Residency pilot aims to help faster learners become attendings

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Timothy M. Smith
Contributing News Writer

It’s an enduring truth that everyone learns at their own pace. But in today’s medical education system, few learners enjoy anything like a time-variable education.

That could change soon. At Mass General Brigham, the pathology residency program is piloting a model called “Promotion in Place,” which may end up creating a road map for competency-based, time-variable medical education.

An AMA Insight Network webinar explored the model in a conversation with John Patrick Co, MD, MPH, Mass General Brigham’s director of graduate medical education.

“The goal here is not to graduate people early,” Dr. Co said. “The overall goal of the project is to better assure that when trainees are going into practice that they’re ready.”

The model is funded by a grant from the AMA Reimagining Residency initiative, which was launched in 2019 to support innovation in graduate medical education. Through $15 million in grants over five years, it is funding eleven projects to help create a meaningful and safe transition from undergraduate medical education to residency, establish new curricular content and experiences to enhance readiness for practice, and promote well-being in training.

Better training requires it

“We all know that trainees advance at different paces—they have different strengths, they have different desires for what they ultimately want to do,” Dr. Co said, adding that the standard length of training may not be appropriate for all resident physicians. “Our project is really looking at what happens if trainees are ready earlier, because obviously there are many different consequences of that.”
Here’s how it works: If a resident achieves a level of competence consistent with independent practice, Promotion in Place offers them the opportunity to practice in sheltered independence—in other words, as an attending physician—while retaining advanced resident experiences.

At the same time, if a resident needs longer than the standard length of training to achieve competence for independent practice, the residency program gives them the opportunity to extend their training with customized remediation.

Benefits at several levels

“Trainees benefit because this is very much more oriented towards readiness, competencies, self-assessment—a learner-centered, learner-driven approach,” Dr. Co said.

Health systems can benefit from this model of medical education, too, because it gives them the ability to look at ways to implement competency-based medical education in a way that does not take residents away from existing care delivery models.

“That's not the ultimate goal down the line, but we feel like this is a way to implement and test feasibility and outcomes,” Dr. Co said.

And society can benefit as well, because competency-based, time-variable medical education can help ensure higher-quality physicians coming out of residency.

“And, in the cases where trainees are ready earlier, that certainly can help in areas where, for instance, we need more practitioners out there earlier,” he said. “So, it actually can help from a workforce perspective.”

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Buy-in can be a barrier

Still, the time might not be right for this approach to training at all residency programs. Not only does it require interest from residents—including in how they might spend their extra time—but it also relies on buy-in from residency program and institutional leaders, along with corresponding internal bandwidth, and, on top of all that, a permissive certification environment.
“We realized very early on that the specialty boards are individually at very different places in terms of CBME, both in terms of where they are now and also where they see themselves going in the next couple years,” Dr. Co said. “So each one of those specialties—and each program, I would say—is, because of that, its own project because we need many things here to align.”

The conversation with Dr. Co also touched on assessment and the challenges of credentialing early graduates.