



Stony Brook Medicine Graduate Medical Education

Subject: GME0028 Program Curriculum Review	Published Date: 01/04/2021
Graduate Medical Education	Next Review Date: 01/04/2024
Scope: SBM Stony Brook Campus	Original Creation Date: 11/21/2003

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Responsible Department/Division/Committee:

Graduate Medical Education Committee

Policy:

SBM has an established institutional policy and guideline for programs within the institution on the development and implementation of an educational program curriculum.

Definitions:

None

Procedures:

Program Directors must develop and implement an educational program which includes:

- A curriculum that contains overall educational goals for the program which must be distributed at least annually in either written or electronic form to both residents and faculty;
- Competency-based goals and objectives for each assignment at each educational level (Post-graduate Year) which must be distributed to residents and faculty at least annually in either written or electronic form and reviewed by the resident at the start of each rotation;

- Regularly scheduled didactic sessions. Didactic activities may include, but are not limited to, lectures, conferences, courses, labs, asynchronous learning, simulations, drills, case discussions, grand rounds, didactic teaching, and education in critical appraisal of medical evidence.
- Delineation of resident responsibilities for patient care, progressive responsibility for patient management and supervision of residents over the continuum of the program.
- The curriculum must be designed and organized such that the content and experiences enable residents and fellows to satisfactorily progress towards achievement in the specialty-specific milestones appropriate to their level.
- The curriculum must integrate all of the following ACGME competencies.
 - a. 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. Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.
 - b. Medical Knowledge: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences. They must be capable of applying this knowledge to patient care.
 - 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:
 - Identify strengths, deficiencies, and limits in one's knowledge and expertise.
 - Set learning and improvement goals.
 - Identify and perform appropriate learning activities.

- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
- Incorporate formative evaluation feedback into daily practice.
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
- Use information technology to optimize learning.
- Participate in the education of patients, families, students, residents, and other health professionals.

d. 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:

- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
- Communicate effectively with physicians, other health professionals, and health related agencies.
- Work effectively as a member or leader of a health care team or other professional group.
- Act in a consultative role to other physicians and health professionals.
- Maintain comprehensive, timely and legible medical records.

e. Professionalism: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principle. Residents are expected to demonstrate:

- Compassion, integrity and respect for others.
- Responsiveness to patient needs that supersedes self-interest.
- Respect for patient privacy and autonomy.
- Accountability to patients, society, and the profession.
- Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

f. 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:

- Work effectively in various health care delivery settings and systems relevant to their medical specialty.
 - Coordinate patient care within the health care system relevant to their clinical specialty.
 - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population based care as appropriate.
 - Advocate for quality patient care and optimal patient care systems.
 - Work in interprofessional teams to enhance patient safety and improve patient care quality.
 - Participate in identifying system errors and implementing potential systems solutions.
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- A curriculum must include content which advances resident's knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients and applied to patient care. All residents and fellows should participate in scholarly activity during their training.
 - Scholarly activity encompasses original research, systematic review of a specific area within clinical or basic medical science, or a systematic formal case review (individual or series). Quality improvement activities may be considered scholarly activity if in a form suitable for publication/dissemination outside the institution.
 - The curriculum must include instruction and experience in pain management, including education on recognizing signs of addiction, if applicable to the specialty. Specialties exempt from this must be agreed upon by the GMEC.
 - The curriculum must be structured to optimize resident educational experiences, the length of these experiences, and supervisory continuity.
 - This curriculum must be developed with input from the teaching faculty and residents and must be evaluated in a documented formal,

systematic process by faculty and residents, and continuously updated to reflect changes and improvements.

- The curriculum, with the defined goals and objectives for each rotation, must be used for evaluation of residents and faculty. The curriculum shall be reviewed by the program annually and/or as changes occur. The curriculum must comply with the Program's Specialty-specific, Common and Institutional Requirements of the ACGME. The curriculum will also be reviewed at the time of the internal review. The program is required to review the curriculum at the time of their Annual Program Review by the Program Evaluation Committee.

Forms: (Ctrl-Click form name to view)

None

Policy Cross Reference: (Ctrl-Click policy name to view)

None

Relevant Standards/Codes/Rules/Regulations/Statutes:

None

References and Resources:

None