

8 transformative residency-training projects awarded AMA grants

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Eight projects submitted by organizations with oversight of graduate medical education (GME) were awarded grants through the AMA Reimagining Residency initiative this week.

Building on the work of the AMA's Accelerating Change in Medical Education Consortium, the new five-year, \$15 million grant program aims to transform residency to meet the workforce needs of America's current and future health care system. The grants will support innovations that provide a meaningful and safe transition from undergraduate medical education (UME) to GME, establish new curricular content and experiences to enhance readiness for practice and promote well-being in training.

"After establishing a framework for creating the medical schools of the future, the AMA is now supporting innovation projects that will better align residency training with the evolving needs of patients and communities, as well as the workforce needs of the current and future health care system," said AMA Executive Vice President and CEO James L. Madara, MD.

"As the health care landscape and technology rapidly evolve, the AMA will continue working with its community of innovation to drive the future of medicine by supporting significant redesign in physician training," Dr. Madara added. "Our goal is to ensure physicians are prepared to adapt, grow and thrive at every stage of their training and career. Better prepared physicians will deliver more effective and equitable health care."

Find out more about the eight grant awardees, each of whom will get a \$1.8 million grant from the AMA.

California Oregon Medical Partnership to Address Disparities in Rural Education and Health (COMPADRE). In this collaboration between Oregon Health & Science University and University of

California, Davis, 10 health care systems, 10 institutional sponsors and a network of federally qualified health centers will jointly address workforce shortages in rural, tribal, urban and other disadvantaged communities between Sacramento and Portland.

Fully Integrated Readiness for Service Training (FIRST): Enhancing the Continuum from Medical School to Residency to Practice. This project expands the geographic and specialty reach of the University of North Carolina School of Medicine’s established residency readiness program. Its additional aims include developing and implementing a generalizable health systems science curriculum for GME and competency-based assessment tools that span the educational continuum.

New York University School of Medicine Transition to Residency Advantage. This program’s goal is to enhance the transition from UME to GME through robust coaching, individualized pathways, and enhanced assessment tools to enable GME programs to shift away from one-size-fits-all education.

Promotion in Place: Enhancing Trainee Well-Being and Patient Care Through Time-Variable Graduate Medical Education. Overseen by Partners HealthCare System, Massachusetts General Hospital, and Brigham and Women’s Hospital, this project will integrate time-variable models for advancement in residency training. Residents who achieve competency before the standard training duration will transition early to independent practice at their training institution until the originally targeted graduation date.

Reimagining Residency: Ensuring Readiness for Practice Through Growing Interprofessional Partnerships to Advance Care and Education. Maine Medical Center will enhance residency training and ensure readiness for practice by redesigning the clinical learning environment to prepare residents for interprofessional, team-based care. The project will build on a previous pilot that emphasized learning at the bedside, team involvement in care planning, patient and care-team cohorting, team members working at the top of their licenses, and rapid-cycle quality improvement.

Residency Training to Effectively Address Social Determinants of Health: Applying a Curricular Framework Across Four Primary Care Specialties. New York-based Montefiore Health System will develop, implement and evaluate a multi-pronged curriculum in social determinants of health in four community-based primary care training programs—family medicine, internal medicine, obstetrics and pediatrics.

The Graduate Medical Training “Laboratory”: An Innovative Program to Generate, Implement and Evaluate Interventions to Improve Resident Burnout and Clinical Skill. Proposed by the Johns Hopkins University School of Medicine, Stanford University School of Medicine and University of Alabama at Birmingham School of Medicine, this project will implement methods to measure modifiable attributes of the training environment that may contribute to burnout among residents.

The GOL²D Project (Goals of Life and Learning Delineated): Collaboration Across Academic Health Systems to Better Align GME with Learner, Patient and Societal Needs.

This project will leverage the resources and expertise at Vanderbilt University Medical Center and University of Mississippi Medical Center. These institutions will collaborate to address professional identity development in GME. The model will train residents in different physician personae—such as researcher or advocate—and use them to support their career development.

In addition to the funded proposals, smaller planning grants were awarded to three exciting projects that the AMA felt merited further exploration:

| **The Association of Professors of Gynecology and Obstetrics.** Transforming the UME to GME Transition for Obstetrics and Gynecology: "Right Resident, Right Program, Ready Day One."

| **Pennsylvania State College of Medicine, Kaiser Permanente, Geisinger, Allegheny Health Network.** Developing Residents as Systems Citizens: The Systems-Based Practice Competency for the 21st Century Healthcare System.

| **Stanford University Emergency Medicine Residency Program and the Emergency Medicine Residency Program Evaluation and Assessment Consortium.** Development of a Unified System of Assessment and Predictive Learning Analytics Utilizing Entrustable Professional Activities Across Emergency Medicine Residency Programs.

Changing med ed across the continuum

In response to a request for proposals earlier this year, a total of 252 letters of intent were submitted. When taking into account projects that involved collaboration, a total of 302 institutions were involved in the proposed projects. Grant winners were selected by the GME National Advisory Panel, a group of health system leaders and stakeholders in residency training.

“Reimagining Residency” builds on the success of the Accelerating Change in Medical Education initiative, launched in 2013. Over the last five years, that program has distributed \$14.1 million in grants to 37 medical schools and has impacted the education of 24,000 medical students who will one day care for an estimated 40 million patients each year.

Representatives from the institutions receiving Reimagining Residency grants will be on hand for the 2019 AMA Annual Meeting in Chicago, June 8–12.

Each project will also be represented at the AMA ChangeMedEd® 2019 conference, Sept. 18–21, also in Chicago.