revealed a consistent progression in the institutional average competence by year of training from 3.1 (postgraduate year [PGY]-1) to 4.4 (PGY-6). The same progression held within each residency and fellowship program. Faculty self-assessment (N>100) revealed that, on average, greater than 50% of the faculty perceived themselves to be at level 4 or higher: range between domains of 53%–79% at or above level 3 by competency domain with SD 1.1 to 1.7. Programs utilize the data as part of their annual program evaluations outlining measurable action steps. At the GMEC level, the data guide GME-wide diversity, equity, and inclusion educational sessions for trainees and faculty.

This structural milestone innovation meets our need for data to monitor our trainees' and faculty's competence to guide ongoing program improvements. Formatted like existing ACGME Milestones, implementation within existing trainee competency assessment systems and/or as a faculty self-assessment is seamless, enhancing its utility, feasibility, and transferability. That said, we recognize that milestones are not static; the specific domain inclusions will need to evolve as we do on our equity journey.

References

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NEW IDEAS

The Get Out of Clinic Card

Setting and Problem

Learning in the ambulatory setting is an important part of residency training. However, the rapid pace of the clinic and the lack of continuity with supervising preceptors present challenges for learners in this setting.

The fast pace of the ambulatory setting typically makes it difficult for faculty members to pause and reflect with residents on teaching points. The limited time for patient encounters means that residents are working to maintain efficiency and rarely have time to reflect on lessons learned.

Additionally, unlike in the inpatient setting, where residents are embedded on a team with one attending for at least a few days at a time, the ambulatory setting typically has several faculty preceptors per week working with each resident during their clinic block. This lack of continuity makes giving feedback problematic, and feedback is therefore inconsistently given.

Intervention

We developed and piloted a low-tech, low-cost, easy to use system to address the 2 challenges outlined above, named the Get Out of Clinic (GOoC) Card. Essentially, at the beginning of each half-day in clinic, the supervising attending physician hands each resident a GOoC Card—a small, simple index card.

On one side, the GOoC Card has the sentence: "One thing I learned in clinic today." Residents are instructed to intentionally think about one thing they learned in clinic during that half-day. It can be anything, such as being reminded about a particular guideline, learning a new drug side effect, figuring out a new electronic medical record trick, etc. Before the residents leave clinic, they take 2 minutes to write down what they learned on the card and share it with

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their attending physician. The intentionality of thinking about, writing, and subsequently sharing a brief lesson learned helps focus and reinforce the educational experience.

The other side of the GOoC Card has the term "Feedback" on it. After the resident shares their learning point with the attending physician at the end of clinic, the attending does their part by sharing feedback on the resident's performance during that half-day in clinic. The feedback is brief, specific, and timely. Having the term "Feedback" noted on the card is also a way of signposting that feedback is being given.

Outcomes to Date

To date, 102 GOoC Cards have been completed by 38 different residents, with feedback given each time a card was completed. Preliminary review of these cards shows a wide range of learning points documented by the residents, some being medical knowledge based, others being systems based, etc. Verbal feedback by residents regarding the GOoC Card has been very positive, noting the ease of use, the little time needed, and its educational value. Residents also noted that they tended to better remember learning points that they wrote and shared. Additionally, faculty members who have used this system have provided positive feedback.

While these cards do not fully resolve the educational challenges in the clinic system that residents encounter, they present an easy, low-cost, time-efficient system that is a step in the right direction. They are also a nice way to supplement other educational endeavors in the clinic setting, such as didactics and academic half-days. Future plans include more formal data gathering around the effectiveness of the GOoC Cards, as well as resident and faculty focus groups on how to further fine-tune this system.

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Just in Time Teaching (JiTT) Infographics App for Teacher Development

Setting and Problem

During clinical clerkships, medical students credit residents for enhancing their clinical knowledge. Residents can spend at least 25% of their time teaching medical students, and many training programs consider resident-as-teacher skills a core competency. Despite this key role, many residents lack adequate instructions and training in teaching and mentoring skills and methodologies.

Given the growing demand to enhance the existing curriculum among our residents and faculty (concomitant with requirements set forth by accreditation bodies), faculty development is moving to Just in Time Teaching models for content delivery. The ubiquitous use and availability of smartphones and connectivity through applications (apps) has tremendous potential to enhance the ability of trainees and faculty to supervise learners on their clinical teams with evidence-based knowledge and skills across the continuum of medical education. Geographically dispersed academic health systems, which continue to grow, require access to educational resources to guide diverse teaching needs of clinicians.

Intervention

The Just in Time Teaching (JiTT) Infographics app was created by combining a pedagogical approach derived from the SAMR (substitution, augmentation, modification, redefinition) technological conceptual framework. The JiTT Infographics app is a novel teaching tips approach that delivers evidence-based clinically relevant teaching tips to trainees and clinical faculty in their environment and can be used alone or adapted for resident-as-teacher programs.

Each JiTT infographic tool supports clinical teachers' access to faculty development with an asynchronous digital experience strategy to engage busy teachers in a geographically distributed medical

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