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Integrating Library-Related Competencies into Residency Curricula

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OBJECTIVE

The Accreditation Council for Graduate Medical Education (ACGME) sets standards known as Milestones and monitors the progress of medical residents as they advance toward medical practice in their specialties. Medical specialties differ on how they define and measure progress in their residents meeting their competencies within a standardized ACGME Milestones framework. Clinical librarians need to train medical residents in certain competency areas, but until now, no one has assembled these competency statements in one central place.

This project analyzed the milestones related to informatics, library, and Evidence Based Practice (EBP) skills to identify core and optional curricular elements that can be integrated into different medical specialty residencies.

METHODS

Curricular Design. The authors collected key competency documents from ACGME and from those specialties representing 2% or more of the residencies in the US. They compared and contrasted these competencies related to informatics, library, and EBP skills. Most competencies statements were categorized under the fifth broad ACGME competency area of "Practice Based Learning and Improvement."

The authors then used their combined years of experience as a clinical librarian, a graduate medical education associate program director, informaticist, EBP instructor, and curricular expert to design core and optional elements to meet these competencies.

Table 1. Milestones in Neurology (2020)

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates how to access and use available evidence, and to incorporate patient preferences and values to care for a routine patient.	Articulates clinical questions and elicits patient preferences and values to guide evidence-based care.	Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients.	Critically appraises and applies evidence, even in the face of uncertainty, and interprets conflicting evidence to guide care, tailored to the individual patient.	Coaches others to critically appraise and apply evidence for complex patients, and/or participates in the development of guidelines.

RESULTS

The authors selected milestones documents from those 18 medical specialties making up 2% or more of the total U.S. medical residency programs. The milestones followed developmental patterns, reflecting residents' increased sophistication in meeting these competencies as they advanced in their specialties. Residents generally meet Level 4 milestones so we allowed for optional learning if residents sought to attain Level 5 milestone competence We designed a curriculum to meet the residents' learning needs at each progressive milestone. We will discuss this curriculum at the poster session.

CONCLUSION

Medical residents progress through increasingly rigorous milestones on their way to becoming competent medical specialists. The major medical specialties include milestones reflecting the need for residents to become competent in informatics, library, and EBP-related skills. The authors designed a curriculum that progresses alongside the milestones to assist residents in meeting their competencies.

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