



Reimagining Residency

Innovation in GME

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Origins of Accelerating Change in Medical Education



Circa 2010:

- Calls for realignment of the educational process in line with the changes in health care delivery
- Future directions in health care workforce needs
- Integration across the educational continuum
- Emphasis on social accountability and leadership
- New technology in education & medical practice
- Need for evaluation & research of educational methods and processes
- New methods of financing medical education

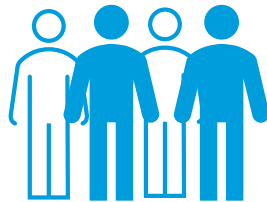
Initiative launch and original medical school grants



Create competency-based assessment and **flexible individualized learning plans**



Optimize the **learning environment** : pedagogy, tools and technology



Diversify the learning environment

Understand the **health care system and health care financing**

Develop exemplary methods to achieve **patient safety, performance improvement and patient-centered team care**



Evolved to become **health systems science**

Initiative timeline



Accelerating Change in Medical Education Impact (2013 – 2018)



- 25,000 **students engaged**
- hundreds of **learner-led quality initiatives**



- 600 **consultations** involving 250 unique organizations
- 274 **national and international presentations**
- 168 **publications** that were **cited** 1000+ times



AMA-sponsored
**ChangeMedEd
national conference**



Led to the securing of
millions of dollars
in other **grants and gifts** to affiliated sites

Medical school institutions in the consortium

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of Osteopathic Medicine

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Medical College.
at Thomas Jefferson University

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AMA GME Initiative Goals

Transform residency training to best address the workforce needs of our current and future health care system.

- Preserve continuity in training
- Ensure readiness for entry into practice
- Support well-being for trainees, mentors, and colleagues



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Mass General Brigham

Development of a Unified System of Assessment and Predictive Learning Analytics Utilizing Entrustable Professional Activities Across Emergency Medicine Residency Programs

- Developed tiered entrustable professional activities
- Initial steps to build out the remaining components of the specialty-wide program of assessment
 - OPAs, multi-source feedback, resident-sensitive quality measures
- Partnership with SIMPL to develop technology for data collection, dashboard data visualization, and predictive learning analytics
- Early pilots of coaching with the aim of individualizing training for each emergency medicine resident



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Emergency Medicine

Promotion in Place: Enhancing Trainee Well Being and Patient Care Through Time Variable Graduate Medical Education

- Enrollment of the first program into the pilot
- Partnership and collaboration with ACGME and ABMS around outreach to specialty boards and assistance with identifying other programs for participation
- Initial development of an outcomes database
- Development of a plan to collect participant feedback



Mass General Brigham

NYU Transition to Residency Advantage (TRA)

- 40 GME Bridge Coaches completed faculty development program
- “Warm handoff” for 134 interns in five residency programs including Internal Medicine, OBGYN, Emergency Medicine, Orthopedics and Pathology following 2021 Match
- Newly revised coaching curriculum for faculty development
- Navigator, a web-based platform to support coaching, has facilitated over 1,000 meetings between learners in UME and GME and their coaches, providing support for scheduling, goal-setting and professional portfolios



Transforming the UME to GME Transition: "Right Resident, Right Program, Ready Day One"

- SOAIP distributed for the third year, with over 90% participation from programs in 4 out of 5 standards
- Hosted GME Innovations Summit with 59 participants from 10 specialties
- Standardized Letter of Evaluation Form (SLOE) and companion FAQs (piloted in the 2021-2022 Match) introduced to stakeholders
- Development of a readiness curriculum for incoming interns
- Introduction of coaching training for GME faculty
- Ongoing collaboration with AAMC to implement Program Interest Communication through tokens from applicants



The GOL²D Project (Goals of Life and Learning Delineated): Collaboration Across Academic Health Systems to Better Align GME with Learner, Patient, and Societal Needs

- Introduction of “Structural Competency” incorporated into VUMC orientation
- Launch of modules for HSS, leadership and advocacy
- Scaffold built for Resident and Fellow Growth with the opportunity for further professional growth and contribution, trans-program and trans-institutional experiences offered in addition

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The Graduate Medical Training "Laboratory": An Innovative Program to Generate, Implement, and Evaluate Interventions to Improve Resident Burnout and Clinical Skill

- Real Time Location System (RTLS) data to understand resident behavior in the hospital
- Assessment of Physical Examination and Communication Skills (APECS) to directly observe graduate trainee clinical skills using real patient volunteers who have real clinical findings
- Implementation of a telemedicine format in response to the COVID-19 pandemic
- Use of a modified version of the Stanford Presence 5 to improve trainee experience in outpatient clinics



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Reimagining Residency: Ensuring Readiness for Practice through Growing Interprofessional Partnerships to Advance Care and Education (iPACE)

- Expansion of the iPACE model to an inpatient pediatric unit
- Progress toward expansion of the iPACE model in other settings including:
 - additional internal medicine teams
 - surgical critical care
 - substance use disorder consult service
 - skilled nursing facility
 - community hospital
 - outpatient clinic



Residency Training to Effectively Address Social Determinants of Health: Applying a Curricular Framework Across Four Primary Care Specialties

- Implementation and evaluation of a baseline survey of all Montefiore residents on their training and perceived competence in KSA related to SDH
- National Delphi study to identify the main SDH knowledge topics and behavioral learning goals that should be included in primary care training
- Progress developing a unified SDH curriculum for family medicine, internal medicine, pediatrics and OBGYN
- Introduction of faculty development initiatives in the areas of anti-racism and resilience
- Micro-grants supporting curricular innovations in education related to SDH

Montefiore

Developing Residents as Systems Citizens: The Systems-Based Practice Competency for the 21st Century Healthcare System

- Qualitative methodologies to inform the concept of a systems citizen
- Multi-institutional study to identify resident/faculty perceptions of their responsibility and skills in SBP
- Qualitative interviews with nurses, physicians and residents to examine the root challenges with operationalizing SBP
- Consultation with 24 GME programs across four health systems to assess SBP at the GME program level and their readiness for change
- Background to inform the foundation for the work of “clinical systems accelerator” roles and institution-specific teams that will use design thinking to pursue change within clinical learning environments and GME programs



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California Oregon Medical Partnership to Address Disparities in Rural Education and Health (COMPADRE)

- Learners in California and Oregon have been recruited and enrolled in the program
- The creation of vibrant learning communities that support students, residents and educators
- Development and roll-out of curricular resources, wellbeing activities and faculty development tools that leverage the collective expertise of the grant team members and a passion for improving the health of communities in greatest need from Sacramento to Portland



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Fully Integrated Readiness for Service Training (FIRST): Enhancing the Continuum from Medical School to Residency to Practice

- Expansion to all four intended specialties – family medicine, general surgery, psychiatry and pediatrics – at four sites across the state
- Initial steps toward the development and implementation of competency-based assessment tools that span the educational continuum



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- **Competency-based medical education**
 - Unified system of assessment (*Holly Caretta-Weyer*)
 - Time-variable competency-based advancement (*John Co*)
- **Transitions**
 - Coaching across the UME-GME transition (*Abigail Winkel*)
 - Improving the residency selection process (*Maya Hammoud*)
- **Learning environment**
 - Professional identity formation (*Kyla Terhune*)
 - Influences on well-being and clinical skills development (*Brian Garibaldi*)
- **Health systems science**
 - Interprofessional practice (*Kalli Varaklis*)
 - Social determinants of health (*Cathy Skae*)
 - Health systems citizens (*Ami Dewaters*)
- **Workforce**
 - Clinical immersion (*Tonya Fancher*)
 - Accelerated paths to practice (*Catherine Coe*)



Physicians' powerful ally in patient care