As part of efforts afoot to improve the overall quality of physician training, the Accreditation Council for Graduate Medical Education (ACGME) has endorsed a set of competencies that will be the blueprint for outcomes-based graduate medical education for years to come. While the spirit of this new law is taking shape, the letter remains largely unwritten. To bridge this gap, administrators of programs from all specialties must determine how the core competencies will be taught, evaluated, modeled, and enforced within their respective programs. This paper summarizes these challenges, in particular for surgical programs, and focuses constructively on the modeling/enforcement approach, describing key characteristics that programs should pursue and cultivate (virtues) as well as the signal prohibitions (vices) that both trainees and trainers must avoid. Regardless of specialty or programmatic particulars, virtues and vices may be used to define a context in which general competencies may be
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