

The 5 skills residency program directors expect on day one

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Grades and test scores do not necessarily reflect that a medical student will be able to practice the art of medicine when they transition into residency.

An AMA Innovations in Medical Education webinar, “Bridging UME and GME: Serving learners through better communication,” offers some perspectives on the transition from medical school to residency. A recording of the webinar is available in the resources area of the AMA Accelerating Change in Medical Education Community (registration required).

The presentation includes insights about what residency program directors expect from their first-year residents and where they are faltering.

Steven V. Angus, MD, is a professor of medicine at University of Connecticut Health (UConn). He previously served as the director of UConn’s internal medicine residency program for more than a decade. UConn School of Medicine is one of the 37 member schools of AMA’s Accelerating Change in Medical Education Consortium.

From a graduate medical education (GME) vantage point, Dr. Angus pointed out that the current handoff between the two levels leaves much to be desired. The information that schools pass along—beyond the metrics—often comes in the form of the Medical Student Performance Evaluation (MSPE) letter, formerly known as the Dean’s Letter. That document, in theory, works as a summary of the student’s academic track record and assessment of their potential as a resident.

“Mostly when you talk to program directors, they will say that the information they get doesn’t really tell them what they want to know,” he said. “So, what is it that program directors want to know? There is plenty of published data across different disciplines that really gives us a good sense of what specific program directors and specific specialties are looking for in their new interns.”

Program director expectations

Dr. Angus was able to frame what internal medicine program directors are looking for within the context of the Core Entrustable Professional Activities for Entering Residency (EPAs).

Published by the Association of American Medical Colleges in 2014, the 13 Core EPAs provide a set of tasks that learners should be able to perform upon entering residency. Rather than focusing on facts and lessons, the EPAs focus on tasks—such as working in an interprofessional team or performing a history and examination—and how a student is progressing toward being able to perform them well without supervision from a faculty member.

Within that group of 13, Dr. Angus' research has identified five that the majority of internal medicine program directors believed residents must possess upon entering a residency program.

That must-have list is:

- | Gather a history and perform a physical examination—a skill set 94% of program directors believed residents must possess.
- | Give an oral summary of a patient encounter—87%.
- | Document a clinical encounter in handwritten or electronic format—77%.
- | Participate as a contributing and integrated member of an interprofessional team—58%.
- | Recognize a patient requiring urgent or emergent care, initiate evaluation and management—51%.

While these skills may be the most valued, Dr. Angus found that they are not always the ones new interns possess.

“When we ask people to pick the most essential skill, ‘gather a history and performing a physical examination’ was the top at 97%,” Dr. Angus said. “We also asked them where they saw gaps. When these new interns came into your program, where did you see gaps in their performance? And of the top three required skills, two of those skills had the largest gaps in performance.”

Looking for solutions

As far as better preparing residents, Dr. Angus believes that communication of student competence as part of an educational handover would be most useful if the information provided were specialty-specific and included students' strengths and weakness so the program directors could individualize training.

"If a program director had information on a student's strengths and, more importantly, where a student needed to be supervised a little bit more or needed a little extra work, there is evidence in the medical literature that program directors will change their schedules and their curriculum to help new interns get up to speed," he said.