



## Stony Brook Medicine Graduate Medical Education

<b>Subject:</b> GME0028 Program Curriculum Review	<b>Published Date:</b> 06/13/2024
Graduate Medical Education	<b>Next Review Date:</b> 06/13/2027
<b>Scope:</b> SBM Stony Brook Campus	<b>Original Creation Date:</b> 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/fellows and faculty;
- A set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, residents/fellows, and faculty members.

- Competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. Required at each educational level (Post-graduate Year) which must be distributed, reviewed, and available to residents/fellows and faculty at least annually in either written or electronic form and reviewed by the resident/fellow 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, journal club, grand rounds, didactic teaching, and education in critical appraisal of medical evidence.
- Delineation of resident/fellow responsibilities for patient care, progressive responsibility for patient management and supervision of residents/fellows 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/fellows must be able to provide patient care that is patient and family centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. Residents/fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.
  - b. Medical Knowledge: Residents/fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, including scientific inquiry. They must be capable of applying this knowledge to patient care.
  - c. Practice-based Learning and Improvement: Residents/fellows 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/fellows must demonstrate competence in:

- Identifying strengths, deficiencies, and limits in one's knowledge and expertise.
- Setting learning and improvement goals.
- Identifying and performing appropriate learning activities.
- Systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement.
- Incorporating formative evaluation and feedback into daily practice.
- Locating, appraising, and assimilating 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/fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents/fellows must demonstrate competence in:

- Communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds and language capabilities, learning to engage interpretive services as required to provide appropriate care to each patient.
- Communicating effectively with physicians, other health professionals, and health related agencies.
- Working effectively as a member or leader of a health care team or other professional group.
- Educating patients, patients' families, students, other residents, and other health professionals.
- Acting in a consultative role to other physicians and health professionals.
- Maintaining comprehensive, timely and legible medical records.

- Residents/fellows must learn to communicate with patients and patients' families to partner with them to assess their care goals, including, when appropriate, end of life goals.

e. Professionalism: Residents/fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principle. Residents/fellows must demonstrate competence in:

- Compassion, integrity and respect for others.
- Responsiveness to patient needs that supersedes self-interest.
- Cultural humility
- Respect for patient privacy and autonomy.
- Accountability to patients, society, and the profession.
- Respect, sensitivity and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation.

f. Systems-based Practice: Residents/fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents/fellows must demonstrate competence in:

- Working effectively in various health care delivery settings and systems relevant to their clinical specialty.
- Coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty.
- Incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population based care as appropriate.
- Advocating for quality patient care and optimal patient care systems.
- Participating in identifying system errors and implementing potential systems solutions.
- Understanding health care finances and its impact on individual patients' health decisions.

- Using tools and techniques that promote patient safety and disclosure of patient safety events (real or simulated).

Residents must learn to advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end of life goals.

- A curriculum must include content which advances residents/fellows' 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/fellow educational experiences, the length of these experiences, and supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events.
- This curriculum must be developed with input from the teaching faculty and residents/fellows and must be evaluated in a documented formal, systematic process by faculty and residents/fellows, and continuously updated to reflect changes and improvements.
- The curriculum, with the defined competency-based goals and objectives for each rotation, must be used for evaluation of residents/fellows 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.

- The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of substance use disorder.

**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