a simulated experience (such as standardized patient experiences, online or paper cases, etc.), or in another
- For each course or clerkship that requires student interaction with patients, the faculty must specify the types of patients or clinical conditions that students must see and the other patient-based experiences students must have (for example, surgical procedures), in order to achieve the objectives of the learning experience. The faculty must also specify the extent of student interaction with these patients, and the venue(s) in which the interactions will occur.

# UW Medical School Outcomes

- The UW Medical School once identified 10 “competencies” for graduates; it now uses the 6 ACGME general competencies
- UW requires passing a clinical examination (YEPSA) after the M3 year.

# University of Wisconsin Medical School Ten Competencies

- 1 Effective communication
- 2 Essential clinical skills
- 3 Using basic science in the practice of medicine
- 4 Lifelong teaching and learning
- 5 Self-awareness, self-care and personal growth

# UW 10 Competencies, continued

- 6 The social, cultural, and community contexts of health care
- 7 Moral reasoning and clinical ethics
- 8 Problem-solving
- 9 Professionalism
- 10 Management and leadership skills

# Six General Competencies in ACGME

- This six are only the headers or categories, not the learner outcome “competencies” that are required
- Programs must supply specific details about their program’s competencies and must address all six categories.

# Patient Care

- Compassionate
- Appropriate
- Effective
  - For treatment of health problems
  - For the promotion of health

# Medical Knowledge

- About established and evolving science
  - Biomedical
  - Clinical
  - Cognate (epidemiological & social-behavioral)
- About application of this knowledge to patient care
- Ability to critically assess “new” knowledge

# Practice-based Learning and Improvement

- Investigation and evaluation of their own patient care
- Appraisal and assimilation of scientific evidence
- Improvements in patient care

# Interpersonal and Communication Skills

- Results in effective information exchange and teaming with
  - Patients
  - Their families
  - Other health professionals
- Enhances therapeutic relationship

# Professionalism

Manifested through

- A commitment to carrying out professional responsibilities
- Adherence to ethical principles
- Sensitivity to diverse patient populations

# Systems-Based Practice

Manifested by

- Actions that demonstrate awareness of and responsiveness to larger context and system of health care
- Ability to effectively call on system resources to provide care that is of optimal value

# Teaching and Assessing

- Studies are starting to show that many faculty feel uncomfortable in assessing competencies in Systems-Based Practice and Practice-Based Learning and Improvement

# Recap

# Old way of thinking about accreditation

## *Accreditation questions focused on:*

- Does the program comply with the written requirements?
- Does the program have established goals and objectives and an organized curriculum?
- Does the program have a process to evaluate its learners and itself?

# The new way of thinking

## *Accreditation questions focus on:*

- Do the learners **achieve** the learning objectives set by the program?
- What **evidence** does the program provide to demonstrate that they do so?
- How does the program demonstrate **continuous improvement** in its educational processes?

# The challenge for programs

- How can we set up a system to document that learners have achieved the program's selected competencies?
  - Computer data collection
  - More and better mentoring

End