Each month, the AMA highlights institutions that are part of the AMA Accelerating Change in Medical Education Consortium to showcase their work with the consortium and innovations in medical education.

**Featured institution and leadership**

Catherine L. Coe, MD
Assistant professor, Department of Family Medicine
University of North Carolina School of Medicine
Number of years in the consortium: 5 years

What are your Accelerating Change in Medical Education project and goals?
The UNC School of Medicine seeks to accelerate change through our project Fully Integrated Readiness for Service Training (FIRST): Enhancing the continuum from Medical School to Residency to Practice Project. Our goals for the project are encompassed through four aims.

1. Expand the FIRST Program across the state and to other identified specialties of high-need for the state of North Carolina: general surgery, pediatrics and psychiatry
2. Develop and implement new curriculum in health systems science for GME
3. Develop and validate assessment tools to facilitate meaningful transitions and promote professional development
4. Enhance the learning environment to advance inclusion and promote well-being

We propose to optimize the continuum of professional development from medical student to resident to practice, resulting in an expertly prepared cohort of individuals ready to serve in needed disciplines in underserved areas of North Carolina and beyond. Our project seeks to purposefully link medical school, residency and continuing practice in a seamless continuum. Our rationale is that this complete package of educational tools to modernize residency training, piloted on a group of learners targeted to meet societal needs, creates a model for institutions to replicate in their efforts to meet the mission of improving the health of populations.

What are some recent accomplishments related to your Accelerating Change in Medical Education work that would be of interest to others in the medical community?

Through the support of the AMA, we have successfully expanded the FIRST Program across the state to our state-wide partners and to the specialties of family medicine, pediatrics, psychiatry and general surgery. We continue to recruit outstanding students who are committed to serving the people of North Carolina throughout their medical training as well as afterwards. We are looking to utilize a Realistic Evaluation framework to build a robust evaluation plan for the many variables that impact the program success and opportunities for innovation.

Following a needs assessment related to the Health Systems Science Curriculum for GME as well as a recent ACGME Clinical Learning Environment Review (CLER) visit, we identified the need to link our curriculum to accreditation standards. We have therefore launched a CLER Task Force with the goal of evaluating three main arenas: Quality and safety, professionalism/wellness and health equity. The groups are comprised of representatives from the health care system and residency programs (faculty and trainees).

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How does your work contribute to advancing equity, diversity and belonging in medical education?

The overarching aim of our grant is to enhance the continuum from UME to GME to promote well-trained physicians to areas of need within our state. Through this, we continue to be mindful of advancing equity, diversity and belonging in medical education. We are promoting an inclusive learning environment through our educational sessions on biases, microaggression training and professional development which are deployed to all on-boarding residents, fellows and faculty. This is also aligned with the medical school curriculum and reporting structure for mistreatment in the learning environment.

Additionally, any curricula/initiatives for the health systems science or learning environment will have to include a focus on equity and belonging in medical education and patient care to be successful and inclusive of everyone. One of the committees of the CLER Taskforce is Health Equity. Leaders in that space and GME/housestaff will conduct a needs assessment of our health care and GME system and then brainstorm ways to make meaningful change at the health system level by either promoting what is already in place or proposing system changes.

What do you think will change about medical education in the next five years?

As we continue to focus on ways to smooth the transition between UME, GME and practice, I am hopeful that we will see broader implementation of competency-based medical education. Not only within our institutions, but nationally. I am hopeful we can operate from a shared language across institutions to decrease the burden of proof on the students as they transition. With rising student debt and pressures on applications to residency and fellowships, attention to these transition points will hopefully promote well-being for our faculty and trainees.

Can you share some strategies to maintain team management and well-being in health care?

In working together on a project such as the Reimagining Residency Grant, clear communication is paramount to the success. We have regular team meetings where the leaders of each of the arms of the grant provide updates and gather input from the rest of the team. It is important to continue to be
aware of the structures and systems that do not promote well-being in our health care settings and work to improve those.

As we (hopefully) navigate the post-pandemic world, we are eager and excited to meet and collaborate in person again. While meeting in the virtual space has allowed for flexibility and collaboration across distances, the personal check-ins and social gatherings further promote team unity and cohesion.