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

The following links were shared during the chat:

- We Must Graduate Physicians, Not Doctors [https://journals.lww.com/academicmedicine/Abstract/publishahead/We_Must_Graduate_Physicians,_Not_Doctors.97393.aspx](https://journals.lww.com/academicmedicine/Abstract/publishahead/We_Must_Graduate_Physicians,_Not_Doctors.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
@MedEdChat
RT @abhaydandekar: @MedEdChat T1: this should be a shared triad experience: learner, residency, UME mentors together setting expectations a...

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

@sgraziano119 T1 - would probably think about milestone 1 for your specialty #mededchat

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

@helenjkmorgan 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

@EPachecoMD 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

@ChrisZhouDO Chris in Ohio! #mededchat

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

@GLBDallaghan 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

@JonLimMD 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 👍 #mededchat
Shireen Madani Sims, MD @UFDOC 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 @sgraziano11 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
T1: and yes this is a time when students' intrinsic motivations are really high, so it's a great opportunity #mededchat

Clinical, hands on rotations after January for sure. #mededchat

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

T1 about to come up in a few moments #meded #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

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

T1: and Trust between UME and GME.... so little trust right now in our communications #mededchat

Yes, common language is so important as well as clear expectations and transparency. #MedEdChat

True, but there are some higher level skills that lend themselves to more experienced learners. #mededchat

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 OB/GYN 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 for your specialty, not high test scores. #MakeUSMLEPassFail #MedEdChat

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 @sgraziano11 8 hours ago
@JonLimMD @ChrisZhouDO @abhaydandekar @MedEdChat 100%. #mededchat

Jesse Burk-Rafel @jbrafel 8 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 @helenjkmorgan 8 hours ago
@sgraziano11 @Maya_Michigan @GLBDallaghan @MedEdChat This, this and this T1 #mededchat

Scott Graziano @sgraziano11 8 hours ago
@MedEdChat T2 - Mastery of general skills, and intro to specialty specific???? #mededchat

Maya Hammoud, MD,MBA @Maya_Michigan 8 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 @sgraziano11 8 hours ago
@jbrafel @MedEdChat Yikes! #mededchat

Shireen Madani Sims, MD @UFDOC 8 hours ago
@sgraziano11 @MedEdChat Yes, definitely opportunity for both #mededchat

Jonathan Lim @JonLimMD 8 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 @Alliance4ClinEd 8 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 @helenjkmorgan 8 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 meaningful...

Gary Beck Dallaghan @GLBDallaghan8 hours ago
T2 This is an interesting evaluation of a 6-week intern prep course in Australia https://t.co/s0XbQlWmpW #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/s0XbQlWmpW #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 @cmmorosky 8 hours ago
@helenkmorgan @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 @DrLiaT 8 hours ago
@MedEdChat T2 - General skills and some specialty specific content are needed. #mededchat

Paul Haidet @myheroistrane 8 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 @GLBDallaghan 8 hours ago
T2 Here is an interesting transition to residency course offered in residency....something completely different #mededchat https://t.co/rKkwau8WAM

MedEd Chat @MedEdChat 8 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 @MedEdChat 8 hours ago
RT @GLBDallaghan: T2 Here is an interesting transition to residency course offered in residency....something completely different #mededcha...

Scott Graziano @sgraziano11 8 hours ago
@cmmorosky @helenkmorgan @ChrisZhouDO @abhaydandekar @MedEdChat Fabulous?? #mededchat

Christopher Morosky @cmmorosky 8 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 @helenkmorgan 8 hours ago
T2: For our Internal Medicine residency prep courses, students valued the exposure to specialty-specific skills https://t.co/SVWxpssJhv #MedEdChat
It can help improve resident wellness by addressing concerns about the career. Career concerns contribute to burnout starting in med school.

T2 - totally, but I see the fourth year students get marginalized a lot. Can't be the intern, but taking things away from the clerkship students.

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.

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.

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?

It's a red flag if a student does not get honors on their sub-I so the grades are of limited utility.

This is my point - hard to get arms around what's happening in ALL those electives (even just sub-Is). Boot camps more task-focused.
Shireen Madani Sims, MD @UFDoc 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 @cmorosky 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 @JonLimMD 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 @jbrafel 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 @MedEdChat 8 hours ago
RT @JonLimMD: @ChrisZhouDO @Maya_Michigan @MedEdChat @helenjkmorgan @sgraziano11 @GLBDallaghan so true. bravery, vulnerability, growth mind...

Scott Graziano @sgraziano11 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_Michigan 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/2nu33W57C1

Scott Graziano @sgraziano11 8 hours ago
RT @JonLimMD: @ChrisZhouDO @Maya_Michigan @MedEdChat @helenjkmorgan @sgraziano11 @GLBDallaghan so true. bravery, vulnerability, growth mind...
T2: For our Internal Medicine residency prep courses, students valued the exposure to specialty-specific skills. https...

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

T1 Agree it’s triad trainee/UME/GME and med school ‘ceiling’ not aligned with residency ‘floor’. M4 yr culture and...

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

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

It is not just about trust...also faculty development and meaningful...

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

This is a whole other transition course!!! #MedEdChat

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 @helenkmorgan @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** @helenkmorgan8 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 @helenkmorgan @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** @helenkmorgan8 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 of 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 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 hours ago
@Alliance4ClinEd @LoyolaHSD And it happens in Jan/Feb/Mar #MedEdchat

Lonika Sood, MD, MHPE @sood_loni8 hours ago
@MedEdChat T3: it is a natural progression as students gain competency in our curriculum #mededchat

Uma @UmaAyyala8 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 hours ago
T3: Our residency prep courses are offered in Feb and March #MedEdchat

Christopher Morosky @cmmorosky8 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 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 hours ago
T3: our IM, Pediatrics and Family medicine RPC are 4weeks, and EM, OBGYN and Procedures are 8 weeks #MedEdchat

Heather Paladine @paladineh8 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 @myheroistran 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 @cmmorosky8 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 think80% 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...
Jonathan Lim @JonLimMD 8 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 @UmaAyyala 8 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 @GLBDallaghan 8 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 @jannimd 8 hours ago
@sgraziano11 @cmmorosky @Alliance4ClinEd @LoyolaHSD Residents can help with this education #MedEdchat

MedEd Chat @MedEdChat 8 hours ago
Thank you for guest hosting tonight! #mededchat

Scott Graziano @sgraziano11 8 hours ago
RT @MedEdChat: Thank you for guest hosting tonight! #mededchat https://t.co/jpAAdqpfT4

Scott Graziano @sgraziano11 8 hours ago
@jannimd @cmmorosky @Alliance4ClinEd @LoyolaHSD Absolutely. Can’t forget about that. #MedEdchat

Abigail Liberty @abbyliberty 18 hours ago
@sgraziano11 @MedEdChat @apgonews I am proud of specialist specific representation! @apgonews #mededchat

Jonathan Lim @JonLimMD 8 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 @MedEdChat 8 hours ago
Join us again next week at 9 pm Thursday. Don’t forget to suggest topics by DM or
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

It takes teamwork to make the dream work! #MedEdChat

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

MedEdBot @MedEdBot 8 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 @MedEdBot 8 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 @DrNickKman 7 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 @GeorgeMejicano 7 hours ago
RT @JonLimMD: @ChrisZhouDO @Maya_Michigan @MedEdChat @helenjkmorgan @sgraziano1 1 @GLBDallaghan so true. bravery, vulnerability, growth mind...

Mephistopheles O’Day @XtopherXX 7 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 @thartman2u 7 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 @DrNickKman 7 hours ago
Yes! Transition to Residency Courses should not be an end of the year BandAid for a lack luster 4th Year!

Chris Zhou @ChrisZhouDO 7 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 @malstumd 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 @mqalandejuana 4 hours ago
RT @myheroistrange: 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 @sheineysantosan 1 hour ago
Why is it na parang 80% ng filipino dito sa twitter ay med student? Someone explain. #medtwitter #Medchat

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...
The #MedEdChat Influencers

Top 10 Influential

@MedEdChat 100
@sgraziano11 99
@helenjkmorgan 93
@GLBDallaghan 92
@Maya_Michigan 85
@JonLimMD 81
@ChrisZhouDO 67
@myheroistrane 64
@abhaydandekar 59
@Alliance4ClinEd 59

Prolific Tweeters

@sgraziano11 33
@helenjkmorgan 19
@MedEdChat 18
@JonLimMD 15
@cmmorosky 14
@GLBDallaghan 9
@Alliance4ClinEd 7
@MedEdBot 7
@ChrisZhouDO 5
@Maya_Michigan 5

Highest Impressions
@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