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Into the Unknown:

Supporting Incoming Trainees in 2021

All-APPD Virtual Café
Thursday, June 24, 2021

Brought to you by the APPD Executive Committee Chairs

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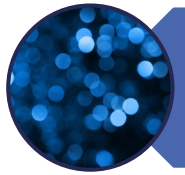
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Objectives

- Identify challenges for new trainees in 2021
- List ways for your program to:
  - Support wellness in your new trainees
  - Provide a practical orientation to your city and program
  - Plan ahead for ongoing support needs
- Describe ways that faculty can be attuned to performance challenges in new trainees

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Agenda



Introductions



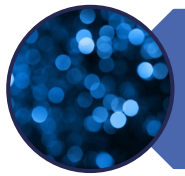
Panel Discussion



Small Group Discussions



Report-Out



Conclusions

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Introductions

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Panel Discussion

Scan this code to find a UME-GME Transition Toolkit!

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Transitions



- Starting in a new training program as either an intern or a fellow is a big transition
  - Impact on life personally and professionally
- Transitions occur frequently in medical education – often monthly if rotating on different services
- Frequently a time of discomfort – but also a time of growth”
  - “When we give up being new and awkward we stop growing” – Brené Brown
- Imposter syndrome – feelings of inadequacy despite evident success

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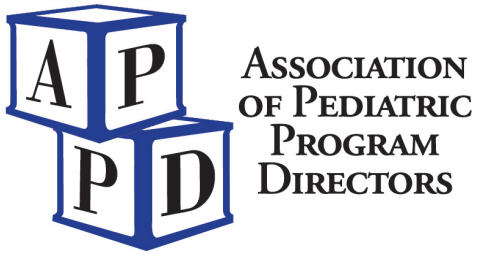
Transitions 2021

- Trainees interviewed virtually – may never have seen the city
- Spent a large part of last year learning virtually – missed opportunities for team interactions (conflict resolution, collaboration managing team dynamics)
- Missed learning opportunities – change in knowledge (heightened sense of inadequacy)
- Had exams cancelled
- May have lost loved ones, friends or been ill themselves
- May have had ”life moments” postponed or cancelled

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Support for the Transition

- Individualized learning plans – review needs for closing knowledge gaps
- Ensure housing situation is okay
- Connect with healthcare providers
- Introduce to the broader community/city (small group gatherings, interest groups, scavenger hunts)
- Promoting many opportunities for connection within your program community
  - Consider matching trainees Sr/Jr pairs or “families”
- More frequent check-ins (monthly for first 3 months)
- Refer to counseling early and normalize help seeking



Tips, Tricks, and Challenges

What we learned. What we didn't think of yet.

2020 Incoming Fellows

- Challenges:
  - Arrived in a pandemic
  - Remote work/learning environment
  - Clinical exposure
  - Disconnection



2020 Incoming Fellows

- Going the Extra Mile!
  - Forming connections
    - Zoom ‘Happy Hours’ with the Fellowship Team
    - Special surprises
    - Monthly check-in with PD/APD
    - Fellow ‘buddy’
  - Reminders to Faculty
  - Additional exposure – Simulation Opportunities

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2021 Incoming Transitions

What needs to be considered?

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Arriving 2021 Fellows Considerations



- Consider your orientation day
  - Do they know how to find you?
  - Do they know logistics?
  - Do you need additional time for orientation?
- Consider the clinical exposure
  - What cases did they see last year?
  - Did they have cancelled rotations/lectures?
  - What is the status of their projects?
- Consider the wellness
  - Do you have a plan in place to connect them?
  - Did they have additional family stress last year?

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ACGME/AACOM/AAMC UME to GME Transition Recommendations

Focus	March-June: Medical Schools	June (Orientation): Residency Program	July-September: Residency Program
Curricular	• Consider hosting a "specialty bootcamp" or "introduction to the specialty" if the graduating student cannot attend a national one or one does not exist for the specialty. • Review "can't miss" conditions in the specialty or provide a refresher course (could be mini one-to-two-week clinical clerkship) • Introduce learners to the specialty Milestones • Review core clinical and evidence-based practice skills; consider using online resources for practice and self-assessment • Complete a needs assessment of medical school experiences, including disrupted rotations and/or clinical experiences (*refer to Section I: Questions to Guide a Self-Needs Assessment*)	• Review clinical and curricular medical school experiences with a program director/associate program director/advisor to identify strengths and gaps • Review "can't miss" conditions in the specialty; provide a refresher course • Introduce learners to the specialty Milestones • Review the Milestones Guidebook for Residents and Fellows (Eno et al 2020) in conjunction with the internship schedule (especially during the first six months) • Provide training in hand-offs, etc. • Consider standardized hand-offs for rotational transitions (not just daily transitions)	• Consider revising the initial clinical rotation schedule and/or didactic curriculum based on a needs assessment • Consider pairing interns with more senior residents and core faculty members for the first months of the program • Provide more oversight and direct supervision (and define what that means, and the behaviors involved) for the new interns • Continue providing didactics of "can't miss" conditions in the specialty • Maintain a heightened focus on core clinical skills, evidence-based practice, acclimation to institutional systems
Special Considerations for all International Medical Graduates (i.e., foreign national medical graduates and US citizen graduates of international medical schools)	• These activities may be difficult for IMGs as many will have graduated from a medical school several years prior to matriculating to a US residency this year. The ECFMG will communicate information related to specialty milestones to incoming J-1 Visa physicians.	• All activities apply to IMGs.	• All activities apply to IMGs.

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Focus	March-June: • Medical Schools	June (Orientation): • Residency Program	July-September: • Residency Program
Assessment	• Consider conducting an initial assessment using the specialty Milestones; can be combined with guided self-assessment (DOCC App; Hauff et al 2014; Santen et al 2015) • Encourage faculty members to perform three to four direct observations of core clinical skills (could use frameworks from the Direct Observation of Clinical Care (DOCC) app)	• Introduce learners to the specialty Milestones • Conduct a guided self-assessment using the specialty Milestones • Distribute and review the Milestones Guidebook for Residents and Fellows (Eno et al 2020) • Perform a baseline objective structured clinical examination (OSCE) formative assessment (Lypson et al 2004; Pandya, Bhagwat, Kini 2010; CarlLee et al 2019)	• Frontload direct observations of core clinical skills • Empower interns to use evidenced-based clinical skills frameworks to both ask to be observed and to use for guided self-assessment (Sargeant et al 2010; Sargeant et al 2008) • Consider earlier CCC review of interns as a check-in
Special Considerations for International Medical Graduates (IMGs)	• These activities may be difficult for IMGs as many will have graduated from a medical school several years prior to matriculating to a US residency this year. If an IMG is still clinically active between the Match and entry into residency, the individual could ask a peer or colleague to observe and assist them in these activities.	• All activities apply to IMGs.	• All activities apply to IMGs.

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Focus	March-June: • Medical Schools	June (Orientation): • Residency Program	July-September: • Residency Program
Advising	• Perform review of third- and fourth-year clinical experiences to identify strengths and potential gaps • Develop a transition strategy or draft a learning plan for internship that accounts for these strengths and gaps	• Develop an initial individualized learning plan • Review initial six-month schedule to set goals and identify potential challenge	• New interns should meet with their assigned advisor monthly for the first three months, review initial assessments and experiences; at a minimum, ensure at least one meeting within the first three months • Review initial individualized learning plan and revise if needed
Special Considerations for International Medical Graduates (IMGs)	• This activity may be difficult with respect to IMGs. Programs could include questions about clinical experiences in their initial outreach to newly matched IMGs.	• All activities apply to IMGs.	• All activities apply to IMGs.

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Mitigating Bias in Assessments

- **First Impression Bias**: too much weight placed on initial impressions that subsequently affects future assessments
- **Labeling Bias**: assessment in residency affected by misinterpreting assessments or data from medical school, or future assessments too heavily influenced by initial ratings and/or performance
- **Confirmation Bias**: focusing on data that confirm an opinion and overlooking evidence that refutes it

Dickey, JGME 2017

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Tips for Programs

- Implement unconscious bias training
- Schedule open forums to discuss diversity and inclusion
- Survey students and residents regarding their experience
- A more real-time assessment and intervention conveys support and improves the learning environment more quickly
- Support trainees who engage in diversity work
- “Equity Practice and Inclusive Pedagogy for Faculty in Graduate Medical Education”
  - ACGME presentation focused on implicit bias in performance reviews

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Tips for Faculty

- Be aware of your personal biases and the spectrum of social inequities.
- Know your program's performance metrics for trainees and use them.
- Use behavior-based, specific language when evaluating learners.
- Practice mindfulness.
- Use self-directed tools:
  - Gender Bias Calculator: https://www.tomforth.co.uk/genderbias/
  - Implicit Association Test via Project Implicit: https://implicit.harvard.edu/implicit/takeatest.html

Supporting ECGMG Residents

- Pre-arrival information: https://www.ecfmg.org/evsp/applying-pre-arrival.html
- Transition Challenges
  - Relocation and adapting
    - Culture shock
    - Housing/Transportation
    - Establishing credit
    - Understanding our healthcare system
  - Lack of support systems
  - Developing new connections
- Ongoing stress and trauma

Current Residents

- May have missed opportunities for learning – esp. team skills
- Higher demand on them for mentoring interns
- Missed social connection – may not have a typical network of support
- Continued volume of sicker than typical patients/ off season viral illness
- Fears about job market
- Strongly recommend attention to:
  - Continued check ins, particularly with 2nd years
  - Monitor knowledge and leadership gaps and address needs/fears early
  - Ongoing community building events
  - Added support for job searches & transparency about any data you know
    - Create networking opportunities
  - Protect interview days for fellowship interviews

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Small Group Discussions

1. What are you doing to welcome your new trainees to the program/city/area of the country?
2. What are you planning to do in the coming months to support the transition further?
3. How can we help faculty anticipate challenges that our new trainees are facing?

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Report Out:

What are you doing to welcome your new trainees to the program/city/area of the country?

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Report Out:

What are you planning to do in the coming months to support the transition further?

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Report Out:

How can we help faculty anticipate challenges that our new trainees are facing?

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Special Thanks

- APPD Staff
- EC Chairs



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Conclusions

- Trainees (of all levels) in 2021 will face *unprecedented* challenges during this period of transition
- Programs should anticipate challenges for their trainees and provide immediate and ongoing support for educational, physical, and emotional needs
- A transition toolkit can be found at the QR link below
- We will distribute the wonderful ideas from this Café on the APPD discussion boards – please continue to share your successes and challenges!

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Thank You