The transition from medical school to residency is too often an abrupt one for learners, not least because their support networks lack continuity.

One effort to bridge the divide between undergraduate medical education (UME) and graduate medical education (GME) pairs medical students with faculty coaches. Marc Triola, MD, director of the Institute for Innovations in Medical Education at New York University (NYU) Grossman School of Medicine, talked about the AMA-funded project—NYU Transition to Residency Advantage—during a recent webinar produced by the AMA Accelerating Change in Medical Education Consortium.

Thinking long-term

One of the motivations behind the project is to help residency programs tailor their activities, from onboarding to assessment, to each incoming resident and get away from the one-size-fits-all approach that typifies much of medical education.

“Here at NYU, 40% of our medical students stay here for residency,” Dr. Triola said, adding that he and his colleagues saw “how much of a missed opportunity it was to really link all of these elements and create a true continuum or a blurred continuum.”

By being more intentional with their coaching efforts, medical schools can “impact things like safety and quality of the early care that they [residents] deliver, understand and enhance issues of professionalism and, ultimately, counter the factors that contribute to stress and burnout,” he said.

It’s new for faculty too
The initial goal of the project is to train a cadre of faculty coaches from five residency programs—internal medicine, ob-gyn, emergency medicine, orthopedic surgery and pathology—and pair them with medical students graduating from NYU and other schools to help eliminate the discontinuity between UME and GME.

In the first cohort, which commenced before the COVID-19 pandemic, Dr. Triola and his colleagues spent a year training 15 faculty via in-person, interactive sessions. These included group objective structured clinical examinations (OSCEs) “where we had medical students and residents come into our simulation center and actually volunteer to be OSCE-standardized learners that our coaches could work with and practice around,” he said.

Faculty also have access to an application called Navigator, which includes a scheduling system and data about their learners, including their portfolio items, performance and outcome data and links to clinical and academic dashboards.

Now in the second cohort, the project has a more asynchronous model, making use of videos and small groups. This is “partly because of COVID and partly to think really about how to scale faculty development, because faculty development is going to be a real key aspect of all of this,” Dr. Triola said.

### Putting it into action

A key aim of the project is to have learners drive the transition, so each first meets with their medical school coach to develop aspirational goals for residency. Then, soon after Match, the graduating medical student gets a formal warm handoff to their new GME coach in a student-led meeting where the parties review those goals in the Navigator app.

Assessment will play an important role in how the five-year project develops, Dr. Triola said. A formative evaluation will look at outcomes at every level—“the individual learner, their residency program and our health system as a whole.”

NYU Transition to Residency Advantage is funded by a grant from the AMA Reimagining Residency initiative, which was launched in 2019 to close the gap between undergraduate and graduate medical education. Through $20 million in grants over five years, it is funding 11 projects to help create a meaningful and safe transition from undergraduate medical education to residency, establish new curricular content and experiences to enhance readiness for practice, and promote well-being in training.

The webinar also featured presentations on efforts in ob-gyn and emergency medicine to improve the
transition. A recording of the webinar, “Innovations in UME to GME Transition,” is available. Registration is required.