

IV. Educational Program

A. Curriculum components

1. Overall educational goals
2. Competency-based goals and objectives for each assignment
3. Didactic sessions
4. Delineation of resident responsibilities

Common Program Requirement:

- A. *The curriculum must contain the following educational components:*
1. *Overall educational goals for the program, which the program must distribute to residents and faculty annually;*
 2. *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;*
 3. *Regularly scheduled didactic sessions;*
 4. *Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program; and,*

Explanation:

Overall program educational goals describe a general overview of what the program is intended to achieve. These create a framework for expectations on the part of residents, faculty, and others in the program, and should not be a 'laundry list' of learning objectives. These must be distributed to residents and faculty annually, either electronically or on paper. While the program requirements do not specifically state that goals be reviewed with residents, programs may have a process in place that assures the residents both know and understand these overall goals.

Each assignment in which the resident is expected to participate must have a set of **competency-based goals and objectives**. Assignment refers to each rotation, scheduled recurring sessions such as M&M conferences, journal club, grand rounds, simulated learning experience, lecture series, and required resident projects such as a quality improvement project that are not explicitly part of a recurring session or rotation. The goal(s) communicate the general purpose and direction of the assignment. Objectives are the intended results of the instructional process or activity. They communicate to residents, faculty, and others involved the expected results in terms of resident outcomes and typically are the basis for items within evaluation instruments.

The phrase "competency-based goals and objectives" means that the goals and objectives clearly relate to one or more of the six ACGME competency domains. Typically, short term assignments such as a journal club will have one or two goals and

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several objectives that are related to some, but not all six competency domains. For example, the goals and objectives for a specific simulated learning experience may relate only to Interpersonal & Communication Skills.

Sample goal for a simulated learning experience:

Improve performance in communicating effectively with patients.

Sample objectives for this simulation experience:

Provide precise information to a patient that is clearly understood.

Express openness to feedback from patients.

Pay close attention to patients and actively listen to them.

The goals and objectives for each assignment at each educational level must be distributed annually to residents and faculty. If the program has created a program handbook, all curriculum design materials (goals and objectives for each curricular element, assessment instruments used for each) could be included and the handbook distributed to residents or made available online. Residents should be reminded to review the competency-based goals and learning objectives for each learning assignment at the start of the assignment. Some specialties require that goals and objectives be reviewed with residents at the start of every assignment.

All programs must have regularly scheduled **didactic sessions**. A didactic session instructs by communicating information, such as a lecture, conference, journal club, directed case discussion, seminar, or assigned online learning module, in contrast to an independent project, practicum, mentoring session, or clinical preceptor session which are self-directed or experiential. Specific requirements for the expected kinds of didactic sessions are contained in the specialty-specific requirements. Some specialties have requirements for attendance.

An important element throughout the curriculum is clear communication of **residents' responsibilities** for patient care, level of responsibility for patient management and how they will be supervised (and by whom). Care should be taken to assure that clinical responsibilities emphasize clinical education over service. This information could be part of the rotation orientation and be included in the written materials describing the rotation, including the "who, what, when, where, and how" of the rotation, expectations in terms of goals and objectives as well as resident and faculty responsibilities.