The AACOM UME-GME Task Force: Osteopathic Medicine's Approach on the Transition to Residency

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Approach

The AACOM UME-GME Task Force was established in 2022 as a three-year effort to address key topics in osteopathic medical education, including the transition to residency. The task force established a Transition to Residency Working Group to address challenges and opportunities for the osteopathic medical education community. This working group created three action groups focused on residency readiness bootcamps, data collection on the transition, and resources for unmatched medical students. The task force currently has 90 (30 learners) members across 30+ states, 38 colleges of osteopathic medicine and 13 institutions.

Unmatched Student Toolkit

- The Unmatched Students Action Group produced a definition of unmatched students: unmatched students are students who do not place into a residency program by July 1st after completing 4th year.
- Categories of unmatched students:
  - **Group A:** are students who are committed to a specialty that they may either not be academically competitive for and are not willing to broaden their specialty options or did not create a strategic application plan to ensure placement success. Students who may have received an unfavorable or poorly written letter of recommendation or may be in another unfortunate scenario not explained by poor academics/interpersonal skills
  - **Group B:** Students who are academically strong and well-rounded but did not match into their specialty due to lack of interpersonal skills (professionalism issues, poor interview skills, etc.)
  - **Group C:** Students who partially matched and will need resources to match into a categorial program.
- The working group also partnered with the Better Together Physician Coaching Program at the University of Colorado, to offer mentoring resources to students who did not match. While the number and proportion of unmatched students in osteopathic medical students is small, the group feels strongly that resources should be provided to support their efforts.

TABLE 1: OPTIONS FOR UNMATCHED STUDENTS

OPTION	DESCRIPTION/CONSIDERATION
Research opportunities	Research year at COM Potential research scholar positions Research fellowship
Dual degree program (MPH, MBA, etc.)	Dual degree programs of interest may be available at other institutions
Serve as faculty at COM	Serve as faculty after graduation to assist with PBL, OPP, and clinical examination
Scholar	OMM, anatomy fellow or faculty, primary care scholar programs
Unfilled programs Lists	NRMP Unfilled Programs List, Instagram account @InsideTheMatch **Find a Resident** **Resident Swap**
Leadership opportunities	National leadership opportunities such as service on task forces and committees
Alternative careers	Health administration, public policy and government, public health and service, informatics, pharmaceutical research, consulting, communications and journalism, technology
Mentorship	Specialty-specific, individualized mentoring

TABLE 2: RECOMMENDATIONS PER CATEGORY OF UNMATCHED STUDENTS

GROUP A	GROUP B
Pair with mentor	Attend counseling
Direct more research-focused specialties, such as dermatology, ortho and surgery, into research	Improve people skills
Pursue another degree, such as an MPH	Take a professionalism course
Maintain clinical experience, need to be clinically relevant and skilled	Meet with a career advisor or coach
Engage in volunteer work and networking (specialty)	Find a mentor
Attend conferences	Learn interviewing skills
Be a graduate teaching assistant during medical school (e.g., anatomy fellow)	

UME-GME Task Force Representation

AACOM

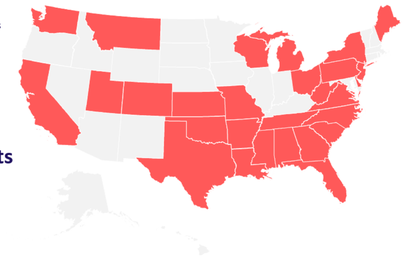
AS OF SEPTEMBER 2023

38 COMs: 33 Main, 5 Branch campuses & Additional Locations

13 health care institutions

14 osteopathic medical students (15 residents)

90 task force members



Transition to Residency Working Group

- **Recommendations on interview format for entry into medical school and residency:** The group drafted recommendations on interview format for entry into medical school and residency. The main takeaway is to ensure flexibility in interview format to meet the needs of varying groups including osteopathic medical students, rural and community-based programs and more.
- **Interview format research initiative:** The working group sought additional data and research to study the impact of interview format on various groups of medical students and communities. To that end, they awarded three research grants to three institutions to explore the impact of interview format on various stakeholders in the transition to residency.

Transition to Residency Data Collection & Strategy

- The Data Collection Action Group identified lack of transparency of data as a key problem in the transition to residency. There are multiple sources of information/data to advise residency applicants but they all have limitations
- The action group developed a Data Guidebook on resources for residency application that outlined the most useful data resources for the transition to residency which includes the pros and cons and use of each resource.
- The group identified audition rotations as a key data gap in the transition to residency. The group urges national organizations and stakeholders to increase data gathering and analysis of the value and impact of audition rotations on the transition to residency and different types of students and programs.

Table 3. Key Data Sources for the Transition to Residency

Frieda	ORIN	Residency Explorer
ACGME	Alignment Check Index	Doximity Residency Navigator
NRMP Charting Outcomes	Program Websites	Texas STAR
NRMP Interactive Charting Outcomes		EMRA Match

Residency Readiness Bootcamp

- The Residency Readiness Bootcamp Action Group developed a residency readiness boot camp playbook for osteopathic medical schools which identified 17 skills that can be assessed in a residency bootcamp, ideally held after the Match and prior to start of residency. These skills can be validated by schools and shared with programs once completed. The group also identified an extensive list of resources to help students refresh on skills. The group conducted outreach to program directors in various specialties to ascertain whether the 17 essential skills are what they would like to see from entering residents. The skills align with Entrustable Professional Activities (EPAs).

CHART 1. WHAT CORE KNOWLEDGE/SKILLS DO STUDENTS NEED BEFORE ENTERING RESIDENCY?

Knowledge/Skills Needed	Longitudinal Check Offs During Medical School	Validated Items Before Starting Residency	Can Be Validated Online
ACLS/PALS: Intubation Running a code	X	X	
Acid/Base balance	X	X	X
Consenting for procedures	X	X	X
DNR	X	X	X
How to hand off a patient	X	X	X
Inserting peripheral IV	X	X	
Triage patients when on call	X	X	X
History taking	X	X	X
Physical exam	X	X	
Oral presentation	X	X	X
OPP/OSCE	X	X*	
Ultrasound skills (POCUS)	X*	X*	
Reading and presenting a Chest X-ray	X	X	X
Admissions, Transfer and Discharge documentation	X	X	X
Fluid resuscitation	X	X	
Assessing suicide risk	X	X	X
EKG interpretation	X	X	X
Sutures	X	X	
Access evidence-based resources at point of care	X		
Comfort care transition or Goals of Care discussion	X		
Communicating with consultants (formal, verbal or written consult request)	X		
How to advocate for patients and health equity as a resident	X		
Communicating with non-physician colleagues (what are appropriate requests)	X		
How to efficiently review the EMR (key tabs and in what order)	X		
Time management, prioritizing tasks (e.g., Consults then orders, then family updates, then notes etc.)	X		
Delivering bad news	X		
Assessing patient's decision-making capacity	X		
DPOA vs. Medical decision-maker, POLST vs. Advanced health directive	X		
Basics of health insurance	X		
Basics of Quality Improvement Projects	X		
Receiving and providing feedback	X		
Hospice vs. LTAC vs. SNF -> transferring care decisions	X		
Fundamentals of antibiotics	X		
Fundamentals of sedation/analgesia medications	X		
Guides on other procedures like thoracentesis, paracentesis, arthrocentesis, chest tube placement, etc.	X		
Growth mindset	X		
Self-care/wellness	X		

Conclusions

The readiness to residency efforts have resulted in a framework of skills that can be validated prior to start of residency and has received feedback from program directors from various specialties. The unmatched resources include mentorship, research fellowships repository, dual-degree options, and more. The data collection and strategy group identified gaps in data on audition rotations for osteopathic medical students, improvements needed in the MSPEs, and the need for a national database of shared data across all COMs to understand the transition. To start the effort, the group conducted a scan of available data resources used by medical students and provided a guide to medical students on the pros and cons, and usage of these resources. The UME-GME Task Force Transition to Residency Working Group's efforts suggest a need to continue exploring the impact of virtual interviews on the transition to residency with data, research and continued conversations.

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