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ORIGINAL ARTICLE

Innovation in graduate medical education — using a competency based medical education curriculum

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Abstract Each year the American Centers for Medicare and Medicaid (CMS) pays over 10 billion dollars for graduate medical education in the USA.[1] Up until now there has been lack of evidence based research on the effectiveness of how American osteopathic trainees learn and are taught. An outcomes based delivery system has proven to be an important tool for measuring the status of graduate medical education (GME) in America. Competency based medical education (CBME) has shown to be an important part of the international medical education system. Since the ACGME (American Council on graduate medical education) started measuring the six core competencies over a decade ago, questions have arisen regarding traditional residency training methods and their benefits. Since the Single Accreditation System of the ACGME and AOA (American Osteopathic Association) was put in effect in July 2015, now is the best time for the osteopathic community, both nationally and internationally, to take a look at how we are teaching residents. Within this article, faculty training of residents, reflective practices, and the assessment of professionalism is specifically focused on. It is of utmost importance to research and reevaluate our medical education curriculum so that we will be able to help meet the needs of future generations, while also graduating competent, globally engaged, professional physicians. This article seeks to show the need for innovation in osteopathic GME and the role that competency based medical education (CBME) can play in the osteopathic profession to meet this need.
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Implications for practice

- Instillation and use of a Competency Based Medical Education Curriculum (CBME) is recommended.
- Trainee's competence needs to be defined, focused on, and nurtured.
- GME faculty must working on giving helpful and honest feedback to trainee's.

Introduction

Each year the Centers for Medicare and Medicaid (CMS) pay hospitals and medical systems over 10 billion dollars to support graduate medical education (GME) in the USA.[1] In July 2014, the Institute of Medicine (IOM) released a report of a study suggesting that there was a lack of research and identifying effects on the future of GME.[1] Specifically, this study highlighted the need for a comprehensive look at the way medical schools train their future physicians. Many questions arose from this study, and the need for an outcomes based delivery system for GME was reinforced. An outcomes based delivery system is one where "the quality, distribution, and cost of care" are taken into consideration.[1] A look at the international medical community shows that a competency based education curriculum has been in place for many years. This article seeks to show the benefits of a competency based medical education, both nationally and internationally.

The IOM study showed that there is a need to study the medical education curriculum in America, and to decide which curricula is the best to meet the changing needs of society. The study identified an over abundance of certain specialties, and an over saturation of doctors in parts of the United States.[1] This over saturation needs to be addressed in order for GME to flourish and continue being funded by government agencies. The study also suggested innovation was needed in GME. Some areas where innovation is required include the source and specifics of GME funding, as well as the need for a competency based medical education (CBME) curriculum. Specifically, a competency based medical education program would focus on specific core competencies to enhance the depth and breadth of graduate medical education. "An outcomes-driven approach [to Medical Education has] an added advantage of fostering innovation".[1]

Reforming GME

The idea that innovation is encouraged using a competency based medical education system comes from the notion that this system provides a "personalized alternative" approach to learning.[2] Competency education refers to the move from a traditional time based learning method, which often restricts the learner, to one that allows the learner to participate in lifelong learning and assessment, which is personalized to their goals of mastery in a skill or subject.[2]

From the July 2014 study, the Institute of Medicine recommended a "transformation fund" to help research ways in which GME can be transformed.[1] Although the osteopathic community has not released an official statement in response, there is an increased need for researching the way the osteopathic community fund and train residents. The "transformation fund" the IOM suggested also seeks to encourage innovation, which has been lacking in GME.

In 2014, the ACGME declared a goal of improving the Clinical Learning Environment of trainees.[3] To do this, they started the Clinical Learning Environment Review (CLER) committee.[3] This committee visits ACGME approved training institutes every 18—24 months and conducts a survey to assess the resident's clinical environment.[3] For example, in 2014, a CLER study showed that GME throughout the USA received the lowest score on its System Based Practice core competency.[3] This knowledge may illustrate the need to encourage residents to be able to report mistakes or problems with their training, without the risk of repercussions to their training.

With the Next Accreditation System (NAS), the ACGME mandates programs to submit milestone data from the six core competencies every six months.[4] The six core competencies of the ACGME are patient care, medical knowledge, practice based learning and improvement, systems based practice, professionalism, interpersonal skills and communication. During the milestone evaluation process, programs are encouraged to focus on trainees' outcomes. There is also a push to seek out innovation during the NAS process.[4] The NAS was developed to help reduce redundant reviews of programs.[4]

From July 1, 2015 until June 30, 2020, American osteopathic residency programs can apply for accreditation through the Single Accreditation System (SAS). In the memorandum of understanding signed by the leaders of the ACGME and AOA, the SAS was referred to as "the best solution for

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