2022-08-04: Transitions from UME-GME: Is This a Pipe Dream?

The following links were shared during the chat:

- Facilitating Medical Education Transitions Along the Medical Education Continuum (ama-assn.org)
- The Transition From Medical Student to Resident: A Qualitative... : Academic Medicine (lww.com)
- Trainees' Perceptions of the Transition From Medical School to Residency - PubMed (nih.gov)
- Competency-Based Medical Education: Considering Its Past, Present, and a Post–COVID-19 Era - PMC (nih.gov)

MedEd Chat (hosted by ACE) @MedEdChat 10 hours ago
TOPIC 1: If we truly embrace competency-based medical education, why is the transition from medical school to residency so challenging? #MedEdChat #meded

Gary Beck Dallaghan @GLBDallaghan 10 hours ago
Gary here in NC #MedEdChat

Alliance4ClinEd @Alliance4ClinEd 10 hours ago
T1 A colleague shared this great resource that offers some insights into why the transition is challenging and ways to mitigate it. https://t.co/a1GWrPuCqe #MedEdChat #UME #GME

Alvin Calderon, MD, PhD, FACP @alvinseattle 10 hours ago
@MedEdChat T1: For the students, so much of delivering care is context dependent, so learning how to care for patients in a different setting means learning a new system, too. For GMEs, we still need to learn about the student. #MedEdChat

MedEd Chat (hosted by ACE) @MedEdChat 10 hours ago
Welcome to #MedEdChat @alvinseattle

Gary Beck Dallaghan @GLBDallaghan 10 hours ago
T1 This study suggests that being immersed in the residency experience is how medical students transition to resident physicians. So does this mean med schools should require more acting internships just before graduation? #MedEdChat https://t.co/1XGRvK5fHC

Alliance4ClinEd @Alliance4ClinEd 10 hours ago
@GLBDallaghan T1 Perhaps not. A different study indicated that students completing a transition-to-residency course felt better prepared for internship. Maybe those courses need to be further enhanced. #MedEdChat https://t.co/tQErRV0JdS

MedEd Chat (hosted by ACE) @MedEdChat 10 hours ago
TOPIC 2: Is it possible to develop a common set of competencies every medical school implements? Why or why not? #MedEdChat #meded
Gary Beck Dallaghan @GLBDallaghan 10 hours ago
T2 This article does a good job addressing how CBME was disrupted by COVID and the persistent confusion around CBME. I feel we already have multiple examples of competencies that have yet to find agreement MedEdChat https://t.co/eiwA2vZzIC

MedEd Chat (hosted by ACE) @MedEdChat 10 hours ago
RT @GLBDallaghan: T2 This article does a good job addressing how CBME was disrupted by COVID and the persistent confusion around CBME. I feel we already have multiple examples of competencies that have yet to find agreement MedEdChat https://t.co/eiwA2vZzIC

MedEd Chat (hosted by ACE) @MedEdChat 10 hours ago
Great to have you on MedEdChat @croyce62

Gary Beck Dallaghan @GLBDallaghan 10 hours ago
@croyce62 @MedEdChat T2 I completely agree with you. So much of the hang up with CBME is the assessment piece…..but also thinking of it in terms of COMPETENCE and not summative assessments MedEdChat

MedEd Chat (hosted by ACE) @MedEdChat 10 hours ago
TOPIC 3: If common competencies are designed, will they be sufficient for every residency specialty? Why or why not? MedEdChat meded

Ben Schneider, MD @SchneiderBn 10 hours ago
@GLBDallaghan Interesting - we don’t require any Sub-Is, but our students all do them as they are essentially pre-reqs for ERAS. Rather than require courses I’d require competency attainment then suggest that Sub Is or other advanced electives are good ways to achieve the comp. t1 mededchat

MedEd Chat (hosted by ACE) @MedEdChat 10 hours ago
Welcome to MedEdChat @SchneiderBn

Kristina Dzara, PhD, MMSc @KristinaDzara 10 hours ago
RT @GLBDallaghan: T2 This article does a good job addressing how CBME was disrupted by COVID and the persistent confusion around CBME. I feel we already have multiple examples of competencies that have yet to find agreement MedEdChat https://t.co/eiwA2vZzIC

Ben Schneider, MD @SchneiderBn 10 hours ago
@MedEdChat T3 MedEdChat if you believe the role of UME is to prepare pluripotent stem cell like students for GME training I don’t see why we would need specialty specific competencies for graduation. Specialty specific comps could ‘extra’ but should not be required.
T3 For #medstudents, common competencies could be designed for undifferentiated students (think end of clerkship year competency demonstration). As they begin choosing specialties, those should be specific to better address the transition to #GME #MedEdChat

RT @SchneiderBn: @MedEdChat T3 #MedEdChat if you believe the role of UME is to prepare pluripotent stem cell like students for GME training I don’t see why we would need specialty specific competencies for graduation. Specialty specific comps could ‘extra’ but should not be required.

Kristina here, signing in for #mededchat - supporting our #MedEd community. Hi @GLBDallaghan and thank you for your #MedEdchat leadership! Also meet Simon, our super cute little pug! @DrSinhaEsq https://t.co/WrGGSpE1bk

@KristinaDzara @GLBDallaghan @DrSinhaEsq Welcome to the #MedEdChat, @KristinaDzara AND Simon!

RT @MedEdChat: TOPIC 3: TOPIC 3: If common competencies are designed, will they be sufficient for every residency specialty? Why or why not? #MedEdChat #meded

TOPIC 4: There is work afoot to develop these UME competencies. How will medical schools respond to this? #MedEdChat #meded

RT @MedEdChat: TOPIC 2: TOPIC 2: Is it possible to develop a common set of competencies every medical school implements? Why or why not? #MedEdChat #meded

@croyce62 @SchneiderBn @MedEdChat T3 I agree with you on this...especially for those that expect students complete a visiting elective at their institution. #MedEdChat

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

Welcome to the #MedEdChat, @KristinaDzara AND Simon!
Kristina Dzara, PhD, MMSc  
RT @MedEdChat: TOPIC 4: There is work afoot to develop these UME competencies. How will medical schools respond to this? #MedEdChat #meded

Gary Beck Dallaghan  
@GLBDallaghan  
T4 Med schools will respond as they always do.....they'll look at them and if they are not required by #LCME then they may or may not be implemented. Was that too cynical? #MedEdChat

Chirag Patel  
@CPatel_MD  
@SchneiderBn  
Agree. Medical student first, specialty-ready second. Evaluating specialty specific competencies can be useful for PDs (and I am a fan), but first ensure general medical competencies are met for graduation. #MedEdChat

Deb Simpson  
@debsimpson3  
T4 - I'm one who thinks there IS a continuum to #MedEd and that there should be competencies responsive to cross cutting areas - cheering the new #DEI #AAMC competencies as a concept. Breaking down artificial silos for learners and faculty will create #innovation!! #MedEdChat

uCloudify  
@uCloudify10  
RT @debsimpson3: T4 - I'm one who thinks there IS a continuum to #MedEd and that there should be competencies responsive to cross cutting areas - cheering the new #DEI #AAMC competencies as a concept. Breaking down artificial silos for learners and faculty will create #innovation!! #MedEdChat

Lauren Mazzurco  
@LaurenMazzurco  
RT @GLBDallaghan: @MedEdChat  
T4 Med schools will respond as they always do.....they'll look at them and if they are not required by #LCME then they may or may not be implemented. Was that too cynical? #MedEdChat
Deb Simpson @debsimpson39 hours ago @CPatel_MD @SchneiderBn @MedEdChat Humm should we also consider workforce needs - owho get’s loan repayment, preferences for residency, etc. Recognize medicine is a service industry - must reward those who seek high need low pay specialties. #MedEdChat #MedEd #primarycare @TheABFM @SocietyGIM @AmerGeriatrics

Paul Haidet @myheroistrane9 hours ago I think the will needs to be there. The @acgme competencies gained traction because the RRCs actively made them part of the accreditation process. A similar thing did NOT happen with the LCME and the MSOP objectives, which were articulated at roughly the same time. #MedEdChat

Meded @cryptovitas9 hours ago RT @debsimpson3: T4 - I’m one who thinks there IS a continuum to #MedEd and that there should be competencies responsive to cross cutting areas - cheering the new #DEI #AAMC competencies as a concept. Breaking down artificial silos for learners and faculty will create #innovation!! #MedEdChat

Meded @cryptovitas9 hours ago RT @MedEdChat: We have about 5 more minutes left in our discussion. Please feel free to give some final thoughts #meded #MedEdChat

MedEd Chat (hosted by ACE) @MedEdChat9 hours ago Join us the 1st Thursday next month at 9 PM ET/NYC Thursday. Don't forget to suggest topics by DM or email #meded #MedEdChat

MedEd Chat (hosted by ACE) @MedEdChat9 hours ago Join us in 2 weeks at 9 PM ET/NYC Thursday. Don't forget to suggest topics by DM or email #meded #MedEdChat

Lonika *abortion is health care* @sood_lonika8 hours ago This..

Lonika *abortion is health care* @sood_lonika8 hours ago @myheroistrane @acgme I am curious why that didn’t happen… #MedEdChat

Lonika *abortion is health care* @sood_lonika8 hours ago Bummed that I misses today’s #MedEdChat … this is the crux of what plagues Meded in the US IMHO

Jason Yip @maggini 197 hours ago @sfchronicle Rose Webster here. How long coronavirus in the air after someone with #COVID leaves ..? IT DIES IN like ~200 viruses we have in circulation. Co-infections need
to be ruled out. There's more than 1 type of #pneumonia, #MedEd #MedEdChat. Sputum sample worked in the 90s. https://t.co/FsmwHQiGzn

Jason Yip @maggini 197 hours ago

RT @maggini_19: @sfchronicle Rose Webster here. How long coronavirus in the air after someone with #COVID leaves ..? IT DIES IN like ~200 viruses we have in circulation. Co-infections need to be ruled out. There's more than 1 type of #pneumonia, #MedEd #MedEdChat. Sputum sample worked in the 90s. https://t.co/FsmwHQiGzn

The #MedEdChat Influencers
Top 10 Influential

@MedEdChat 100
@GLBDallaghan 81
@SchneiderBn 48
@DrSinhaEsq 36
@KristinaDzara 33
@croyce62 33
@debsimpson3 20
@alvinseattle 17
@CPatel_MD 16
@TheABFM 8
Prolific Tweeters

@MedEdChat 13
@KristinaDzara 7
@GLBDallaghan 6
@cryptovitas 4
@sood_lonika 3
@Alliance4ClinEd 3
@maggini_19 2
@debsimpson3 2
@SchneiderBn 2
@LaurenMazzurco 1

Highest Impressions

@MedEdChat 124.8K
@KristinaDzara 52.4K
@GLBDallaghan 11.3K
@cryptovitas 8.7K
@uCloudify 3.6K
@sood_lonika 3.1K
The Numbers

**214,940K Impressions**

47 Tweets
14 Participants
5 Avg Tweets/ Hour
3 Avg Tweets/Participant

Twitter data from the #MedEdChat hashtag from Thu, August 4th 2022, 9:05PM to Fri, August 5th 2022, 7:20AM (America/New_York) – Symplur.