

TRANSITIONS TO CLINICAL PRACTICE

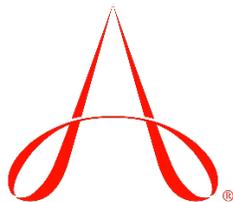
Practical Guidance to Support Important Transitions:
Residency and Fellowship to Practice

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American Board
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Executive Summary

The COVID-19 pandemic has resulted in variable but persistent levels of disruptions of graduate medical education (GME) for two years, affecting clinical education and training for residents and fellows across multiple specialties. COVID-19 frontline specialties, such as emergency medicine, family medicine, internal medicine, pediatrics, and pulmonary and critical care, experienced intense periods of caring for COVID-19 patients while sacrificing other educational experiences. Those residents and fellows not directly involved in caring for COVID-19 patients experienced variable disruptions, such as reduction in procedures and required and elective rotations as their institutions adjusted to pandemic surges. Residents and fellows have likely acquired increased competence in many abilities, while in other skills they may not be as fully developed due to the pandemic. This does not mean these physicians are not ready to enter clinical practice, but rather may require a modified transition into clinical practice.

This toolkit is offered as a resource to all residency and fellowship programs to assist residents and fellows making the transition to clinical practice. The development of the toolkit was coordinated by a team from the ACGME, American Board of Medical Specialties (ABMS), and American Osteopathic Association (AOA). The toolkit was also shared with multiple organizations to seek feedback and input into the contents. Each section in this toolkit provides guidance on what residency and fellowship programs can do to optimize the transition into practice this summer. The summary core recommendations are:

- The residency or fellowship program should strive to complete an accurate transition to practice assessment of each graduating resident and fellow this spring. The results of the assessments performed (e.g., direct observations, faculty member and multi-source evaluations, etc.) should be reflected on the final Milestones assessment. This assessment will facilitate the development of a more effective transition and set of actions for the graduating residents and fellows as they enter clinical practice.
- Graduating residents and fellows should complete a self-assessment and individualized learning plan (ILP) for their upcoming transition, ideally as part of a conversation and/or exit interview with their program director and/or advisors. This self-assessment should include an inventory of their actual clinical rotations and experiences completed, and those rotations and electives that were not completed due to the pandemic.
- The residents and fellows should be encouraged to share this information with the leaders and/or peers of the practice they will be joining before or during the transition.

These recommendations are **not mandates**; each residency and fellowship program will need to tailor approaches based local needs and resources. These recommendations are intended to assist the transition for those who have experienced education and training disruption because of COVID-19.

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Background

The COVID-19 pandemic took firm root in March 2020. Multiple additional surges have occurred affecting different regions of the US at different times. The Omicron Variant surge in late 2021 and early 2022 has been different – almost all regions of the country experienced the surge at the same time or within weeks of each other.

Over the last two years, GME has experienced variable but persistent levels of disruption, affecting most of the clinical education and training for graduating residents and fellows. These reductions, disruptions, and alterations affected both the quantity and quality of educational and clinical experiences. A summary of these issues and factors are provided below.

Summary of Key Factors and Issues

- Breadth of clinical experience. GME programs are deliberately designed to provide a breadth of clinical experience within a discipline.
 - Altered clinical rotations. This includes scheduled rotations that were disrupted by either a high load of COVID-19 patients or loss of exposure to other diseases and clinical conditions.
 - Loss of elective time and/or rotations (e.g., pulled to care for COVID-19 patients). This was a major issue in the winter of 2021-2022 due to residents and fellows contracting COVID-19 necessitating quarantine and pulling of other learners to cover clinical services.
 - Loss of ambulatory or research experiences (e.g., pulled to care for COVID-19 patients during surges or experiences canceled due to safety concerns).
 - Procedural education and training. Disruptions in procedural education and training due to the pandemic affected many specialties but was substantial in the surgical specialties, obstetrics and gynecology, and anesthesia and impacted:
 - Types of procedures performed
 - Volume
 - Trainee role in the procedure
 - Nature of supervision by faculty members
 - Repetition and depth of clinical experience. Repetition and depth of clinical experience is essential for the development of ultimate expertise and mastery. GME lays the foundation for continued professional development into practice. Many learners experienced fewer opportunities.
 - The epidemiology of patients seen was substantially disrupted in many specialties, especially primary care.
 - Some educational experiences produced enhanced competence in some domains. It is important to recognize the strengths a new graduate will bring to clinical practice.
 - Disrupted flow of patients for procedures. This impacted experience with diagnostic and interventional testing and treatments, such as screening tests (i.e., mammography, diagnostic endoscopy), low acuity conditions (i.e., neurophysiologic testing) and interventional procedures (i.e., stent placement for non-urgent vascular conditions).
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- Assessments have been substantially altered in multiple competency domains. The pandemic has also exposed the serious limitations of an over-reliance on “proxy” measures, such as “dwell time,” examinations, and judgments about competence made using proxies, such as case presentations and sign-outs about patients, including:
 - Reduction in direct observation assessments
 - Lack of assessments of the essential, non-medical knowledge and patient care competencies: interpersonal and communication skills; practice-based learning and improvement; and systems-based practice. This was a significant problem prior to the pandemic, and it has been exacerbated over the last two years. The situation with assessing professionalism has been more mixed given the heroism demonstrated by many residents and fellows.
- Feedback, coaching, and mentoring. All have been disrupted. These are all essential to effective professional development.

This toolkit was created by a work group with members from the GME-to-practice continuum to help address these issues in support of graduating residents and fellows. It begins with an important message from learners affected by the pandemic. The toolkit is divided into three sections.

Section I provides a framework and list of possible questions residencies, fellowships, and learners should review during this transition.

Section II provides a matrix of possible activities to help learners and residency and fellowship programs implement a successful transition. The recommendations are **not mandates**; each residency and fellowship program will need to tailor approaches based on specific needs and resources.

Section III provides a compendium of resources to support the transition for both learners and programs. The primary goal of this guidance and these resources is to facilitate a successful and seamless transition from residency and fellowship into practice, and to create the necessary conditions to fully support young physicians’ early professional development during unprecedented times. Investing in supporting all new physicians entering clinical practice can help to facilitate their success throughout their entire career. Finally, an appendix provides questions to guide a learner’s self-needs assessment.

A Message from Peer Colleagues to Resident/Fellow Physicians

As we enter another year of the COVID-19 pandemic, it feels as though we have spent the majority of our education and training, whether in residency or fellowship, on the frontlines of a pandemic. We have operated on skeleton crews within our programs, sacrificed educational learning opportunities and elective time, and overcome these hardships despite physical, emotional, and mental exhaustion. We are witnesses of these unprecedented times and there is no doubt that the global pandemic has had a significant impact on our experiences; we are, in fact, united by our resiliency.

As you complete your residency and fellowship, take time to celebrate your success and accomplishments, as it has been no easy feat. The next step as you transition to practicing physician will be both thrilling and terrifying. You have finished your foundational years and now you are about to embark on this new journey.

The ABMS, ACGME, and AOA have collaborated to create this toolkit to aid residents and fellows transitioning to practice during these challenging times. It includes recommendations and guidance for you and your future institution on how to support your transition. Additionally, the toolkit includes resources on well-being and assessment to ensure that we are well-equipped with the skills needed as we endeavor to provide the best care for our patients. We hope this toolkit will serve as a guide in your pursuit and practice of medicine!

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I. Key Topics and Questions for the 2022 Transition from Residency and Fellowship to Practice

NOTE: The topics and questions listed below are intended as a guide only. Given the COVID-19 pandemic is still evolving, residency and fellowship programs should consult their institutional policies, local health departments, and the Centers for Disease Control (CDC) regarding specific guidance for COVID-19 illness and vaccination.

Introduction

Despite recent improvements in the Omicron Variant-fueled surge, the pandemic is still active, and it is expected to continue at some level of activity into 2023.

- Residency and fellowship programs should strive to offer the COVID-19 vaccine and booster to all graduating residents and fellows if they have not yet received their vaccine or their booster.
- To the fullest extent possible, the leadership of residency and fellowship programs should meet and guide graduating residents and fellows to identify any possible gaps in their education or personal competencies that could affect their transition to practice. Residents and fellows have likely acquired increased competence in many abilities while in others they may not be as fully developed due to the pandemic. This does not mean these physicians are not ready to enter clinical practice, but rather that they may require a different, tailored, and systematic transition into clinical practice.
- Residency and fellowship programs should help graduating residents and fellows understand their options for access to health insurance during the transition as gaps in coverage may occur.

Provided below is a list of topic areas and specific questions that may be helpful to residency and fellowship programs. Many of these issues have been or are already being addressed for all learners across the continuum. The questions below are provided only as a guide to assist in the transition to clinical practice.

Resident and Fellow Well-Being

- How can residency and fellowship programs support learners during transition pressures, such as relocation and meeting new peers?
 - Travel and housing limitations may be present
 - How can life events be accommodated? Much has been put on hold; there will be needs for celebrations and memorials.
 - How can fellowship programs and practices support incoming physicians' potential concerns about their professional competence and preparedness for practice?
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- How will practices support fellows' ongoing concerns and impacts of family, personal development, and well-being, and overall community impacts of COVID-19?
- How will practices and health care systems address the ongoing impact of current national issues in racism—personal, family, and community impacts?
- How will practices and health care systems create a sense of community and belonging, especially for underrepresented minorities and foreign national medical graduates challenged during the COVID-19 pandemic?

Transition Logistics

- How will practices and health care systems connect incoming physicians with current physicians/faculty members who have similar life experiences?
 - Consider polling incoming physicians and faculty members to identify those who may have families, significant others, etc. who are willing to be linked to an incoming fellow with similar experiences/needs
 - Connection for identification of training systems
 - Finding housing, and family resources in the community
 - If local physicians/faculty members with similar life experiences are not available, connect the incoming fellows or physicians with regional or national resources.

Questions to Guide a Self-Needs Assessment

Below is a set of questions to help guide the self-reflective process for both program directors and incoming physicians regarding the experiences that may have been interrupted during residency or fellowship due to the pandemic.

Incoming Fellow or Physician Questions

- Which educational experiences in residency or fellowship were the *most* disrupted?
- What educational experiences in residency or fellowship were *not* disrupted or were enhanced?
- Did the pandemic cause you to miss any of your core rotations or electives? If yes, which ones?
- Which clinical experiences were done in a virtual setting versus the clinical setting?
- Did the pandemic impact your ability to observe or perform procedures that are relevant to your specialty or subspecialty?
- Did the pandemic affect the nature of diversity of clinical conditions seen?
- In what procedures do you believe you need additional education and/or training due to missed opportunities given the circumstances?

- What concerns you most about the disruptions to your medical education with respect to beginning practice?
- How confident do you feel in your ability to look up evidence-based recommendations and access point-of-care diagnostic aids in your new subspecialty?
- Based on your residency or fellowship experiences, are there additional education/training or other experiences you would like to have during the transition to practice?
- Were you able to complete elective experiences germane to your specialty or subspecialty, and if so, what skills are you bringing with you from these experiences as you transition to practice?
- Based upon this reflection, what education and training schedule adjustments and learning resources or experiences would be of most assistance to you? How do these reflections change your individualized learning plan (ILP)?
- Did the pandemic interrupt your ability to complete rotations in certain clinical settings during residency or fellowship?
- Have you taken or do you plan to take your initial certification examination this year? What have been your scores on your in-training examinations? What are your preparation plans?

II. Recommendations to Facilitate the Resident and Fellow Transition to Practice

Focus	March-June: Residency/Fellowship Program	First Month in Practice	First Six Months Practice
Curricular	<ul style="list-style-type: none"> • Complete a needs assessment of residency and fellowship experiences, including disrupted rotations and/or clinical experiences. • Complete an ILP, guided by mid-year and/or final Milestones assessment, to guide the transition into practice. • Review the final Milestones report and transitional ILP. 	<ul style="list-style-type: none"> • The leader of a practice, clinical division, etc., should take responsibility for helping to support the transition. • An advisor or mentor should be assigned. • Residents/fellows should consider reviewing clinical and curricular residency and fellowship experiences with the leader and/or peers of the clinical practice they are joining. • Review and revise initial ILP based on needs for the new practice location. • Connect and review the availability of learning resources through the pertinent specialty or subspecialty society. 	<ul style="list-style-type: none"> • Consider pairing with a peer in the new practice to obtain peer feedback, guidance, and coaching. • Connect and review availability of learning resources through the pertinent specialty/subspecialty society. • Review and connect with available resources through continuing certification of pertinent specialty board. • Receive orientation to the practice's quality improvement and patient safety resources as soon as possible.
Assessment*	<ul style="list-style-type: none"> • Create an ILP based on the mid-year and/or final Milestones assessment, using the specialty/subspecialty Milestones as the guiding framework. 	<ul style="list-style-type: none"> • Develop a plan for feedback and sources of data that can be used for reflective practice and professional growth in the new clinical practice. 	<ul style="list-style-type: none"> • Participate in available continuous professional development activities, especially those targeting competencies that may have been affected by the pandemic during the residency or fellowship.
Advising	<ul style="list-style-type: none"> • Review residency or fellowship experiences to identify strengths and potential gaps. • Develop a transition strategy or draft ILP for clinical practice that accounts for these strengths and gaps. 	<ul style="list-style-type: none"> • Develop an initial ILP. 	<ul style="list-style-type: none"> • Residents and fellows should meet with their practice leader or a peer monthly for the first three months to get feedback. • Review and revise the initial ILP.

Guidance Regarding Exit Assessments

Traditional time-based or volume-based measures for completing a residency or fellowship may not be fully achievable due to the pandemic. Each residency and fellowship program should use the principles of competency-based medical education (CBME) and the guidance below to make informed decisions about advancement, graduation, and board eligibility. Educational experiences may have been modified or disrupted through alternative forms of education, such as virtual learning, deployment to another clinical rotation or activity (e.g., ICU, ED, wards, telemedicine), or by missing a required rotation. Also, qualifications for some specialty boards may not be program requirements, but they are typically completed during a residency or fellowship (e.g., Fundamentals of Laparoscopic Surgery (FLS) or a research thesis) and each specialty should check with the respective certification board regarding any changes. Programs should work to ensure these important activities are also completed.

CBME principles and activities have grown over the years and are used to support an entrustment decision-making process that determines whether individual residents or fellows are ready to progress to the next stage in their professional career (**Table 1**). “Entrustment decision-making” focuses on the conscientiousness, trustworthiness, discernment, and competence of the resident or fellow. The demonstration of conscientiousness, trustworthiness, and discernment supports confidence in assessment outcomes. Entrustment is grounded in the patient and educational outcomes that a graduate can deliver on the Quadruple Aim. The Quadruple Aim simultaneously improves patient experience of care, population health, and health care provider work life, while lowering per capita cost.

The ABMS, ACGME, and AOA recognize that typical metrics, such as time, volume, and specific rotations completed, may be unavailable for all residents and fellows graduating in 2022. The principles provided are the minimum required to make a defensible, high-stakes entrustment decision for an individual to complete a residency or fellowship and advance to the next stage of one’s professional career during this period of disruption. It is possible that these principles will inform future CBME decisions using more robust and deeper data. The ACGME will work with programs, Clinical Competency Committees (CCCs), the Review Committees, and ABMS and AOA certifying boards to learn about what works for the implementation of CBME over time. **Table 2** provides guidance on assessments programs may want to include as part of a transitional assessment if such assessments have not yet occurred. The goal is to facilitate an effective transition for residents and fellows into clinical practice and long-term professional development.

Table 1: Van Melle Framework for Competency-based Medical Education

Component	Description
An Outcomes-based Competency Framework	<ul style="list-style-type: none"> • Desired outcomes of training are identified based on societal needs • Outcomes are paramount so that the graduate functions as an effective health professional
Progressive Sequencing of Competencies	<ul style="list-style-type: none"> • In CBME, competencies and their developmental markers must be explicitly sequenced to support learner progression from novice to master clinician • Sequencing must consider that some competencies form building blocks for the development of further competence • Progression is not always a smooth, predictable curve
Learning Experiences Tailored to Competencies in CBME	<ul style="list-style-type: none"> • Time is a resource, not a driver or criterion • Learning experiences should be sequenced in a way that supports the progression of competence • There must be flexibility to accommodate variation in individual learner progression • Learning experiences should resemble the practice environment • Learning experiences should be carefully selected to enable acquisition of one or many abilities • Most learning experiences should be tied to an essential graduate ability
Teaching Tailored to Competencies	<ul style="list-style-type: none"> • Clinical teaching emphasizes learning through experience and application, not just knowledge acquisition • Teachers use coaching techniques to diagnose a learner in clinical situations and give actionable feedback • Teaching is responsive to individual learner needs • Learners are actively engaged in determining their learning needs • Teachers and learners co-produce learning
Programmatic Assessment (i.e., Program of Assessment)	<ul style="list-style-type: none"> • There are multiple points and methods for data collection • Methods for data collection match the quality of the competency being assessed • Emphasis is on workplace-based assessment • Emphasis is on providing personalized, timely, meaningful feedback • Progression is based on entrustment • There is a robust system for decision-making • Good assessment requires attention to issues of implicit and explicit bias that can adversely affect the assessment process

Table 2: Core Competencies and Examples of Minimal Required Competency-based Assessments that Could be Used during COVID-19 Disruption

Competency	Competency-Based Assessment Options
Medical Knowledge	<ul style="list-style-type: none"> • In-training exam • Feedback from multiple faculty member evaluations
Patient Care	<ul style="list-style-type: none"> • Work-based clinical assessment through direct observation of the individual during care delivery • Feedback from multiple faculty member and peer evaluations • External structured curriculums, standardized assessments, and simulation
Professionalism	<ul style="list-style-type: none"> • Informed self-assessment • Feedback from multiple faculty member and peer evaluations • Multisource feedback, such as a 360-degree evaluation
Communication	<ul style="list-style-type: none"> • Patient-reported feedback • Feedback from multiple faculty member and peer evaluations • Multisource feedback, such as a 360-degree evaluation, especially regarding interprofessional care
Practice-based Learning and Improvement	<ul style="list-style-type: none"> • Evaluation of knowledge, skills, and attitudes from participation in systematic efforts to improve the quality, safety, or value of health care services
Systems-based Practice	<ul style="list-style-type: none"> • Feedback from multiple faculty member evaluations regarding ability to practice in a complex health care system • Multisource feedback, such as a 360-degree evaluation, especially regarding interprofessional care

Statement Regarding the Impact of Implicit Bias on Performance Evaluations

Because of the variation in clinical experiences caused by COVID-19, consideration of how residency and fellowship programs will determine the level of preparedness of its graduates for transition into practice presents a unique challenge. 2020 saw the recrudescence of racial, ethnic, and immigrant animus, and the biases within societal structures have been further illuminated more carefully than ever before. The pandemic also further exposed deep inequities in health care with underrepresented groups experiencing worse outcomes during the pandemic. In seeking to increase the diversity of the health care workforce and to provide inclusive learning environments, all must remain cognizant that implicit bias can adversely influence performance evaluations.

Some may be overvalued and others undervalued based on these perceptions, perhaps to the detriment of each. An opportunity for faculty development on bias, specifically focused on evaluation of learners for competencies they bring to a new learning or clinical practice environment, is included. Fair assessment, free from harmful bias, is at the core of professionalism, commitment to duty and expertise, in any competency evaluation process for determination of readiness, performance, or promotion. Engage faculty members to review the material provided on recognizing and mitigating the various types of implicit bias common in medical education in preparation for ensuring graduates entering clinical practice receive an accurate exit assessment that will support their transition. Making learning environments work for everyone is essential to the mission to provide safe care to patients and to successfully educate the diverse learners we so desperately need.

Guidance Regarding Assessment and Bias in Transition Activities

Valid, accurate assessment is essential for effective professional development. However, assessment in medical education has a long and unfortunate history of bias in the ratings and judgments of medical students, residents, and fellows. Residency and fellowship programs must be cognizant of and monitor for bias in their exit assessments, especially given the major disruptions many have experienced during their clinical education and training.

There are three major categories of bias:

- **Implicit Bias:** relatively **unconscious** and relatively **automatic** features of prejudiced judgment and social behavior (Stanford Encyclopedia of Philosophy)
- **Explicit Bias:** the attitudes and beliefs we have about a person or group on a conscious level (Perception Institute).
- **Microaggressions:** brief, everyday exchanges that send **demeaning messages** to people because of their group affiliation (Stanford Encyclopedia of Philosophy)

Residency and fellowship programs must continue to actively work to reduce gender and racial/ethnic bias in assessment, and must also be vigilant for additional common biases in ratings, (Dickey et al. 2017):

- **First Impression Bias:** too much weight placed on initial impressions that subsequently affects future assessments
- **Labeling Bias:** Assessment may be affected by misinterpreting assessments or data from residency or fellowship, 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

Institutions, programs, and individual faculty members can mitigate bias through a variety of efforts and activities. On the institutional and program level, the following can be helpful (Black 2021):

- Implement unconscious bias training
- Schedule open forums to discuss diversity, equity, 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
- Develop strategic plan to increase diversity among learners
- Support learners who engage in diversity work

Dr. Aba Black, who conducts implicit bias training as part of an assessment course at Yale University, notes, “while unconscious bias training has demonstrated a reduction in implicit bias, the evidence suggests we can’t fully eliminate bias. More multidimensional bias training can decrease implicit bias for as many as eight weeks after training (e.g., awareness activities, training participants to be concerned about its effects, and de-bias training) (Atewologun et al. 2018).”

Work has shown that training on the nature of implicit bias is useful in recognition of that form of bias when practiced by others, but insufficient to eliminate those same biases in one’s own behaviors (Pronin and Kugler, 2007). Strategies that assume bias, focus on understanding the mechanism of those biases, and focus on subsequently undermining those mechanisms are the most effective in reducing implicit bias in management evaluation (Jost, et al., 2009). Putative assessment of the capabilities of new physicians in practice from marginalized groups based on residency or fellowship evaluations may benefit from considering mechanisms by which implicit bias may have colored the strength of that evaluation.

Finally, the following individual-level activities can be helpful for faculty members (Black 2021):

- Be aware of your personal biases and the spectrum of social inequities
- Know your program’s performance metrics for learners 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. ([Take a Test \(harvard.edu\)](#))

References on Bias

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III. Available Resources to Support Transition to Practice

Accredited CME — A Passport to Lifelong Learning after Residency and Fellowship

The ACCME encourages all graduates to participate in CME not only to demonstrate commitment to and engagement in lifelong learning for licensure or other professional requirements, but also because participation will support their passion and dedication to their patients. The ACCME sets the expectations and standards for continuing education, just as the ACGME does for GME programs. Those standards require that accredited educational activities are scientifically accurate and balanced, and do not contain promotion or marketing. Physicians should look for the accreditation statement when registering for a CME activity. Only accredited CME activities can issue credits that are recognized for certification and licensure.

All graduates or residents and fellows face a transition from a formal GME program curriculum to individual ownership of their own learning agenda. Graduates should consider their new educational homes – those trustworthy organizations and educators to advance in knowledge and skills. These accredited educational providers deliver a multitude of learning experiences where individuals live, work, and learn and find the right educational opportunities that may be able to fill gaps from residency or fellowship.

CME is so much more than knowledge acquisition—it’s about psychomotor and skill training, connecting with a mentor, learning to give feedback at the bedside or in the clinic, quality and safety improvement, employing simulation and other educational technology to support learning, and building longitudinal relationships in an environment of mutual trust and respect. Whenever learning opportunities are needed for an individual or a group, CME is there.

The ACCME created [CME Passport \(www.cmepassport.org\)](http://www.cmepassport.org), a free online tool to help find, track, and manage CME—so physicians can spend less time on paperwork and more time with patients and learning.

- Find accredited CME that meets a physician’s needs: Search for education by format, date, types of credit offered, topic, location, keyword, specialty, and more.
- Create a personalized account: No need to keep track of credits – a CME provider can report a physician’s CME and certification credits to their account.
- Track and report CME and certification credits: Generate a transcript to send to the licensing and certifying boards, credentialing authorities, or employers.
- CME Passport will automatically report physicians’ CME and board certification credits to licensing and certifying boards that collaborate with the ACCME.

New physicians are a precious resource in medicine. Their successful completion of education and training demonstrates resilience and strength, especially during the COVID-19 pandemic. Society needs compassionate, well-educated, well-trained physicians now more than ever. As new physicians begin their career and lifelong learning journey, they can rely on accredited CME to prioritize individual needs and provide the support and training that enable the delivery of optimal health care for the patients and communities they serve.

American Board of Medical Specialties (ABMS) Member Board Support

The ABMS Member Boards are fully aware of the disruptions to education/training and practice over the past two years. The ABMS and ACGME issued guidance in the spring of 2020 and all Member Boards have made changes either to their qualifying or certifying examinations and to their continuous certification programs. These modifications have ranged from extending eligibility to take an examination to converting to online examinations to extending the time period for recertification. Because of the value of certification to individuals and the public, no Member Board interrupted its certification programs.

In this transition period, all Member Boards have thoughtfully considered how they might be able to support their candidates. Some Member Boards have very mature programs of self-assessment that lend themselves to this transition period. Others already have programs of support built into their certification program. Still others' programs are newer and not able to be modified in the short period of time before the July 2022 transition from residency and fellowship to practice.

As mentioned throughout this document, the support for new graduates is a mosaic of resources, including the individual's and program director's assessment, CME opportunities from the ACCME, education through specialty societies, and self-assessment from the Member Boards. The following is a list and brief description of the ABMS Member Boards positioned to assist and support new graduates in the transition to practice in 2022. Most importantly, each individual must contact and work with the specific Member Board for details about these opportunities.

American Board of Neurological Surgery (ABNS)

Initial certification for candidates to ABNS occurs two years after completing residency or fellowship and includes submission of 125 neurosurgical cases for peer review. As part of this program, ABNS requires candidates to submit 10 cases for audit three months after completing GME. This is a check on decision for surgery, operative approach, and outcomes. In 2022, ABNS will additionally use this 10-case audit peer review as an opportunity for formative feedback to candidates whose education and training in neurological surgery may have been disrupted during the COVID-19 pandemic.

American Board of Pediatrics (ABP)

Graduates from pediatrics programs generally take the certifying exam in the first few months after completing residency or fellowship. Those who pass the exam are certified diplomates of ABP and are enrolled in the MOCA-Peds longitudinal assessment program, ABP's portfolio system, and educational activities. Together, these resources provide voluntary opportunities for individuals to complete self-assessment questions in MOCA-Peds, receive a question of the week, decision skills, and article-based self-assessment. These are valuable self-assessment and educational tools for the new board-certified pediatrician. Those candidates who do not pass the certification exam maintain their ABP portfolio and have access to a question of the week, decision skills, and article-based self-assessment for 18 months, but do not have access to the MOCA-Peds program. These resources support individuals while they are preparing to retake the certifying exam.

American Board of Radiology (ABR)

The longitudinal assessment program for continuing certification consists of 104 annual questions delivered weekly to ABR diplomates. ABR diplomates enroll in this program after completing the board certification exam, approximately 18 months following completion of their GME program (January 2024 in the case of June 2022 graduates). ABR will make a version of this system available for any 2022 graduates who would like to enroll in it. This special educational system will not be scored, but those enrolled will receive information about whether each question is answered correctly, as well as an explanation of the answers and references for further study. This serves as an individual self-assessment tool for new graduates to identify potential gaps in knowledge and application of knowledge.

American Osteopathic Association Support

AOA Career Resources Page

This page has links to free resume review, career articles, and a database of Public Service Loan Forgiveness (PSLF) jobs <https://osteopathic.org/career>

AOA Career Center

Fellowship and job listings and practices

<https://www.healthcareers.com/aoa/search-jobs/com>

How to Start a Practice

<https://osteopathic.org/practicing-medicine/business-of-medicine/starting-a-practice/>

Financial Planning Resources

<https://osteopathic.org/life-career/financial-planning/>

Resources by Competency

Medical Knowledge/Patient Care

- Check the resources available through the relevant **specialty society**. Many specialty societies provide multiple resources for medical knowledge and patient care skills, including board preparation materials and in-training type practice exams.
- HumanDx a useful resource (especially for internal medicine): www.humandx.org.
- View the short videos on the Society to Improve Diagnosis in Medicine (SIDM) website: <https://www.improvediagnosis.org/>. Here is the link to the videos on clinical reasoning: <https://www.improvediagnosis.org/art/>.
- Stanford Medicine 25 is an excellent resource on bedside and physical examination skills: [Bedside Medicine Exam Skills | Stanford Medicine 25 | Stanford Medicine](#).

Communication and Interpersonal Skills

- [DocCom](#)
Web-based modules on communication skills. This is a paid subscription service, but its free resources include:
 - [Three free modules](#)
 - [A demonstration](#)
- [Delivering Bad or Life-Altering News](#)
Review breaking bad or difficult news frameworks from the American Academy of Family Physicians
- [VitalTalk App](#)
- [Interprofessional Education Collaborative](#)
Communication teamwork competencies
- [AAMC Telehealth competencies](#)

Professionalism

- [American Board of Internal Medicine Foundation Charter on Medical Professionalism](#)
-
- Review the [specialty-specific Milestones](#)
-
- [ACGME AWARE Well-Being Resources](#)
These resources are accessed in the Learn at ACGME platform; they require registering for a free account.

Practice-based Learning and Improvement

Self-Directed Activities

- Review an Individualized Learning Plan (ILP) template and write an initial draft
- Understand feedback and how to seek it
- Understand the basics of reflective practice, motivation, and self-regulated learning
- Read the book *Thanks for the Feedback* by Douglas Stone and Sheila Heen, on how to **receive** feedback

Resources

- [Constructing a PICO question](#) for evidence-based practice, via University of Toronto
- [Review R2C2 framework](#) from Sargeant and colleagues at Dalhousie University
 - For residents: [R2C2 feedback and coaching resources](#)
- Review the [ADAPT model of Feedback](#), via the University of Washington

Systems-based Practice

- The residency, fellowship, and new site of employment and practice should provide resources on understanding contracts, understanding medical liability and malpractice, licensure, and billing and coding.
- The graduating resident or fellow should be oriented to the new practice's quality improvement and patient safety resources as soon as possible.

Well-Being Resources

ACGME

The ACGME developed [COVID-19-specific well-being resources](#), including information about the AWARE suite of resources and app, available in Learn at ACGME.

To address the challenges of the global COVID-19 pandemic on residents and fellows and their teachers, the ACGME assembled and engaged some of the nation's experts to create [Well-Being in the Time of COVID: A Guidebook for Promoting Well-Being during the COVID-19 Pandemic](#)

ACGME AWARE Podcasts

- [Transition Challenges: Medical School to Residency and Residency to Practice](#)
 - [The Impact of COVID-19 on Well-Being during Training](#)
 - A four-podcast series “Cognitive Skill-Building for Well-being” explores mindsets such as impostor phenomenon and maladaptive perfectionism and how they can be managed. These can be found at the following links.
 - [Episode 1](#)
 - [Episode 2](#)
 - [Episode 3](#)
 - [Episode 4](#)
- Search “ACGME AWARE” on any podcast platform for additional well-being-related podcasts from the ACGME.
- Other AWARE well-being resources can be found in [Learn at ACGME](#).

AAMC

Review this AAMC resource for [mindfulness in GME](#).

American Osteopathic Association (AOA)

- [Wellness Resources from AOA](#)
Includes links to free webinars

National Academy of Medicine (NAM) Action Collaborative on Clinician Well-being and Resilience

- NAM has a portfolio of resources that can be helpful, including a [Clinician Well-being Knowledge Hub](#)

WellConnect (commercial product)

- The [WellConnect site](#) has several programs that medical schools and residencies may find helpful. There is a fee for their products.

Resources for International Medical Graduates

- The [ECFMG Well-being Module](#) addresses common transitional and ongoing wellness challenges for foreign national physicians
- The [ECFMG Pre-arrival Information](#) addresses issues such as arrival in the United States, housing, transportation, and more
- NAM has a robust library of [resources for physicians working during COVID-19](#)
- The US Centers for Disease Control and Prevention (CDC) offers [Interim Clinical Guidance](#) for Management of Patients with Confirmed Coronavirus Disease (COVID-19)
- The [US State Department](#) site contains up-to-date travel requirements:

Resources for COVID-19

- NAM has a robust library of [resources for physicians working during COVID-19](#)
- CDC site for COVID-19 Information: [Coronavirus Disease 2019 \(COVID-19\) | CDC](#)
- CDC Science site: [Science and Research | CDC](#)
- CDC Vaccination information: [Vaccines for COVID-19 | CDC](#)

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Appendix A

Questions Residents and Fellows Can Use to Perform an Individual Needs Assessment

Preparing for Your Transition to Practice

The transition from residency and fellowship to practice is uniquely challenging this year due to the ongoing pandemic. Some portion of many physicians' residency and fellowship experience was likely disrupted over the past two years. Prior to arriving at their new clinical practice, it is advisable to perform a self-needs assessment, ideally in partnership with a trusted faculty member or advisor, to help ensure as smooth a transition as possible.

Questions for a Self-Needs Assessment

- Which educational and clinical experiences in residency or fellowship were the *most* disrupted?
- Did the pandemic cause you to miss any of your electives or core rotations? If yes, which ones?
- Which clinical experiences were done in a virtual setting versus clinical setting?
- Did the pandemic impact your ability to observe or perform procedures that are relevant to your specialty or subspecialty?
- In what procedures do you believe you might need additional education and/or training due to missed opportunities given the circumstances?
- What concerns you most about the disruptions to your residency or fellowship education with respect to clinical practice?
- How confident do you feel in your ability to look up evidence-based recommendations and access point-of-care diagnostic aids as part of your clinical practice?
- Were you able to complete elective experiences germane to your specialty or subspecialty, and if so, what skills are you bringing with you from these experiences as you transition to practice?
- Have you taken or do you plan to take your initial certification examination this year? What have been your scores on your in-training examinations? What are your preparation plans?

Appendix B

Examples of Individualized Learning Plans (ILPs)

Physicians can use this structured worksheet to complete a learning needs assessment as they transition into the next phase of their career. After completing a draft, work with a program director, an advisor, or mentor to review and consult about the ILP.

Example 1

Step 1: Completing a Learning Needs Assessment

Define Career Goals

Long-Term (over fellowship or into practice and beyond)

a.

b.

c.

Short-Term Goals (next six to 12 months)

a.

b.

c.

Self-Assessment

I) Patient Care

Compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

STRENGTHS:

AREAS FOR IMPROVEMENT:

II) Medical Knowledge

Established and evolving biomedical, clinical, and cognate (e.g., epidemiology and social-behavioral) sciences and the application of this knowledge to patient care

STRENGTHS:

AREAS FOR IMPROVEMENT:

III) Practice-based Learning and Improvement

Involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

STRENGTHS:

AREAS FOR IMPROVEMENT:

IV) Interpersonal and Communication Skills

Result in effective information exchange and teaming with patients, their families, and other health professionals

STRENGTHS:

AREAS FOR IMPROVEMENT:

V) Professionalism

Commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

STRENGTHS:

AREAS FOR IMPROVEMENT:

VI) Systems-based Practice

Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

STRENGTHS:

AREAS FOR IMPROVEMENT:

Step Two: Defining Learning Objectives

Try to come up with three objectives you will work to achieve over the next six months. Take into consideration the strengths and weaknesses you just identified earlier in the ILP process. Each objective should try to follow the SMART criteria: Specific, Measurable, Achievable, Relevant, Time-based.

Step Three: Identifying Strategies/Tools/Resources

Once you have set your objectives, decide what you will need to accomplish them. There may be books, new journal subscriptions, online resources, or courses you wish to take. There may be tools you need, such as an electronic calendar, a dry erase board in your office, or other organizational equipment from an office store. People may also be resources, and you may plan to set up a meeting or to have coffee with a prospective mentor or more senior faculty member to arrange research strategies, clinical experiences, career counseling, etc. You may even set up time with a peer to coordinate group study, research efforts, or board review plans.

Step Four: Evaluating Your Learning

You need to state how you will evaluate the results of what you have planned. How will you know that you have accomplished the above? Some measures are simply that you have completed a set task. Some require more specific outcome measures. Examples for fellowship may be improved scores on in-training exams, a specific percentile on practice tests, or passing the board exam. For those entering practice, specific goals may target procedural experience, or setting goals for performance on quality and patient safety measures. Others are publication or submission of a research idea. The organizational pieces can be measured by observations from colleagues or family or self. Competencies for many positions have systems in place already to measure those.

Lastly, set a time to follow up with your practice advisor/mentor for those entering clinical practice. Decide when you will review how you did on these plans you have set forth, and likely continue to make further plans at that time.

Created by: Moutsios, Sandra A. 2009. Adapted from Burke, Amy. "Individualized Learning Plans: Faculty as Facilitators. MedEdPORTAL. Accepted Dec. 15, 2008.

Example 2

Goal	Timeline 1	Timeline 2	Resources Required	Challenges	Identifiable Results
Describe a specific, observable learning objective or goal (can be a milestone subcompetency)	When will you begin?	When do you expect to see results?	Identify the resources needed. Who else will you involve? What learning will be necessary?	What may get in the way of accomplishing the objective or goal?	How will you know the results are obtained? What observable measures demonstrate you have achieved this objective or goal?
1)					
2)					
3)					

Template courtesy of Joan Sargeant. Dalhousie University, Canada