Filling gaps for learners in the UME to GME transition

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today’s episode of Moving Medicine, a discussion with Meg Wolff, MD, associate program director of the University of Michigan Pediatrics Residency Program, and Kimberly Lomis, MD, AMA's vice president for undergraduate medical education innovations, about gaps learners experience in the transition between medical school and residency and what the AMA is doing to address them.

Speakers

- Kimberly Lomis, MD, vice president, undergraduate medical education innovations, AMA
- Meg Wolff, MD, MHPE, associate program director of the University of Michigan Pediatrics Residency Program

Transcript

Unger: Hello, this is the American Medical Association's Moving Medicine video and podcast. Today, we're talking about gaps that learners experience in the transition between medical school and residency, and what the AMA is doing to address them. I'm joined today by Dr. Kimberly Lomis, AMA's vice president for undergraduate medical education innovations in Nashville and Dr. Meg Wolff, associate program director at the University of Michigan Pediatric Residency Program and associate professor of emergency medicine and pediatrics at the University of Michigan in Ann Arbor.

I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Wolff, let's start with you. I think we were hoping as we headed into this next academic year that we'd have the pandemic behind us but it does not appear to be so yet. So I'd love to know how educators like you are thinking about the transition from undergraduate to graduate medical education and what concerns you have about gaps in training with your new residents.
Dr. Wolff: Thanks so much for asking that question. That is such an important issue. We are really excited to have our learners here. Our new interns just started. They are very excited to be here but, as you can imagine, really nervous because their training was very different than any other medical school training before them. So we’re really just trying to help them get their bearings and figure out what they missed and what we need to do to get them started.

Unger: Dr. Wolff, what would you say the biggest missing thing is? Even in the minds of these incoming residents, what do you feel like they missed the most?

Dr. Wolff: To be honest, Todd, they are really just lacking confidence that they've had enough experience to hit the ground running. They have it. They have all the experience they need but, honestly, the confidence is the big thing.

Unger: Dr. Lomis, is this a new thing in terms of the issue that we experienced in transitions or is this another thing that we put in the bucket of always existed, always been a problem the pandemic really exposed another issue? Which is it?

Dr. Lomis: That's exactly the point, Todd. This is one of many things that the pandemic just shed a light on and created exacerbation. There's been concern around this transition for quite some time. The AMA has been working on that. Dr. Wolff has been part of our emphasis on coaching programs and other efforts to try to ameliorate this rocky transition from one realm to another. It's been a consortium interest for some time but then of course we added our Reimagining Residency projects in 2019. Several of those are anchored squarely on this point. So we have a great community of both the UME and GME leaders who are helping to think this through. It's also been a point of focus recently for the Coalition for Physician Accountability to really ensure that we do everything to make our learners ultimately ready for their roles as interns.

Unger: Dr. Lomis why don't we speak a little bit more in detail about what that work looks like. One of the outcomes of this has been something called the personal priorities in transitions pilot. Can you describe what that is and what the outcomes are that you're looking for?

Dr. Lomis: Sure. As a consortium, we’ve been looking at this notion of a very formal handover from the medical school to the residency program. But in the context of pandemic, what we really understood was that this is about a conversation to really establish a conversation between the learner and their receiving residency program. So temporarily, we actually haven't involved the school. This is an informed self-assessment and that informed word is important because it encourages the learner to reflect on the feedback that they've gotten, not just thinking off the top of their head, looking at the comments from certain experiences, feedback they've gotten from their faculty to really identify for themselves where they stand in certain areas that we know are critical at this time of transition.
It is not about trying to uncover weaknesses or expose performance deficits. It's really talking about the variation in experience that is true from the clinical learning environment and helping the learner identify those areas and make a plan. So it's really taking advantage of the pandemic because everybody's disrupted, everyone's feeling uncertain to say, "Let's just talk about it and get a plan in place and work together."

Dr. Wolff: Kim, I'm so glad ...

Unger: Dr. Lomis ... go ahead.

Dr. Wolff: I'm so glad, Kim, that you used the term informed self-assessments because it really is the time for them to have to reflect on all the things that they've learned in medical school, but also really to look at all the data that's been generated and really help them identify what are the areas that they want to work on and what are the ways in which their training was modified because of the pandemic that they really want to jumpstart their experience into residency for.

Unger: Dr. Wolff, thinking about this pilot, what are the advantages from a program perspective?

Dr. Wolff: I think from a program perspective it would be so nice to have had a learner who has had time to reflect on where they've been in their training and where they want to go, and really come to the table with a sense of where their areas are that they want to develop on and where they feel like their strengths are. It allows us an opportunity to really customize where we're able, but more than that helps us develop goals with them and helps identify resources that they can use in tandem with their training.

Unger: Dr. Lomis, when's the right time for a learner to complete a self-assessment of readiness for the transition into residency?

Dr. Lomis: So ideally, these conversations would be happening all throughout medical school. As I said, Dr. Wolff is involved in some of our work around coaching that would facilitate that process. But in reality, not all schools have the resources to do that yet and/or have not implemented those programs yet. Many schools do have an intern prep kind of course in the final year of training. Some of those this past year were virtual, some in person. Obviously, it was disrupted as well. So our program this year is really targeting that window from the final months of medical school to really beginning internship.

Now, that's a busy window. These are people who are celebrating graduation hopefully to some extent and moving to new cities often. So there's a lot of things going on, but it's a good opportunity to shift that mental model from focus on grades and what people think of your performance as it's written in a resume or on an application and really think about readiness. So at a point in time where they have all that information, as Meg alluded to, they have the information to look back on their performance and
they immediately feel that that push of, hey, this is real. I'm going to be taking care of patients. So this is the perfect timing for this personal reflective process that we're coaching them through.

**Unger:** Dr. Wolff, obviously the identifying gaps piece is an important foundation. How do you take that knowledge then and how to develop programs that will help residents fill all those gaps?

**Dr. Wolff:** That's something that the residents are often wondering about, what is the point of doing this? It's not like I can choose my own adventure at every stage of residency. There are some things that have to be completed and requirements for everyone. But that doesn't mean that there aren't ways that we can help them customize things or help them focus on different things as they're going through their required rotations. There's always opportunities for goal setting and seeking out opportunities and then using resources right along with their training. The AMA has a host of resources that can be really helpful for learners, depending on the areas that they're trying to work on.

**Unger:** Dr. Lomis, when you look at the big picture and you see the learnings of flow out of a pilot like this, how do you think that will then in turn benefit UME and GME as a whole?

**Dr. Lomis:** We're definitely viewing this first year as a learning experience for us. We've put together with experts a draft model. What we're really curious to learn is how the learners interact with that. A big part of this is safety. They need to really feel safe in the conversation and have trust that we're trying to foster their development and it's not some hidden critique of their abilities. So one of the things we're asking is whether they are willing to share. The learners who participate have control over whether they share either their assessment or their plan with their program. So one of the things we're going to learn is how safe do people feel with that sharing, did it happen?

We'll have the opportunity with the numbers that have been completed to get a sense of what kinds of gaps are most common, what things people feel like they don't have experience in that maybe we could then allow programs to know that for future years to incorporate more emphasis in orientation.

Then it also gives us an opportunity to think as the AMA of what additional resources can we build out. We do have some as part of our AMA GME competency education program that really emphasize these changes in roles. We have made those resources available to those who are participating in the pilot. But I think we're going to identify new topics that might require some amplification and we can build better resources for the next year.

**Unger:** Yeah. I'm curious about that. I mean, we started this conversation out talking about the pandemic and the influence of that. Do you think that these gaps are going to change hopefully a year from now? How do you keep learning about where those gaps will evolve to once we're out of what hopefully will be the pandemic situation?
Dr. Lomis: Well, that's what's really exciting, to think more explicitly about readiness as opposed to performance and grades to really ... because that can evolve with time. I think that the needs, the gaps that were created in the past year obviously is going to be slightly different. However, I think across the board, there's been a long recognition that as students work in different clinical environments, different rotations with different supervisors, there is significant variation in what they get to practice and what kind of feedback they get. So a model like this allows them to identify that, but it also allows us to see over time what are those needs and make adjustments accordingly.

Unger: Dr. Lomis, the AMA's been kind of capturing this knowledge over the past year and a half to develop some new resources. Can you talk about some of those and how they fit into your ongoing work in medical education?

Dr. Lomis: Sure. In June, we launched a new program, the AMA UME Curricular Enrichment Program, which is really in response to the accelerated need for high-quality digital learning resources and platforms. We had had developed many of those tools for specific new evolving areas of competency. So this is not meant to replace what medical schools typically do, but it's an easy way to fill gaps in curriculum around key topics, particularly things like health system science that we're very invested in. So we're proud to have that program. We've been enriching our platform FREIDA which was very helpful during disruption to students to really help to understand what their options were moving forward. We've seen more uptake of our AMA GME competency education program that we discussed a bit earlier, that many institutions have started utilizing these platforms. So there's plenty of growth for us and still much need that we can work to meet.

Unger: I encourage those that are interested out there to check out more information on the UME curricular enrichment program on the AMA's EdHub. We'll put the URL up now so you can take a look at what that is. But edhub.ama-assn.org/ama-ume-program. Last question, if programs are interested in learning more or getting involved in the personal priorities and transition pilot, what should they do, Dr. Lomis?

Dr. Lomis: So I think they can reach out to us specifically. I'll give you an email address here, it's gme@ama-assn.org to learn more about the pilot. But I'll bounced it back to Dr. Wolff, I think that every program can just be thinking about how do they create this space for the conversation. If you want to comment on that, Meg.

Dr. Wolff: Absolutely. I think even if you're not involved in this program initially, there's so many opportunities to meet with your residents as they're coming in and just give them an opportunity to reflect on all of the things that they have done so far and what their goals and priorities are and help work with them to develop a plan to really help them hit the ground running and feel comfortable and confident as they start residency.
Unger: That word is so important. Figure if you can make it through this transition in a pandemic, you're quite strong. So thank you both for being here, Dr. Wolff, Dr. Lomis. Really appreciate your perspective and the work that you're doing on this pilot. That's it for today's Moving Medicine video and podcast. We'll be back with another segment shortly. You can join us for future episodes in podcasts of Moving Medicine by subscribing at ama-assn.org/podcasts. Thanks for joining us. Take care.

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