

Medical schools overhaul transition to residency programs

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Several medical schools are overhauling the way their students make the traditionally stressful leap into graduate medical education (GME).

Schools are implementing these programs as part of their work with the AMA's Accelerating Change in Medical Education Consortium, which is working to modernize and reshape the way physicians are trained. The programs are designed to improve competency, leadership and patient care through innovations that bridge the curriculum gap between medical school and internship.

A transition curriculum

"Interns in July are expected to hit the ground running and take care of patients," said Julie Byerley, MD, vice dean for education at the University of North Carolina School of Medicine, a consortium member school. But greater emphasis needs to be placed on preparing students to make that transition.

The school has launched its new Translational Education at Carolina curriculum, which weaves professional development throughout the four years of medical school. It also includes a "transition to internship" component designed to enhance leadership qualities, ethics and humanism with an eye specifically toward making a smoother transition from undergraduate medical education (UME) to GME.

The school is on track to see their first class of students take part in the transition to internship aspect of the curriculum beginning in March 2018. This will include:

- Monthlong rotations specifically focused on the transition to internship
- Assessment of core entrustable professional activities (EPA) for entering residents

- More leadership education, enabling students to take on leadership roles sooner as residents

Dr. Byerley said the updated transition plan promises fewer medical errors, better care and a priceless opportunity to shape the future of medical education.

Focusing on patient safety

Michigan State University College of Osteopathic Medicine, also a member of the consortium, is considering the transition to residency through the lens of patient safety.

An emphasis on safety education begins in the first year of medical school under its new program and continues into clerkship and residency. The goal is to enable students to use their undergraduate understanding of safety as a springboard to residency research projects on the same topic.

“We hope to demonstrate that students can and should be valued elements of the overall goal of patient safety,” said Saroj Misra, DO, associate professor of family and community medicine at Michigan State.

So far, there is little training on patient safety at the undergraduate level and little effort to use a safety curriculum that bridges the transition from medical school to residency, Michigan State faculty who are leading the school’s curricular innovations say. While there is little evidence to date that longitudinal approaches to safety will have a positive impact, Dr. Misra said, they intend to discover if it does.

With the use of a formalized curriculum involving validated modules combined with mock cases, Michigan State is training students to detect and react to medical errors. Students learn to identify errors, identify the stages of treatment most prone to errors, examine causes and communicate with the families of patients. The training involves such elements as how to apologize and how to conduct a root cause analysis.

Embedding students in the care setting

At Ohio University Heritage College of Osteopathic Medicine, another consortium member, physician educators are laying the foundation for a seamless transition to internship by embedding students in patient-centered medical homes in Cleveland.

“The impetus is, we need to be looking for more efficiency in education, just like we need to look for more efficiency in care,” said Isaac Kirstein, DO, dean of the college.

In this model, students continually build skills needed to lead in health systems science, population health, communications, safety and health IT—practical skills that prepare them for their transition to the linked residency.

For students who have been embedded in patient care throughout medical school, their first day of residency doesn't seem very different from their last day of medical school, Dr. Kirstein said.

He called leadership a key skill in playing a more meaningful part in a health care team from the first day of residency. "If we don't produce physicians who can lead within health care teams, other professionals will take that role," Dr. Kirstein said.

A bridge between UME and GME

To usher students through the transition from medical school to residency, the University of California, Davis, School of Medicine and the Kaiser Permanente health care system have collaborated since 2014 as part of the school's work as a founding member of the AMA's Accelerating Change in Medical Education Consortium.

"Internship is a huge mystery to medical students," said Tonya Fancher, MD, associate professor of medicine. "If we can tell them, 'here is what you need to be able to do on Day 1,' then we've made it easier for them."

UC Davis puts students to work in Kaiser clinics throughout medical school, providing them with early experience in teamwork.

At graduation, students are offered conditional acceptance to residency at either Kaiser or UC Davis. The project enhances the transition to internship and gets physicians into the workforce sooner, Dr. Fancher said. It also serves another vital purpose, she said—solving the acute shortage of primary care doctors in California.

"It seems really important to bridge the gap between UME and GME," she said. "These two worlds have really lived separately for probably too long."

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