6 things resident physicians need for stronger transitions to GME

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Who knows better about the transition from medical school to physician residency—it's rocky points and knowledge gaps—than those who have recently completed it?

An article published in the Journal of Surgical Education examines what residents need to successfully start their graduate medical training. Researchers conducted interviews with 26 first-year ob-gyn residents, identified these six themes that residents say could help create a more seamless transition.

An established peer community

Residents interviewed for the article were coming off the challenge of having gone through the transition when the pandemic was disrupting both their medical school and residency training. Still, there is a need, for increased residency program commitment to creating a community among residents as soon as they match, said Halley Staples, MD, the paper’s lead author and a third-year ob-gyn resident at Barnes Jewish Hospital and the Washington University School of Medicine in St. Louis.

“A residency community—to me it means more than just than just a Facebook group or somewhere to interface online,” said Dr. Staples, an AMA member. “It means those person-to-person connections.”

Dr. Staples touted the late brunches her team would go on following overnight delivery service rotations as a key team-building activity.

Relocation resources

URL: https://www.ama-assn.org/medical-residents/residency-life/6-things-resident-physicians-need-stronger-transitions-gme

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Residents are often in the position of moving on short notice. Having gone through the process, Dr. Staples said one of the best resources is access and insight from current residents.

“A lot of it doesn’t come from the programs as far as relocation,” she said. “A lot of it comes from the people who are actually residents in the area, giving anecdotes of what worked for them and what didn’t.”

**Transition curriculum**

Some medical schools do boot camps for future residents prior to their medical school graduation. Some residency programs do them as new physicians start their training. First-year residents told Dr. Staples and colleagues that the more transition learning they are able to get, the better.

“A boot camp on the medical school side is great for learning the basic ob-gyn criteria,” she said. “Then moving to the residency side, training can get more specific. Things like learning how to write a note and put in orders—because those are different at every institution.”

**Training on medical racism, bias**

This theme was unique in that it seemed to be the only explicit curricular topic the study identified as one resident discussed.

“Addressing racism and bias has been a really hot topic for medicine and specifically ob-gyn because, looking at maternal mortality rates, Black women are dying at higher rates than their counterparts,” Dr. Staples said. “That’s why this was such a big deal to us in this study. We talked to all of the interns and asked them, ‘Have you gotten formal training in racism and bias?’ And for the majority of participants, the answer was no.”

Learn more from former AMA President Susan R. Bailey, MD, about why our Black maternal health crisis is an American tragedy.

**Cross-program connections**

Some residents interviewed said that there was a measure of isolation in being the sole, or one of a few, trainees from a given racial or ethnic background in a program. Being able to connect with others with shared experiences—even if they aren’t in the same residency program—could be valuable,
those interviewees said.

“It’s difficult for some programs, especially when they have such a small number of residents,” Dr. Staples said. “Looking long term our goals should be to connect people across states and within regions. To be able to say: Hey, what is your experience?”

### Check-ins from program leadership

Formal and informal conversations about the transition and how residents were doing with it were lacking, according to some of the residents interviewed by Dr. Staples and colleagues.

“We're all so busy and—as residents—we're all so engrossed in the work that we're doing,” she noted. “The attendings are as well. We’re all trying to push things forward and keep moving the wheel. So, it's difficult to have regular check-ins, and I think it comes down to sometimes programs don't have a formal check-in system, and then [without that] things kind of go to the wayside a little bit. So, I think we just need to be more intentional about it.”

As part of its grant via the AMA’s Reimaging Residency Initiative, the NYU School of Medicine is creating a robust coaching model to guide learners who are making the transition from medical school to residency.