

## **AAMC Update:**

Resident Readiness Survey, Pilot 2020

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OPDA Fall Meeting 2020

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# IS AMERICA'S APPROACH TO HEALTH BROKEN?



# **Program Director Assessment of Resident Readiness:**

A National Feedback System for Continuous Curricular Improvements in Medical Education

In Collaboration with the ACGME

https://www.aamc.org/what-we-do/mission-areas/medical-education/rrs-pilot-project

# **Our Challenges**



Continuous quality improvement in the medical education curriculum requires outcome data, such as the performance of their graduates as they progress along the continua, yet there is **no standard approach or process** 



Our LCME accredited schools are required to track outcomes of their graduates, yet Program Directors are inundated with these multiple requests (variable in time, content and structure) and response rates are low



We have new guidelines for the Medical School Performance Evaluation (MSPE), yet we lack a way to collect feedback from the Program Directors on these efforts



Program Directors report variability in competencies of incoming residents, yet we lack data to measure and improve these outcomes

The current system in which schools each send their home-grown surveys to program directors is unreliable and unsustainable. The cognitive load is excessive and therefore the data provided is weak. We need a better system for CQI. (UME)

Consistent feedback from residency PDs would PROACTIVELY inform and shape medical school curriculum and instruction. (UME)

This would increase the communication between medical school and residency. Information taken from this could then help the med school alter the content of the courses to better prepare future residents. (GME-PD)

Each year I receive 25 to 50 forms to fill out, with every school sending a different form. It is overwhelming and I have quit filling them out. This form is SO much better than the overly-detailed forms from many schools. (GME-PD)

Some medical schools send surveys about their students, but not all. I would like to give feedback especially when interns are not prepared so that schools can look at gaps in training or in the evaluation process. A one time national registry would be better than individual schools sending on own and it can be done all at once. (GME-PD)



### **Pilot Process**

- At approximately 6 months into residency during the milestone reporting period, direct entry Program Directors would be invited to login to GME Track and complete a survey on each PGY1 resident.
- The survey content will include items about readiness for residency and feedback on the MSPE (medical student performance evaluation) process.
- This information would be accessible to the medical schools in a report within MSPS (Medical School Profile System).
- The use of this data would be to inform curricular quality improvement efforts at the medical school.



# Anticipated Benefits of a National Feedback System

Reduce variability in how schools design, time, and collect feedback from Program Directors of their graduates

Reduce burden on Program Directors

Increase return rate and the quality of data

Reduce staff time at member schools

Strengthen two-way communication between UME and GME

Assist schools in meeting LCME standard 8.4 (Program Evaluation)

Evaluation data to improve the MSPE (formerly Dean's Letter)



# **Assessment of Resident Readiness: Pilot Timeline**

# Spring 2018

- Convene Internal Working Group
- Stakeholder Survey #1

#### Fall 2018

- Continue to Collect Broad Stakeholder FB on Draft and Process,
- Plan Operational Pilot

Winter –
Spring
2020
Recruit Pilot
Sites (SOM)

# Summer 2018

- Convene & charge task force
- •Develop Draft Tool & Begin To Collect Stakeholder FB

Winter – Spring 2019

- Plan
   Feasibility of
   Pilot
- Survey #2

Nov 2020 – Feb 2021

**Conduct Pilot** 

Goals =
Better
Outcomes
Data of
Graduates
= Improved
Curricula =
Residents
More Ready
for GME

**Ultimate** 



### Stakeholder Feedback

Round 1: National Survey Conducted March-April 2018 to Gather Feedback on Anticipated Benefit of Proposed Process

388 Invited to Participate, 36% overall response rate

Round 2: Focus Groups During Spring Meetings 2019

Round 3: National Survey Conducted October-November 2019 to Gather Feedback on Benefit and Proposed Content of Survey

637 Invited to Participate, 39% overall response rate



### **Proposed General Characteristics of PD Survey**

#### Content

- Criterion Referenced
- Competency-Based
- Include Option for Open Remarks
- Sound Survey Design Principles Will Be Followed
- Designed With Broad Stakeholder Input —
   Examples: AAMC LSL 2018, OSR, ORR, OPDA, GRA, GEA, GSA, AACOM, etc.

#### **Delivery Process**

- Administer electronically
- Timed ~First Milestone Reporting Period (6 months)
- Brief
- Integrated Within Existing Workflow of Program Director
- Small Pilot → Review/Revise → Broader Adoption → CQI





National GME Census | GMETrack Reports | Home Account Help Resident Readiness Logoff

Institution: 199501 - University of Kansas School of Medicine

Program: 120-19-11-139 - University of Kansas School of Medicine Program

Specialty: 120 - Family Medicine

Resident Readiness

#### National Program Director Survey Of Resident Readiness For GME

The AAMC Resident Readiness Survey provides a standardized process for program directors to provide feedback on the readiness of their residents for PGY-1 training. We anticipate that this new process will help program directors by eliminating the need to complete numerous school-specific surveys throughout the year, as well as provide an opportunity for program directors to provide feedback on the accuracy of the Medical School Performance Evaluation (MSPE), or Dean's letter. We also anticipate that the new process will help the medical schools by assisting them in meeting LCME accreditation standard 8.4, which pertains to the use of outcomes data to enhance medical education program quality and assist in the evaluation of the school's overall effectiveness in preparing students for graduate medical education.

Below is a list of PGY-1 residents from your residency program(s) whose medical schools of graduation are participating in this 2020-2021 pilot. Each resident name is an active link to the Resident Readiness Survey for that resident.

Data Use and Disclosure: The information collected from this survey is confidential. The identified data will be provided only to designated personnel at the medical school of graduation of each resident. In 2019, the AAMC Policies Regarding The Collection, Use, and Dissemination of Resident, Intern, Fellow, and Residency, Internship, and Fellowship Application Data were updated, in part, to explain to applicants that the AAMC may collect individually-identified assessment information about their performance from their residency program, released in accordance with the program's institutional policies, and share such assessment information with the medical school from which the individual graduated; provided the medical school agrees that (i) it will protect the confidentiality of such data, (ii) it will not share the data with any third party, (iii) it will only use the data for the purpose of evaluating its processes, and (iv) it will not use such data for any personnel decisions about an individual, including (but not limited to) the individual's eligibility for being hired or promoted at the medical school or at any of the medical school's affiliated institutions. AAMC's use and release of such assessment information is subject to the AAMC Privacy Statement.

Your participation is voluntary, and each survey will take approximately 5 minutes to complete.

If you have any questions, concerns, or feedback regarding the AAMC Resident Readiness Survey, please contact ResidentReadiness@aamc.org. If you have any questions regarding GME Track, please contact the AAMC at <a href="mailto:gmetrack@aamc.org">gmetrack@aamc.org</a> or 202-862-6171.

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ACGME ID	SPECIALTY	RESIDENT'S NAME
1201911139	Family Medicine	JONES, FRANCES
1201911139	Family Medicine	MILLER, JEFFREY

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**New Tab** 



Dear Program Director,

Please elaborate on your response below

The AAMC Resident Readiness Survey provides a standardized process for program directors to provide feedback on the readiness of their residents for PGY-1 training. Please provide feedback on the PGY-1 resident named below.

The information collected from this survey is confidential. The identified data will be provided only to designated personnel at the medical school of graduation of each resident. In 2019, the AAMC Policies Regarding The Collection, Use, and Dissemination of Resident, Intern, Fellow, and Residency, Internship, and Fellowship Application Data were updated, in part, to explain to applicants using ERAS to apply to residency programs that the AAMC may collect individually-identified assessment information about their performance from their residency program, released in accordance with the program's institutional policies, and share such assessment information with the medical school from which the individual graduated; provided the medical school agrees that (i) it will protect the confidentiality of such data, (ii) it will not share the data with any third party, (iii) it will only use the data for the purpose of evaluating its processes, and (iv) it will not use such data for any personnel decisions about an individual, including (but not limited to) the individual's eligibility for being hired or promoted at the medical school or at any of the medical school's affiliated institutions. AAMC's use and release of such assessment information is subject to the AAMC Privacy Statement.

Your participation is voluntary, and this survey will take approximately 5 minutes to complete.

Resident.			
The current status listed in GME Track for this resident is: . If this status is no longer accurate, please select the correct status from the list below	r:		
Active			
Completed Preliminary Training			
O Deceased			
○ Dismissed			
C Leave of Absence			
○ Transferred			
○ Withdrawn			
During the transition to GME (0-6 months of PGY-1 year), did this resident meet overall performance expectations?			
Exceeded overall performance expectations			
Met overall performance expectations			
Did not meet overall performance expectations			

#### 17 Items, Standard Likert Scale

			Not	
			Enough	Not
Failed to			Information	Applicable
Meet	Met	Exceeded	to	to My
Expectations	Expectations	Expectations	Determine	Program



### **Thank You Task Force Members!**

Kathryn	Andolsek	MD, MPH	Duke University School of Medicine – GME
Dellyse	Bright	MD	Carolinas HealthCare/Atrium Health - GME
Nagaraj	Gabbur	MD	Hofstra Northwell School of Medicine at Hofstra Univ - GME
Daniel	Giang	MD	Loma Linda University - GME
Janice	Herbert-Carter	MD	Morehouse School of Medicine - UME
Joseph	Jaeger	DrPH	Monmouth Medical Center – GME
Sara	Lamb	MD	University of Utah School of Medicine – UME
Kim	Lomis	MD	American Medical Association – UME
Hilit	Mechaber	MD, FACP	University of Miami Miller School of Medicine - UME
Sally	Santen	MD, PhD	Virginia Commonwealth University - UME



### **Questions**



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