



MedEd Chat @MedEdChat8 hours ago

Welcome to the Medical Education chat (US) I am your moderator for the next hour, @alliance4clined #meded



MedEd Chat @MedEdChat8 hours ago

The topic & questions will be announced in a moment...for now, please introduce yourselves #meded



Gary Beck Dallaghan @GLBDallaghan8 hours ago

@MedEdChat Gary here in North Carolina! #meded



MedEd Chat @MedEdChat8 hours ago

If you are tuning in to the #meded chat, remember to use the #meded hashtag and try to answer with the Topic numbers (T1, T2, T3)



MedEd Chat @MedEdChat8 hours ago

We will assume that all of your tweets are your own during this hour unless otherwise stated #meded



Heather Paladine @paladineh8 hours ago

Hi, it's Heather, #FamilyMedicine residency program director in NYC #MedEd



MedEd Chat @MedEdChat8 hours ago

@paladineh Welcome! #meded



MedEd Chat @MedEdChat8 hours ago

T1 about to come up in a few moments #meded



MedEd Chat @MedEdChat8 hours ago

Topic 1: Should a medical school in the 21st century even bother to train an undifferentiated "physician"? #meded



Alliance4ClinEd @Alliance4ClinEd8 hours ago

T1: Can medical schools in truly train an undifferentiated "physician"? Explain! #meded



Jennifer K. Chen, MD @DrJenChen4kids8 hours ago
@MedEdChat Jennifer from San Diego (multitasking on call!) #MedEd



Gary Beck Dallaghan @GLBDallaghan8 hours ago
@MedEdChat T1 #meded I'm curious to hear what some of the physicians on here think about this.



Marty Muntz @mmteacherdoc8 hours ago
Hey y'all- Marty from @MedicalCollege of Wisconsin in Milwaukee- looking forward to another fun #MedEd chat.



MedEd Chat @MedEdChat8 hours ago
@DrJenChen4kids Welcome! #meded



MedEd Chat @MedEdChat8 hours ago
@mmteacherdoc @MedicalCollege Welcome, Marty! #meded



Andrew Olson @andrewolsonmd8 hours ago
@MedEdChat The disconnect here is that the product of medical school isn't physicians - it is residency applicants. #meded



Marty Muntz @mmteacherdoc8 hours ago
T1 - great question! I think there's a good case to be made to start undifferentiated, but make the end of med school an internship prep, specific to specialty. #MedEd



Gary Beck Dallaghan @GLBDallaghan8 hours ago
@andrewolsonmd @MedEdChat T1 #meded Very true. But don't you think with so much emphasis on the senior year being a prep year for residency more emphasis is placed on specialization...not undifferentiation?



Terry Kind, MD MPH @Kind4Kids8 hours ago
Yes in that we all need skills to communicate well, work together, professionally, on teams, in systems, safely, learning, improving, in service of others... #meded



Alliance4ClinEd @Alliance4ClinEd8 hours ago
@mmteacherdoc T1 #meded So do you think medical schools should aim to be done in 3 years with a subintern year for the fourth year?



MedEd Chat @MedEdChat8 hours ago

RT @Kind4Kids: Yes in that we all need skills to communicate well, work together, professionally, on teams, in systems, safely, learning, i...



Heather Paladine @paladineh8 hours ago

A1: I learned so much from all of the different fields of medicine & experiences I had in med school are often relevant - I'd vote yes #Meded



Jennifer K. Chen, MD @DrJenChen4kids8 hours ago

@MedEdChat T1: The basic med school education should still be broad. There truly are students who don't decide what field they want to continue training in sometimes until just before ERAS is due! For early deciders, there are some options like @nyulangone 3yr #MedEd



Andrew Olson @andrewolsonmd8 hours ago

@GLBDallaghan @MedEdChat That's a great question - I think that we really underuse the fourth year. If we are going for residency prep, then we need to look at the outcomes for residents that our learners are having trouble meeting OR the things they need to do on Day 1 that we aren't doing. #MedEd



Dr Samer Al-Bothaigi @SalemSamer8 hours ago

RT @DrJenChen4kids: @MedEdChat T1: The basic med school education should still be broad. There truly are students who don't decide what fie...



Dr Samer Al-Bothaigi @SalemSamer8 hours ago

RT @paladineh: A1: I learned so much from all of the different fields of medicine & experiences I had in med school are often relevant - I...



Andrew Olson @andrewolsonmd8 hours ago

@Kind4Kids @MedEdChat Couldn't agree more - and I'm afraid we don't assess these things in UME very well yet they are the main reasons for challenge/struggle in GME. #meded



Alliance4ClinEd @Alliance4ClinEd8 hours ago

@andrewolsonmd @GLBDallaghan @MedEdChat T1 #meded But will the program directors accept the assessments of the medical school so interns aren't starting all over again? This is an argument about why #CEPAER aren't effective. @acgme



Andrew Olson @andrewolsonmd8 hours ago

@mmteacherdoc @MedEdChat Ha @mmteacherdoc - I think this disconnect is one of the biggest challenges we face :) . #MedEd

Dr. Kirsten Brown @DrKirtyBrown8 hours ago



Basic scientist here watching replies like . Genuinely curious about what we should we do! #meded

Andrew Olson @andrewolsonmd8 hours ago



@Alliance4ClinEd @GLBDallaghan @MedEdChat @acgme Probably not in present form, because there is a disconnect when assessments = grades = match. If we have holistic assessments that are valid and reliable, then yes. #meded

Gary Beck Dallaghan @GLBDallaghan8 hours ago



@andrewolsonmd @Alliance4ClinEd @MedEdChat @acgme T1 #meded Completely agree, but it seems that there are a lot of external forces that are hindering that effort.

Dr. Kirsten Brown @DrKirtyBrown8 hours ago



Also Kirsten Director of gross and neuro-#anatomy at #gwsms. Very interested in tonight's #meded chat!

Heather Paladine @paladineh8 hours ago



@Alliance4ClinEd @andrewolsonmd @GLBDallaghan @MedEdChat @acgme It's a challenge - as a residency director I can say that incoming residents have had very different experiences #meded

Dr Samer Al-Bothaigi @SalemSamer8 hours ago



RT @GLBDallaghan: @andrewolsonmd @Alliance4ClinEd @MedEdChat @acgme T1 #meded Completely agree, but it seems that there are a lot of extern...

Andrew Olson @andrewolsonmd8 hours ago



@GLBDallaghan @Alliance4ClinEd @MedEdChat @acgme T1 - totally. And those forces have no reason to change. But if you look at the #EPACpilot that's a model where assessment = growth not grades! #meded

Dr Samer Al-Bothaigi @SalemSamer8 hours ago



RT @DrKirtyBrown: Also Kirsten Director of gross and neuro-#anatomy at #gwsms. Very interested in tonight's #meded chat!

Marty Muntz @mmteacherdoc8 hours ago



How about move up the start of clerkships. #MakeUSMLEPassFail and take it after clerkships. Then reflect, choose specialty. Then specific course of training (including relevant basic science) needed for starting internship in a specific field. #MedEd



Terry Kind, MD MPH @Kind4Kids8 hours ago

They accept our graduates, so they could presumably also accept our assessments. #meded



Andrew Olson @andrewolsonmd8 hours ago

@paladineh @Alliance4ClinEd @GLBDallaghan @MedEdChat @acgme So true - and can you rely on the #UME materials to inform you precisely or accurately about that?? Guessing no... #meded



Heather Paladine @paladineh8 hours ago

@Alliance4ClinEd @andrewolsonmd @GLBDallaghan @MedEdChat @acgme And residency programs, even in the same specialty, have different expectations #meded



Dr Samer Al-Bothaigi @SalemSamer8 hours ago

@MedEdChat #MedEd Ofcourse yes



Marty Muntz @mmteacherdoc8 hours ago

@Kind4Kids

#MedEd



MedEd Chat @MedEdChat8 hours ago

RT @mmteacherdoc: How about move up the start of clerkships. #MakeUSMLEPassFail and take it after clerkships. Then reflect, choose specialt...



MedEd Chat @MedEdChat8 hours ago

RT @andrewolsonmd: @GLBDallaghan @Alliance4ClinEd @MedEdChat @acgme T1 - totally. And those forces have no reason to change. But if you...



Terry Kind, MD MPH @Kind4Kids8 hours ago

As do our patients. #meded



Andrew Olson @andrewolsonmd8 hours ago

@paladineh @Alliance4ClinEd @GLBDallaghan @MedEdChat @acgme Is that reasonable (within specialities) that the outcome the UME must meet is different depending on the GME program? Totally agree it is the state of things, but wonder if it should be? #meded



Yun Xue @yunxuemd8 hours ago

@mmteacherdoc @harvardmed revamped curriculum this way and 2nd years on wards anecdotally do just as well as prior 3rd years; more time to choose specialty afterwards, explore relevant basic science classes, do research, unclear if ultimate choice happens more thoughtfully though #MedEd



MedEd Chat @MedEdChat8 hours ago

RT @yunxuemd: @mmteacherdoc @harvardmed revamped curriculum this way and 2nd years on wards anecdotally do just as well as prior 3rd years;...



Laura J Gardner @ljgardn8 hours ago

RT @harvardmacy: How can we educate the doctor of the future today? @health_xl suggests we must integrate #tech into #MedEd, create leaders...



Gary Beck Dallaghan @GLBDallaghan8 hours ago

RT @andrewolsonmd: @paladineh @Alliance4ClinEd @GLBDallaghan @MedEdChat @acgme Is that reasonable (within specialities) that the outcome th...



Alliance4ClinEd @Alliance4ClinEd8 hours ago

RT @andrewolsonmd: @paladineh @Alliance4ClinEd @GLBDallaghan @MedEdChat @acgme Is that reasonable (within specialities) that the outcome th...



MedEd Chat @MedEdChat8 hours ago

Topic 2: Can a 4-year UME program accommodate the early and late differentiators?
How? #meded



Alliance4ClinEd @Alliance4ClinEd8 hours ago

T2: How realistic is a time-unlimited UME program, particularly for late differentiators?
Explain. #meded



Heather Paladine @paladineh8 hours ago

@andrewolsonmd I agree it could be better, but we are definitely not there #meded



Dr Samer Al-Bothaigi @SalemSamer8 hours ago

RT @VinnyFrancio: Win a \$50 gift card and HELP to improve MEDICAL EDUCATION by answering this brief research survey:<https://t.co/e0S4GVfJ...>



Dr. Kirsten Brown @DrKirtyBrown8 hours ago

@mmteacherdoc That might take pressure off of us basic scientist to cram everything in, rather tailor it. There is essential content. But also much of detail (for gross #anatomy) could also be put elsewhere. We use the USMLE as our guide #meded



Gary Beck Dallaghan @GLBDallaghan8 hours ago

@MedEdChat T2 #meded It seems that early differentiators would benefit more than later students. With the way the Match is it almost feels that late differentiators would somehow be disadvantaged. Just an observation....



MedEd Chat @MedEdChat8 hours ago

RT @DrKirtyBrown: @mmteacherdoc That might take pressure off of us basic scientist to cram everything in, rather tailor it. There is essent...



MedEd Chat @MedEdChat8 hours ago
#meded



Dr. Kirsten Brown @DrKirtyBrown8 hours ago

@GLBDallaghan @MedEdChat T2 MTE. But mostly anecdotal here...#MedEd



Heather Paladine @paladineh8 hours ago

A2: See previous tweet by @yunxuemd @ColumbiaPS also moved to a 1.5 year preclinical curriculum, 1 year of clerkship, & then 1.5 years at the end for finalizing specialty choice, research, many electives & some shared experiences #meded



Jennifer K. Chen, MD @DrJenChen4kids8 hours ago

@MedEdChat T2: A lot of schools are moving to 18m preclinical which gives more time for electives. I think this helps both early and late differentiators (disclaimer: I was part of first class @nyulangone with this system) #MedEd



Marty Muntz @mmteacherdoc8 hours ago

@GLBDallaghan @MedEdChat Cool - I was hoping we'd get here. Now we can talk about fundamental change in the Match...where students graduate & match at different times of year (when they're ready). #MedEd



Gary Beck Dallaghan @GLBDallaghan8 hours ago

@mmteacherdoc @MedEdChat T2 #meded Do you really think that will happen? It seems there would be a lot of systemic logistics both nationally and institutionally would make this chaotic.



MedEd Chat @MedEdChat8 hours ago

RT @mmteacherdoc: @GLBDallaghan @MedEdChat Cool - I was hoping we'd get here. Now we can talk about fundamental change in the Match...where...



Alliance4ClinEd @Alliance4ClinEd8 hours ago

RT @mmteacherdoc: @GLBDallaghan @MedEdChat Cool - I was hoping we'd get here. Now we can talk about fundamental change in the Match...where...



Yun Xue @yunxuemd8 hours ago

@MedEdChat Strong mentorship and sponsorship are so important for the successful residency applicant, regardless of when differentiation happens. Time constraints may lead to "gap years" but the goal would be creating UME that doesn't penalize the late differentiators. #MedEd



Gary Beck Dallaghan @GLBDallaghan8 hours ago
T2 #meded As well as the residency programs.



MedEd Chat @MedEdChat8 hours ago
RT @yunxuemd: @MedEdChat Strong mentorship and sponsorship are so important for the successful residency applicant, regardless of when diff...



Marty Muntz @mmteacherdoc8 hours ago
@GLBDallaghan @MedEdChat Maybe not, but the unpredictable happens. See 2016 Presidential election. #MedEd



Andrew Olson @andrewolsonmd8 hours ago
@mmteacherdoc @GLBDallaghan @MedEdChat All barriers to this are logistic - it is probably the right way to proceed from an education standpoint. But there's probably a happy medium somehow. But the universal match is a hindrance. #MedEd



Marty Muntz @mmteacherdoc8 hours ago
RT @yunxuemd: @MedEdChat Strong mentorship and sponsorship are so important for the successful residency applicant, regardless of when diff...



Terry Kind, MD MPH @Kind4Kids8 hours ago
And also for those who take a different amount of time to gain competency. #MedEd



Gary Beck Dallaghan @GLBDallaghan8 hours ago
@andrewolsonmd @mmteacherdoc @MedEdChat T2 #meded Maybe there should be a quarterly match process.



MedEd Chat @MedEdChat8 hours ago
RT @GLBDallaghan: @andrewolsonmd @mmteacherdoc @MedEdChat T2 #meded Maybe there should be a quarterly match process.



Yun Xue @yunxuemd8 hours ago
@LHortonGI @MedEdChat @mmteacherdoc @harvardmed Great to see you here @LHortonGI providing the IM perspective!! So crucial to note as medicine is what preclinical years prepare us for the most anyway. If variability still seen, still lots of progress to be made in UME! #MedEd



Marty Muntz @mmteacherdoc8 hours ago
@GLBDallaghan @andrewolsonmd @MedEdChat Love this! #MedEd can transform.



Andrew Olson @andrewolsonmd8 hours ago

@GLBDallaghan @mmteacherdoc @MedEdChat T2 - now that's a cool idea. There is a rolling process based on competence and the #GMEprogram's needs. But there'd have to be a lot more trust on both sides and transmission of holistic and accurate evaluation data. #meded



Alliance4ClinEd @Alliance4ClinEd7 hours ago

@Kind4Kids T2 #meded Do you think someone taking longer to gain competency is perceived weaker by program directors?



Alliance4ClinEd @Alliance4ClinEd7 hours ago

RT @andrewolsonmd: @GLBDallaghan @mmteacherdoc @MedEdChat T2 - now that's a cool idea. There is a rolling process based on competence and...



Heather Paladine @paladineh7 hours ago

@GLBDallaghan @andrewolsonmd @mmteacherdoc @MedEdChat This would go along with the milestones discussion in residency. If learners are coming in at different times & with different levels of experience, residency should be different lengths for different learners #meded



MedEd Chat @MedEdChat7 hours ago

RT @andrewolsonmd: @GLBDallaghan @mmteacherdoc @MedEdChat T2 - now that's a cool idea. There is a rolling process based on competence and...



Dr. Kirsten Brown @DrKirtyBrown7 hours ago

RT @Alliance4ClinEd: @Kind4Kids T2 #meded Do you think someone taking longer to gain competency is perceived weaker by program directors?



Margaret McNulty @DrMAMcNulty7 hours ago

T1 #meded; mostly lurker to these chats, can't help but chime in tonight. Veterinary schools already provide a good model; same core basic science foundation, then track in years 3-4. Human and vet med schools could learn a lot from one another.



Alliance4ClinEd @Alliance4ClinEd7 hours ago

RT @paladineh: @GLBDallaghan @andrewolsonmd @mmteacherdoc @MedEdChat This would go along with the milestones discussion in residency. If le...



Marty Muntz @mmteacherdoc7 hours ago

@LHortonGI @yunxuemd @MedEdChat @harvardmed We could develop systems to allow students to start when they're ready. Early, on time, late - all relative. #MedEd



MedEd Chat @MedEdChat7 hours ago

RT @paladineh: @GLBDallaghan @andrewolsonmd @mmteacherdoc @MedEdChat This would go along with the milestones discussion in residency. If le...



MedEd Chat @MedEdChat7 hours ago

RT @DrMAMcNulty: T1 #meded; mostly lurker to these chats, can't help but chime in tonight. Veterinary schools already provide a good model;...



Andrew Olson @andrewolsonmd7 hours ago

@paladineh @GLBDallaghan @mmteacherdoc @MedEdChat If we really move to #CBME then there is a chance to make a real continuum of education. I wonder at what point we think that UME and GME (if time flexible) occur at one #meded institution? That's why EPAC works here.



Marty Muntz @mmteacherdoc7 hours ago

RT @paladineh: @GLBDallaghan @andrewolsonmd @mmteacherdoc @MedEdChat This would go along with the milestones discussion in residency. If le...



MedEd Chat @MedEdChat7 hours ago

RT @mmteacherdoc: @LHortonGI @yunxuemd @MedEdChat @harvardmed We could develop systems to allow students to start when they're ready. Early...



MedEd Chat @MedEdChat7 hours ago

RT @andrewolsonmd: @paladineh @GLBDallaghan @mmteacherdoc @MedEdChat If we really move to #CBME then there is a chance to make a real conti...



J.D. Zipkin, M.D. @ZipkinMD7 hours ago

@MedEdChat Yes, but we need to train physicians, not people who memorize the Krebs cycle. I'm astonished Step 1 still exists in its current form. #meded



MedEd Chat @MedEdChat7 hours ago

RT @ZipkinMD: @MedEdChat Yes, but we need to train physicians, not people who memorize the Krebs cycle. I'm astonished Step 1 still exists...



MedEd Chat @MedEdChat7 hours ago

Topic 3: What should a handoff between medical school to residency look like? #meded



Alliance4ClinEd @Alliance4ClinEd7 hours ago

T3: Given our discussion to this point, what does a handoff between medical school to residency look like? #meded



Terry Kind, MD MPH @Kind4Kids7 hours ago

They could be taking additional time to learn, and/or to heal, to care for a family member, to mature, to legislate/advocate, to foster world peace... #meded



Marty Muntz @mmteacherdoc7 hours ago

@Alliance4ClinEd @Kind4Kids In general, probably yes. But this too can change with experience. #MedEd



Gary Beck Dallaghan @GLBDallaghan7 hours ago

@MedEdChat T3 #meded If honesty and transparency are our goals, a truthful assessment of knowledge, skills, and attitudes could be developed to pass on to programs. Maybe no more grades of any kind.



Marty Muntz @mmteacherdoc7 hours ago

RT @DrMAMcNulty: T1 #meded; mostly lurker to these chats, can't help but chime in tonight. Veterinary schools already provide a good model;...



Andrew Olson @andrewolsonmd7 hours ago

@Alliance4ClinEd T3: To start, it probably cannot be part of a high stakes application process... #meded



Alliance4ClinEd @Alliance4ClinEd7 hours ago

RT @andrewolsonmd: @Alliance4ClinEd T3: To start, it probably cannot be part of a high stakes application process... #meded



Stephanie Starr, MD @StephRStarr7 hours ago

T3: UME Learner summary of strengths, emphasis, areas to grow across all competencies, including systems. GME programs ready to flex to needs of each intern with patients as focus. #MedEd



Marty Muntz @mmteacherdoc7 hours ago

RT @andrewolsonmd: @Alliance4ClinEd T3: To start, it probably cannot be part of a high stakes application process... #meded



Andrew Olson @andrewolsonmd7 hours ago

@GLBDallaghan @MedEdChat T3 - yes!! and #makeusmlestep1passfail. If we go to not grades but have step 1, it becomes the most used and most harmful educational screening test ever. #MedEd



Gary Beck Dallaghan @GLBDallaghan7 hours ago

@StephRStarr T3 #meded What?!? GME programs flex to meet needs of interns? That sounds heretical. ;)



Laura Horton, MD @LHortonGI7 hours ago

@yunxuemd @MedEdChat @mmteacherdoc @harvardmed Great to see you too - and can't wait to hear more wisdom from you on #Meded



Gary Beck Dallaghan @GLBDallaghan7 hours ago

@andrewolsonmd @MedEdChat T3 #meded Many of us are in agreement that exam should be solely pass fail @myheroistrane#MakeUSMLEPassFail



MedEd Chat @MedEdChat7 hours ago

RT @andrewolsonmd: @GLBDallaghan @MedEdChat T3 - yes!! and #makeusmlestep1passfail. If we go to not grades but have step 1, it becomes...



MedEd Chat @MedEdChat7 hours ago

RT @StephRStarr: T3: UME Learner summary of strengths, emphasis, areas to grow across all competencies, including systems. GME programs re...



Andrew Olson @andrewolsonmd7 hours ago

@GLBDallaghan @StephRStarr T3 - and GME programs have to be honest about what learner competencies they need for success. Not the same across programs or sites. #meded



Terry Kind, MD MPH @Kind4Kids7 hours ago

Great choice! And here are the specific areas where this individual has strengths and here are the areas where this individual needs more... in order to gain further independence. #meded



Yun Xue @yunxuemd7 hours ago

@MedEdChat T3: Knowledge and procedural skills can always improve. Professionalism, compassion, diligence, enthusiasm, resilience, etc. are the backbone of motivation towards lifelong learning. Intern on day 1 with the right attitude = successful UME. #MedEd



Jennifer K. Chen, MD @DrJenChen4kids7 hours ago

@MedEdChat T3: Doing a rigorous sub-I and a NICU month as MS4 were probably the best prep for me. We did a 1 week "boot camp" at the end of MS4 but it was very general so not as helpful as specialty-specific ones would be. Orientation we went over things like handoffs, note writing #MedEd



MedEd Chat @MedEdChat7 hours ago

RT @andrewolsonmd: @GLBDallaghan @StephRStarr T3 - and GME programs have to be honest about what learner competencies they need for success...



MedEd Chat @MedEdChat7 hours ago

RT @Kind4Kids: Great choice! And here are the specific areas where this individual has strengths and here are the areas where this individu...



MedEd Chat @MedEdChat7 hours ago

RT @yunxuemd: @MedEdChat T3: Knowledge and procedural skills can always improve. Professionalism, compassion, diligence, enthusiasm, resili...



Andrew Olson @andrewolsonmd7 hours ago

@Kind4Kids Now THAT's a handoff! And the learner helps own and drive that too. #meded



MedEd Chat @MedEdChat7 hours ago

RT @andrewolsonmd: @Kind4Kids Now THAT's a handoff! And the learner helps own and drive that too. #meded



leonard s franco @leonardsfranco7 hours ago

RT @yunxuemd: @MedEdChat T3: Knowledge and procedural skills can always improve. Professionalism, compassion, diligence, enthusiasm, resili...



Stacy Jones, EdM @StacyCJones7 hours ago

RT @DrMAMcNulty: T1 #meded; mostly lurker to these chats, can't help but chime in tonight. Veterinary schools already provide a good model;...



Marty Muntz @mmteacherdoc7 hours ago

@andrewolsonmd @Alliance4ClinEd This is so very important. Especially since UME would be certifying competence at the level of a starting intern. And advocating for students. Then after match, the "real" MSPE would come with honest objective strengths and opportunities for improvement. #MedEd



Suzanne Minor, MD @minor_se7 hours ago

Continued ... are sure of their field upon medical school matriculation, we could consider medical schools that only produce certain types of doctors. Or, we could bind residency with medical school for a straight through shot. #familymedicineisawesome #MedEd



Vishesh Jain @lifeofsmilez7 hours ago

@GLBDallaghan @MedEdChat T3 #meded No grades, only formative assessment would be ideal, but in their absence #CBME needs to be made more reliable. Multi-school studies and AMA initiatives will be crucial to standardize enough for residencies to trust and use CBME results.



MedEd Chat @MedEdChat7 hours ago

RT @lifeofsmilez: @GLBDallaghan @MedEdChat T3 #meded No grades, only formative assessment would be ideal, but in their absence #CBMEneeds...

Jennifer K. Chen, MD @DrJenChen4kids7 hours ago



@MedEdChat T3: Hm, think I misinterpreted the question. Comments from rotations are definitely more illustrative than a test score or even clerkship grades (which may vary a lot on shelf exam scores or have preset quotas like 25% honors, 25% near honors...) #MedEd

Andrew Olson @andrewolsonmd7 hours ago



@mmteacherdoc @Alliance4ClinEd My Ed Dean asked me if I could "guarantee" our learners would be competent in a certain task after a course. I realized that's the question we have to wrestle with. UME has to be transparent and honest without harming our learners - no good way to do that with the match. #meded

Vishesh Jain @lifeofsmilez7 hours ago



@andrewolsonmd @Kind4Kids T3 #meded Ideally, the learning should also contribute to that handoff: Here's what I still need to learn, here's what I'm skilled in so far. #CBME will provide a framework, but we can leverage it for reflection and growth.

Marty Muntz @mmteacherdoc7 hours ago



@andrewolsonmd @GLBDallaghan @StephRStarr And give specific feedback when grads aren't meeting expectations from the handoff. #MedEd

Anita Thomas MD MPH @anitaanne7 hours ago



@MedEdChat T3 #meded we started a pediatric boot camp style elective for MS4s going into fm, peds, or em to help prep for intern year

Andrew Olson @andrewolsonmd7 hours ago



@lifeofsmilez @Kind4Kids T3 - that's fantastic. And what if learners were encouraged to be vulnerable about their knowledge and practice gaps?#meded.

Alliance4ClinEd @Alliance4ClinEd7 hours ago



T3 #meded Great to hear! Would be interested to see anything that's been published about it if you have any references.

Amy Shaw @amyshawmd7 hours ago



@MedEdChat T3 I would love to see some reflective component as another source of info on progress and goal-setting #meded



Heather Paladine @paladineh7 hours ago

@GLBDallaghan @StephRStarr And GME hospitals would need to provide more patient care support so that residency programs could function with learners coming in at different times/different levels. I know some already do, but it's not universal #meded



MedEd Chat @MedEdChat7 hours ago

RT @paladineh: @GLBDallaghan @StephRStarr And GME hospitals would need to provide more patient care support so that residency programs coul...



Andrew Olson @andrewolsonmd7 hours ago

@mmteacherdoc @GLBDallaghan @StephRStarr Like a warranty from your med school..... #meded Although my alma mater may void their warranty on me :)



Jeff Burket, MD @burket_md7 hours ago

RT @MedEdChat: Topic 3: What should a handoff between medical school to residency look like? #meded



MedEd Chat @MedEdChat7 hours ago

RT @amyshawmd: @MedEdChat T3 I would love to see some reflective component as another source of info on progress and goal-setting #meded



Andrew Olson @andrewolsonmd7 hours ago

@DrNickKman @Alliance4ClinEd @helenjkmorgan @OhioStateMed Would love to know more about that - how does it affect residency applications? #meded



Stephanie Starr, MD @StephRStarr7 hours ago

RT @paladineh: @GLBDallaghan @StephRStarr And GME hospitals would need to provide more patient care support so that residency programs coul...



MedEd Chat @MedEdChat7 hours ago

RT @andrewolsonmd: @DrNickKman @Alliance4ClinEd @helenjkmorgan @OhioStateMed W
ould love to know more about that - how does it affect reside...



Vishesh Jain @lifeofsmilez7 hours ago

@amyshawmd @MedEdChat T3 #meded Definitely! The student will be hugely valuable to the handoff process. That said, evidence on poor self-assessment suggests that portfolio coaches or some such supervised/accountable reflection may be more robust and productive.



Dr Samer Al-Bothaigi @SalemSamer7 hours ago

RT @yunxuemd: @MedEdChat T3: Knowledge and procedural skills can always improve. Professionalism, compassion, diligence, enthusiasm, resili...



Gary Beck Dallaghan @GLBDallaghan7 hours ago

@lifeofsmilez @amyshawmd @MedEdChat T3 #meded Good academic coaches are a must for medical students.



Marty Muntz @mmteacherdoc7 hours ago

@paladineh @GLBDallaghan @StephRStarr I think I know what you're saying...but I would say more "administrative" and non-physician work" support is what's needed. Get our residents back to the bedside in #MedEd



Terry Kind, MD MPH @Kind4Kids7 hours ago

It's like a "handoff triad" involving the learner, the medical school, and the residency program. #meded



Mohamad ELNaggar @Mohamad349865457 hours ago

RT @andyglittle: A problem with #meded today is that we revert to how we were taught, when today's learners demand an "upgrade" in how we a...



Yun Xue @yunxuemd7 hours ago

@mmteacherdoc @andrewolsonmd @GLBDallaghan @StephRStarr Feedback and coaching is so important, a huge topic for another night. Lack thereof throughout UME may be the root cause of grads who aren't meeting expectations. #MedEd



MedEd Chat @MedEdChat7 hours ago

We have about 5 more minutes left in our discussion. Please feel free to give some final thoughts #meded



Andrew Olson @andrewolsonmd7 hours ago

@DrNickKman @mmteacherdoc @Alliance4ClinEd Sure for now we have to do that. But in the long term, why after the Match? What are we hiding? #meded



Terry Kind, MD MPH @Kind4Kids7 hours ago

@GLBDallaghan @lifeofsmilez @amyshawmd @MedEdChat And for faculty #Meded



Alliance4ClinEd @Alliance4ClinEd7 hours ago

RT @andrewolsonmd: @DrNickKman @mmteacherdoc @Alliance4ClinEd Sure for now we have to do that. But in the long term, why after the Match?...



Amy Shaw @amyshawmd7 hours ago

@lifeofsmilez @MedEdChat Agreed- don't think self-assessment alone would work T3 #meded



Heather Paladine @paladineh7 hours ago
@mmteacherdoc @GLBDallaghan @StephRStarr Both! All of the above! #meded



Andrew Olson @andrewolsonmd7 hours ago
@MedEdChat Such a rich discussion and we have to engage @acgme and folks like @boedudley in this work (as they are doing and leading). Structural barriers exist but baby steps will help break them down. #MedEd



Jennifer K. Chen, MD @DrJenChen4kids7 hours ago
@Alliance4ClinEd @Kind4Kids Different residencies also have varying opportunity for specific competencies. I was surprised to find out some #pediatricians went through all of residency without ever changing a Gtube or trach, but I was very comfortable with those skills from training @ChildrensLA #MedEd



Marty Muntz @mmteacherdoc7 hours ago
@andrewolsonmd @DrNickKman @Alliance4ClinEd In part bc the application process starts almost a full year before the start of internship. Maybe not going forward though... #MedEd



Vishesh Jain @lifeofsmilez7 hours ago
T3 #meded Would that require some accountability for the GME programs? To the ACGME, their institutions, or to their specialty orgs?



Alliance4ClinEd @Alliance4ClinEd7 hours ago
#meded Final thoughts.....it seems that educating for undifferentiated physicians is still a need for #meded There is a lot of work to do to truly become the #CBME people we profess to be



Andrew Olson @andrewolsonmd7 hours ago
@mmteacherdoc @DrNickKman @Alliance4ClinEd True - but with our imagined quarterly match.... #meded. Please note that it's not the best idea for us in Minnesota to try to match people here in February.....



MedEd Chat @MedEdChat7 hours ago
Join us again next week at 9 pm Thursday. Don't forget to suggest topics by DM or email #meded



MedEd Chat @MedEdChat7 hours ago
That's a wrap...I will be posting the transcript tomorrow morning. Thanks everyone for participating! #meded



Andrew Olson @andrewolsonmd7 hours ago
@MedEdChat Thanks! My first #meded chat and a ton of fun..



Stephanie Starr, MD @StephRStarr7 hours ago
RT @andrewolsonmd: @MedEdChat Thanks! My first #meded chat and a ton of fun..



Marty Muntz @mmteacherdoc7 hours ago
Final thoughts. Put #medtwitter in charge. We've started clerkships early for those ready for it. Enacted #MakeUSMLEPassFail. And turned the last year-plus into more specialty-specific training. We have a quarterly match. And revamped the handoff process. All in an hour. #MedEd