

2019-12-12: UME to GME Transition: Who's Responsible?

The following links were shared during the chat:

- Improving the Transition from Medical School to Internship - Evaluation of a Preparation for Internship Course <https://www.ncbi.nlm.nih.gov/pubmed/24485072>
- Transitioning from Medical School to Residency: Evaluation of an Innovative Immersion Rotation for PGY-1 Paediatric Residents <https://www.ncbi.nlm.nih.gov/pubmed/29686492>
- Is There a Role for Internal Medicine Residency Preparation Courses in the Fourth Year Curriculum? A Single-Center Experience <https://link.springer.com/article/10.1007%2Fs11606-018-4620-6>
- Kicking the Can Down the Road — When Medical Schools Fail to Self-Regulate https://www.nejm.org/doi/full/10.1056/NEJMp1908940?query=recirc_inlssue_bottom_article
- We Must Graduate Physicians, Not Doctors https://journals.lww.com/academicmedicine/Abstract/publishahead/We_Must_Graduate_Physicians,_Not_Doc_tors.97393.aspx



MedEd Chat @MedEdChat9 hours ago

Topic 1: Who is responsible for ensuring that residents are ready on Day 1, and why? [#MedEdChat](#) [#meded](#)



Christopher Morosky @cmmorosky9 hours ago

Good evening, everyone. This is Chris Morosky [#OBGYN](#) Clerkship Director from [@UCONN](#) and I'm happy to join in on tonight's [#mededchat](#)



Jonathan Lim @JonLimMD9 hours ago

Logging in from Houston. Tried to teach [@UmaAyyala](#), who runs our 4th yr transition to residency course, some protips on Twitter Chats using tweet deck. She deserves a lot of great credit for prepping our students for after graduation! [#mededchat](#)



Scott Graziano @sgraziano119 hours ago

[@MedEdChat](#) T1 - in the perfect community it would be a team effort. [#mededchat](#)



Gary Beck Dallaghan @GLBDallaghan9 hours ago

T1 By "ready", what do we mean? [#MedEdChat](#)



Abhay Dandekar @abhaydandekar9 hours ago

[@MedEdChat](#) T1: this should be a shared triad experience: learner, residency, UME mentors together setting expectations and understanding opportunities [#MedEd](#) [#mededchat](#)



helen kang morgan @helenjkmorgan9 hours ago

T1 shouldn't ever medical school aspire for their graduates to be ready on day 1???? [#mededchat](#)



MedEd Chat @MedEdChat9 hours ago

RT @abhaydandekar: @MedEdChat T1: this should be a shared triad experience: learner, residency, UME mentors together setting expectations a...



Maya Hammoud, MD, MBA @Maya_Michigan9 hours ago

@MedEdChat #medschools are responsible as residents are given responsibilities from day 1! important for #patientSafety #Mededchat



Scott Graziano @sgraziano119 hours ago

@GLBDallaghan T1 - would probably think about milestone 1 for your specialty #mededchat



Gary Beck Dallaghan @GLBDallaghan9 hours ago

@Maya_Michigan @MedEdChat T1 With so many limitations on what #medstudents can actually do, how is it possible for them to be ready? #mededchat



helen kang morgan @helenjkmorgan9 hours ago

T1: and if medical students are paying tuition during their fourth year... shouldn't they be getting ready to be the best physician that they can be? #mededchat



Enrique Pacheco @EPachecoMD9 hours ago

@MedEdChat T1: I think it is shared . Medical schools have a significant part to play in it, but the residency might need to step in in regards to particular needs that they might have #mededchat



Chris Zhou @ChrisZhouDO9 hours ago

@MedEdChat Chris in Ohio! #mededchat



Abhay Dandekar @abhaydandekar9 hours ago

@MedEdChat T1: ideally a handoff of the learner should happen between UME and GME after the match. #MedEd #MedEdchat



Gary Beck Dallaghan @GLBDallaghan9 hours ago

@helenjkmorgan T1 Then there's this thing called the Match and the interviewing that goes on....it takes a lot of training time away from the 4th year even when they pay tuition. #mededchat



Jonathan Lim @JonLimMD9 hours ago

T1: I think in an ideal CBME world all 4th yrs students will have demonstrated their EPAs. But also, in an ideal world, GME programs should have a great institution-specific orientation for getting them ready to start on day 1. #mededchat



Scott Graziano @sgraziano119 hours ago

[@helenjkmorgan](#) yes, opportunity for them to practice those upper level skills in low stakes environment, like handoff, etc [#mededchat](#)



Christopher Morosky @cmmorosky9 hours ago

T1 - I think that each medical school should feel compelled to have their students prepared to start residency with confidence on day 1, but residency programs should assess and enhance gaps during orientation and during the first weeks of residency [#MedEdChat](#)



Shireen Madani Sims, MD @UFDOC9 hours ago

[@helenjkmorgan](#) T1 Agree completely but will require culture change [#mededchat](#)



helen kang morgan @helenjkmorgan9 hours ago

[@GLBDallaghan](#) [@Maya Michigan](#) [@MedEdChat](#) T1: agree that residency is very different from medical school, but we shouldn't have students start completely unprepared [#mededchat](#)



MedEd Chat @MedEdChat9 hours ago

RT Dr Lia Thomas [@DrLiaT1](#) Replying to [@MedEdChat](#) Like others have said, it needs to be shared ownership - trainees, UME, GME. [#mededchat](#)



Maya Hammoud, MD, MBA @Maya Michigan9 hours ago

[@GLBDallaghan](#) [@MedEdChat](#) The [#ACGME](#) milestones are well defined, that should be the floor for readiness and it is the [#medschools](#) responsibility so all residents start with same expectations! [#MedEdChat](#)



Scott Graziano @sgraziano119 hours ago

[@abhaydandekar](#) [@MedEdChat](#) an honest handoff!!!! Of positives and potential challenges. [#mededchat](#)



Jonathan Lim @JonLimMD9 hours ago

[@Maya Michigan](#) [@GLBDallaghan](#) [@MedEdChat](#) I think UME EPAs are becoming more defined as well in terms of what students should demonstrate by the end of medical school. Helps to have a shared mental model for this handoff. [#MedEdChat](#)



helen kang morgan @helenjkmorgan9 hours ago

[@abhaydandekar](#) [@MedEdChat](#) T1: yes ¹⁰⁰ [#mededchat](#)



Shireen Madani Sims, MD [@UFDOC9](#) 9 hours ago

[@cmmorosky](#) T1- yes! And we are lucky [@apgonews](#) provides resources for both "sides" to assess this with PrepForRes [#mededchat](#)



Alliance4ClinEd [@Alliance4ClinEd](#) 9 hours ago

[@Maya Michigan](#) [@GLBDallaghan](#) [@MedEdChat](#) Good point. It again comes back to having a better partnership with GME and UME to operationalize those milestones [#mededchat](#)



Abhay Dandekar [@abhaydandekar](#) 9 hours ago

[@GLBDallaghan](#) [@Maya Michigan](#) [@MedEdChat](#) Its really not, unless we can find a method of intentional personalised prep after the match is complete [#MedEd](#) [#mededchat](#)



Christopher Morosky [@cmmorosky](#) 9 hours ago

[@abhaydandekar](#) [@MedEdChat](#) T1 - Totslly agree! Sure, it's nice to have some vacation time after four years of intense education, but this time b/w Match and residency is a [#perfect](#) and currently lost opportunity to focus on preparation for residency! [#MedEdChat](#)



Sateesh Arja, M.B.B.S., MHPE, MPH [@ArjaSateesh](#) 9 hours ago

[@MedEdChat](#) [#mededchat](#) T1 the readiness of residents should be started from undergraduate medical education. Isn't it right? Entrusted professional activities can guide preparing medical students be ready for residency. [#meded](#)



Alliance4ClinEd [@Alliance4ClinEd](#) 9 hours ago

T1 In order to really prepare [#medstudents](#), should med schools require clinical electives during the final few months of medical school? [#mededchat](#)



Scott Graziano [@sgraziano119](#) 9 hours ago

[@Maya Michigan](#) [@GLBDallaghan](#) [@MedEdChat](#) T1 - I am not sure the medical school ceiling and the residency floor are at the same level right now. Better communication and teamwork between organizations. [#mededchat](#)



MedEd Chat [@MedEdChat](#) 9 hours ago

RT [@sgraziano11](#): [@Maya Michigan](#) [@GLBDallaghan](#) [@MedEdChat](#) T1 - I am not sure the medical school ceiling and the residency floor are at the s...



MedEdBot [@MedEdBot](#) 9 hours ago

RT [@MedEdChat](#): The [#mededchat](#) topic & questions will be announced in a moment...for now, please introduce yourselves [#meded](#)



helen kang morgan @helenjkmorgan9 hours ago

[@abhaydandekar](#) [@GLBDallaghan](#) [@Maya Michigan](#) [@MedEdChat](#) T1: and yes this is a time when students' intrinsic motivations are really high, so it's a great opportunity [#mededchat](#)



Scott Graziano @sgraziano119 hours ago

[@Alliance4ClinEd](#) Clinical, hands on rotations after January for sure. [#mededchat](#)



MedEdBot @MedEdBot9 hours ago

RT [@MedEdChat](#): We will assume that all of your tweets during [#mededchat](#) are your own during this hour unless otherwise stated [#meded](#)



MedEdBot @MedEdBot9 hours ago

RT [@MedEdChat](#): T1 about to come up in a few moments [#meded](#) [#mededchat](#)



Jonathan Lim @JonLimMD9 hours ago

[@cmmorosky](#) [@abhaydandekar](#) [@MedEdChat](#) I do think the bulk of prep though is going to be during the core clinical clerkship. Having clear set goals for what basic skills students need to perform throughout the year is important as well. Can't squeeze it all in for just the time before graduation. [#mededchat](#)



MedEdBot @MedEdBot9 hours ago

RT [@MedEdChat](#): Topic 1: Who is responsible for ensuring that residents are ready on Day 1, and why? [#MedEdChat](#) [#meded](#)



helen kang morgan @helenjkmorgan8 hours ago

[@sgraziano11](#) [@Maya Michigan](#) [@GLBDallaghan](#) [@MedEdChat](#) T1: and Trust between UME and GME... so little trust right now in our communications [#mededchat](#)



Maya Hammoud, MD, MBA @Maya Michigan8 hours ago

[@sgraziano11](#) [@GLBDallaghan](#) [@MedEdChat](#) Yes, common language is so important as well as clear expectations and transparency. [#MedEdChat](#)



Scott Graziano @sgraziano118 hours ago

[@JonLimMD](#) [@cmmorosky](#) [@abhaydandekar](#) [@MedEdChat](#) True, but there are some higher level skills that lend themselves to more experienced learners. [#mededchat](#)



Kristina Dzara, PhD, MMSc @kristinadzara8 hours ago

RT [@MedEdChat](#): Topic 1: Who is responsible for ensuring that residents are ready on Day 1, and

why? [#MedEdChat](#) [#meded](#)



Scott Graziano [@sgraziano118](#) [hours ago](#)

[@Maya Michigan](#) [@GLBDallaghan](#) [@MedEdChat](#) On the school side, we are soooooo focused on matching at all costs, better energy spent preparing students than fooling PDs [#mededchat](#)



Kristina Dzara, PhD, MMSc [@kristinadzara8](#) [hours ago](#)

Kristina here, checking in a little late for [#mededchat](#). Supporting my [#meded](#) community.



Chris Zhou [@ChrisZhouDO8](#) [hours ago](#)

[@abhaydandekar](#) [@MedEdChat](#) T1: I'm not sure if anyone at my medical school knew me well enough for this to happen. Also, can the MSPE not be used for this? [#mededchat](#)



Christopher Morosky [@cmmorosky8](#) [hours ago](#)

[@abhaydandekar](#) [@GLBDallaghan](#) [@Maya Michigan](#) [@MedEdChat](#) [@apgonews](#) & [@acog](#) / CREOG have begun the process of curriculum development for OBGYN bound students, and many school have Transition to Residency Bootcamps, but there is still plenty of room for curriculum development for all specialties here! [#MedEdChat](#)



helen kang morgan [@helenjkmorgan8](#) [hours ago](#)

[@Alliance4ClinEd](#) T1: there should be something, I'm not sure if clinical electives are necessarily the answer, but some opportunity for re-learning knowledge and skills that may have become rusty from months of not being use [#mededchat](#)



Jonathan Lim [@JonLimMD8](#) [hours ago](#)

[@sgraziano11](#) [@cmmorosky](#) [@abhaydandekar](#) [@MedEdChat](#) Definitely role for the pre-graduation time for advanced skills. I do think because of the variability of clerkship timing and limited handoffs between clerkships, there is challenges to ensure adequate progression through student milestones during this core year. [#mededchat](#)



Scott Graziano [@sgraziano118](#) [hours ago](#)

[@helenjkmorgan](#) [@Alliance4ClinEd](#) T1 - or less gaps so there is no rust??? [#mededchat](#)



John Lowry PhD [@DrJohn58858](#) [hours ago](#)

[@MedEdChat](#) T1 Ideally both UME and GME working together. However, GME is the receiving team, and has responsibility for residents. UME can do better to ensure standard medical graduates. [#MedEdChat](#)



Paul Haidet [@myheroistrane8 hours ago](#)

Med school responsibility: graduate competent docs. Residency responsibility: select candidates with abilities needed for your specialty, not high test scores. [#MakeUSMLEPassFail](#) [#MedEdChat](#)



Jannette Collins, MD, MEd, FACR [@jannimd8 hours ago](#)

Janni Collins joining my first [#mededchat](#)



Kristina Dzara, PhD, MMSc [@kristinadzara8 hours ago](#)

RT [@myheroistrane](#): Med school responsibility: graduate competent docs. Residency responsibility: select candidates with abilities needed f...



helen kang morgan [@helenjkmorgan8 hours ago](#)

[@ChrisZhouDO](#) [@abhaydandekar](#) [@MedEdChat](#) T1: this is sadly true, but this is what needs to change [#mededchat](#) The MSPE communications information for residency selection, not necessarily for residency preparation.



Kristina Dzara, PhD, MMSc [@kristinadzara8 hours ago](#)

RT [@apgonews](#): 10 minutes until [#MededChat](#) with our Undergraduate Medical Education Committee (UMEC)! [@MedEdChat](#) [#APGOxMedEdChat](#)



Jonathan Lim [@JonLimMD8 hours ago](#)

[@ChrisZhouDO](#) [@abhaydandekar](#) [@MedEdChat](#) I think there is a gap between goal and reality here in terms of the MSPE. Diverging interests in promoting and matching your own students well vs what honest truths should be handed off in this high stakes letter. [#mededchat](#)



Scott Graziano [@sgraziano118 hours ago](#)

[@myheroistrane](#) Good point. Just hard to read 700 apps for 4 spots in our program, so hence the filter. [#mededchat](#)



Shireen Madani Sims, MD [@UFDOC8 hours ago](#)

[@helenjkmorgan](#) [@Alliance4ClinEd](#) T1 and it seems reasonable that those months could be used to really strengthen knowledge and confidence in chosen field, with opportunity to fill in global gaps as well [#mededchat](#)



MedEd Chat [@MedEdChat8 hours ago](#)

Topic 2: Should a transition to residency course include general skills or specialty specific? Why? [#MedEdChat](#) [#meded](#)



Scott Graziano @sgraziano118 hours ago
[@JonLimMD](#) [@ChrisZhouDO](#) [@abhaydandekar](#) [@MedEdChat](#) 100%. [#mededchat](#)



Jesse Burk-Rafel @jbrafel8 hours ago
[@MedEdChat](#) T1 Agree it's triad trainee/UME/GME and med school 'ceiling' not aligned with residency 'floor'. M4 yr culture and interview demands are problematic. [#mededchat](#) <https://t.co/s6PAk8uUs8>



helen kang morgan @helenjkmorgan8 hours ago
[@sgraziano11](#) [@Maya Michigan](#) [@GLBDallaghan](#) [@MedEdChat](#) This, this and this T1 [#mededchat](#)



Scott Graziano @sgraziano118 hours ago
[@MedEdChat](#) T2 - Mastery of general skills, and intro to specialty specific???? [#mededchat](#)



Maya Hammoud, MD, MBA @Maya Michigan8 hours ago
[@helenjkmorgan](#) [@sgraziano11](#) [@GLBDallaghan](#) [@MedEdChat](#) It is not just about trust...also faculty development and meaningful clinical evaluations...Every time I release the grades, I have to be prepared to explain to students why the grade does not correspond to the comments. Everything is so flowery! Need [#DecoderRing](#) [#MedEdChat](#)



Scott Graziano @sgraziano118 hours ago
[@jbrafel](#) [@MedEdChat](#) Yikes! [#mededchat](#)



Shireen Madani Sims, MD @UFDOC8 hours ago
[@sgraziano11](#) [@MedEdChat](#) Yes, definitely opportunity for both [#mededchat](#)



Jonathan Lim @JonLimMD8 hours ago
[@cmmorosky](#) [@sgraziano11](#) [@abhaydandekar](#) [@MedEdChat](#) I had put on my list to read more on this topic, but I do think it is so hard for a clerkship faculty team to realize a student is behind and implement a remediation plan within the short confines of a clerkship. Often by the time they are identified its time to rotate [#Mededchat](#)



Alliance4ClinEd @Alliance4ClinEd8 hours ago
T2 Agree with [@sgraziano11](#) that transition courses should further advance skills gained from clerkships but begin to specialize for the student's career choice [#mededchat](#)



helen kang morgan @helenjkmorgan8 hours ago
T2: our Michigan medical students are very motivated in our residency prep courses, and I think

much of it is because we focus on specialty-specific skills [#mededchat](#)



MedEd Chat [@MedEdChat8 hours ago](#)

RT [@Maya Michigan](#): [@helenjkmorgan](#) [@sgraziano11](#) [@GLBDallaghan](#) [@MedEdChat](#) It is not just about trust...also faculty development and meaningfu...



Gary Beck Dallaghan [@GLBDallaghan8 hours ago](#)

T2 This is an interesting evaluation of a 6-week intern prep course in Australia <https://t.co/s0XbQIWmpW> [#mededchat](#)



Chris Zhou [@ChrisZhouDO8 hours ago](#)

[@MedEdChat](#) T2: General stuff to survive on floors and make sure everyone can communicate w/ other services well, and you know the basic indications for consulting. Some specific stuff so you can hit the ground running, but rly, you have an entire residency for the specifics. [#mededchat](#)



MedEd Chat [@MedEdChat8 hours ago](#)

RT [@GLBDallaghan](#): T2 This is an interesting evaluation of a 6-week intern prep course in Australia <https://t.co/s0XbQIWmpW> [#mededchat](#)



Jonathan Lim [@JonLimMD8 hours ago](#)

T2 the milestones 2.0 version will have "harmonized" common language for SBP, PBLI, ICS and professionalism. I think common skills that can be taught for all graduated medical students. But yes to individualized plans with specialty specific content. [#mededchat](#)



Deb Conway [@DebConway108 hours ago](#)

[@MedEdChat](#) Yes, and...? Depends on whether we on the UME side are confident we've cemented general skills. Maybe a quick check on general skills then specialty specific, some off-ramp for remediation if needed? [#MedEdchat](#)



Scott Graziano [@sgraziano118 hours ago](#)

[@helenjkmorgan](#) T2 - interesting that the cool specialty specific skills for [@apgonews](#) obgyn are all Milestone 2 and 3 - suturing, deliveries, surgical stuff. But easy to engage [#mededchat](#)



John Lowry PhD [@DrJohn58858 hours ago](#)

[@MedEdChat](#) T2 It should also have a range of assessments so everyone knows strengths and weaknesses. There's a lot of evidence to predict success from things other than Step exams. [#MedEdChat](#).



Christopher Morosky @cmmorosky8 hours ago

[@helenjkmorgan](#) [@ChrisZhouDO](#) [@abhaydandekar](#) [@MedEdChat](#) Transparency in performance is important here - for example, I see MUCH report of grade distribution by clerkship in MSPE recently vs. 2-3 years ago. Why can't we all use the same letters on transcripts?!? Ever wonder what "I" or "W" means? We all know what "F" means! [#MedEdChat](#)



Dr Lia Thomas @DrLiaT18 hours ago

[@MedEdChat](#) T2 - General skills and some specialty specific content are needed. [#mededchat](#)



Paul Haidet @myheroistrane8 hours ago

T2: At the risk of being snarky, isn't all of medical school supposed to be about prep for residency? Isn't the acting internship supposed to be a bridge? [#MedEdChat](#)



Gary Beck Dallaghan @GLBDallaghan8 hours ago

T2 Here is an interesting transition to residency course offered in residency....something completely different [#mededchat](#) <https://t.co/rKkwau8WAM>



MedEd Chat @MedEdChat8 hours ago

RT [@myheroistrane](#): T2: At the risk of being snarky, isn't all of medical school supposed to be about prep for residency? Isn't the acting i...



MedEd Chat @MedEdChat8 hours ago

RT [@GLBDallaghan](#): T2 Here is an interesting transition to residency course offered in residency....something completely different [#mededcha...](#)



Scott Graziano @sgraziano118 hours ago

[@cmmorosky](#) [@helenjkmorgan](#) [@ChrisZhouDO](#) [@abhaydandekar](#) [@MedEdChat](#) Fabulous??? [#mededchat](#)



Christopher Morosky @cmmorosky8 hours ago

[@sgraziano11](#) [@JonLimMD](#) [@abhaydandekar](#) [@MedEdChat](#) Feed forward really IS in the students best interest, if done with their education as the goal! [#MedEdChat](#)



helen kang morgan @helenjkmorgan8 hours ago

T2: For our Internal Medicine residency prep courses, students valued the exposure to specialty-specific skills <https://t.co/SVWxpssJhv> [#MedEdChat](#)



John Lowry PhD [@DrJohn58858](#) [8 hours ago](#)

[@Alliance4ClinEd](#) [@sgraziano11](#) It can help improve resident [#wellness](#) by addressing concerns about the career. Career concerns contribute to burnout starting in med school. [#MedEdChat](#)



Scott Graziano [@sgraziano118](#) [8 hours ago](#)

[@myheroistrane](#) T2 - totally, but I see the fourth year students get marginalized a lot. Cant be the intern, but taking things away from the clerkship students. [#mededchat](#)



Jonathan Lim [@JonLimMD8](#) [8 hours ago](#)

[@myheroistrane](#) YES! I do think there is a lot of variability though in what sub-internships look like. You see on applications almost everyone get honors in the sub-i and have to wonder how much is based on demonstrated skills/accurate assessment [#mededchat](#)



Chris Zhou [@ChrisZhouDO8](#) [8 hours ago](#)

[@Maya Michigan](#) [@MedEdChat](#) [@helenjkmorgan](#) [@sgraziano11](#) [@GLBDallaghan](#) There is so much at stake for med students: their careers, >\$200k of debt, 4+ years of their mid-20s. No one want to be the one to tank them. Maybe if med school was less high risk of an investment, we would have more honesty of who should move forward. [#mededchat](#)



Gary Beck Dallaghan [@GLBDallaghan8](#) [8 hours ago](#)

[@myheroistrane](#) Some perspectives are years 1-2 are to prepare for Step 1, 3 to decide a career and 4 to interview. Prep for residency has a couple of weeks in bootcamps. Was that too cynical? [#mededchat](#)



helen kang morgan [@helenjkmorgan8](#) [8 hours ago](#)

[@GLBDallaghan](#) [@myheroistrane](#) just the right amount [#mededchat](#) 😊



helen kang morgan [@helenjkmorgan8](#) [8 hours ago](#)

[@JonLimMD](#) [@myheroistrane](#) it's a red flag if a student does not get honors on their sub-I so the grades are of limited utility [#MedEdchat](#)



Scott Graziano [@sgraziano118](#) [8 hours ago](#)

[@helenjkmorgan](#) [@JonLimMD](#) [@myheroistrane](#) T2 - there goes the transparency [#MedEdchat](#)



Deb Conway [@DebConway108](#) [8 hours ago](#)

[@JonLimMD](#) [@myheroistrane](#) This is my point - hard to get arms around what's happening in ALL those electives (even just sub-I's). Boot camps more task- focused [#MedEdchat](#)



Shireen Madani Sims, MD [@UFDOC8](#) 8 hours ago

[@sgraziano11](#) [@myheroistrane](#) You are completely right about this! We end up working hard to “protect” the M3 experience, and the M4s at [@UFMedicine](#) take on a leadership/mentorship role-preparing for residency! [#mededchat](#)



Christopher Morosky [@cmmorosky8](#) 8 hours ago

[@MedEdChat](#) T2 - a lot of being a doctor is shared, a la [#HealthSystemScience](#) There is plenty of common ground to cover, but there should also be room for some specialty specifics - you choose your specialty for a reason, and you want to keep you learners excited [#MedEdChat](#)



Jonathan Lim [@JonLimMD8](#) 8 hours ago

[@ChrisZhouDO](#) [@Maya Michigan](#) [@MedEdChat](#) [@helenjkmorgan](#) [@sgraziano11](#) [@GLBDallaghan](#) so true. bravery, vulnerability, growth mindset are needed ever more in medicine. also would plug the recent article that talks about this topic by Dr. Sally Santen, [@jenchristner](#) [@GeorgeMejicano](#) [@VASafetyDoc](#) in NEJM <https://t.co/ke33qfZAID> [#mededchat](#)



Jesse Burk-Rafel [@jbrafel8](#) 8 hours ago

[@MedEdChat](#) T2 Ideally tailored to needs of each trainee. ‘Specialty specific’ skills more high yield, get you excited for your chosen specialty! But ‘general’ attitudes and socialization to being an intern. [#mededchat](#)



MedEd Chat [@MedEdChat8](#) 8 hours ago

RT [@JonLimMD](#): [@ChrisZhouDO](#) [@Maya Michigan](#) [@MedEdChat](#) [@helenjkmorgan](#) [@sgraziano11](#) [@GLBDallaghan](#) so true. bravery, vulnerability, growth mind...



Scott Graziano [@sgraziano118](#) 8 hours ago

[@cmmorosky](#) [@MedEdChat](#) T2 - and specialty specific stuff really gets the learners excited, so very easy to focus on that. [#MedEdchat](#)



Maya Hammoud, MD, MBA [@Maya Michigan8](#) 8 hours ago

This is an interesting article that came out today which addresses this...[#MedEdChat](#) [@ssanten](#) Kicking the Can Down the Road — When Medical Schools Fail to Self-Regulate | NEJM <https://t.co/2nu33W57CI>



Scott Graziano [@sgraziano118](#) 8 hours ago

RT [@JonLimMD](#): [@ChrisZhouDO](#) [@Maya Michigan](#) [@MedEdChat](#) [@helenjkmorgan](#) [@sgraziano11](#) [@GLBDallaghan](#) so true. bravery, vulnerability, growth mind...



MedEd Chat @MedEdChat8 hours ago

RT @helenjkmorgan: T2: For our Internal Medicine residency prep courses, students valued the exposure to specialty-specific skills https...



Scott Graziano @sgraziano118 hours ago

RT @helenjkmorgan: T2: For our Internal Medicine residency prep courses, students valued the exposure to specialty-specific skills https...



Scott Graziano @sgraziano118 hours ago

RT @jbrافل: @MedEdChat T1 Agree it's triad trainee/UME/GME and med school 'ceiling' not aligned with residency 'floor'. M4 yr culture and...



Jannette Collins, MD, MEd, FACP @jannimd8 hours ago

@ChrisZhouDO @Maya Michigan @MedEdChat @helenjkmorgan @sgraziano11 @GLBDallaghan

And students need an education on finance before leaving med school (student loan management, insurance, buy a house or rent, etc.). #MedEdchat



Uma @UmaAyyala8 hours ago

@cmmorosky @MedEdChat T2- I agree that there needs to be some specialty specific content to engage learners especially after Match. Need to get the buy in from the students though many are anxious about July 1. #MedEdChat



Janelle Bludorn @JanelleRBlu8 hours ago

RT @Maya Michigan: @helenjkmorgan @sgraziano11 @GLBDallaghan @MedEdChat It is not just about trust...also faculty development and meaningfu...



Jonathan Lim @JonLimMD8 hours ago

@sgraziano11 @helenjkmorgan @myheroistrane A) I don't think the statement is controversial that high pass or pass on the sub-i can have real implications on the match- it does. B) still troubling when assessments and grades don't match up demonstrated competency both for teaching students and for handoff to GME #mededchat



Scott Graziano @sgraziano118 hours ago

@jannimd @ChrisZhouDO @Maya Michigan @MedEdChat @helenjkmorgan @GLBDallaghan This is a whole other transition course!!! #MedEdchat



Christopher Morosky @cmmorosky8 hours ago

@DebConway10 @JonLimMD @myheroistrane My feeling is that the fourth year sub-internship versus clerkship has far less standardized #Goals #Objectives #Curriculum and #Assessment - in

fact, if there at all, it mostly taken from the clerkship [#MedEdChat](#)



MedEd Chat [@MedEdChat8 hours ago](#)

Topic 3: How are schools integrating these transition to residency courses into their curriculum? [#MedEdChat](#) [#meded](#)



Gary Beck Dallaghan [@GLBDallaghan8 hours ago](#)

[@JonLimMD](#) [@sgraziano11](#) [@helenjkmorgan](#) [@myheroistrane](#) If we aim for true [#CBME](#) then are grades relevant? Or should milestones or EPAs be what is reported? [#mededchat](#)



Scott Graziano [@sgraziano118 hours ago](#)

[@cmmorosky](#) [@DebConway10](#) [@JonLimMD](#) [@myheroistrane](#) [@apgonews](#) has excellent clerkship objectives for third year, but less is available for 4th year directors. A project worth tackling at some point [#objectives](#) [#MedEdchat](#) [#UMEC](#)



helen kang morgan [@helenjkmorgan8 hours ago](#)

[@GLBDallaghan](#) [@JonLimMD](#) [@sgraziano11](#) [@myheroistrane](#) We need to address the many challenges in the residency application process if we want to indeed implement true [#cbme](#) [#MedEdchat](#)



Jonathan Lim [@JonLimMD8 hours ago](#)

[@GLBDallaghan](#) [@sgraziano11](#) [@helenjkmorgan](#) [@myheroistrane](#) Yes, true true! Using "grades" within the current model. Will need to have to have systems changes in MSPE, transcripts in what's reported in the application process. [#mededchat](#)



Alliance4ClinEd [@Alliance4ClinEd8 hours ago](#)

T3 [@COMSEPediatrics](#) has great guidance for subinternships available for its members [#mededchat](#)



Christopher Morosky [@cmmorosky8 hours ago](#)

[@sgraziano11](#) [@DebConway10](#) [@JonLimMD](#) [@myheroistrane](#) [@apgonews](#) I would love to see [@apgonews](#) [#UMEC](#) take on the [#FourthYear](#) - ripe for [#HealthSystemScience](#) ! [#mededchat](#)



helen kang morgan [@helenjkmorgan8 hours ago](#)

[@sgraziano11](#) [@cmmorosky](#) [@DebConway10](#) [@JonLimMD](#) [@myheroistrane](#) [@apgonews](#) yes let's do it! [#MedEdchat](#)



Scott Graziano @sgraziano118 hours ago

[@MedEdChat](#) T3 - our goal is to combine sub I hands on rotation with transition course. Practice skills like handoff, then go demonstrate in real life [@LoyolaHSD](#) [#MedEdchat](#)



Gary Beck Dallaghan @GLBDallaghan8 hours ago

[@JonLimMD](#) [@sgraziano11](#) [@helenjkmorgan](#) [@myheroistrane](#) Without a doubt....which will require quite a culture shift....not sure the program directors are ready for that yet [#mededchat](#)



Christopher Morosky @cmmorosky8 hours ago

RT [@helenjkmorgan](#): T2: For our Internal Medicine residency prep courses, students valued the exposure to specialty-specific skills <https://>



helen kang morgan @helenjkmorgan8 hours ago

T3" [@DrNickKman](#) at (the) Ohio State has great specialty-specific tracks in the fourth year [#MedEdchat](#)



Alliance4ClinEd @Alliance4ClinEd8 hours ago

T3 What is the length of most transition courses and when do you offer them? [#mededchat](#)



Jonathan Lim @JonLimMD8 hours ago

[@GLBDallaghan](#) [@sgraziano11](#) [@helenjkmorgan](#) [@myheroistrane](#) Haha in trying to read more on it, my understanding is that it seems like the culture shift we need to make mostly means moving to Canada? or making more canadian friends?... not sure most of UME/GME is ready for it though making strides with EPA/milestones? [#mededchat](#)



Lonika Sood, MD, MHPE @sood_lonika8 hours ago

Argh almost missed this important chat... Lonika from Spokane, wa on this side of the bridge [#mededchat](#)



helen kang morgan @helenjkmorgan8 hours ago

T3: all of our graduating medical students will take one our six specialty-specific residency prep courses (IM, EM, Peds, FM, OBGYN, Procedural) [#MedEdchat](#)



Lonika Sood, MD, MHPE @sood_lonika8 hours ago

[@Alliance4ClinEd](#) T3: we are considering 2-4 weeks ... but eager to learn from you all [#mededchat](#)



Abhay Dandekar @abhaydandekar8 hours ago

[@MedEdChat](#) T3: great opportunity to build curriculum that maximizes clinical learning w/ systems, professional development, time mgmt, and team communication skills- perhaps the

actual Acting internship should happen after the match? [#MedEd](#) [#mededchat](#)



Scott Graziano [@sgraziano118](#) [8 hours ago](#)

[@Alliance4ClinEd](#) T3 - our plan will be for a 6 week course: 2 weeks of transition course/sim/TBL, then 4 weeks on the floors with direct observation [@LoyolaHSD](#) [#MedEdchat](#)



Scott Graziano [@sgraziano118](#) [8 hours ago](#)

[@Alliance4ClinEd](#) [@LoyolaHSD](#) And it happens in Jan/Feb/Mar [#MedEdchat](#)



Lonika Sood, MD, MHPE [@sood](#) [lonika](#) [8 hours ago](#)

[@MedEdChat](#) T3: it is a natural progression as students gain competency in our curriculum [#mededchat](#)



Uma [@UmaAyyala8](#) [8 hours ago](#)

[@sgraziano11](#) [@Alliance4ClinEd](#) [@LoyolaHSD](#) T3- A 4-6 week course seems ideal. It is also timing of the course that is important. Perhaps 2 weeks earlier in the 4th year and then 2-4 weeks after Match.[#MedEdchat](#)



helen kang morgan [@helenjkmorgan8](#) [8 hours ago](#)

T3: Our residency prep courses are offered in Feb and March [#MedEdchat](#)



Christopher Morosky [@cmmorosky8](#) [8 hours ago](#)

[@MedEdChat](#) T3 - [@UConnHealth](#) is making our [#TTR](#) course mandatory for all fourth years for the first time this year. Two weeks, in Jan/Feb/March. We have had it as an elective for the past five years. Mostly general, with some room for specialty days here and there [#MedEdChat](#)



Scott Graziano [@sgraziano118](#) [8 hours ago](#)

[@UmaAyyala](#) [@Alliance4ClinEd](#) [@LoyolaHSD](#) T3 - good idea, just need to make sure there is some level of retention with the gap. [#MedEdchat](#)



helen kang morgan [@helenjkmorgan8](#) [8 hours ago](#)

T3: our IM, Pediatrics and Family medicine RPC are 4weeks, and EM, OBGYN and Procedures are 8 weeks [#MedEdchat](#)



Heather Paladine [@paladineh8](#) [8 hours ago](#)

[@JonLimMD](#) [@myheroistrane](#) I agree! As a residency director, I often think that students weren't pushed enough to make independent decisions during their sub-I. I personally wouldn't mind

fewer honors & better-prepared applicants. [#MedEdchat](#)

Abigail Liberty [@abbyliberty18 hours ago](#)



T3: OHSU offers a course during the interview season called "Resiliency on the Interview Trail" that focuses on professionalism and wellbeing with student + resident discussions each week. Currently for [#OBGYN](#) applicants but could be expanded. [#MedEdchat](#)

Scott Graziano [@sgraziano118 hours ago](#)



RT [@abbyliberty1](#): T3: OHSU offers a course during the interview season called "Resiliency on the Interview Trail" that focuses on professio...

Jesse Burk-Rafel [@jbrafel8 hours ago](#)



[@MedEdChat](#) T3 But does the clear need for bootcamps / intensive transition courses speak to systemic issues in how we ramp up training across UME-GME? [#mededchat](#)

MedEd Chat [@MedEdChat8 hours ago](#)



RT [@paladineh](#): [@JonLimMD](#) [@myheroistrane](#) I agree! As a residency director, I often think that students weren't pushed enough to make indepen...

Alliance4ClinEd [@Alliance4ClinEd8 hours ago](#)



[@helenjkmorgan](#) How about surgery? [#mededchat](#)

Lauren Michele [@MamaKnow8 hours ago](#)



[@ChrisZhouDO](#) [@abhaydandekar](#) [@MedEdChat](#) Chris, that's what I was coming here to say. My school actually *does* know me well enough, but b/t the MSPE and my evals, what else is there? From whose perspective? [#mededchat](#)

Scott Graziano [@sgraziano118 hours ago](#)



[@abbyliberty1](#) T3 - great idea, would love to steal this. [#MedEdchat](#)

Heather Paladine [@paladineh8 hours ago](#)



[@GLBDallaghan](#) Interesting! We did change our block schedule this year so that all interns do 2 weeks on our inpatient service & 2 outpatient weeks. They are working clinically but there is also more time for orientation. [#MedEdchat](#)

Christopher Morosky [@cmorosky8 hours ago](#)



[@sgraziano11](#) [@Alliance4ClinEd](#) [@LoyolaHSD](#) I think that six weeks is the right amount of time, and definitely requiring some "field work" (floors, clinics, etc) is important. But that's gonna take

faculty time and \$\$\$ - we've got to change the narrative! [#MedEdChat](#)

Abigail Liberty [@abbyliberty18 hours ago](#)



[@paladineh](#) [@JonLimMD](#) [@myheroistrane](#) I like sub-i's (acting interns as we say on the non-hierarchical west coast) to put in and pend orders in Epic for my review - I even encourage medical students to try this if I see their engagement. Great way to ease into the resident role. [#mededchat](#)

MedEd Chat [@MedEdChat8 hours ago](#)



RT [@cmmorosky](#): [@sgraziano11](#) [@Alliance4ClinEd](#) [@LoyolaHSD](#) I think that six weeks is the right amount of time, and definitely requiring some "...

Scott Graziano [@sgraziano118 hours ago](#)



[@cmmorosky](#) [@Alliance4ClinEd](#) [@LoyolaHSD](#) T3 - that is our current challenge: \$\$\$ for directors, faculty, space. ut if you get departments to work together across disciplines, might help. Maybe a role for [@Alliance4ClinEd](#) to help coordinate. [#MedEdchat](#)

Alliance4ClinEd [@Alliance4ClinEd8 hours ago](#)



RT [@sgraziano11](#): [@cmmorosky](#) [@Alliance4ClinEd](#) [@LoyolaHSD](#) T3 - that is our current challenge: \$\$\$ for directors, faculty, space. ut if you ge...

Christopher Morosky [@cmmorosky8 hours ago](#)



[@abhaydandekar](#) [@MedEdChat](#) All the skills that almost every intern will need. And what better time than after the Match - sure lots to do: graduation requirements, moving, flying, housing. But these students are so excited during this time! No better time to learn [#MedEdChat](#)

MedEd Chat [@MedEdChat8 hours ago](#)



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

Lonika Sood, MD, MHPE [@sood lonika8 hours ago](#)



[@UmaAyyala](#) [@cmmorosky](#) [@MedEdChat](#) T2: I think 80% general competencies and rest discipline focused [#mededchat](#)

Unmatched MD [@UnmatchedMD8 hours ago](#)



RT [@helenjkmorgan](#): T2: For our Internal Medicine residency prep courses, students valued the exposure to specialty-specific skills [https...](https://)



Jonathan Lim [@JonLimMD8 hours ago](#)

[@cmmorosky](#) [@abhaydandekar](#) [@MedEdChat](#) Yeah, and I think there is a strong motivation to start thinking about what they need in order to really be responsible for the lives as others as a new physician. [#mededchat](#)



Uma [@UmaAyyala8 hours ago](#)

[@MedEdChat](#) Transition courses have an important role but they should not be a "scramble" to get it right. There needs to be thoughtful sub-I's and systemic change [#MedEdChat](#)



Gary Beck Dallaghan [@GLBDallaghan8 hours ago](#)

Final Thoughts: Transition to residency needs to begin on day 1 of medical school and really needs to be a joint effort with GME [#mededchat](#)



Jannette Collins, MD, MEd, FACR [@janimd8 hours ago](#)

[@sgraziano11](#) [@cmmorosky](#) [@Alliance4ClinEd](#) [@LoyolaHSD](#) Residents can help with this education [#MedEdchat](#)



MedEd Chat [@MedEdChat8 hours ago](#)

Thank you for guest hosting tonight! [#mededchat](#)



Scott Graziano [@sgraziano118 hours ago](#)

RT [@MedEdChat](#): Thank you for guest hosting tonight! [#mededchat](#) <https://t.co/jpAAdqpfT4>



Scott Graziano [@sgraziano118 hours ago](#)

[@janimd](#) [@cmmorosky](#) [@Alliance4ClinEd](#) [@LoyolaHSD](#) Absolutely. Can't forget about that. [#MedEdchat](#)



Abigail Liberty [@abbyliberty18 hours ago](#)

[@sgraziano11](#) [@MedEdChat](#) [@apgonews](#) I am proud of specialist specific representation! [@apgonews](#) [#mededchat](#)



Jonathan Lim [@JonLimMD8 hours ago](#)

A clear model for progression and growth through preclinical, clerkships, sub-is and transition courses is needed. Translating this into assessment and UME/GME hand-off is needed for a better "fit" in the match and ensuring no learner falls through the cracks. [#mededchat](#)



MedEd Chat [@MedEdChat8 hours ago](#)

Join us again next week at 9 pm Thursday. Don't forget to suggest topics by DM or

email [#meded](#) [#mededchat](#)



MedEd Chat [@MedEdChat8 hours ago](#)

That's a wrap...I will post the [#mededchat](#) transcript tomorrow morning on <https://t.co/mJivoKroXx> on the Resources page. Thanks everyone for participating! [#meded](#)



Christopher Morosky [@cmmorosky8 hours ago](#)

[@GLBDallaghan](#) It takes teamwork to make the dream work! [#MedEdChat](#)



Emily Shaffer, DO [@DrMissWV8 hours ago](#)

[@MedEdChat](#) I have to question whether we can truly say that med schools are responsible for ensuring residency preparedness on Day 1, if they have no real consequences for failing to do so. Besides potential impact on its reputation, what stakes do med schools have after Match? [#MedEdchat](#)



Cassie Mackey [@Casscln8 hours ago](#)

[@MedEdChat](#) T2: I think a mix of general skills and specialty specific knowledge would be the ideal. General skills for patient interactions and basic patient care important for all specialties. Specialty specific will help keep the learners motivated and focused. [#mededchat](#) [#meded](#)



Scott Graziano [@sgraziano118 hours ago](#)

I love our team [#UMEC](#) [@apgonews](#) [#APGOxMedEdChat](#) [#MedEdchat](#) [@helenjkmorgan](#) [@croyce62](#) [@cmmorosky](#) [@UFDOC](#) Great discussion tonight and thanks to you East coasters staying up. Me: going to deliver some babies now.



Abigail Liberty [@abbyliberty18 hours ago](#)

[@Alliance4ClinEd](#) [@helenjkmorgan](#) I recall the people going into surgical subspecialties coming to [@UNC SOM](#) anatomy lab as part of their 4th year to teach 1st students anatomy while keeping up their dissection and surgical skills. Could be part of a transition course that benefits both MS1s and MS4 [#mededchat](#)



Lauren Mazzurco [@LaurenMazzurco8 hours ago](#)

RT [@GLBDallaghan](#): Final Thoughts: Transition to residency needs to begin on day 1 of medical school and really needs to be a joint effort...



MedEdBot [@MedEdBot8 hours ago](#)

RT [@MedEdChat](#): We have about 5 more minutes left in our discussion. Please feel free to give

some final thoughts [#meded](#) [#mededchat](#)



MedEdBot [@MedEdBot8 hours ago](#)

RT [@MedEdChat](#): Join us again next week at 9 pm Thursday. Don't forget to suggest topics by DM or email [#meded](#) [#mededchat](#)



MedEdBot [@MedEdBot8 hours ago](#)

RT [@MedEdChat](#): That's a wrap...I will post the [#mededchat](#) transcript tomorrow morning on <https://t.co/mJivoKroXx> on the Resources page. Tha...



Nicholas Kman [@DrNickKman7 hours ago](#)

Thanks for the mention [@helenjkmorgan](#) My daughter hurt her foot tonight at gymnastics so I've been helping with that. Really wanted to participate tonight. Feeding forward is the frontier that you pioneered!



George Mejicano [@GeorgeMejicano7 hours ago](#)

RT [@JonLimMD](#): [@ChrisZhouDO](#) [@Maya Michigan](#) [@MedEdChat](#) [@helenjkmorgan](#) [@sgraziano1](#) [@GLBDallaghan](#) so true. bravery, vulnerability, growth mind...



Mephistopheles O'Day [@XtopherXX7 hours ago](#)

Unpopular opinion: UME and GME are at cross purposes when it comes to recruitment and transition. UME motivated to make grads look as outstanding as possible so they match at prestigious residencies. GME wants to know (for real) who's gonna cause problems. [#MedEdchat](#)



Teresa Hartman [@thartman2u7 hours ago](#)

RT [@MedEdChat](#): That's a wrap...I will post the [#mededchat](#) transcript tomorrow morning on <https://t.co/mJivoKroXx> on the Resources page. Tha...



Nicholas Kman [@DrNickKman7 hours ago](#)

Yes! Transition to Residency Courses should not be an end of the year BandAid for a lack luster 4th Year!



Chris Zhou [@ChrisZhouDO7 hours ago](#)

[@JonLimMD](#) [@abhaydandekar](#) [@MedEdChat](#) Totally fair. Then the question should be how do we decouple institutional focus on prestige from the honest reflection on student performance? [#mededchat](#)



Mallory Stuparich, MD [@malstumd7](#) 7 hours ago

Good point.



Matt Rustici [@matt_rustici](#) 6 hours ago

In particular, any point of transition where learners' professional identity is changing is an extremely high-yield point of teaching due to high motivation and a little bit of an elevated stress level. [#ttrcourses](#) [@TTR Courses](#)



Miguel Galán de Juana [@mgalandejuana](#) 4 hours ago

RT [@myheroistrane](#): Med school responsibility: graduate competent docs. Residency responsibility: select candidates with abilities needed f...



ERMDMom [@SusyDemeester](#) 3 hours ago

RT [@helenjkmorgan](#): Hello! Helen Morgan, first ever twitter chat! I am Director of our Residency Prep Courses [@umichmedicine](#) [#MedEdChat](#)



Sheiney Santos [@sheineysantos](#) 1 hour ago

Why is it na parang 80% ng filipino dito sa twitter ay med student? Someone explain. [#medtwitter](#) [#MedEdchat](#)



Bryan Carmody [@jbcarmody](#)

Replying to [@helenjkmorgan](#) [@MedEdChat](#) and 3 others

Worth remembering that GME did not grow organically out of UME. It was the growth of hospitals (and their need for a workforce) and the requirements of specialty boards that led to the requirement for GME training. The disconnect between UME/GME started at the very beginning.



Vamsi Aribindi [@aribindi](#)

Replying to [@jbcarmody](#) [@MedEdChat](#) and 4 others

As I recall, one of the arguments against creation of the specialty of family medicine was that it abrogated the medical schools from having to ensure their students could practice independently after just 1 year of internship as a GP.



Bryan Carmody [@jbcarmody](#)

Replying to [@aribindi](#) [@MedEdChat](#) and 4 others

Yup. Interesting that the idea of a generalist with just one year of postgraduate medical training seems to be making a comeback... journals.lww.com/academicmedici...

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[@sgraziano11](#) 99



[@helenjkmorgan](#) 93



[@GLBDallaghan](#) 92



[@Maya_Michigan](#) 85



[@JonLimMD](#) 81



[@ChrisZhouDO](#) 67



[@myheroistrane](#) 64



[@abhaydandekar](#) 59



[@Alliance4ClinEd](#) 59

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[@sgraziano11](#) 33



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[@MedEdBot](#) 7



[@ChrisZhouDO](#) 5



[@Maya_Michigan](#) 5

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[@MedEdChat](#) 136.1K



[@helenjkmorgan](#) 24.2K



[@kristinadzara](#) 20.1K



[@GLBDallaghan](#) 12.7K



[@cmmorosky](#) 12.6K



[@MedEdBot](#) 11.0K



[@Maya_Michigan](#) 8.8K



[@JonLimMD](#) 6.9K



[@mgalandejuana](#) 5.9K



[@paladineh](#) 3.1K