

John Andrews, MD, discusses reimagining residency at the GME Innovations Summit

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Featured topic and speakers

AMA Chief Experience Officer Todd Unger talks with AMA Vice President of GME Innovations John Andrews, MD, about a recap of the AMA's first ever virtual GME Innovations Summit, which took place Oct. 6-7, 2020, and the impact of COVID-19.

Learn more at the AMA COVID-19 resource center.

Speakers

- John Andrews, MD, vice president, GME Innovations, AMA

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 update. Today we're talking to Dr. John Andrews, the AMA's vice president of graduate medical education innovations in Chicago. He'll give us a recap on the AMA's first ever GME Innovation Summit, which took place October 5th through 7th. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Andrews, can you tell us about the original intent of the GME Innovation Summit when your planning began more than a year ago?

Dr. Andrews: Sure Todd, and thanks for giving me the opportunity to talk about this. The meeting was really a lot of fun. One of my primary responsibilities at the AME is to oversee a GME or graduate medical education Innovation program called Reimagining Residency. And last year we funded some projects under the auspices of that program, but at the same time received so much interest from across the country that we were looking for ways to continue to promote a conversation around GME innovation independent of the projects we were funding. So we hatched the idea of convening a

national meeting to highlight the work of our Reimagining Residency projects, but also to engage other people working to innovate in GME to share with us their work and their ideas. So that was the plan, and we planned an in-person meeting in Sacramento, California to be held October 5th to 7th, and then for obvious reasons we had to pivot and host it in a different format.

Unger: Well, I could say that I'm sure the pandemic threw a wrench not only into the logistics of the meeting, but also the content. So as you pivoted in response to COVID-19, tell us a little bit of why is it so important to have this meeting right now? And what did you have to change to the content of the meeting because of it?

Dr. Andrews: Yeah, so addressing the content was a real challenge, Todd, because we had solicited content about GME innovation in advance of the impact of COVID-19, sending us all home to work. So we didn't want to turn away from the content that we had received, and it was a real challenge to take that content, present it in a virtual format that replicated the experience people might have in person. And then it would have been a bit tone deaf to host the meeting and ignore the fact that COVID-19 had been an important influence on the work that we were all doing while we were planning this meeting to present material that had been submitted before that.

So we added a couple of things to the program. We had a panel discussion in which a dean for student affairs, a program director, and a couple of medical students themselves addressed directly how the current residency application season is going to be different for them in the wake of the influence of COVID-19. We added a plenary talk from a Dr. Christine Sinsky, who as you know is a vice president in physician satisfaction and practice sustainability at the AMA and she talked about wellbeing, and importantly, moving from post-traumatic stress to a state of post-traumatic growth in the wake of everything that we face. So we tried to present the content that had been submitted, but supplement it with some things that directly address the impact of COVID-19.

Unger: So a good portion of the summit was spent in breakout sessions. Can you tell us anything about the key learnings that came from those?

Dr. Andrews: Yeah, to summarize that succinctly would be really difficult, because there was just a tremendous amount of content. We had a hundred presentations that were being given in synchronous sessions over the course of three days. If I was to summarize, I would say that we tried to put the work together in ways that reflected the ongoing work of our Accelerating Change in Medical Education Consortium. So where breakout session topics addressed wellbeing, we had someone from our consortium moderating discussion, and we also directed people to resources that we've developed around that.

In preparation for the meeting, each of our Accelerating Change in Medical Education Consortium strategy groups recorded a video that's been posted to the AMA YouTube channel to address the ongoing work of the consortium in those areas. So we tried to take what was submitted, harmonize it

with the work that the consortium was doing, and then direct people to resources that gave them a deeper understanding of the way the consortium is working around health system sciences and technology, engagement, competency-based medical education, and diversity and inclusion. So we hope that people came away with a synthetic view of the work that was submitted as well as the ongoing work of the consortium.

Unger: One of the other big focuses is the GME Innovations Challenge, which was a big part. Can you tell us, what is that?

Dr. Andrews: Yeah, that was a lot of fun. The GME Innovation Challenge was sort of a harebrained idea that I had to promote a Shark Tank-like experience around people's blue sky ideas to innovate in graduate medical education. We asked people to submit brief descriptions of ideas that they think would improve GME in the absence of the typical practical barriers, like regulation and funding and things that we all confront. We received over 125 submissions. We combed those down to 25 ideas to be presented at the summit. And then those 25 ideas were presented, five each, in one to five breakout rooms. And in those breakout rooms, participants heard presentations of the ideas and then voted for the idea from their breakout that they thought should move on to a final session.

Yesterday on the final session, the five finalists presented their ideas to a panel of experts. We had a member of our board of trustees, someone in the leadership of the ACGME, and the CEO of the NRMP on an expert panel. And the ideas were presented. The expert panel asked some questions, made some comments, and then all of the assembled participants voted once again to select three of the ideas to receive \$20,000 planning grants from the AMA. So it was really a lot of fun. I was impressed at the people who submitted ideas, really participated in it in the spirit in which it was conceived, and as much as there was a carrot at the end, they really did it with a smile on their face and got a lot of positive feedback about the ideas that they submitted.

Unger: Can you tell me about one of the ideas that has stuck out in your mind?

Dr. Andrews: Well let me just tell you about the three ideas we're going to fund. Dr. Anita Blanchard, who is the associate dean for graduate medical education at the University of Chicago is going to be funded for a project titled, Building a Diverse Workforce Through Community Connections. And this is going to be an effort in South Chicago to actually put residents into the community to learn more about the population that they're serving as a part of their training. Jesse Burk-Rafel at NYU has a project titled What's In A Rose: Making Residency Applicant Interests Explicit Through Preference Signaling. And this is a modification to the residency application process, especially in this virtual environment now where people aren't doing the in-person away electives, for applicants to signal their interest to a program so someone understands that they have a genuine desire to train in that location and at that program.

And then finally, Rebecca Jaffe at Thomas Jefferson University Hospital is going to be funded for

Preparing for Independent Practice: Implementing Pre-Attendingships at the End of Graduate Training. And this is an opportunity for people at the conclusion of the residency to spend a little bit of time working in sort of a pseudo attending role, practicing independently, but under the direct supervision of faculty before they're in independent practice themselves. So we're going to give each of them a planning grant, asks them to seek some collaboration, some more substantial funding, and try to further refine their ideas.

Unger: That sounds amazing. Well, last question, do you have any messages for residents and medical students out there about the work that's being done to better prepare them for a career in medicine during both the pandemic and beyond?

Dr. Andrews: Yeah, I would say two things. First of all, I want residents and medical students to know that people are thinking about this stuff, that the people responsible for the curriculum in medical school and for training and graduate medical education programs are really looking for ways to do it better and actively collaborating with one another to improve the experience for the learners and frankly, to improve the product of our education system in terms of what physicians are capable of doing. And then the other thing I would say is during the meeting it was clear to me that the wellbeing and how this impacted students and residents was a paramount concern to everyone involved. Anytime in a breakout session, you'd hear questions about an idea that someone had. One of the first questions you'd hear was, "Well, how does this affect the residents? How would residents feel about this? Would they actually be better off if we did this?" So not only are people are working on this, but they're really holding the interest of the students and the residents in high regard.

Unger: That's tremendous, and I'm sure that means a lot to the residents and students out there. So thank you so much Dr. Andrews for being here today and sharing the highlights from the GME Innovation Summit. That's it for today's COVID-19 update. We'll be back soon with another segment. For resources on COVID-19, visit [ama-assn.org/COVID19](https://www.ama-assn.org/COVID19). Thanks for joining us and please take care.

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