

## 2023-10-05: What's All the Fuss about UME to GME Transitions?

The following links were shared during the chat:

- 2023 TTR Symposium <https://www.ttreducators.com/ttr-symposium>
- UME-GME Transition Individualized Learning Plan <https://im.org/resources/resources-program/transition-ilp>
- Filling gaps for learners in the UME to GME transition <https://www.ama-assn.org/medical-students/preparing-residency/filling-gaps-learners-ume-gme-transition>
- Evaluation of an Individualized Learning Plan Template for the Transition to Residency <https://pubmed.ncbi.nlm.nih.gov/37781434/>



**MedEd Chat (hosted by ACE)** @MedEdChat9 hours ago

TOPIC 1: When we ask about this transition from #medschool to #GME training, what comes to mind? #MedEdChat #meded #hmichat <https://t.co/FiCup6PyFr>



**Alliance4ClinEd** @Alliance4ClinEd9 hours ago

T1 The first thing that comes to mind are the transition to residency courses. In fact, a virtual one occurred on Tuesday <https://t.co/6NkDDXKOVq> @ttr\_courses #MedEdChat



**Gary Beck Dallaghan** @GLBDallaghan9 hours ago

T1 Confusion comes to mind. I'm not sure why this has become such a thing. I have not been able to get #GME folks to specifically tell me what has changed in #meded that requires this focus. #MedEdChat



**MedEd Chat (hosted by ACE)** @MedEdChat9 hours ago

TOPIC 2: What are program directors identifying that current #medstudents lack? There seems to be a problem....but what is it specifically? #MedEdChat #meded #hmichat <https://t.co/4dulEQGAzx>



**Jamee Walters, MD** @jamee\_walters9 hours ago

@MedEdChat T1 the transition from learning to get a grade to learning to be a great doc. It's not about getting the highest grades, it's about being a life long learner & knowing that you have to figure out what to do for the patient. And you can't expect others just to tell you. #MedEdChat



**Alliance4ClinEd** @Alliance4ClinEd8 hours ago

T2 @aaimonline has resources for #medstudents to develop indiv learning plans for the transition #MedEdChat <https://t.co/hbZDIhcrrB>



**Alliance4ClinEd** @Alliance4ClinEd8 hours ago

T2 @amermedicalassn has an interesting interview that notes a big gap in the transition is the lack of confidence #MedEdChat <https://t.co/fC0reuubwt>



**Gary Beck Dallaghan** @GLBDallaghan8 hours ago

@jamee\_walters @MedEdChat T1 But this is something that should be taught and modeled from day 1 of #medschool....right? By the time you graduate this shouldn't be a cause for concern of residency programs. Or am I missing something? #MedEdChat



**Jamee Walters, MD** [@jamee\\_walters8 hours ago](#)

[@GLBDallaghan](#) [@MedEdChat](#) T1 It should but because of tests and grades, it's natural for students to want to do the "best." They always have trouble transitioning and realizing there is no way in residency to be the "best." You need to be constantly improving and learning. [#MedEdChat](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat8 hours ago](#)

TOPIC 3: Should there be more specialty-specific training in [#meded](#) for medical students? What if they haven't decided until their senior year? [#MedEdChat](#) [#meded](#) [#hmicommunity](#) <https://t.co/OZQr2Y1dwb>



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

T3 A colleague of mine suggested this at one point...whether in jest or seriousness....I say no. General [#meded](#) is important to become a specialist IMO [#MedEdChat](#)



**Jake Prunuske, MD, MSPH** [@jprunuske8 hours ago](#)

Hello [#mededchat](#)! Finally found my way back on post transition twitter > X, dual factor ID, etc etc... Hello from [@MCWCentralWI](#)



**Jake Prunuske, MD, MSPH** [@jprunuske8 hours ago](#)

Our school, and many others are including some specialty specific training in a 'transition to residency' boot camp... we're one week, some schools are 2 weeks or even a month... [#mededchat](#)



**Jamee Walters, MD** [@jamee\\_walters8 hours ago](#)

[@ChiragP56074804](#) [@GLBDallaghan](#) [@MedEdChat](#) T2 [#MedEdChat](#) 100% it's hard to teach. It's something that really should be fostered earlier in education. I think it's why people who had a job in college or between college/med school/residency do well. Bc they have gotten more exposure to having to adapt.



**Jake Prunuske, MD, MSPH** [@jprunuske8 hours ago](#)

It's hard to gain confidence in the absence of autonomy, hands-on work, direct observation with feedback... all conspicuously absent in many [#meded](#) programs. [#mededchat](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat8 hours ago](#)

TOPIC 4: How can we work together to address these perceived shortcomings? What specifically can med schools do to better prepare [#medstudents](#)? [#MedEdChat](#) [#meded](#) [#hmicommunity](#) <https://t.co/FYYAG4XiqS>



**Jamee Walters, MD** [@jamee\\_walters8 hours ago](#)

[@MedEdChat](#) T3 not sure. If they ever did, us residency leadership would hope the students take Step 3 earlier. Step 3 hardly has any peds so if they started peds earlier in med school, I'd worry they'd do worse. [#MedEdChat](#)



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

[@jprunuske](#) T2 But that's where some of my issues are with this topic. Some of these are health

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system limitations the [#medschool](#) has no say in. How do we get the hospitals and clinics to be open to [#medstudents](#) being active providers? [#MedEdChat](#)



**Jake Prunuske, MD, MSPH** [@jprunuske8 hours ago](#)

I think of students who are concerned about hours of work and readiness for increased responsibility, and yet excited to join their chosen specialty, and of program directors who are skeptical of LOR and Deans letters... [#mededchat](#)



**Alliance4ClinEd** [@Alliance4ClinEd8 hours ago](#)

T4 This article was shared today that focuses on the transition and ILPs [#MedEdChat](#) <https://t.co/Yj550Oke9a>



**Jake Prunuske, MD, MSPH** [@jprunuske8 hours ago](#)

[@GLBDallaghan](#) Many of these limitations vanished quickly when there was need during the pandemic; not that I want a continuous state of emergency, but there is a middle ground to be sought... [#mededchat](#)



**Jake Prunuske, MD, MSPH** [@jprunuske8 hours ago](#)

[@GLBDallaghan](#) Students will learn more & better with increased engagement, but current health systems compensation models limit preceptors engagement and direct observation and feedback to students. [#mededchat](#)



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

RT [@jprunuske](#): [@GLBDallaghan](#) Students will learn more & better with increased engagement, but current health systems compensation models limit preceptors engagement and direct observation and feedback to students. [#mededchat](#)



**Jamee Walters, MD** [@jamee\\_walters8 hours ago](#)

[@jprunuske](#) [@GLBDallaghan](#) I don't know. I got way less observation than current students (10yrs ago). I had no idea if I was doing it right or wrong. I feel like now we are required to do more direct observation than before. But that might just be anecdotal. Not sure if there's data on it. [#MedEdChat](#)



**Jake Prunuske, MD, MSPH** [@jprunuske8 hours ago](#)

This is a great start! Would be even stronger with authentic input from [#meded](#) schools. An MSPE addendum following the match, perhaps? Input from student advisors/mentors/navigators? [#mededchat](#)



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

T4 Just my opinion, but GME and UME need to work together more to address shortcomings. My experience at 3 med schools has been that the two are walled off and rarely talk. [#MedEdChat](#)



**Jamee Walters, MD** [@jamee\\_walters](#) 8 hours ago

[@GLBDallaghan](#) [@jprunuske](#) Pay them. I am always surprised at how many med schools expect clinicians to do it for free or for minimal time/\$\$. Honestly payment to allow for time is the best. (Not saying your med school doesn't do this. Just my observation) [#MedEdChat](#)



**Jake Prunuske, MD, MSPH** [@jprunuske](#) 8 hours ago

[@jamee\\_walters](#) [@GLBDallaghan](#) I think the biggest difference is the amount and type of work students are actually allowed to do... seems to me this has diminished over the past few decades... [#mededchat](#), though I suspect wide variability by student, school, location, etc.



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

[@jamee\\_walters](#) [@jprunuske](#) I've not seen anything. You are required to do more direct observation for sure....but the bigger question is has it helped learners? Even if you felt uncertain, you did it. Is direct observation resulting in over-reliance on preceptors and attendings? [#MedEdChat](#)



**Jamee Walters, MD** [@jamee\\_walters](#) 8 hours ago

[@GLBDallaghan](#) [@jprunuske](#) Possibly? There is def a balance. [#mededchat](#)



**Jake Prunuske, MD, MSPH** [@jprunuske](#) 8 hours ago

[@GLBDallaghan](#) [@jamee\\_walters](#) Interesting thought. Delayed professional identity formation? Delayed skills development? Delayed autonomy? Probably... [#mededchat](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat](#) 8 hours ago

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



**Jamee Walters, MD** [@jamee\\_walters](#) 8 hours ago

[@jprunuske](#) [@GLBDallaghan](#) I think especially delayed professional identify formation. We focus on that a lot in our residency (Johns Hopkins All Children's Hospital) Or maybe I am just old and it's not delayed? I also think we all remember our journey wrong sometimes [#MedEdChat](#)



**MedEd Chat (hosted by ACE)** [@MedEdChat](#) 8 hours ago

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



**MedEd Chat (hosted by ACE)** [@MedEdChat](#) 8 hours ago

[#MedEdChat](#) will return the first Thursday in December. Your moderator will be attending [#AAMC2023](#) during our regularly scheduled time in November! Be on the lookout for an impromptu gathering for all of us X-ers (formerly Twitteratti) at the meeting! [#meded](#) [#hmicommunity](#)



**Nick Burns, MD (he/him/his)** [@rnickburns\\_md](#) 7 hours ago

T1 - the leap in expectations and responsibility, and learning to translate knowledge to skill and patient care [#MedEdChat](#)



**Nick Burns, MD (he/him/his)** @rnickburns\_md7 hours ago

T3 I don't know... I sometimes feel like m4 is "lost time" in which we could provide specialty-specific prep, but there's also other learning to be had - if I didn't do the non-OB elective, do I lose out on that perspective and those minds influencing my training/care? #MedEdChat



**Nick Burns, MD (he/him/his)** @rnickburns\_md7 hours ago

@jprunuske I wish we thought better about these courses and what we are doing with them... these courses are so heterogeneous and not sure they make a big difference at all #MedEdChat



**Dr.Chandan** @ChandanRaj720244 hours ago

Oxygen hemoglobin dissociation

curve #MedEdChat #Medical #medicina #LupinNetflix #LeoTrailerDay #JENNIE #NEWPSG #คิดดีแล้วใช่ไหม  
ใหม่ซองวัน <https://t.co/GmMXqtdl7a>



**Kristina Dzara, PhD, MMSc** @KristinaDzara2 hours ago

RT @MedEdChat: #MedEdChat will return the first Thursday in December. Your moderator will be attending #AAMC2023 during our regularly scheduled time in November! Be on the lookout for an impromptu gathering for all of us X-ers (formerly Twitteratti) at the meeting! #meded #hmicommunity

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### Top 10 Influential



@MedEdChat 100



@GLBDallaghan 90



@jamee\_walters 76



@jprunuske 69



@Alliance4ClinEd 58



@MCWCentralWI 42



@ChiragP56074804 37

## Prolific Tweeters



[@jprunuske](#) 9



[@jamee\\_walters](#) 8



[@MedEdChat](#) 7



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[@Alliance4ClinEd](#) 4



[@rnickburns\\_md](#) 3



[@ChandanRaj72024](#) 1



[@OrthopodReg](#) 1



[@KristinaDzara](#) 1

## Highest Impressions



[@MedEdChat](#) 68.9K



[@jamee\\_walters](#) 17.6K



[@jprunuske](#) 14.9K



[@GLBDallaghan](#) 14.3K



[@KristinaDzara](#) 7.4K



[@rnickburns\\_md](#) 3.8K

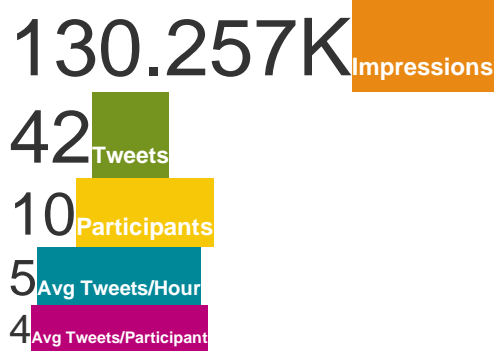


[@Alliance4ClinEd](#) 3.3K



@ChandanRaj72024 5.0

## The Numbers



Twitter data from the [#MedEdChat](#) hashtag from Thu, October 5th 2023, 8:05PM to Fri, October 6th 2023, 4:50AM (America/Chicago) – Symplur.