

Greetings!

Enclosed you'll find news updates, resources, and highlights of our global efforts to improve health care worldwide.

Review and Comment Period Open

A Review and Comment period is now open for a focused revision to the Advanced Specialty Requirements in Pathology. New Advanced Specialty Requirements for Child and Adolescent Psychiatry, and Pediatric Surgery are also posted. These requirements, and a summary form that outlines the rationale for revisions for each set of requirements, is posted on the ACGME-I website [here](#).

The Review Committee-International is asking all interested government officials, designated institutional officials, program directors, faculty members, residents, and fellows to review these requirements and provide comment. The Review Committee is looking for comments that support the proposed requirements, suggest changes in wording, and provide information on the ability of the country or jurisdiction to successfully implement the proposed requirements.

All comments are valuable and are an important part of the requirement development process. The Review Committee-International carefully considers all comments received prior to making a recommendation to the leadership of the ACGME-I for final approval.

Interested parties have 60 days or until 18 June 2018 to submit comments. Use the electronic form on the [ACGME-I website](#) and submit completed forms with all comments via e-mail to acgme-i@acgme-i.org.

Finally, thank you to those of you who provided comment on the Common Program Requirements for programs in the United States. All comments were forwarded to the Task Force charged with development of these important standards and will be carefully considered as part of the final revision process.

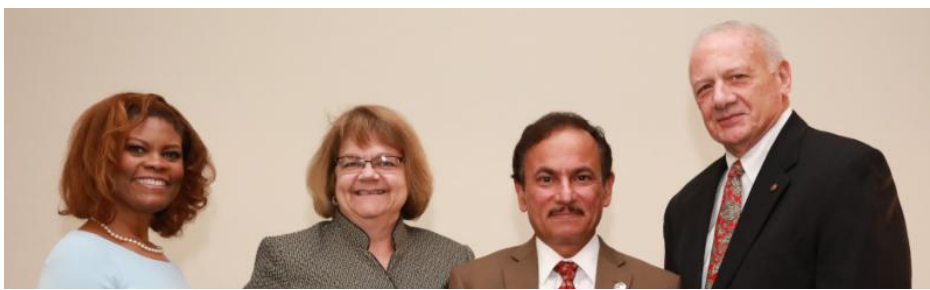
ACGME International Awards - Nomination Period Now Open

In March, the inaugural international awards were presented to Dr. Abdullatif Alkahl, designated institutional official at Hamad Medical Corporation in Doha Qatar, and to Ms. Jillian Ang Andrada, institutional coordinator at Singapore Health, Singapore. Congratulations!

As sensed by both applause and individual comments, the educational efforts now being made by international participants is truly appreciated by educators worldwide. Hence, congratulations are in order to all participating in this important work.

Please consider nominating individuals from your institutions for the 2019 ACGME-I

Awards. Eligibility and nomination process information is on the [ACGME-I website](#). Submission deadline is 1 June 2018. A task force comprised of members of the Review Committees-International will verify eligibility and forward submissions to the Awards Committee from the ACGME Board for final selection.



Questions of the Quarter

Each quarter, this section of the ACGME-I Newsletter answers a different question applicable to all ACGME-I-accredited programs. This quarter's focus is on the block diagram.

Question 1: What is a block diagram and how is it used?

The block diagram, also known as the block rotation schedule, is a graphic representation of the typical schedule of rotations in a residency or fellowship program. A well done block diagram summarizes the amount of time a resident or fellow spends in each of the program's clinical sites and clearly indicates the experiences planned for those sites.

The block diagram is used by the Review Committee-International to determine if the program is meeting the required clinical experiences outlined in Section V.B. of the Advanced Specialty Requirements. For example, all anesthesiology residents must have two one-month rotations in obstetric anesthesia, pediatric anesthesia, neuroanesthesia and cardiothoracic anesthesia. The Review Committee-International will use block diagrams to determine if an anesthesiology residency program is meeting this requirement. It is important to review Section V.B. of your Advanced Specialty Requirements, note any length requirements for specific rotations, and carefully review your block diagram to ensure these requirements are clearly and accurately represented.

Question 2: What are the important elements of a block diagram?

Programs can use their own templates for their block diagrams; however, when constructing or updating your program's block diagram, keep the following features of a well-constructed block diagram in mind:

- The name of the program and the ACGME-I program number should be included on each page.
- Each block should include the clinical site where the rotation occurs, either by name or number. If a number or an abbreviation is used, use a footnote or key to indicate the complete name of the clinical site. Also, make sure site numbers match those in the Accreditation Data System (ADS).
- If shortened rotation names or rotation names with local significance are used, include a footnote or key that briefly lists the required experiences fulfilled by the rotation. If rotations share the same name but offer different experiences, be certain the specific experiences available during each rotation are noted clearly.
- For elective rotations, use a footnote or key to provide a list of all possibilities of electives available and the clinical sites where these can



- If the Advanced Specialty Requirements include required lengths for rotations in ambulatory care or research, make certain it is clear from the block diagram how and when these requirements are being met. If these experiences occur as a portion of a block, such as in a half-day ambulatory clinic, this can be shown by adding rows and indicating either percentages of time or number of hours a week spent in these activities.

Remember that block diagrams should not be the rotations for individual residents or fellows, but should show the Review Committee-International the schedule of a typical resident or fellow. Also, remember that the program's block diagram must be reviewed at least annually, and updated to reflect any changes.

Why is Scholarly Activity Important?

All accredited programs are expected to promote scholarly activity among those who teach and those who learn. The specifics regarding these expectations are housed in the Foundational Requirements for [residency](#) and [fellowship](#) programs. Some would challenge why this is important in a patient care environment, where it is really the patient who matters most, and where the education of residents and fellows is both critical and time-consuming.

Scholarly activity is about scientific rigor, contribution, and curiosity. Physicians are bound to the essential nature of scientific rigor (this could easily be called evidence-based medicine as well). Participation in scholarly activity is essential to keeping current with ever-expanding knowledge, and to providing the best to patients.

The collective ability to care for patients in the best possible manner is dependent upon contributions made by all colleagues. The essence of scholarly activity is the professional responsibility to share experiences so that others may learn as well. This sharing is done through publication of peer-reviewed data, presentations at rounds and at meetings, discussions and peer input to our discoveries. These contributions are in countless domains, including basic science, clinical science, professionalism attributes, and education. By contributing these discoveries to colleagues and team members, more patients stand to benefit.

Curiosity is at the heart of scholarly activity. Asking good questions is the first step toward true discovery. Why did this patient get better? Why did this one do poorly even though treatment was the same? Why do we use this treatment? Is there a better way to do it? Why do people use this herb/this tradition/this diet to get better? Why do duty hours exist? The list could go on and on!

As the ACGME-I is approached with inquiries from new places, staff members usually see that scholarly activity is not a popular activity in the absence of external pressures such as a link of salary or promotion to participation in it. Frankly put, many who care for patients do not place value in participating in such activity. It has been rewarding to see that implementation of accreditation standards seems to create a cultural turnaround in this regard. Time and again, the need for scholarly activity has resulted in creation of local and regional meetings, projects involving faculty members and residents, recognition by authorities that scholarly activity measurement is important, and even retention of faculty members who report enhanced job satisfaction.

Journal of Graduate Medical Education (JGME) International Supplement

The ACGME-I community of teachers and learners has a very special opportunity to disseminate their scholarly activity. 2019 marks the ACGME-I's 10th anniversary. A special supplement to *JGME* is planned to showcase scholarly activity in international graduate medical

education. The staff of the ACGME-I encourages you to contribute submissions. Start to ask relevant questions and investigate their answers!

The *JGME* International Supplement will include accomplishments in international graduate medical education by highlighting new findings and contributing to the literature. All submissions must focus on graduate medical education. Special consideration will be given to submissions from developing economies, and countries where the ACGME-I provides accreditation services. The focus of the supplement will be evidence-based educational improvements, practices with an impact on educational and clinical outcomes, and descriptions of programs that improve the quality of health care by improving the quality of physician education. Articles should describe original research, educational innovations, program improvement efforts, and a section called "New Ideas."

The "New Ideas" section will showcase submissions of brief descriptions of novel ideas in curricula, teaching, assessment, quality and safety improvement, program evaluation, or other aspects of graduate medical education. Articles should describe truly original interventions. "New Ideas" manuscripts should be no more than 650 words, and include up to 1 figure or table, and six references.

The deadline for submissions to the international supplement is **1 December 2018**. Consult guidance and directions for submission in the [Instructions for Authors on the JGME website](#).

For additional information, e-mail Ingrid Philibert, PhD, MBA: iphilibert@acgme.org.

Did You Know?

The last day for residents and core faculty members to complete ACGME-I surveys is 22 April. For the ACGME-I Resident Survey, the following are definitions for possible responses. As you send out your final reminder to residents to complete their survey, it may be helpful to include these definitions:

- Very often - very frequently; extremely often
- Often - frequently; many times; not seldom
- Sometimes - on some occasions; at times
- Rarely - infrequently
- Never - at no time; not ever

401 North Michigan Avenue, Suite 2000, Chicago, IL 60611

+1.312.755.5000