

Number:	013-001
Section:	Resident Participation in Educational & Professional Activities
Title:	General Competencies

Effective Date: 11/19/2015

Previous Review & Approval by GMEC: 5/24/07, 1/17/08, 3/15/12

Responsible Office: NJMS Graduate Medical Education

Update: Every five years from effective date or as needed

Purpose: To establish guidelines for outcomes-based education and training of housestaff in graduate medical education programs sponsored by Rutgers New Jersey Medical School and core teaching hospitals using milestones within the framework of the six ACGME competencies.

Scope: This policy will apply to all of the graduate medical education programs at Rutgers NJMS.

Definitions:

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

Reference(s):

1. ACGME Milestones
<https://www.acgme.org/acgmeweb/tabid/430/ProgramandInstitutionalAccreditation/NextAccreditationSystem/Milestones.aspx>

Policy:

A. Introduction

Outcomes-Based Education uses milestones as a framework for determining housestaff performance within the six ACGME Core Competencies. Unlike general goals, competencies are written as real-life abilities that are required for effective professional practice. The ACGME has approved six General Competency domains. The competencies represent areas of skill and knowledge that residents are expected to demonstrate before graduation. Milestones are significant points in development. For accreditation purposes, the Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialties.

B. General Competencies

The ACGME endorses general competencies for residents in the areas of Medical Knowledge, Patient Care, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice. Identification of general competencies was the first step in a long-term effort designed to emphasize educational outcome assessment in residency programs and in the accreditation process. The general competencies are incorporated into the individual program's Residency Review Committee requirements.

Each residency program must require its residents to develop competence in the six areas below, to the level expected of a new practitioner as defined by the specialty specific milestones. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate achievement of the milestones within each competency. In addition to the required competencies listed below, each program may identify additional specialty-specific competency requirements, as specified by its RRC.

1. 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.

2. MEDICAL KNOWLEDGE

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences and the application of this knowledge to patient care.

3. PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must demonstrate the ability to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and continuously improve their 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 manage information, access on-line medical information; and support one's own education
- participate in the education of patients, their families, students, residents and other health professionals

4. INTERPERSONAL AND COMMUNICATIONS SKILLS

Residents must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients 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

5. PROFESSIONALISM

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

- respect, compassion, and integrity 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, religion, disabilities, and sexual orientation

6. SYSTEMS-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- work effectively in various health care delivery settings and systems relevant to their clinical 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
- work in interprofessional teams to enhance patient safety and improve patient care quality
- participate in identifying system errors and implementing potential systems solutions

C. Milestones

The Milestones serve important purposes in program accreditation by:

- Allowing for continuous monitoring of programs and lengthening of site visit cycles
- Providing Public Accountability – report at a national level on aggregate competency outcomes by specialty

- Establishing a community of practice for evaluation and research, with focus on continuous improvement of graduate medical education (GME)

For educational (residency/fellowship) programs, the Milestones:

- Provide a rich, descriptive, developmental framework for Clinical Competency Committees (CCCs)
- Guide curriculum development
- Support better assessment practices
- Enhance opportunities for early identification of struggling residents and fellows

For residents and fellows, the Milestones:

- Provide more explicit and transparent expectations of performance
- Support better self-directed assessment and learning
- Facilitate better feedback for professional development

How are the Milestones used by the ACGME?

Resident/fellow performance on the Milestones provides a source of specialty-specific data for each specialty Review Committees to use in assessing the quality of residency and fellowship programs nationally, and for programs to use in facilitating improvements to curricula and resident performance if and when needed. The Milestones are also used by the ACGME to demonstrate accountability of the effectiveness of GME within ACGME-accredited programs in meeting the needs of the public.

D. Educational Program

The curriculum must contain the following educational components:

- a. Overall educational goals for the program, which the program shall distribute to residents and faculty annually;
- b. Competency-based goals and objectives for each assignment at each educational level using the ACGME milestones, which must be distributed to residents and faculty annually in written or electronic form and reviewed with the resident at the start of the rotation;
- c. Regularly scheduled didactic sessions;
- d. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program.

E. Program Responsibilities

- a. **Curriculum:** All traditional components of residency education and training are expected to be continued, such as teaching rounds, bedside teaching, lectures, conferences, and morning report. Increasing emphasis is to be placed on resident learning outcomes, which is achieved by identifying and communicating the exact learning objectives for each learning opportunity and the criteria by which the residents will be assessed, as well as the degree to which additional guided or independent study may be necessary. Programs shall provide multiple identified learning opportunities in each of the six general competency domains.
- b. **Goals and objectives**
 - i. Programs shall define specific milestone-based objectives for residents to demonstrate learning in the six ACGME competencies. All formats are acceptable provided that the competencies are integrated into the curriculum, and the curriculum is primarily competency based.

- ii. Objectives shall be explicit, criteria-driven, and linked to assessment both in theory and in practice.

c. Assessment/Evaluation

- i. Programs shall provide evidence that goals and objectives have been accomplished. In addition to assessing residents' attainment of objectives, assessment systems are also intended to facilitate continuous improvement of the educational experience, resident performance, and residency program performance.
- ii. Assessments shall be consistent with curriculum/program objectives and based on the specialty-specific milestones.
- iii. Multiple approaches and tools shall be used, by multiple observers conducting multiple observations. Assessment shall provide data that is reliable and valid. The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program
- i. Program shall document progressive resident performance improvement appropriate to education level.

F. Institutional Responsibility

The Sponsoring Institution must ensure that each program provides effective educational experiences for residents that lead to measurable achievement of educational outcomes in the ACGME competencies as outlined in the Common and specialty/subspecialty-specific Program Requirements.

G. GMEC Responsibilities

- a. GMEC must provide assurance that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements.
- b. As part of its internal review of programs, the GMEC shall assess each program's:
 1. Effectiveness of educational outcomes in the ACGME general competencies;
 2. Effectiveness of each program in using evaluation tools and outcome measures to assess a resident's milestone level in each of the general competencies; and
 3. Annual program improvement efforts in:
 - a. resident performance using aggregated resident data
 - b. faculty development
 - c. graduate performance including performance of the program graduates on the certification examination
 - d. program quality.

Number:	013-002
Section:	Resident Participation in Educational & Professional Activities
Title:	Housestaff Travel for Presentations at Professional Conferences

Effective Date: 9/21/2017

Previous Review & Approval by GMEC: 1/17/08, 3/15/12, 11/19/2015

Responsible Office: NJMS Graduate Medical Education

Update: Every five years from effective date or as needed

Purpose: To establish guidelines for reimbursable expenses for housestaff in graduate medical education programs sponsored by Rutgers New Jersey Medical School and core teaching hospitals when traveling for presentation at professional conferences.

Scope: This policy will apply to all of the postgraduate training programs at Rutgers NJMS.

Definitions:

1. **Housestaff/House Officer-** refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the housestaff may be referred to as a house officer.
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Reference(s):

1. Committee of Interns and Residents (CIR) 2012-2018 Agreement
2. University Policy on Travel Related Expense Reimbursements (policies.rutgers.edu)

Policy:

Reimbursement for travel related expenses is available to all Housestaff that meet all of the following criteria (subject to change), at the discretion of the appropriate Dean of GME.

Travel must be within the continental United States.

Resident must be in good academic standing within the department (this includes being up to date on submitting required documentation- case logs, duty hours, evaluations, etc).

Faculty mentor needs to attest that the resident presenting did the substantive amount of work on the project.

- a. Work and presentation must take place while the resident is employed by NJMS.
- b. Only one resident can submit per project, unless the nature of the presentations is inherently different (eg, residents construct database but have different clinical questions).

There must be IRB approval for the project in question (if human subjects involved) for all presentations.

Additional criteria:

1. Housestaff must receive approval from Program Director or Designee prior to participation in conference
2. Housestaff is presenting a paper, abstract or poster relevant to the specialty in training
3. Housestaff is a first-author in the paper, abstract or poster to be presented
4. Housestaff has not presented the paper, abstract or poster at a previous conference
5. Housestaff has not sought reimbursement for another conference in the same academic year
6. If housestaff has previously received reimbursement for travel from GME he/she is required to provide evidence that previous papers or abstracts presented were submitted for publication in a medical journal (manuscripts or abstracts need not be accepted for publication). If papers or abstracts previously presented at a conference are not submitted for publication, housestaff may submit other work published/submitted for publication to satisfy this requirement. Housestaff must be identified as a first author (exceptions are considered-see procedure below).
7. Resident's attendance at conference cannot create conflict for duty hour requirements (for either the resident or the program). Travel days do not meet the definition of duty hours per ACGME and therefore are days off; the day of presentation is counted as duty hours.
8. Meeting must be accredited for CME.
9. If resident wishes to extend stay for remainder of conference, he/she would be responsible for those additional costs (including any cost due to different flights). Permission to stay is granted at the discretion of the program director.
10. Travel expenses must be incurred for payment.

Commonly Reimbursed Expenses*	Expenses Not Reimbursed*
<ul style="list-style-type: none"> ✓ Expenses for three days (day prior to, day of, and day after presentation) and two nights (day prior to and the day of presentation) ✓ Airfare to and from conference location ✓ Hotel- Two nights (the night before and the night of the presentation) including tax and resort fees ✓ Meals-\$50 per diem ✓ Cab fare to and from airport, to and from conference to hotel ✓ Parking at airport (for personal car) ✓ Conference registration fees ✓ Mileage if driving personal car to conference (at Rutgers current rate) 	<ul style="list-style-type: none"> ✓ Rental cars ✓ Other hotel expenses (e.g. spa, dry cleaning, computer access fees etc.) ✓ Luggage check-in fees ✓ Alcoholic drinks ✓ Expenses incurred by a traveling companion ✓ Unreasonably expensive meals ✓ Meals included in the cost of conference fees ✓ Expenses related to personal negligence (e.g. parking tickets, fines, towing, traffic violations etc.)

*Not all reimbursable/non-reimbursable expenses are identified. Please contact the Program Director for further information.

It is the Housestaff's responsibility to obtain approval for travel and to submit expense related information after travel within the timeframe outlined below.

A. Timeline for Reimbursement

At least 1 month prior to travel:

- Housestaff or program designee must submit a Travel Approval (TA) report and other required documents to the Residency/Fellowship Program Office.

1-2 months post travel:

- Housestaff or program designee must submit an Expense Report online with all required documents
- Additional approvals are required if documentation is submitted after 60 days, so housestaff should make every effort to submit within a 2 month window after travel.
- Housestaff should expect reimbursement for travel related expenses approximately 2 pay periods after submitting documentation.

NOTE:

- ✓ Missing documents or submission of incomplete forms will delay reimbursement. It is the housestaff's responsibility to ensure that all required documentation is submitted online. Please follow up with the Program Coordinator for assistance if necessary.
- ✓ Travel advance payments are NOT available.

Procedure:

Prior to Travel:

To be considered for reimbursement the Housestaff must complete and submit the following documentation to the GME office at least one month prior to travel.

1. Complete and submit the Travel Approval Form (TA)
2. A copy of the conference brochure that describes the conference and identifies the housestaff as a presenter
3. A copy of the paper, poster or abstract to be presented (must indicate Housestaff is first author)
4. A signed attestation indicating that the resident has not presented the paper, poster or abstract at another conference
5. Supporting documentation for estimates itemized on the TA including airfare, lodging and registration fees. This documentation can be screen prints, travel agency estimates or hotel/airline estimates. Estimates for meals and transportation (e.g. cab, public transportation, airport parking etc.) are not required.
6. Evidence of publication/submission for publication is required of housestaff who have previously presented at a conference and received reimbursement from the GME office. The Housestaff must be identified as a first author. Exceptions to the first author criteria can be made on a case basis. Please identify and submit a summary of your contribution to the paper or abstract by completing the *Contribution to Abstract/Poster/Paper* (see Appendix E) form and your submission will be considered (does not guarantee approval).

Post Travel:

To complete the request for reimbursement the Housestaff must complete and submit the following documentation to the GME office at least one month after travel.

1. Complete and submit the Expense Report with supporting documentation
2. Upload scanned copies of original receipts for all expenses itemized on the expense report. Expenses identified without supporting receipts will not be reimbursed. All receipts must be itemized (e.g. meal receipts must identify food and drinks)
3. Housestaff will be notified via Rutgers email once the reimbursement is to be issued through payroll check/deposit approximately 2 pay periods after submission.