OVERALL EDUCATIONAL GOALS AND OBJECTIVES

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OVERALL EDUCATIONAL GOALS

The University of Michigan Department of Anesthesiology is committed to the core resident education program and the development of residents who ultimately attain the capacity of a consultant in Anesthesiology. The elements of the core education program are organized according to the Six ACGME core competencies and by clinical year. The ACGME definitions are in italics and bold under each competency. The graded residency goals described below are attributes expected of all residents.

1. 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:

1. Identify strengths, deficiencies, and limits in one's knowledge and expertise
2. Set learning and improvement goals
3. Identify and perform appropriate learning activities
4. Systematically analyze practice using quality improvement methods
5. Incorporate formative evaluation feedback into daily practice
6. Locate, appraise, and assimilate evidence from scientific studies related to their patient's health
7. Use information technology to optimize learning
8. Participate in the education of patients, families, students and residents."

Practice Based Learning and Improvement (PBLI) is an essential competency that facilitates learning and improvement not only during residency, but throughout the practicing physician's lifelong career. To that end, the resident learns self-reflection and self-assessment as the process to identify strengths and weaknesses, identifies goals and engages in appropriate learning activities to meet set goals.

Graded Residency Practice Based Learning and Improvement Development Goals

1) **Clinical Base Year:** The clinical base year serves as a transition from medical school, and the focus of activity shifts from observing clinical care to providing clinical care. During this year, interns rotate through a range of care settings, and encounter a wide range of clinical

populations, challenges and opportunities for improvement. A month long intern research rotation provides a foundation in evidence based medicine, statistical inference, and clinical research design, intended to empower residents to identify, access, appraise, and apply scientific evidence in daily clinical practice. The goals for the completion of the Clinical Base Year PBLI competency are for graduating interns to accurately identify personal strengths, deficiencies, and limits in the resident's own knowledge and expertise; to request help when needed; to prioritize learning and improvement goals in an effective way; and to identify and perform effective and appropriate learning activities. The development of PBLI competencies are assessed quarterly by the Clinical Base Year Director and faculty supervising each rotation.

2) **CA-1 Year:** The first year of anesthesiology residency immerses the resident in the perioperative environment. Perioperative discussions with supervising faculty and morning conferences afford ample opportunity for the resident to reflect on clinical experiences in order to begin to identify clinically relevant learning opportunities, define important questions, and target areas and strategies for learning and improvement. The first year resident continues to acquire information from medical textbooks, online compendia, and the scientific literature to build a solid anesthesiology knowledge base. Foundational behaviors (e.g., sterile technique and hand hygiene) are taught, practiced, and monitored until they become habit, to not only improve infectious outcomes for current patients, but to instruct residents in the process of identifying and changing routine personal behaviors that impact patient outcomes. The resident increasingly integrates patient values, quality assurance data, information technology, scientific evidence, systems factors, and interpersonal feedback from faculty, peers, patients and interdisciplinary colleagues to inform progressive growth. Identification of improvement goals occur throughout the year. Learning activities include participation in: weekly didactic tutorial sessions, morning conferences that include clinical case, keyword, and journal club presentations, weekly Morbidity and Mortality conference, and crisis and advanced skill simulation experiences to ensure the resident will encounter certain rare emergencies and advanced technical skills, and have the opportunity to debrief performance, and identify areas for improvement. The goals for residents completing the CA-1 year are: to build on PLBI competencies developed in the Clinical Base Year; to incorporate formative feedback into daily practice and personal development; to locate, appraise, and assimilate evidence related to clinical practice; engage in ongoing departmental quality improvement activities and begin to appreciate the impact of medical teams and systems on patient care delivery.

3) **CA-2 Year:** The second year resident expands on the PBLI experience acquired in the CA-1 year by progressing through a series of anesthesiology rotations that allows for a greater immersion into the specialties. The resident focuses on the scientific evidence, patient factors, quality improvement data, and systems issues that are unique to the specialty and impact the delivery of care. Care delivery becomes more complex and the resident assumes more individual and team responsibility. Additionally, the number of faculty within a specialty is limited allowing for more consistent resident exposure throughout the rotation. This allows for identification and

discussion of a resident's interpersonal patterns and dynamics. The resident expands on identifying improvement goals as their experience deepens. Learning activities, in addition to the CBY and CA-1 year include: participation in annual Ultrasound Regional and Airway Management Workshops, for a subset of residents, membership on Departmental QA and Education committees, case presentation at Departmental Morbidity and Mortality conference, and participation in specialty journal club, didactic, and case presentations. The goals for residents completing the CA-2 year are to build on the PBLI competencies developed in the CA-1 year and: further clarify, through self-reflection and assessment, areas for improvement that address the greater responsibilities and complexity of patient care experienced during the year. Educational skills should develop to the point that the graduating resident is able to tailor information and delivery to meet the needs of the learner (e.g., considering level of health literacy and cultural background when educating patients and family members). Self-improvement goals should increasingly include team and systems based targets

4) **CA-3 Year:** The third year of residency is characterized by progressive autonomy as the resident develops increasing appreciation for the expectations of an Anesthesiology consultant. The PBLI skills from the previous training years become rooted and an integral component of the resident's daily practice. The most significant activity that perfects the PBLI competency is the shift from being supervised to supervising and from team member to team leader. These responsibilities add the final dimension to the PBLI competency. Learning activities, in addition to those in the CBY, CA-1, and CA-2 years, include a supervisory role, with faculty assistance, of junior anesthesiology residents and medical students during patient care, operational coordination of teams as senior resident on call, mentorship of junior residents, tutorial didactic presentation, and assisting with the annual workshops. The goals for residents completing the CA-3 year is to have embedded the skills to be fully prepared for a lifetime of continued practice based learning and improvement.

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."

Resident physicians must realize that acquiring Medical Knowledge is not a finite process. While it is important to accumulate enough knowledge in the field of Anesthesiology to pass written and oral boards, it is equally important to instill in a resident the ability and desire to continue to better oneself and remain in touch with the latest developments in their field for the remainder of their careers.

Attributes of a resident who meets the competency for medical knowledge will vary according to year of training and experience level. Residents who ask intelligent questions based on readings completed in preparation for cases show the fundamental attribute of curiosity. This attribute is cultivated throughout the remainder of their training.

CBY residents are provided with an iPad which is loaded with anesthesia text books which will be used throughout their anesthesia training. Additionally, the University of Michigan Medical Library has acquired the site license for the majority of medical textbooks that residents may choose to access during the learning process.

Residents engage in the following processes to acquire Medical Knowledge as training progresses from the CA-1 through CA-3 years. The depth of engagement changes as the resident progresses through training.

Reading: Throughout the Clinical Base Year residents will have various reading assignments based on the rotation that they are on at the time. The medical knowledge acquired during this year is aimed at preparing the house officer to be familiar with medical issues and current medical and surgical practice in preparation for training in the perioperative area. CBY residents are assigned a one month rotation on Anesthesiology known as the Anesthesia Boot Camp. During this month daily tutorials are scheduled with reading assignment from Miller and Prado's *Basics of Anesthesia*. Residents in the CA-1 year are assigned chapter reading from "*Millers Textbook of Anesthesia*."

Lectures: CBY resident s are assigned a one month rotation on Anesthesiology known as the Anesthesia Boot Camp;. Daily lectures are scheduled during this month and based upon the assigned readings. CA1-CA3 residents will build upon their reading by attending weekly lectures related to the assigned readings. Lectures continue on a weekly basis throughout training

Intraoperative Teaching: During all years of residency, faculty are encouraged to plan intraoperative teaching sessions, as permitted, with residents during patient care responsibilities. The format for such teaching sessions is brief and informal, ranging from lectures, practical teaching, journal article discussions, and board review topics. Hands on Demonstration: Several required and optional workshops and conferences are offered each year and are made available at no charge to residents. The workshops and lectures are led by experts in the filed from within the institution. These include the pediatric conference "The Sweet Conference," the "Difficult Airway Workshop" and the spring "Regional Anesthesia Conference."

Journal Club: Residents are taught to critically appraise new and emerging literature in a weekly journal club. A faculty mentor with expertise in the selected area is chosen to help moderate the club. Residents learn the cutting edge evidence behind the practice of Anesthesiology and are taught to critically appraise scientific literature.

Midwest Anesthesia Residents Conference (MARC) presentation: Residents are encouraged each spring to attend the MARC. The resident presents research or a clinical case to an audience of peers from around the Midwest. This helps residents with professional development and they learn the important skills of public speaking as well as dissemination of medical knowledge to their peers.

Morbidity and Mortality Conference: This weekly case conference is presented primarily by residents with an assigned anesthesia faculty mentor. Resident presentations focus on a challenging or unusual

case. Resident preparation is robust and during the presentation they are asked questions from the audience. They further develop skills of professional speaking and dissemination of medical knowledge to their peers in a familiar environment.

Key Word Presentations: Several mornings during the week, prior to starting cases, residents and faculty meet to discuss a key concept in the practice of Anesthesia referred to as a "key word." The resident prepares a one to two page outline of the topic. Each resident has a faculty mentor to review the paper prior to presentation. The paper must reflect the current state of the art in the specialty and be acceptable for publication. Each key word is published to our internal web page and a large list is available for review. The conference occurs at 06:30 AM prior to starting cases. This 30 minute key word conference is protected time from clinical responsibilities. Discussion of the key word during the conference with faculty adds further medical knowledge to the experience.

In-Training Examination (ITE) and Mentorship: Each year, residents take the ITE. This is a written exam administered by the American Board of Anesthesia and helps residents identify areas of knowledge that are deficient. The resident receives a list of key words from the exam that represents questions that were missed. They also receive a raw and scaled score. Each resident has a mentor who is available to review progress with in training exam scores and to make certain that a resident is preparing for written and oral boards. If a deficiency is identified, the resident and mentor meet and identify ways to improve learning and acquisition of medical knowledge. CA-1 and CA-2 residents may also take the Anesthesia Knowledge Test- Day 1, 30 Day, 6 months and 24 months. This exam is administered by The Inter-Hospital Study Group for Anesthesia Education, and has essentially the same goals and reporting structure as the ITE.

Graded Residency Medical Knowledge Development Goals

1) **Clinical Base Year:** Residents should refine and solidify the medical knowledge acquired during medical school and acquire new knowledge during rotations on medical and surgical specialties.

2) **CA-1 Year**: Residents should have a working knowledge of basic pharmacology and physiology. They should become familiar with various surgical procedures and be able to articulate the anesthetic implications related to the case at hand. Residents in this year of training will read extensively at home, prepare Key Words for morning conference, begin to present management plans at case conference and be prepared to discuss and explain in detail.

3) **CA-2 Year**: Residents should become more familiar with subspecialties of Anesthesia training and begin to develop a better understanding of more complex pathophysiology including Pediatric Anesthesia, Obstetric Anesthesia, Pain Management, Neuroanesthesia, Cardiothoracic anesthesia and Intensive Care Medicine. Reading should be focused on the subspecialties and residents at this level of training should be facile with the concepts of basic anesthesia. Moreover, they will begin teaching junior residents and medical students. At this stage of training, residents will be proficient in presentation of Key Words and Journal Clubs.

4) **CA-3 Year**: Residents should refine and build upon knowledge obtained in the first two years of Anesthesia training. Residents at this level should use their knowledge in a leadership position in the units on Intensive Care Unit, in the role of team leader ("Superchief") of the on call team, and will apply the knowledge on the floor as the leader of code teams. In the Operating Room as "Superchief" they will develop knowledge related to resource utilization, systems impact on patient care, and will be called upon to answer questions related to the field of anesthesiology at the level of a consultant.

3. 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."

During their competency-based education, anesthesiology residents at the University of Michigan will become skilled at providing patient care that is safe, effective and patient-centered. This requires integration of all other core competencies identified by the ACGME Outcome Project as necessary for resident development. Indeed it could be said that the delivery of patient care is ultimately the culmination of all these other aspects of clinical practice and development.

Excellence in patient care is the primary objective upon completion of a residency training program. In order to achieve this objective, the trainee will integrate multiple facets of patient care. They must gather the necessary information from the medical record and patient interview. The skills of medical decision making are then utilized to formulate an anesthetic plan which takes into account the patient's preferences, balances the risks and benefits of various alternatives, and makes appropriate use of the available medical resources. The execution of this plan requires mastery of multiple technical and cognitive skill sets. Modifications to this plan are proactively and efficiently instituted as changes in the perioperative course become apparent. Communication skills are necessary to ensure close integration of the medical care team and the appropriate transfer of information to patients and families in a professional manner. The advancing trainee is also expected to demonstrate professional maturity by supervising junior trainees in team environments such as the intensive care unit or while on call, and they will recognize their own limitations and gain assistance as needed.

Over the course of the 4 year training program, the resident will demonstrate progressive development of their patient care skills from novice to the independent practitioner and consultant representing the specialty of anesthesiology. They will care for a broad range of medical patients and gain exposure to

the full spectrum of medical procedures requiring the specialized care of an anesthesiologist. As they progress through the residency program, residents will be exposed to ever more demanding clinical situations. They will also counsel and educate patients and their families, and help them navigate a complex medical system to deliver the best possible patient care. Graduates of this anesthesiology residency program will leave confident that they possess all the skills required to deliver patient care which is effective and appropriate, but which is also compassionate and responsive to the patient's needs.

We recognize that although we strive to avoid harm and deliver the best possible patient care, there will be occasions when even our best performance does not result in an optimal outcome. It is integral to our training program that each patient encounter has the potential to inform and improve our patient care at the individual and at the institutional level. This is achieved through both a personal and a systems-based case review. This is formally accomplished in our departmental quality improvement program but is also ingrained into a personal lifelong habit of reflection and striving for improvement.

Graded Residency Patient Care Development Goals

1) **Clinical Base Year**: During their internship, the resident will transition from student to physician. As they rotate through their specialties, they will become an integral component of the team, but will be closely supervised by the attending physician and senior residents. They will experience both medical and surgical rotations, including critical care and emergency medicine. They will be expected to assess their patients, present their findings to their senior colleagues and develop patient care plans. Those residents who will be completing their internship as part of the anesthesiology residency will also begin their training in anesthesiology, and for one month will be closely supervised in the operating room, usually by a senior resident. The goals for the completion of the Clinical Base Year are for residents: to develop skills in history taking and physical examination of the medical and surgical patient; to present their findings to the senior members of their team in a concise and coherent fashion; to formulate patient care plans for patients with common medical conditions, in particular focused on patients with cardiovascular, respiratory and neurological conditions; to assess, formulate and carry out management plans for surgical patients with common perioperative conditions or complications; to, where relevant, begin to develop basic anesthesiology skills, in particular the ability to recognize when to notify their attending anesthesiologist of the need for immediate assistance.

2) **CA-1 Year:** The first clinical year for the anesthesia resident sees them begin to develop their basic anesthesiology skills. They will be closely supervised by the attending anesthesiologist, but will begin to demonstrate some independence in managing routine procedures in uncomplicated patients. Their clinical rotations will include subspecialty rotations in ophthalmological surgery, ambulatory surgery, pediatrics and obstetrics. The goals for the completion of the CA-1 year are for residents: to develop skills in patient selection and medical

optimization in the outpatient setting (preoperative assessment clinic); to establish robust history taking, physical examination and presentation skills; to counsel and consent uncomplicated patients undergoing general and regional anesthesia; to develop independence in the perioperative management of uncomplicated patients undergoing routine procedures; to manage patients in the post-operative care unit, with supervision; to begin to develop basic anesthesiology skills for obstetric patients; to consolidate their ICU skills that were learned during their clinical base year.

3) **CA-2 Year:** During the second clinical year, the anesthesia resident will experience many of the subspecialty rotations including pediatrics, cardiovascular and thoracic anesthesia, intermediate pediatric anesthesia, neuroanesthesia, obstetrics and chronic pain management. They will continue to be closely supervised by the attending anesthesiologist for these more challenging patients undergoing complicated procedures, but will establish independence in their routine practice. The goals for the completion of the CA-2 year are for residents: to competently perform a complete history, physical examination and establish an anesthetic plan for all the patients they may encounter during their subspecialty rotations after discussion with the attending anesthesiologist; to counsel and consent patients undergoing major surgery from all the subspecialty rotations; to competently perform a complete history, physical examination and establish management for patients presenting to the Pain Medicine Service; to manage a range of perioperative complications in both the operating room and post-anesthesia care unit with advice and supervision where necessary from the attending anesthesiologist; to consolidate their own ICU skills that were learned during their earlier training, and to begin to develop the skills to supervise their junior residents during their clinical development; to perform a history and physical examination, counsel and consent, and provide both analgesia and anesthesia care to obstetric patients undergoing elective and emergency obstetric care.

4) **CA-3 Year:** During this year of residency training the anesthesia resident will revisit many of the subspecialty rotations including pediatric anesthesia, obstetrics, neuroanesthesia, and cardiovascular anesthesia. They will also complete their regional anesthesia training. They will continue to be supervised by the attending anesthesiologist where appropriate, but by the end of their CA3 year the resident will function as an independent practitioner and consultant representing the specialty of anesthesiology. They will have demonstrated not only independence, but also will have supervised the care delivered by their junior colleagues. The goals for the completion of the CA-3 year are for residents to: independently provide comprehensive anesthesia care for a wide range of patients, from pediatric to geriatric, undergoing a broad range of emergent and elective surgical procedures; demonstrate appropriate and timely decision making in both elective and emergent situations; demonstrate the confidence and professional maturity to supervise medical students and junior residents in the clinical setting.

4. Interpersonal Skills and Communication

"***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:***

1. ***communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;***
2. ***communicate effectively with physicians, other health professionals, and health related agencies;***
3. ***work effectively as a member or leader of a health care team or other professional group;***
4. ***act in a consultative role to other physicians and health professionals; and,***
5. ***maintain comprehensive, timely, and legible medical records, if applicable."***

Positive interpersonal interactions are essential both for compassionate patient care and also for the team work required to ensure optimal patient care. As such, we stress the development of interpersonal skills in a graded fashion from the Clinical Base Year to the completion of anesthesiology residency.

Graded Residency Interpersonal Skills and Communication Development Goals

1) **Clinical Base Year:** The internship forms the basis for the doctor-patient relationship, as interns rotate through multiple different rotations and experience different care settings, different patient populations, and meet a broad range of clinical and interpersonal challenges. The goal for the completion of the Clinical Base Year is for graduating interns to have developed a foundation for positive interactions with their patients, patient families, and other healthcare staff. The development of interpersonal skills is reviewed regularly by the Clinical Base Year Director and interns are evaluated specifically on this skill set through each rotation. CBY residents begin to develop the skills of establishing the trust of patients and families during the Anesthesia Boot Camp rotation.

2) **CA-1 Year:** This year of residency continues the development of the resident's interpersonal and communication skills. CA-1 residents continue to develop the skills of establishing trust with vulnerable surgical patients and their families in a short time frame. They also begin to learn to manage the vitally important interpersonal relationships among operating room personnel such as surgeons, nurse anesthetists, circulating nurses, surgical technicians, and other healthcare staff.

3) **CA-2 Year:** The second year of residency builds upon the first as residents become more autonomous and interact more extensively with unique patient populations such as children, pregnant mothers, chronic pain patients and the critically ill. The Goals and Objectives of each rotation include the advanced interpersonal challenges in these particularly vulnerable patient

populations. Residents play a broader role in the CA2 year regarding interactions with patients and their families. For example, the CA2 resident may play a more active role in a family meeting regarding a critically ill patient, receiving guidance and feedback from anesthesiology faculty. Furthermore, interpersonal interactions among other healthcare staff are increased, as these more advanced residents start to develop skills as a perioperative, pain, or critical care consultant.

4) **CA-3 Year:** This final year of residency helps facilitate the development of critical interpersonal skills in effectively leading a healthcare team and managing conflicts. As a CA3 resident, the on-call experience is one of effectively delegating tasks to junior house officers, interfacing with surgical and nursing teams regarding operating room resource allocation, ensuring effective communication among staff and patients, responding to stressful code situations throughout the hospital, and working to resolve conflicts in the appropriate triage of surgical cases. This "guided independence" is one that involves the attending anesthesiologist on call, who serves as a resource to the resident regarding the important interpersonal skills of leading a team and effectively resolving conflict.

5. System 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:
1. work effectively in various health care delivery settings and systems relevant to their clinical specialty
2. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
3. Advocate for quality patient care and optimal patient care systems
4. work in interprofessional teams to enhance patient safety and improve patient care quality; and
5. participate in identifying system errors and implementing potential systems solutions."

System based practice (SBP) is the practice of medicine that includes the understanding of how components of the local and national healthcare system function interdependently and play a central role in the execution of patient care. Systems-Based Practice requires residents to demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on resources in the system to provide optimal health care. Consultation with healthcare professionals, education of healthcare consumers, and appropriate utilization of medical resources are additional elements of systems based practice.

An anesthesiologist must recognize the role as a consultant, providing anesthesia and analgesia in the perioperative setting and various geographical locations that reflect the patient's progress through the healthcare system. The anesthesiologist must communicate effectively with surgical colleagues and other consultants across the healthcare system to provide optimal cost effective These locations include the Pre-Operative clinic, emergency department, pre-operative area, the operating or procedure room, the post anesthesia care unit and the intensive care unit. An anesthesiologist needs to recognize the

roles of different healthcare providers present in each environment, utilize them appropriately and integrate with them in order to provide optimal care. An anesthesiologist also needs to recognize and understand the importance of information technology in systems based practice and utilize this technology to provide optimal and cost effective care.

The resident should function in the various patient care settings in the following ways:

- Be an effective and efficient provider in each setting.
- Coordinate patient care within each setting; incorporate considerations of risk benefit analysis in patient care and cost awareness.
- Advocate for quality patient care and optimal patient care systems.
- Work in inter-professional teams to enhance patient safety and improve patient care quality.
- Participate in identifying system errors and in implementing potential systems solutions.

Graded residency systems based practice development goals

1) **Clinical Base Year:** Interns will rotate on different services learning and providing care to patients while trying to integrate and function on medical floors, surgical floors and intensive care units. They will develop an understanding of the relationship different services and providers have to maintain quality, comprehensive and cost effective care. They will develop an understanding of the information system available.

2) **CA-1 Year:** Will spend a majority of their time in the operating rooms providing anesthesia for a number of general surgical cases. They will start developing their understanding of the role a consultant in anesthesia has. And they will master the use of the anesthesia electronic charting system.

3) **CA-2 Year:** Will move on to more complex cases that sometime require significant pre-operative and post-operative care. They will develop their skill in communication, patient optimization and resource utilization.

4) **CA 3 Year:** Will function as seniors in all peri-operative settings. Managing the patients, the operating rooms, other staff and service resources to provide quality cost effective care. As seniors they will have an understanding of the patient as he moves through the different parts of the health care system. They will be able to support the patient and his/her family while communicating with the surgical service and the other consultants. They will utilize efficiently the information systems in place and be able to communicate differences with other health care systems that the patients or their families might experience.

6. Professionalism

"Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

1. ***compassion, integrity, and respect for others;***
2. ***responsiveness to patient needs that supersedes self-interest;***
3. ***respect for patient privacy and autonomy;***
4. ***accountability to patients, society and the profession"***

Resident training encompasses attitudes and behaviors that define the highest standards of the medical professionalism. In addition to attaining clinical competence, residents are expected to progressively develop professional knowledge, skills, attitudes and standards of behavior that reflect professionalism at every stage of training.

Professional behavior underlies all aspects of medical training and is a life-long learning process that is inherently implicit in its scope. By developing attitudes and skills in the targeted areas listed below, the trainee is expected to acquire competence in a step-wise manner that starts with patient-level professionalism in the first year, then expands into self-reflective behavior in the second year and finally, as a third-year resident, involves active teaching and education of junior trainees in the various dimensions of professionalism.

1) **The Responsibilities of Professional Life**
   a) *Accountability* – The physician must place the needs of the patient above the physician's self-interest. The physician must recognize the value of being optimally prepared to provide patient care, recognize the need to participate in the health care industry as a whole, respond to the needs of society and to facilitate the optimum performance of colleagues.
   b) *Trust and Humanism* – The resident must acquire the skills that allow appropriate doctor/patient relationship. Elements include integrity, compassion, and understanding of diversity, excellent communication skills, dependability and full participation in group goals (collegiality).
   c) Team work and leadership.
   d) *Medical Ethics and Law* – The resident should be expected to demonstrate the highest level of moral and ethical behavior at all times in the clinical and professional setting.

2) **Physician Well-Being**
   a) The resident must be aware of the need for physical and mental health for physicians to be able to care for patients. They also must be clearly aware of the signs of physician impairment. This includes substance abuse, alcoholism, depression, psychiatric and organic disease and aging. Appropriate techniques for intervention should be taught during residency training.

3) **Respecting Equality and Diversity**

4) **Information Technology**
   a) Trainees should understand the importance of security and confidentiality with information systems.

Graded residency professionalism development goals

CA-1 Year:

1) Understand overview presented above.
2) Recognize basic principles of competency (e.g. knowledge, judgment, technical skills and attitude) and practice these on a daily basis.
3) Roles models: identify in others (e.g. faculty) and in one's own practice.

CA-2 Year:

1) Principles of leadership, maintaining professional relationships and conflict resolution.
2) Principles of stress management.
3) Managing the 'sick' or impaired physician.
4) Development of one's self as a role model.

CA-3 Year:

1) Medical and legal ethical considerations.
2) Reflecting upon ones practice.
3) Career development.
4) Maintaining one's own professionalism and mentor junior residents.
5) Engage in leadership behavior.

Resident Assessment

Assessment of resident performance of the 6 ACGME core competencies includes daily and monthly evaluations by the supervising faculty, resident/mentor meetings, the semi-annual assessment by the Program Director and quarterly evaluations by the members of the clinical competence committee based on the daily and monthly evaluations. Additional elements included in resident assessment may be unique to the competency and can include quality of presentations at Morbidity and Mortality Conference, keywords, journal club, in-training examination scores, and research and quality improvement projects. Professionalism assessment is based on observed behaviors that include altruism, commitment to excellence, sense of duty, integrity, tolerance, and respect for all human beings. In addition, active participation in departmental education efforts, compliance with professional training responsibilities defined by Centers of Medicaid and Medicare, Joint Commission, Graduate Medical Education Office, and the ACGME are included in professionalism assessment.