

ACGME Mandated Scholarship: Process and Product—A Proposed Process to Maximize Trainee Experience

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The Accreditation Council for Graduate Medical Education (ACGME) has developed program requirements for each medical and surgical specialty, including length of training, faculty assessment of knowledge acquisition, numbers of patient encounters, minimum case volumes for various procedures performed, and participation in “scholarly activity.”¹ The purpose of scholarly activity participation is to develop physicians who are capable of participating in lifelong learning, advancing medical knowledge, and using a systematic approach to answer questions and address problems.² The importance of this is clear: as medical knowledge is constantly growing, practicing physicians must stay up to date with new conceptualizations of disease, available treatment options, and standard-of-care practices to best care for their patients. However, from a practical standpoint, the specifics necessary to meet this requirement have been less straightforward for programs and their trainees.

How many of these requirements are met varies, and it often falls to the specific residency program to develop its own unique curriculum or process. The scholarly activity requirement

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was proposed with the intention of developing the practices of discovery (advancing knowledge), integration (synthesizing knowledge), application (applying existing knowledge), and teaching (disseminating current medical knowledge) for trainees.³

shifted from periodic program reviews (every 3 to 5 years) that demonstrated evidence of processes in place to reporting outcomes annually. The data points are now reported numerically, quantifying scholarly work completed in the previous year by number of presentations,

Through this process-focused approach, residents will be more familiar with the research process from conception to presentation, thus better equipped to engage in scholarly activity and critical appraisal and ultimately apply findings to patient care.

ACGME Expectations

In the current ACGME accreditation system, general surgery, obstetrics and gynecology, pediatrics, emergency medicine, and internal medicine residency programs are required to “demonstrate evidence of scholarly activities,” and each program’s residents “must participate in scholarship.”^{2,4,7} In addition, emergency medicine residents must demonstrate one of the following: active participation in research and quality improvement projects, presentations, peer-reviewed publications, or other scholarly leadership activities such as editorial board or committee membership.⁶ Internal medicine residents must also “demonstrate dissemination of research” through presentations, publications, or other scholarly activities.⁷ That is the extent of the national guidance.

Since 2014, meeting these requirements and program reporting requirements have

publications, and national and regional organization memberships achieved by residents and faculty members.⁸ These numbers are reported via electronic forms by program administrators and allow annual tracking by the ACGME and its review committees to identify and intervene on any deficiencies. While this has made program reporting to the ACGME more streamlined and objective, it remains up to the individual program to determine what qualifies as a “scholarly project” for a resident, how many projects are required from each resident, and how to define adequate “scholarly activity.”

Learning from the Process

To clarify these ambiguities, we advocate that programs follow the spirit of the requirement—strengthening a resident’s skills in critical appraisal and evaluation of clinical nuance. If a resident does not intend to continue their

post-training career in academia, meeting a quota of posters, presentations, and publications may not be of value beyond residency. However, all physicians, regardless of practice setting, must engage in the process of answering clinical questions in a systematic manner throughout their careers to provide the best care for their patients. This capability cannot be adequately measured by research productivity alone. Thus, residency programs should incorporate a process-focused approach into their initiatives to increase resident scholarly output and make the requirement as applicable as possible to all residents.

To return to national practices as a guide, the ACGME began implementing competency-based educational milestones in 1999. Competency-based learning emphasizes knowledge application to meet stated criteria and formative assessment tool usage that mimics professional tasks.⁹ While the competency milestones incorporate a quantitative element, the intent behind them is an illustration of the process required to develop a clinical skill. The competency concept has been further adapted to guide a rubric for faculty development and promotion.¹⁰

Rubrics have been used to clarify the ACGME scholarly activity requirement. They allow the skills necessary for scholarly activity to be translated into observable behaviors and can be adapted to a wide variety of projects.¹¹ A rubric has also been proposed as a method to track residents' scholarly activity as it aligns with the practices of discovery, integration, application, and teaching.¹² However, neither of these rubrics aligns process, behavior, and scholarship components into a clear roadmap for trainees and mentors to follow throughout scholarly activity.

To guide our approach to the ACGME requirement, we have applied processual, competency-based thinking to develop a rubric (Figure) to address each component of scholarship that makes up the ACGME requirement through the research experience.

The rubric: (1) requires that residents participate in each step of the research process to satisfy the scholarly activity requirement, (2) identifies potential resources available to

Figure. Resident Scholarly Project Rubric

Scholarly Domain	Task	Potential Resource to Assist Resident	Completed (Y/N) (Initials)
Integration	Did the resident develop a written research/ quality question or hypothesis to be answered?	PI	
	Identify a faculty PI	APD, RC	
	PD or APD informed of the project?		
Application	Did the resident perform a literature review on the topic identifying pertinent (topic or process) resources?	RC, librarian	
Integration	Did the resident identify a data source (ie, electronic medical record, national data set)?	PI or RC	
Integration	Did the resident identify primary and secondary outcomes to be measured?	PI	
Integration	Did the resident work with the statistician to determine appropriate statistical plan?	PI, RC, statistician	
Application	Draft Institutional Review Board application	PI, RC	
Discovery	Identify targeted meeting for presentation and journal for publication	PI	
Integration	Data collection	RC	
Integration	Data review	PI, RC	
Integration	Data analysis	PI, RC, statistician	
Discovery	Did the resident draft an abstract?	PI, RC	
Teaching	Did the resident present at a meeting?	PI, RC	
Discovery	Did the resident draft and submit a manuscript based on the project?	PI, RC	

All tasks must be answered "Y" to receive credit

PI Signature: _____

Abbreviations: PI, primary investigator; RC, research coordinator; PD, program director; APD, associate program director.

assist the resident in completing the project component, (3) tracks faculty primary investigator verification that each step is complete, and, most notably, (4) aligns each step with a domain of the scholarly activity requirement: discovery, integration, application, and teaching. This alignment distinguishes the rubric as one focused on learning rather than task completion. These domains extend into patient care regardless of practice setting, and placing emphasis on the scholarly domains prompts residents to shift their focus away from simply completing a project to satisfy a program requirement. Instead, the goal becomes the practice of scientific inquiry. Furthermore, assigning defined responsibilities to the resident for the entire project removes certain barriers, such as waiting for other team members to perform a literature review or craft the specific implementation plan for an institutional review board submission.

In addition, highlighting opportunities for use of subject matter experts such as statisticians helps build the trainees' collaborative abilities. Implementation of the rubric must also be accompanied by careful mentor supervision to assist with time management—a key skill for any physician, a natural part of the research process, and a benefit of a process-focused approach.

The rubric was successfully trialed by one of the authors at a single general surgery residency program after it was developed with one class of three residents. Two of these residents utilized the structure to design unique projects to answer clinical questions that they had developed based on their experience as a trainee. One was a retrospective development of a risk assessment tool, and another was a cadaver study to assess a surgical technique, both of which were published in the *Wisconsin Medical Journal*.^{13,14} Both projects

were resident-driven, scientifically innovative, led to presentations/publication, and provided a comprehensive scholarly experience.

Upon completion of each rubric component, a residency program will have verified that the resident has contributed to the quantitative data reported to the ACGME and has satisfied the intention of the requirement. Through this process-focused approach, residents will be more familiar with the research process from conception to presentation, thus better equipped to engage in scholarly activity and critical appraisal and ultimately apply findings to patient care after completing their training. The end result is learning from the process, in addition to receiving credit for the product.

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