SUPPORTING SAFE TRANSITION TO RESIDENCY THROUGH E-LEARNING AND SIMULATIONS Thomas S. Riles, Lynn Buckvar-Keltz, Adina Kalet **NYU Langone Health**

THE CHALLENGE

AAMC ENTRUSTABLE PROFESSIONAL ACTIVITIES

EPA 1: Gather a history and perform a physical examination EPA 2: Prioritize a differential diagnosis following a clinical encounter EPA 3: Recommend and interpret common diagnostic and screening tests EPA 4: Enter and discuss orders and prescriptions EPA 5: Document a clinical encounter in the patient record EPA 6: Provide an oral presentation of a clinical encounter FPA 7: Form clinical questions and retrieve evidence to advance patient care

EPA 8; Give or receive a patient handover to transition care responsibility EPA 9: Collaborate as a member of an interprofessional team EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management EPA 11: Obtain informed consent for tests and/or procedures EPA 12: Perform general procedures of a physician EPA 13: Identify system failures and contribute to a culture of safety and improvement

Assuring that transitioning students are prepared to safely assume clinical responsibilities in accordance with the AAMC's EPAs

THE PROBLEM

- Unstructured approach to teaching clinical reasoning
- Inadequate assessment of entrustability prior to transitioning to residency



THE SOLUTION



- Develop a curriculum that addresses clinical reasoning skills
 - Design and implement an assessment to assure students meet the EPA standards at graduation

CONCLUSIONS

- WISE-OnCall modules are an effective means of teaching clinical reasoning • and preparing students for residency
- . WISE-OnCall modules map to the EPAs and reinforce the skill necessary to achieve entrustability
- Modules are used with graduating students and incoming residents to ٠ demonstrate a rational approach to common clinical presentations

CURRICULUM DEVELOPMENT

STRUCTURE





EPAs for transitioning students.

GRADUATING STUDENTS

IMPLEMENTATION



RESULTS

Patient Note Mean Scores (0-3 pt.) May be used to evaluate the following core EPAs: 2

INSTRUCTIONAL DESIGN

mismanaged could have disastrous outcomes

Provide content as well as assessment components

Information from nursing staff

Review of the medical record

· Listen to patient's complaint

Ordering appropriate laboratory tests

Physical examination

Align content with summative assessment program

· Provide applications that can be carried into clinical

Recognize when to escalate to superiors · Emphasize professionalism and communication

· Focus on common clinical symptoms that if

· Provide structured method for evaluation

· Make use of checklists

practice



Mean Standardized Patient Checklist Ratings. May be used to evaluate the following core EPAs: 1, 10, 11, 12



March 17 July 1 COMMENCE MATCH DAY RESIDENCY RESULTS



Program directors

assign modules to

matched residents



Not yer n = 141 incoming residents







MODULES AVAILABLE



NYU Langone Health





2-hour 1st NightOnCall

simulation assessment

CLINICAL

RESPONSIBILITY

during orientation

INCOMING RESIDENTS

IMPLEMENTATION

WISE-OnCall