Toronto Transitions Think Tank (T4 Symposium)

On Friday, April 7, 2017, the Faculty of Medicine hosted a "Transitions Think Tank" with approximately 40 participants. The forum was intended to bring together learners and faculty from the MD program, Postgraduate Medical Education and Continuing Professional Development to have honest conversations and share ideas about transitions within medical education, with consideration of ongoing activities at the provincial and national level. Specific objectives were as follows:

1. Enable candid discussion about key issues related to transitions across the medical education spectrum.
2. Reconcile different perspectives about key transition points along the spectrum.
3. Identify local, provincial and national opportunities to improve transitions.
4. Identify ideas and recommendations about how U of T can lead innovation in transitions.

Key Ideas

❶ Currently some residency programs value applicants with many electives in their discipline. Some require local electives as Program Directors feel this is the only way to get accurate information about candidates; but they may not be explicit about this in their posted selection criteria. This pressure is at odds with the principle of using electives to encourage breadth of skills and personal exploration. In fact, UG programs encourage students to pursue diverse elective experiences; there is a broad understanding that students should do electives in at least two disciplines. Many students simply do a single elective in a second discipline after the CaRMS applications are in to meet this minimum criteria. It was acknowledged that students use electives as auditions/sampling rather than personal development. Therefore this 'breadth' requirement is not meeting the intended goal, and applicants who pursue a series of electives in one specialty compromise their chances of getting into a second discipline if their first choice does not work out.

Possible Action(s):

Create a national requirement that students can only do a maximum of two clinical rotations in any one discipline. Eliminate possibility of brief "weekend" electives. Programs cannot seek candidates with many electives in their discipline as none will have this. Use the CFPC/RC definitions of specialties and subspecialties to define disciplines.

❷ Students feel ill-prepared to make decisions regarding residency. There is a sense in the UG community that there is data available to inform quotas allocation that is not being shared with undergraduate students and career counselors. Currently, data that is available to PG planners is antiquated, limited in scope, and available for only a subset of disciplines (those with higher numbers and good supply: demand measures).

Possible Action:

Create a national repository of health workforce data that meaningfully supports allocation of residency positions on an annual basis. Continue to support the development of a national health workforce strategy.

3. Many residency programs value or require research experience. Only a subset of these actually want residents with research skills; rather they want residents with some of the skills that are demonstrated through success in research (ingenuity, persistence, resilience, critical enquiry, creativity, ability to see things through). Students feel obligated to do research that they are not required to do and are not interested in, to appeal to programs. They forego other opportunities that they are interested in that would also demonstrate similar characteristics or different, but equally significant characteristics.

Possible Action:

Mandate the programs follow the Best Practices in Applications and Selection (BPAS) recommendations and focus on the characteristics they are looking for rather than approximations/surrogate measures. Have programs declare if they require/value research and be open to other means of demonstrating key characteristics. Students should be encouraged to develop their own 'brand' or 'story' or 'value add' that is unique to them and a product of their deliberate choice of life experiences.

4. Remediation in undergraduate education is often successful but not always. When successful, students achieve the required competencies and are suitable for postgraduate training. Residency programs look for evidence of remediation/delays/struggles as a means to identify possible red flags in applicants because most other components of the application packages do not reliably discriminate among applicants. Thus, there is a desire from PGME for remediation information to be shared (to help in decision-making/interviewing) but a reluctance from UG to share it (fear of eliminating students from consideration). There are several initiatives underway at present nationally to formalize exchange of learner information post-CaRMS. This will help with the need to help with educational programming but not address the PGME need for better information. Despite remediation, it is clear that some medical students won't be well-suited to clinical medical practice.

Possible Action:

Continue with the learner information exchange initiative. Convene a multi-stakeholder group to standardize UG learner reports and information that is exchanged between UG and PG for both selection purposes and educational programming post-match. Create legitimate 'off- ramps' for those who are not suited for clinical practice to support them in pursuing alternative careers (research industry, policy, etc.). Consider a mid-undergrad screen for progression that would require assessment for suitability for clerkship so that those who are not suited would not incur the same degree of debt and time in program prior to being redirected.

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