UME-GME REVIEW COMMITTEE

OPTIMIZED TRANSITION FROM UME to GME

FUTURE "IDEAL STATE"

Ideal State – Overall

- An equitable, coordinated, efficient, and transparent system across the UME to GME transition:
  - Supports each learner's growth, evidence-informed specialty selection, achievement of competence, and wellness
  - Progresses learners from medical school to an ideal residency program that acknowledges the learner's unique strengths and learning needs, and ensures optimized professional identity formation
  - Balances the tension between individual freedoms and the public good to provide a learner-centered experience that is sustainable for program directors and institutions
  - Provides trustworthy documentation of competence across the continuum using reliable assessment tools that generate meaningful information for learners, educators, and where appropriate, regulators, and
  - Is flexible and adaptable to changes in medical education and health care system, with a commitment to continuous quality improvement.

Ideal State – Elements of the System

- All stakeholders commit to the inclusion of students, schools, programs, and the public in the design, evaluation, and continual improvement of the system

- A foundation of trust, transparency and reliability exist among students, schools, programs and the communities we serve

- Costs (financial, educational, patient care, well-being and otherwise) are right-sized throughout the process to maximize value, conflicts of interest are acknowledged, and resources are allocated to advance the public good

- All learners are prepared to serve diverse patient populations, minimize disparities, and elevate equity as they execute on the social mission of medicine and its contract with the public

- Diversity is present and valued throughout all specialties, programs and geographic areas

- Faculty, learners, and the structure of the system cultivate inclusive learning environments that foster a growth mindset

- The medical education and health care systems minimize the effects of racism and harmful bias

- The medical student is ultimately responsible for career progression after medical school

Ideal State – Specialty Selection

- Medical schools use a structured approach to career advising that begins early, is based on professional development frameworks and competencies, is integrated within an educational program, provides broad exposure, and aligns with the social accountability mandate

- The culture of career advising is inclusive, trustworthy, non-judgmental, and equitable for all students. Advising tools are high quality, interactive, honest, and readily available

- Both UME and GME recognize career indecision as a normal part of professional formation and allow flexibility for undecided learners at key transition points including non-standard timelines, and non-clinical careers, as necessary

- Students are supported by both UME and GME to seek specialties based on a holistic assessment of fit that supports students to be aspirational while pragmatic, using trustworthy, data-driven resources.

- Students will be informed about the workforce needs of society and advised against contributing to a culture of competition

Ideal State – Learner Selection

- Each residency program receives applications from individuals who are likely to attend, academically prepared, and aligned with the institutional mission. Every program receives enough applications to fill their class and has sufficient resources to conduct holistic review on the applications received

- Red flags are described clearly, in context, with a description of the resources required for remediation or ongoing support

- Applicants have been certified by their medical school as fully prepared, appropriate, and trustworthy for residency training. There is social accountability and transparency for medical schools in the validity of this certification

- Away electives are purposed for broadening educational exposure and not essential for successful matching

- Interviews are offered and scheduled to promote student wellness and minimize conflict with ongoing rotations. There are ample interview slots for those invited. Applicants interview only with programs they are likely to attend

- Programs have information regarding applicant current competence, the trajectory of growth during medical school, and measurement accuracy. These details are available in some form for all applicants in the match: US medical graduates (MD and DO), US-IMGs, and non-US IMGs

Ideal State – Competence

- Graduated medical students are ready to serve as physicians in training
  - Facile with the appropriate knowledge, skills and efficiency
  - With advancing professional identity and a confident humility
  - Prepared for the realities of residency and a lifelong career
  - Trustworthy to practice under supervision, asking for help when needed

- There is a shared mental model of competency across the continuum
  - This could entail a standardized set of general competencies and specialty-focused competencies in certain domains (for example, patient care, and medical knowledge)
  - Faculty development clarifies expectations at each level of training, teaches remediation strategies, and describes how patient safety is ensured (direct vs. indirect supervision, schedule variation, etc.)

- Professionalism of students is accurately and transparently reported to future program administrators

- Educators define those competencies that programs believe, and data support, are the best predictors of a student's abilities to succeed

- Reliable and valid standardized assessment tools document competence

- All medical students engage in specialty-aligned knowledge and skills training during the final year of medical school in order to achieve the defined general and specialty-focused competencies

Ideal State – Continuum and Handoff

- The learner, educators, and institutions approach training with a growth mindset that prepares physicians to be lifelong learners

- Areas for growth and gaps in a medical student's knowledge or skills are recognized by medical school educators, learners, and GME programs in order to address them

- Educators and learners value learner competence in identifying gaps and together enact interventions for improvement such as altering schedules and curricula

- Learners are allowed to progress on a timeline that prioritizes competency achievement

- Assessment data from the end of medical school is utilized in an evidence-informed learner handover, engaging the learner in the process and establishing directed self-learning plans for the trainee

- Learners have the time, space, and coaching to reflect on their growth and progress, grieve losses associated with the transition, and emotionally prepare for the launch of their residency

Ideal State – Technology

- The transition is supported by useful technology that facilitates holistic review through:
  - A common, structured format that is trustworthy and searchable
  - Capabilities that allow programs to find applicants based on multiple academic metrics, details of clinical experiences, and additional attributes
  - Integrating information regarding schools and letter writers to allow programs to identify allopathic and osteopathic students, both USG and IMGs, who would succeed at their programs
  - Allowing applicants to identify what they want in a program, whether that means a specific program, program experiences, attributes, or something else
  - Evidence-based assessments are available, meaningful and trustworthy in a useful format

Ideal State – Licensing and Credentialing

- Licensing and credentialing are accomplished efficiently
  - For all learner groups (MD, DO, USG, IMG)
  - Including visa management as needed
  - Addressing varying state requirements smoothly
  - Accomplished in a timely manner
  - Without excessive cost
  - Including all necessary training and credentialing such as specific training needed for certain disciplines (e.g., ATLS, PALS)

Ideal State – Life Transition

- Life transitions are accomplished in a manner supporting wellness
  - Financial challenges are minimized, learners have adequate funding to establish their living arrangement and support a focus on their work in residency
  - Adequate but not excessive time for moving is built into the process
  - Supports for health and wellbeing are established before residency starts
  - A supportive social network is in place for each trainee, especially considering the needs of those from underrepresented backgrounds

Ideal State – Residency Launch

- Program directors and residency faculty have training, resources, and the infrastructure to approach the resident workforce as learners

- Residency faculty welcome each learner as an individual, knowing their strengths and weaknesses, trusting their competency appropriately

- Residency faculty and peers recognize and mitigate bias to ensure optimal entrustment and support for all learners in an inclusive environment

- The first months of the residency experience are tailored to the individual trainee, with appropriate supervision and learning tools in place to facilitate success

- Patients are appropriately oriented to a clinical environment that includes learners

- Feedback is delivered from GME to UME to continually improve the preparatory process

- Special populations receive additional attention
  - Those underrepresented in medicine are introduced to support networks
  - International graduates have focused training to prepare for success in the US

- The system is managed in a manner that encourages continuous quality improvement

Ideal State – Residency Environment

- Residency programs will have adequate resources to support individual learning plans for every resident, which may require schedule changes, adjusted patient care loads, learning specialists, mental health services, or any other changes deemed necessary for professional development.

- Program directors and faculty will have protected time, educational support, administrative staff, professional development, and funding to support the ongoing individualized support of residents

- Sponsoring institutions and all other parties will recognize the primary role of resident physicians as learners and will fully support the educational environment. At the same time, the developmental path of resident physicians includes progressive responsibility, self-directed learning, and professional identity formation, which leads to readiness for independent practice at the time of graduation

- Resources invested in medical education are appropriately allocated to address the demands of the continuum