

Internal Medicine Education Advisory Board (IMEAB) Meeting
Friday, February 11, 2022
8:00 a.m. - 2:00 p.m. EST
Virtual Meeting

Participants

John Andrews, MD	Eric Holmboe, MD, MACP, FRCP	John H. Choe, MD, MPH
Michael Barone, MD, MPH	Lisa Howley, PhD, M.Ed.	Nadia J. Ismail, MD, MPH, M.Ed.
Eric B. Bass, MD, MPH, FACP	William F. Iobst, MD	Cindy Lai, MD
D. Craig Brater, MD	Michael Jodoin, MD	Susan Lane, MD, FACP
Aggie Buter, PhD	Furman McDonald, MD, MPH	Amber T. Pincavage, MD, FACP
Davoren A. Chick, MD, FACP	Alex J. Mechaber, MD, FACP	Jaya M. Raj, MD, FACP
Antoinette Crockrell	William W. Pinsky, MD	David A. Wininger, MD, FACP
Bergitta E. Cotroneo, FACMPE	Laura K. Snyderman, MD, FACP	
Sima Desai, MD	Jerry Vasiliadis, PhD	<i>AAIM Staff:</i>
Laura Edgar, EdD, CAE		Hanan Abdulahi, MPH
Susan M. Enright, DO	<i>Transition Task Force Co-Chairs:</i>	Margaret A. Breida, MS
Christopher A. Feddock, MD, MS	Reeni A. Abraham, MD	Michael Kisieleski, MA
Leonard S. Feldman, MD, FAAP, FACP, SFHM	Sonia Ananthakrishnan, MD	Valerie O
G. Waldon Garriss, III, MD, MS, MBA, MHA, FAAP, MACP	Paul B. Aronowitz, MD, MACP	Sasha A. Pierre-Louis, MS
	Steven R. Barczy, MD	
	Shobhina G. Chheda, MD, MPH	

Welcome and Introductions

D. Craig Brater, MD, welcomed participants. Transition task force leaders and new advisory board members briefly introduce themselves.

Any edits or comments regarding the draft minutes of the August 5, 2021 virtual meeting should be sent to Valerie O.

AAIM Transition Task Force Report

The debate about the use of the USMLE scores for screening residents identified issues in the transition from UME to GME. AAIM established several task forces to address and discuss these issues, as well as develop recommendations and potential pilots. Represented task forces summarized their group's scope, foci, and activities to-date. The advisory board provided feedback and discussed areas for potential collaboration. It was a productive exchange, with stakeholders complimenting each TF's direction and efforts. Below are highlights of the exchange:

COMPETENCIES TASK FORCE

The IMEAB advised that the task force should consider IMGs' transition experience. As such, ECFMG should be included in discussions. ECFMG's program director survey findings can inform the task force's examination of communication and clinical skills.

Collaboration with the UME community is essential to help identify core competencies. It would be important to consider ambulatory training skillsets, given the extent to which resident training focuses on inpatient training.

AAMC, in collaboration with AACOM (American Association of Colleges of Osteopathic Medicine) and ACGME, are attempting to create a common set of national foundational competencies for the benefit of UME. The goal is horizontal alignment among UME and vertically across the continuum. It would be important to consider competency needs by learners' intended sub-specialties.

The Milestones are ever evolving. The task force is welcome to define and refine additional harmonized set of competencies. ACGME is open to reviewing these recommendations.

INTERNAL MEDICINE (IM) STRUCTURED EVALUATIVE LETTER (SEL) TASK FORCE

The American College of Osteopathic Internists (ACOI) advised that AACOM should be involved in the task force's efforts. Offline conversation is welcome to discuss potential areas to innovate.

ECFMG shared that their PD survey results found that PDs prioritized the accreditation status and credentials of the international medical schools that IMGs hail from. AAMC is willing to share data. The Competencies Task Force expressed interest in collaborating with the IM SEL TF.

The IMEAB advised the IM SEL TF to consider the following areas:

- Acquisition of clinical reasoning feedback as a separate document and provide to the evaluator separately.
- Narrative description of student performance – in place of free text, pose questions.
- How best to maintain PD engagement in the CQI process?
- Roadmap for validity (i.e., validating the SEL tool)
- Factor analysis, dimension reduction (To note, the ability to conduct such analysis will depend on the number of data points collected by the SEL TF in its data gathering activities.)

LEARNER HANDOFF STANDARDS TASK FORCE

Since the ILP's potential will be tested later in the spring by residency programs who elected to take part in the pilot, it would benefit to measure the duration it took learners to complete the ILP. Upon completion, it would be worthwhile to compare the ILP's data with that of the AAMC's Resident Readiness Survey (RRS) and the ACGME's Medical School Portal. To note, the RRS is individualized data.

The Competency Task Force's – as well as joint efforts of the AAMC, ACGME, and AACOM in developing foundation competencies – would help inform the ILP's future iteration, as time and effort devoted towards the end of UME can be used to target unmet needs.

Below are additional highlights:

- Share the ILP with the [Transition to Residency \(TTR\) Course](#) for integration as part of its offering.
- The ILP should be given to PDs prior to the match since schedules are developed soon after.
- Consider piloting the ILP to medical schools with coaching programs.
- The ILP should be sent to medical students in the fall of the MS4 year when they are going through their ICU, ward, and consult rotations.

INTERVIEW STANDARDS TASK FORCE

It was agreed that a thorough examination of virtual vs. in-person interviews and second looks are warranted. In an ideal environment, the virtual experience would reasonably approximate the in-person experience. Further, deep consideration on the environmental impact should be undertaken. Dialogue with the Anesthesia community may be worthwhile.

PROGRAM ATTRIBUTES DEFINITION TASK FORCE

It was advised that as the task force determines what should be included in the verifiable database, it should consider implementing board score filters and share its program characteristics list with learners to acquire their insights. The AMA-FREIDA and AAMC Residency Explorer platforms should be reviewed, as they may house data that have been identified by the task force. ACGME recommends including program accreditation data in the task force's list.

ERAS FILTERS TASK FORCE

As the task force continues its examination, it should take note that the more concrete or discreet the filters are, the more likely GME faculty may filter out viable applicants; consider filters that highlight IMGs' strengths (the ECFMG PD survey could help inform this); and consider "fillable MSPEs" or other means of standardization.

The SGIM Education Committee expressed interest in participating in the task force's monthly meetings to help produce guidelines around optimizing filters. ACOI advised collaboration with AACOM.

Based on the exchange with the advisory board, it was agreed that current filters may bring about unintended consequences and discrimination. Advocating for new and enhanced filters is necessary, as well as education and training on proper filter usage. As such, the task force will consider developing guidelines around inclusive ways to employ filters. SGIM may be approached to assist in this effort.

Organizational Updates

Accreditation Council for Graduate Medical Education (ACGME)

- The Advancing Innovation in Residency Education (AIRE) program has eight (8) pilots which are either individually sponsored or co-sponsored.
- Public comment for the Clinician Educator Milestones (CEM) will take place in March/April. This is a joint effort with ACGME, the Accreditation Council for Continuing Medical Education (ACCME), AAMC, and AACOM. Further, this project will be presented in several conferences.
- [Milestones 2.0](#) is formally posted, to include a supplemental guide. Additional Milestones resources can be accessed [here](#).

Review Committee – Internal Medicine (RC-IM)

- The RC-IM understands that the pandemic upended much of the standard curriculum, administration, and other operations. To help offset some of these stressors, the ACGME announced delays in the resident/faculty survey window, an extension in the Milestone reporting window, and postponement of site visits.
- Changes to the Common Program Requirements (CPRs) were finalized and announced in June 2021. The ACGME Board of Directors approved omission of language pertaining to FTE to allow Review Committees to specify their own language.
- Program Directors indicated that their institutions and budgets need time to adjust to the new FTE program requirements (PRs). The RC-IM agreed, but to ensure that the PRs would be in

effect in July 2022, there needed to be an effective date. This assures transparency; however, the RC-IM will not enforce compliance until July 2023.

- Sima S. Desai, MD will be stepping down as RC-IM Chair. Cheryl W. O'Malley, MD will serve as the new Chair for the 2023 academic year.

American Board of Internal Medicine (ABIM)

- Registration for the [Longitudinal Knowledge Assessment](#) is open.
- ABIM continues its dedication to DEI through its [Commitment to Health Equity](#) initiative. The latest analysis of resident diversity demonstrates that rates of entry into certain specialties have increased in certain under-represented groups, but the population of under-represented learners in UME remains lower than expected.

American College of Osteopathic Internists (ACOI)

- ACOI shared their collaboration with Nephrology on pathways centered in student and educator resources.

Association of American Medical Colleges (AAMC)

- AAMC will continue its efforts to address components of the CoPA recommendations, as reflected in their [strategic priorities](#). Some areas highlighted:
 - Soon to release tiered (student, resident, and faculty) competencies in DEI. ACGME and ACCME are collaborators.
 - Working to create a common set of national foundational competencies for use in UME that align horizontally among UME programs and vertically across the continuum.
 - Specialty-specific application caps research.
 - In collaboration with the ACGME, the AAMC continues to pilot test a new process for providing feedback to medical schools about the performance of their graduates for CQI of the curricula (Resident Readiness Survey Pilot).

American College of Physicians (ACP)

- ACP expressed its continued commitment to develop resources to support residents, to include those residents displaced by programs that have shut down like the Hahnemann University Hospital.
- Reported that it will transition back to the original IM-ITE timeline.
- [MKSAP 19](#) will support the needs and digital expectations for student's ILP.

American Medical Association (AMA)

- AMA's [Accelerating Change in Medical Education](#) encourages innovations that address the education continuum, physician leadership, future directions in workforce needs and financing, etc. The organization highlighted its CDC cooperative agreement, which includes new grant programs aimed at professional innovation; its health system science; and its coaching workshops.
 - To note, its health system science initiatives involve medical students who help inform content. As examples, guidance on assisting patients navigate the medical system and an entrepreneurship curriculum were developed.
 - The coaching workshops include grants for educators to help fund enterprises geared at developing resources on curriculum development. Innovations to help streamline the UME – GME transition are also shared.
- The goal of the [Reimagining Residency Initiative](#) is to transform residency training to best address the workforce needs of the current and future health care system. The program

addresses competency-based medical education, UME – GME transition, the learning environment, health system science, and workforce.

Educational Commission for Foreign Medical Graduates (ECFMG)

- ECFMG will continue to examine the [six pathways](#). The sixth pathway states that an applicant's clinical skills must be evaluated by a licensed physician using the Mini-Clinical Evaluation Exercise (Mini-CEX). A satisfactory score on the Occupational English Test (OET) Medicine remains a requirement.
- ECFMG and the Foundation for Advancement of International Medical Education and Research (FAIMER) are [Intealth](#) members. Intealth's mission is to support the health care education and professions worldwide.

National Board of Medical Examiners (NBME)

- NBME continues its commitment to enhance assessment and encourage innovation in support of medical education.
 - The Stemmler Fund Grants Program supports researchers whose aim is to develop innovative approaches centered on assessments.
 - The Strategic Educators Enhancement Fellowship (SEEF) Program funds the National Invitation Conference for Educators (NICE) Program for faculty development, as well as fellowship research projects on clinical reasoning and bias assessment.
 - The NBME Assessment Alliance supports the acceleration of assessment innovations to bolster learners and faculty.
 - Regarding natural language processing (NLP), the NBME instituted a competition for data scientists to develop NLP solutions for clinical text scoring and a form for scholars to share research and perspectives.
- The organization continues its endeavor to enhance the current USMLE platform to deliver Step 3 CCS (computer-based case simulation). There is ongoing research to study demographic differences in scores. Pilots to assess communication and clinical reasoning skills continue.

Society of General Internal Medicine (SGIM)

- SGIM highlighted its [GIMLearn](#) learning portal, which provides tools for career growth, content pertinent to internists, and peer-reviewed scholarly work.
- Its Education Committee resumed its Teaching Educators Across the Continuum of Healthcare (TEACH) Program.
- As part of its continued commitment to DEI, SGIM established an Anti-Racism Strategy Work Group

Society of Hospital Medicine (SHM)

- SHM's [Principles of Point-of-Care Ultrasound](#) has a new 10-part series that covers fundamentals and in-depth cognitive training on POCUS applications of relevance to hospitalists.
- The organization's [LGBTQ+ Health Series](#) is comprised of five modules covering affirming language and documentation, inpatient care of transgender individuals, LGBTQ+ as social determinants of health, etc.