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

2013:
11 medical schools selected for 5-year $1 Million grants

2015:
21 additional schools engaged with more modest funding

2019:
5 additional schools engaged

2020:
Launched outreach programs for non-member schools
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
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
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
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
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
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
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
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
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
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
• 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