Reflections from the CBME Meeting

February 6, 2026

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Chair, ACGME Review Committee for Urology

UROLOGY

ACGME

No Disclosures

ACGME CBME Timeline

Lots of Questions …

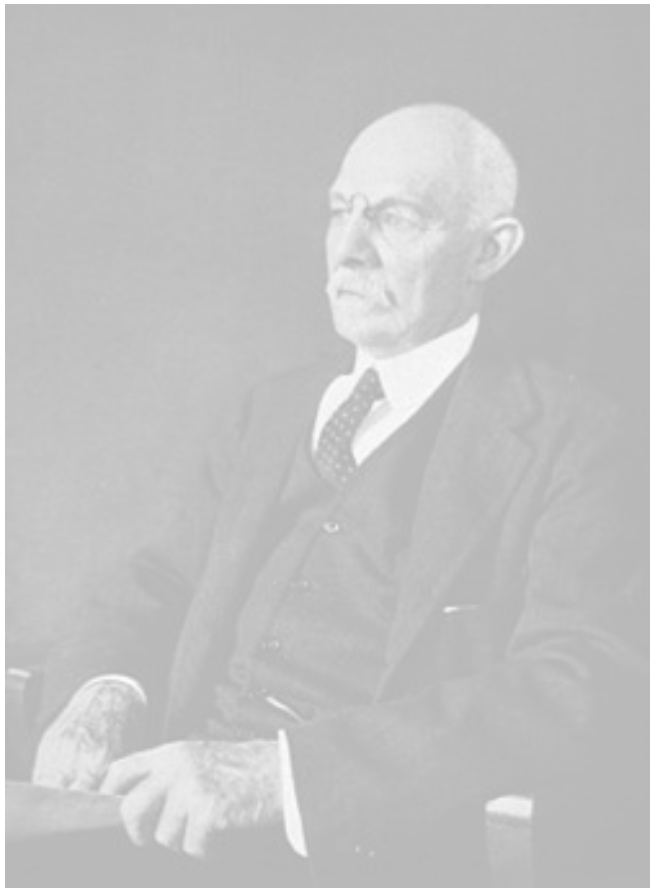
WHY – Do we have a problem?

WHAT – Is CBME the answer?

HOW – How can we implement CBME in Urology?

WHO – Who are the stakeholders? Who leads the charge?

Why?



Dr. William S. Halsted

Dr. Edward Churchill – time-based surgical training (1939)

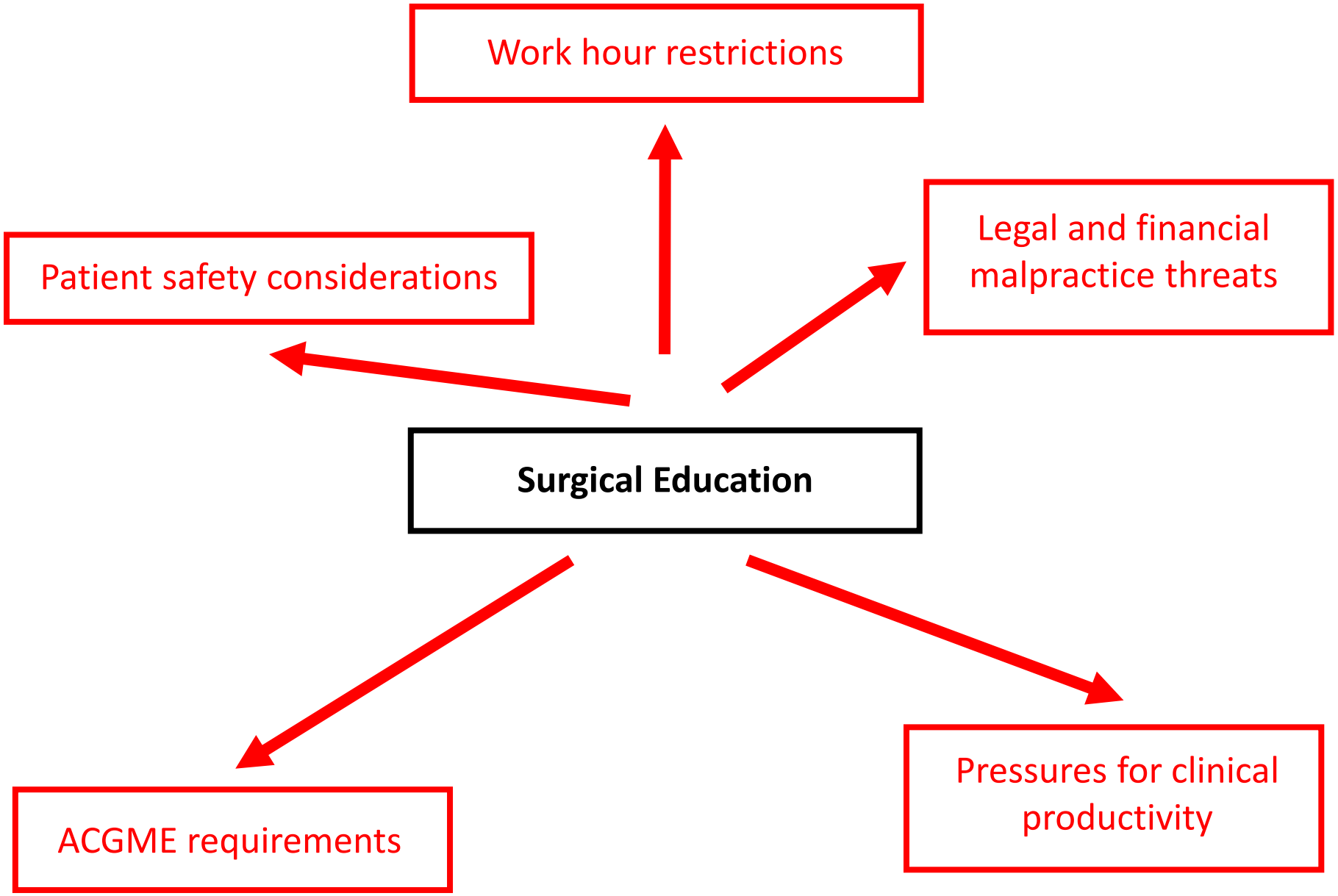

Work hour restrictions
Patient safety considerations
Legal and financial malpractice threats
Surgical Education
ACGME requirements
Pressures for clinical productivity

TABLE 4. List of surgical procedures and residents perceived proficiency

Surgical Procedures	Yes, Absolutely (%)	Yes, in Some Cases (%)	Not at All (%)
Procedures			
Adrenalectomy	19%	28%	53%
Cystoscopy	91%	4%	4%
Cystostomy	100%	0%	0%
Endopyelotomy	0%	13%	87%
Robotic radical prostatectomy	27%	11%	61%
Robotic retroperitoneal lymphadenectomy	5%	7%	88%
Robotic retroperitoneal surgery	13%	0%	88%
Robotic simple prostatectomy	8%	92%	0%

CONCLUSIONS: Program directors and residents have differing perceptions regarding the education and resources associated with US urology residency training programs. US graduates of urology residency programs express a perceived lack of confidence in several procedures that are commonly encountered in a general urologic practice. (J Surg Ed 76:936–948. © 2019 Association of Program Directors in Surgery. Published by Elsevier Inc. All rights reserved.)

Urology Resident Autonomy in the Veterans Affairs Healthcare System

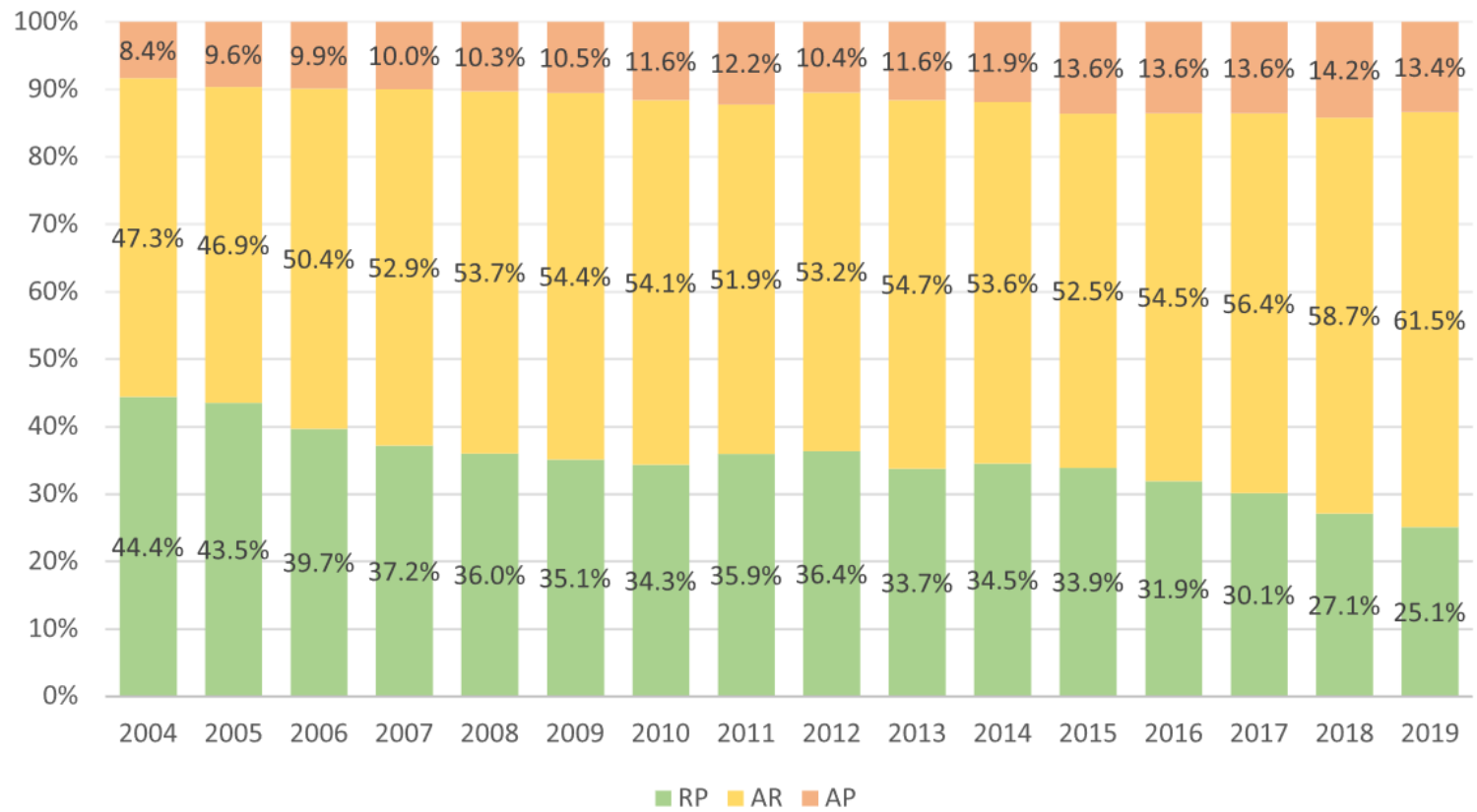
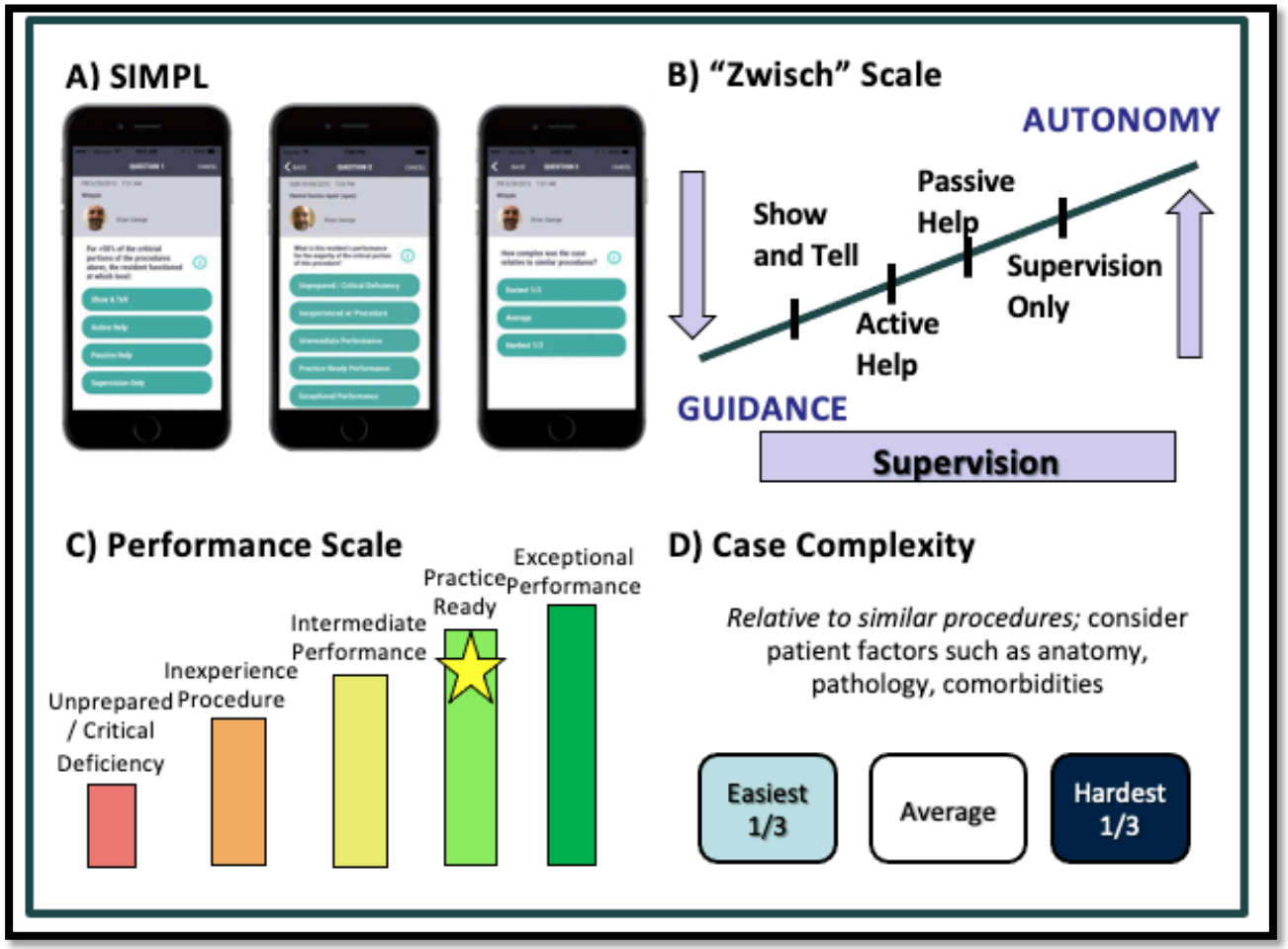


FIGURE 2. Urology resident autonomy over time for the most common RP urologic procedures. All the changes in RP, AR, and AP over time were statistically significant ($p < 0.001$). RP, resident primary; AR, attending and resident; AP, attending primary.

Use of a Smartphone App Assessment Tool to Measure Urology Trainees' Preparedness for Independent Practice

Amelia A. Khoei, MD MPH[1]; Kayla Meyer, MD[2,3]; Sarosh Irani, BS BPA[3]; Stephanie Daignault-Newton[3], Gina Badalato, MD[4], Benjamin N. Breyer, MD[5], Lindsey Cox, MD[6], Lindsay A. Hampson, MD[5], Christopher Jaeger, MD[7], Ruslan Korets, MD[8], Wesley A. Mayer, MD[9], Akanksha Mehta, MD[10], Jennifer Taylor, MD[9], Robert S. Wang, MD[11], Kate H. Kraft, MD MHPE [1]



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126 attending urologic surgeons

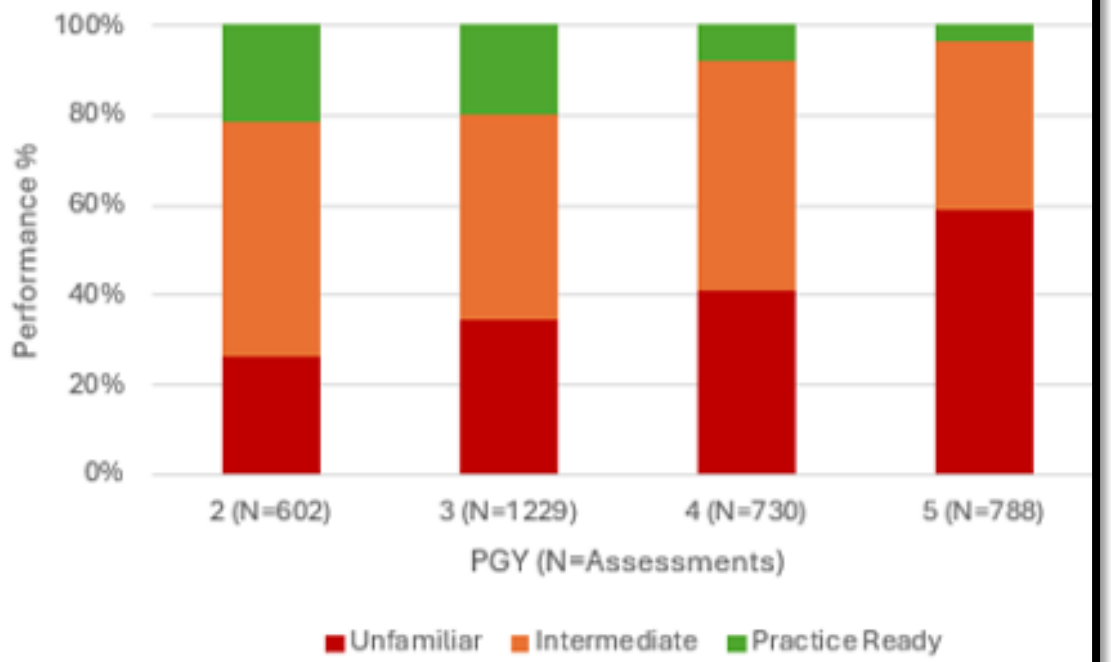
RATED

111 urology residents

For a total of:

3,377 assessments

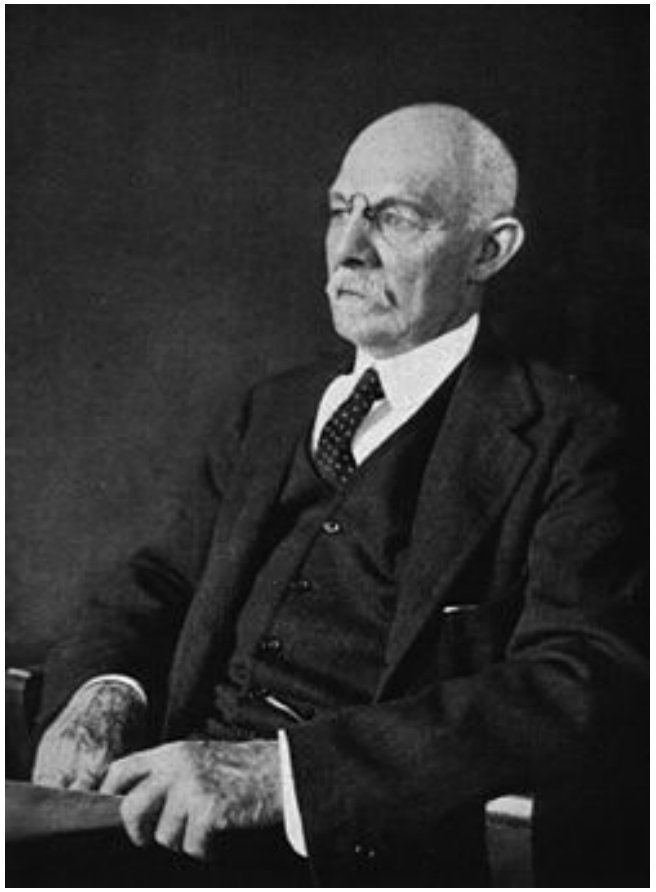
Figure 2. Operative performance ratings by PGY.




Houston,
we have a
problem.
Something needs to change.

What?

Competency-Based Medical Education (CBME)



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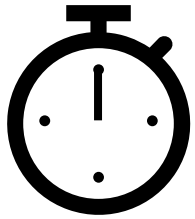
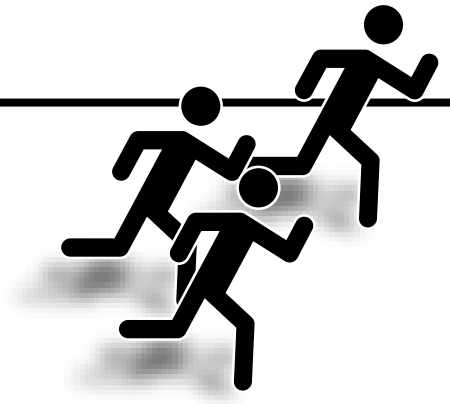
Traditional Model:



Fixed Time → Variable Outcome



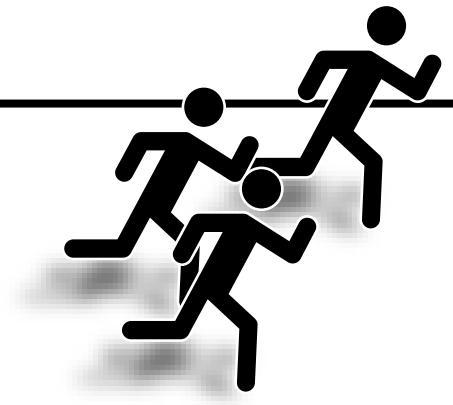
Graduate Medical Education

Independent Practice

Slide courtesy of Robert S. Wang, MD

Competency-Based Model:

Variable Time → Fixed Outcome



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Independent Practice

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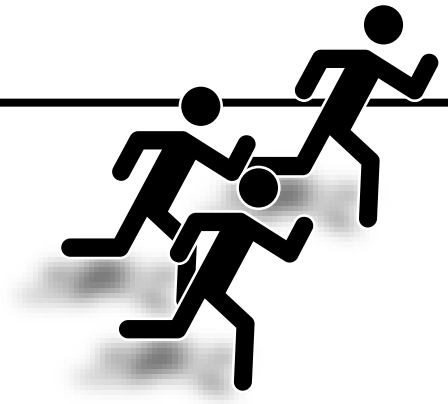
Competency-Based Medical Education

- Oriented to learners' outcome **abilities**
- Organized around competencies that derive from an analysis of **societal and patient needs**
- **De-emphasizes time-based** training
- Promises greater **accountability, flexibility, and learner-centeredness**

Frank et al. Medical Teacher 2010; 32(8): 638-645.

	TRADITIONAL TRAINING	COMPETENCY-BASED TRAINING
Structure	Time-based	Learner-centered
Teaching Mode	Group learning	Individualized
Assessment Method	Summative, high stakes	Mastery-learning, performance based
Pace	Faculty-paced	Self-paced
Program Completion	Finish when courses required are passed	Finish when mastery of courses is demonstrated



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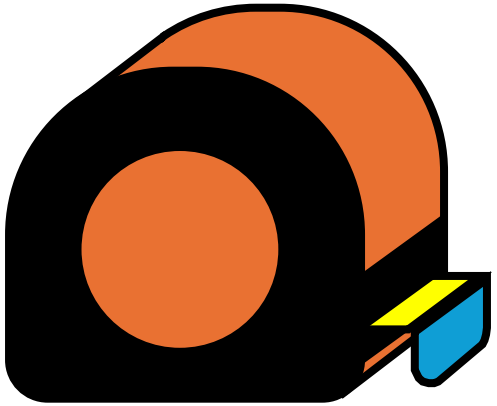

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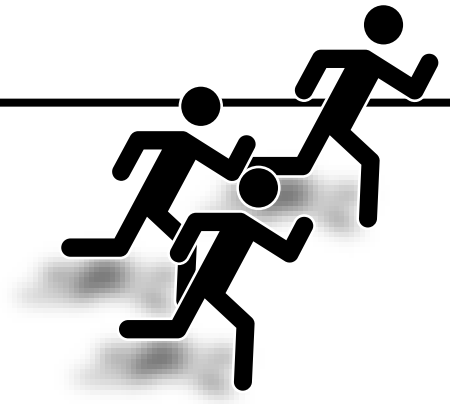

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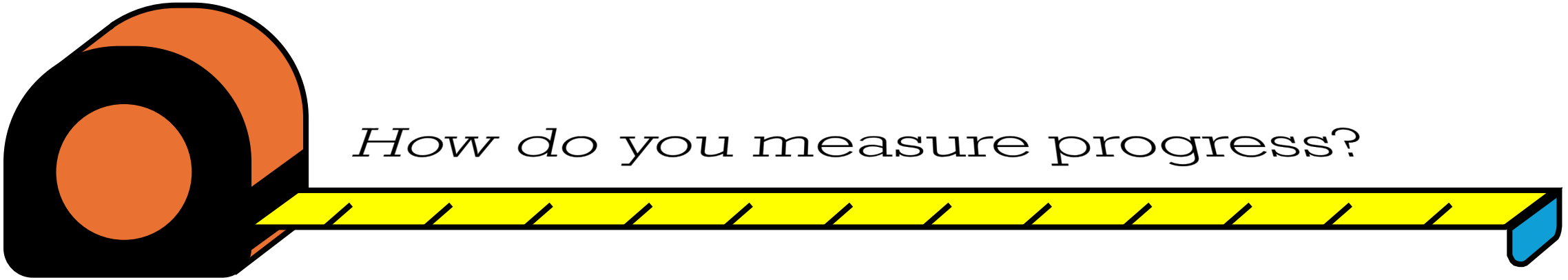

Slide courtesy of Robert S. Wang, MD

Components of an education system focused on competency

Clearly Defined Graduate Knowledge, Skills, Abilities	Sequenced Progression of Experiences	Tailored Learning Experiences	Competency-focused Teaching	Functioning System of Assessment

Van Melle E, et. al. A Core Components Framework for Evaluating Implementation of Competency-Based Medical Education Programs. Acad Med. 2019 Jul;94(7):1002-1009.

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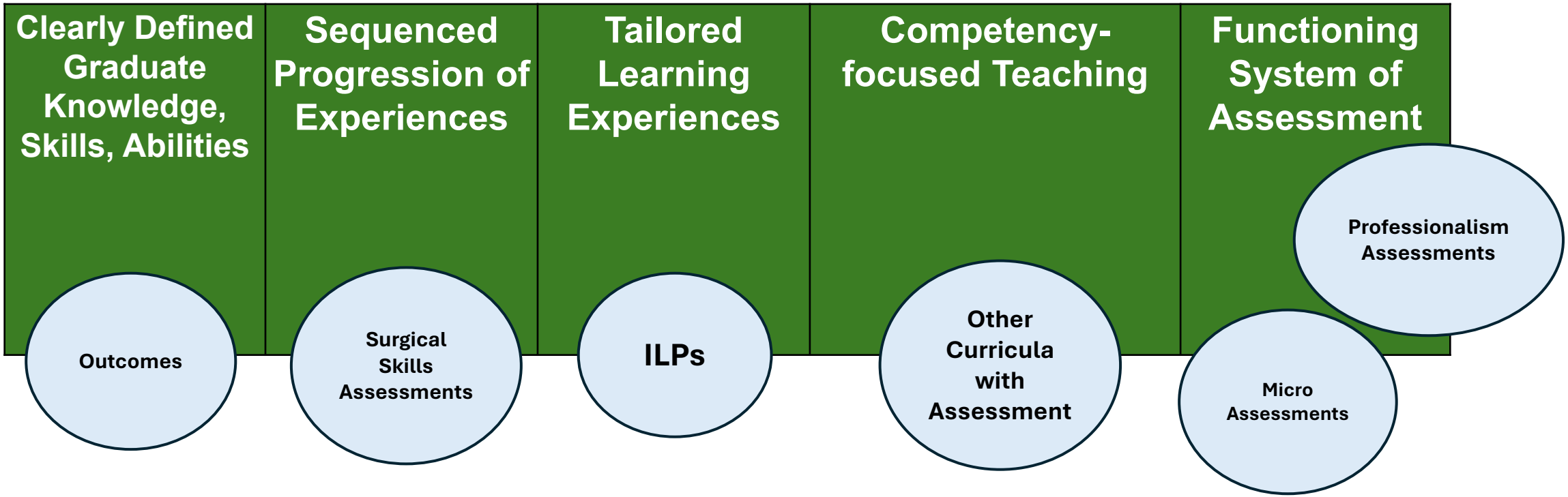


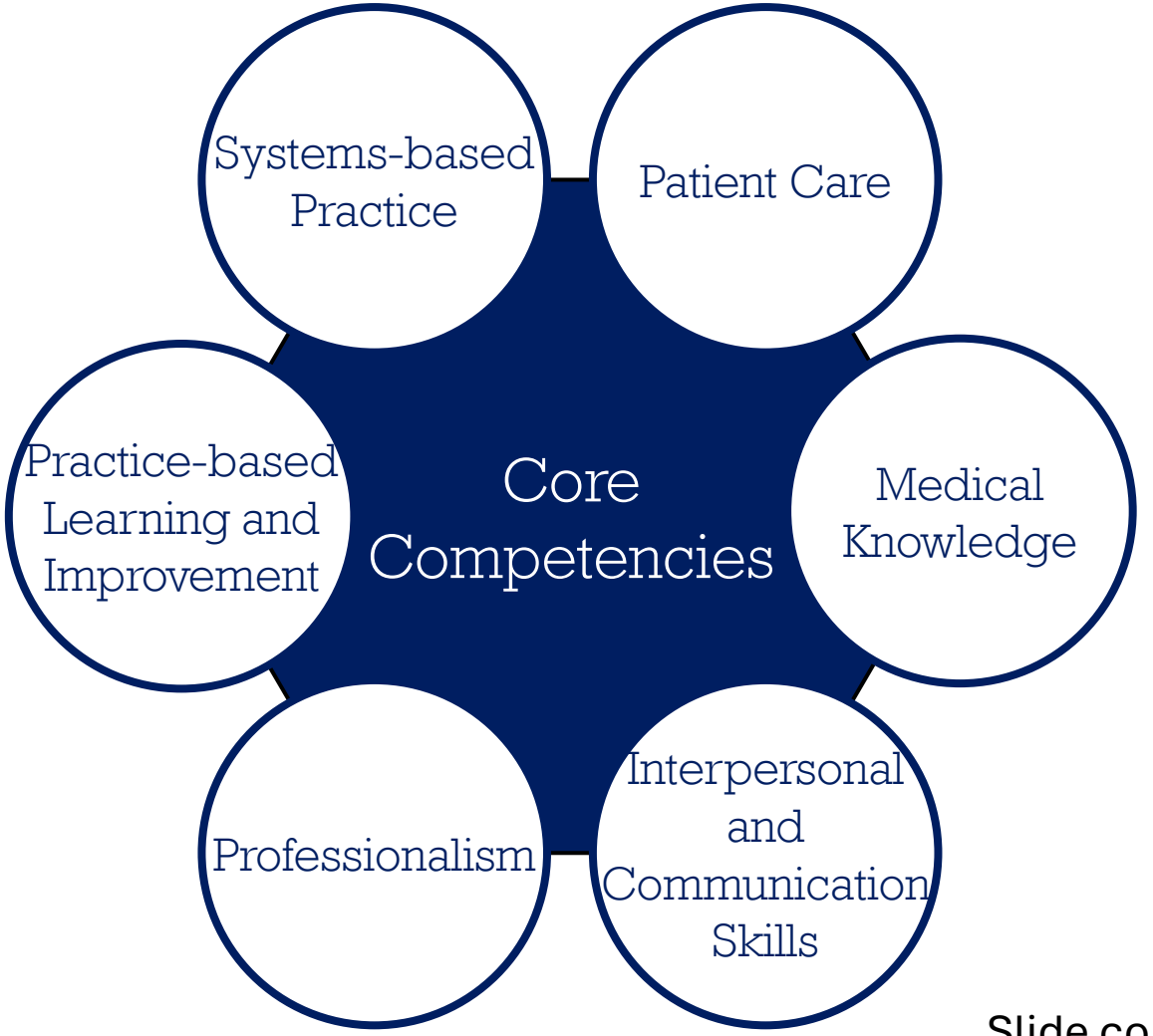
Van Melle E, et. al. A Core Components Framework for Evaluating Implementation of Competency-Based Medical Education Programs. Acad Med. 2019 Jul;94(7):1002-1009.

How?

Current System:

ACGME Competencies and Milestones

Current System: ACGME Competencies and Milestones



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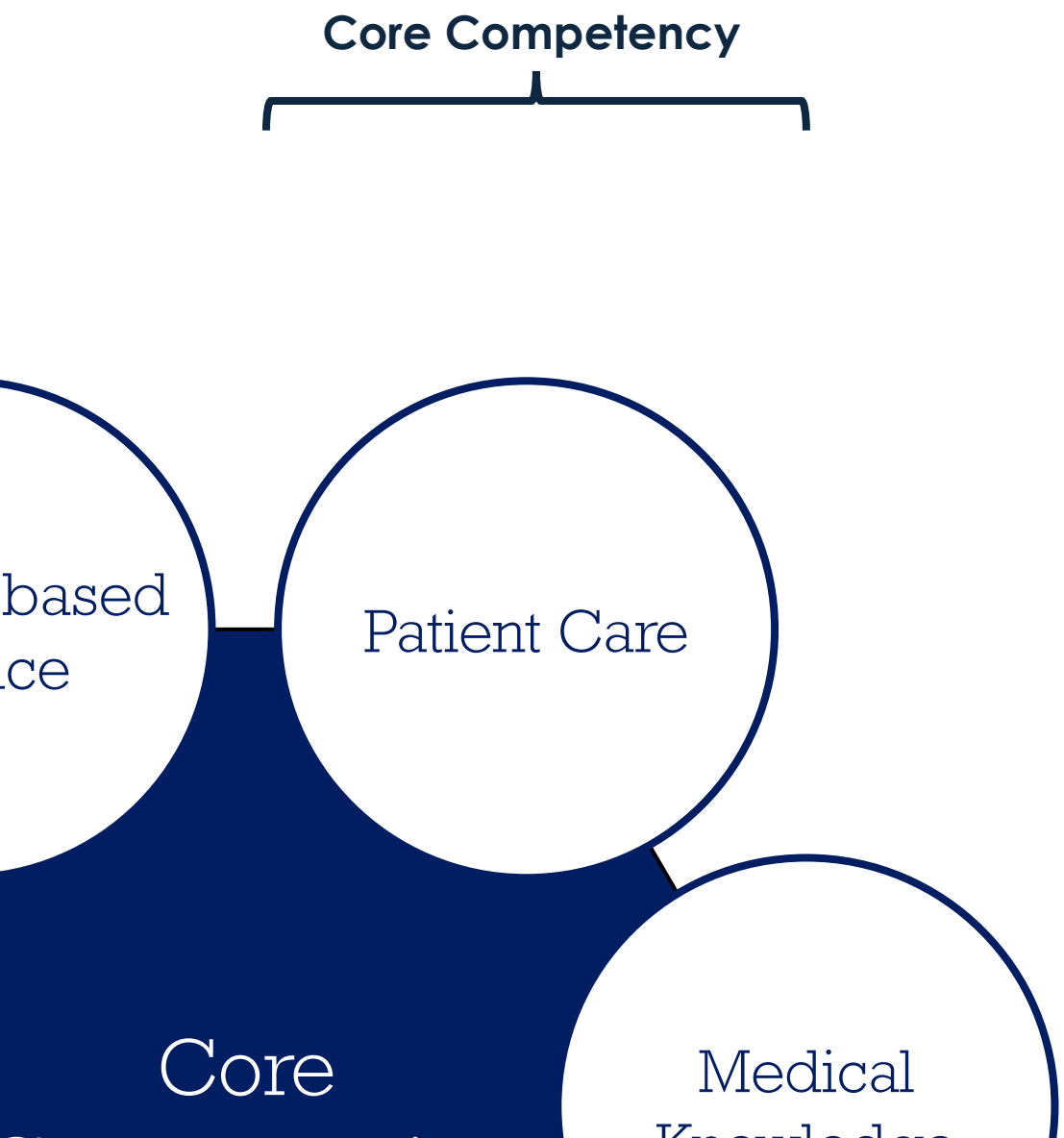
Current System: ACGME Competencies and Milestones



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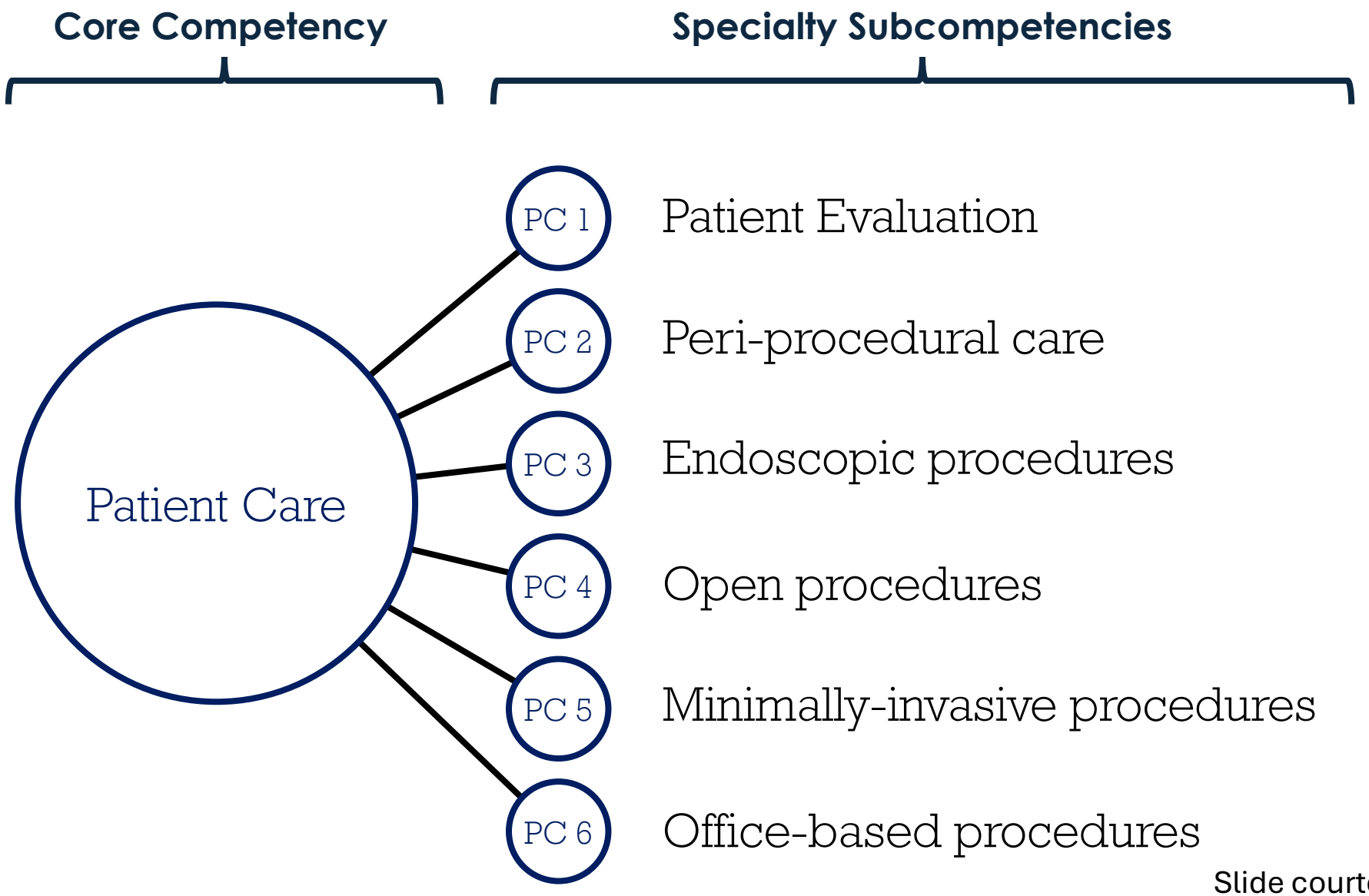

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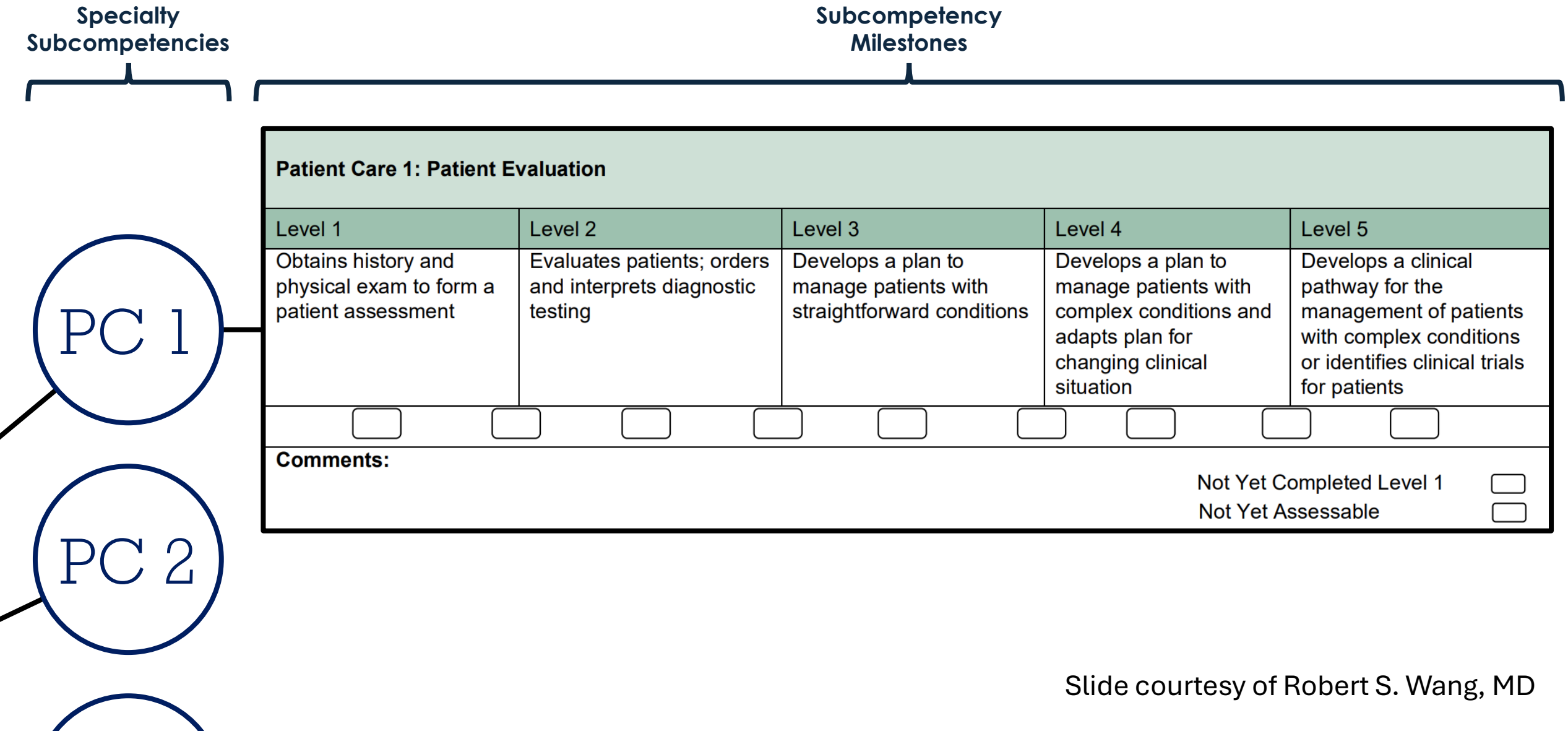


Slide courtesy of Robert S. Wang, MD

Current System: ACGME Competencies and Milestones

Milestones Challenges

- Limited faculty understanding
- Difficulty translating from trainee assessments

- **Growing concerns regarding readiness for independent practice after training**

Slide courtesy of Robert S. Wang, MD

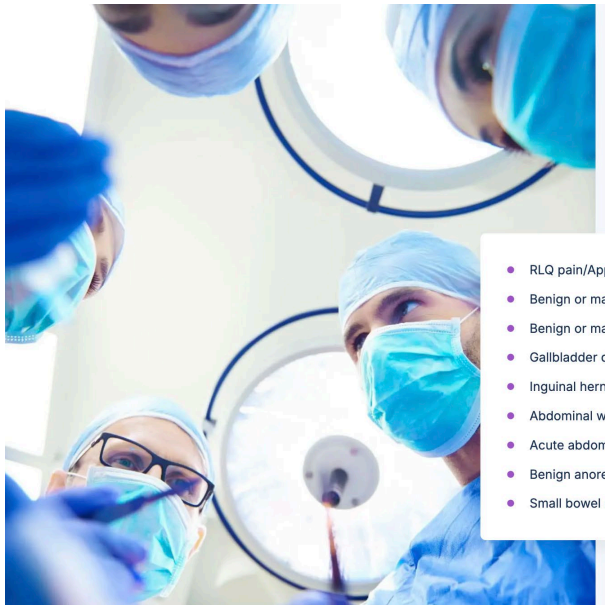
EPA = Entrustable Professional Activity

ten Cate O. *Med Ed* 2005

EPA = “Everyday Physician Activity”

ten Cate O. *Med Ed* 2005

THE AMERICAN BOARD OF SURGERY



THE GENERAL SURGERY EPAS

18 EPAs for the assessment of general surgery residents

There are a total of 18 core EPAs that will be evaluated for general surgery.
Read all 18 general surgery EPAs and their full descriptions here.

- RLQ pain/Appendicitis *
- Benign or malignant breast disease
- Benign or malignant colon disease
- Gallbladder disease *
- Inguinal hernia *
- Abdominal wall hernia
- Acute abdomen
- Benign anorectal disease
- Small bowel obstruction
- Thyroid and parathyroid disease
- Dialysis access
- Soft tissue infection
- Cutaneous and subcutaneous neoplasms
- Severe acute or necrotizing pancreatitis
- Perioperative care of the critically ill surgery patient
- Flexible GI Endoscopy
- Evaluation/initial management of a trauma patient *
- Provide general surgery consultation *

** Initial EPA evaluated during 2018-2020 EPA Pilot*

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Certifying excellence in pediatrics – for a healthier tomorrow

General Pediatrics EPAs

1. Providing Preventative Primary Care for Children of All Ages
2. Providing Comprehensive Primary Care for Children With Complex, Chronic, or Special Health Care Needs
3. Managing Patients With Common Acute Diagnoses
4. Assessing and Managing Patients With Common Behavior and Mental Health Concerns
5. Caring for the Newborn Prior to Discharge
6. Recognizing a Patient Who Requires Subspecialty Medical or Surgical Care, Providing Initial Management, and Seeking Referral or Consultation
7. Recognizing a Severely Ill Patient, Providing Initial Management, and Mobilizing Resources Needed for Continued Care
8. Executing Clinical Handovers Within or Across Settings
9. Performing the Common Procedures of the General Pediatrician
10. Leading Interprofessional Teams to Provide Collaborative, Family-Centered Care
11. Promoting Equitable Care at the Level of Each Individual Patient and the Population to Address Racism and Other Contributors to Health Inequities
12. Utilizing Technology and Information Sources to Enhance Learning and Patient Care

Teng *et al. International Journal of Emergency Medicine* (2025) 18:248
https://doi.org/10.1186/s12245-025-01075-z

International Journal of Emergency Medicine

RESEARCH Open Access

Entrustable Professional Activities for Emergency Medicine specialists

David Teng[1,2*], Anantharaman Venkataraman[3], Andrew Singer[4,5], Simon Chu[6], Arif Alper Cevik[7,8], Janis P. Tupesis[9], Taj Hassan[10] and James Kwan[1,2]

Competencies

Broad and **foundational domains** of ability, such as medical knowledge or interpersonal skills

Milestones

Capabilities that describe progress at **advancing levels** of competence along the sequence from **novice to expert**

EPAs

Units of work a physician performs that can be directly observed

Practice Expectancies Defined

Where are we now?

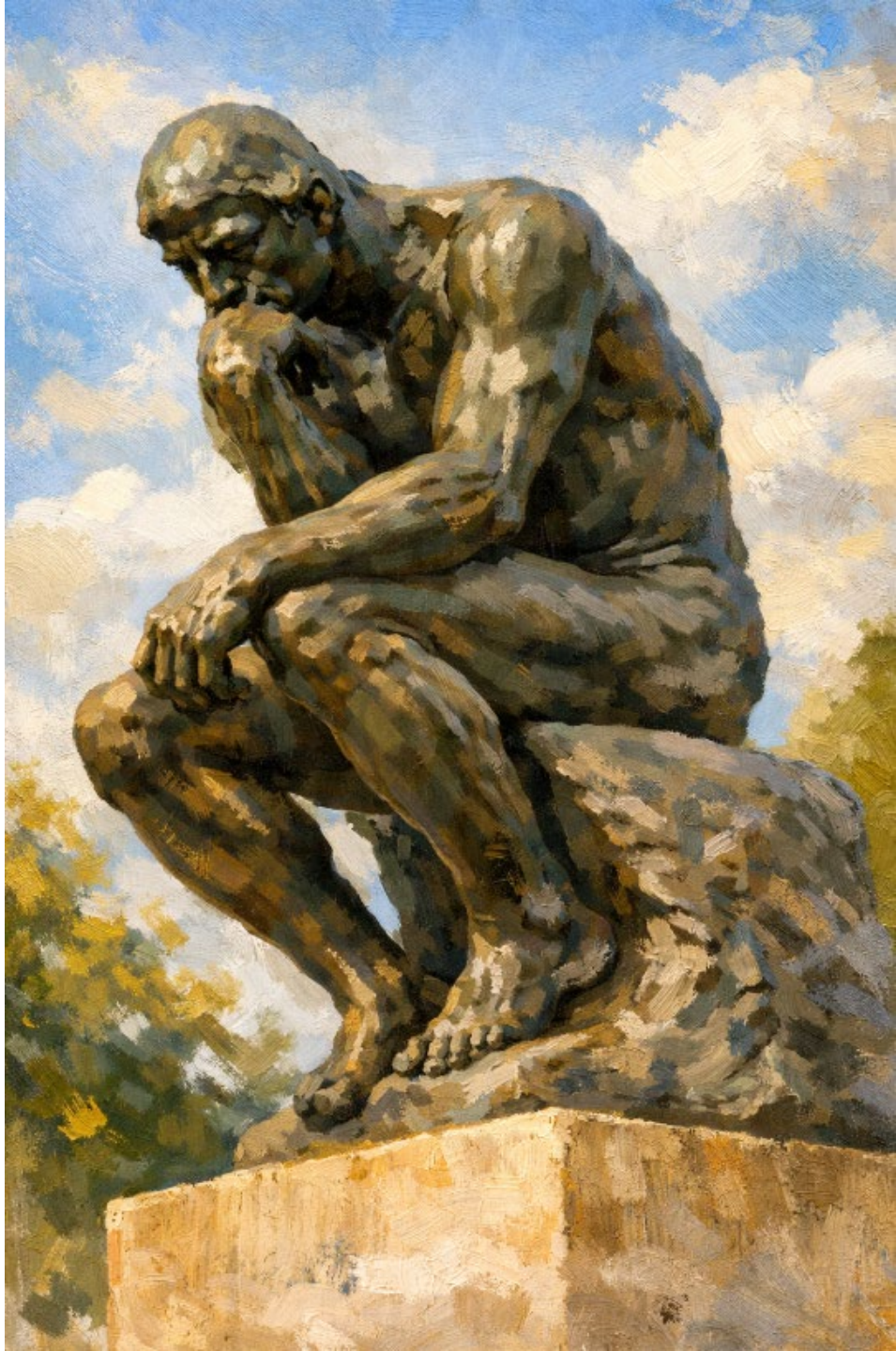
Who?

Who are the stakeholders?

Who takes the lead?

Who participates?

Who pays?



WHY

Preparing our trainees for safe, independent practice and protecting the public

WHAT

Competency-based medical education as a framework for graduate medical education in urology

HOW

Implementing EPAs with focus on core competencies, faculty development, and assessment

WHO

Considering stakeholders for initiating, integrating, and maintaining CBME in urology

Thank you!

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