When medical students begin residency, they are expected to possess certain skills—mainly those highlighted in 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.

Still, competence in those 13 domains varies widely. A 2015 study found that program directors believed new residents were unable to perform several EPAs without supervision, including receiving and performing patient handovers and discussing and ordering prescriptions.

But a recent study of fourth-year medical students at Virginia Commonwealth University School of Medicine (VCU)—a member school in the AMA Accelerating Change in Medical Education Consortium—sheds light on how to meet this challenge. Researchers found that acting internship rotations—during which a student is expected to demonstrate the knowledge, skills and attitudes expected of a first-year resident—are proving to be an effective method to help smooth the transition to residency.

Preparing for the next step
Acting internships were put in place at VCU to specifically address areas of residency preparation where medical students were falling short. Students are expected to complete both an inpatient acting internship on the wards and a critical care acting internship.

During acting internships, students were observed and offered feedback through workplace-based assessment by supervising physicians. Those physicians also offered acting interns scores on the Ottawa Clinic Assessment Tool (OCAT), used to gauge the amount of supervision required on a task. Students also completed pre- and post-acting internship surveys about their perceived ability to complete tasks.

According to the study, “for both activities, over 91% achieved the target OCAT supervisory score of a 4 or 5.” A four on the scale indicates the physician “had to be available just in case” while the student completes a task. A five indicates the physician “did not need to be there.”

The study also found a boost to students’ perceived ability. In surveys taken before and after acting internship rotations, scoring on a 1-5 scale on preparedness for internship—one being “not at all prepared” and five being “very prepared”—the study indicated that a majority of respondents (77%) chose a four or five on preparedness for internship following their acting internship. That number was 28% prior to the acting internship.

Learn more with the AMA about the five skills residency program directors expect on day one.