

AAMC Resident Readiness Survey Pilot Project:

Summary of Year 2 Findings, Class of 2021

October 12, 2022

The AAMC has been engaging in efforts to support the process of transition to residency. As part of these efforts, the AAMC is developing and testing a new survey tool that invites program directors to share information about their post-graduate year 1 (PGY-1) residents' readiness for graduate medical education (GME). The objectives of this effort are to streamline and centralize the reporting process so that program response rates to schools increase, programs do not receive multiple surveys from different schools, and schools receive consistent outcomes data regarding their graduates that can inform and improve their educational programs in undergraduate medical education (UME).

Over the past four years, the AAMC has conducted national focus groups, listening and information sessions, and two national questionnaires to better understand the needs and current practices related to collecting information about the resident readiness for GME that informs UME educational programs. A second year pilot of the new tool was recently completed, and this document includes a brief summary of select findings. For more information, including the data summary from year 1, contact ResidentReadiness@aamc.org.

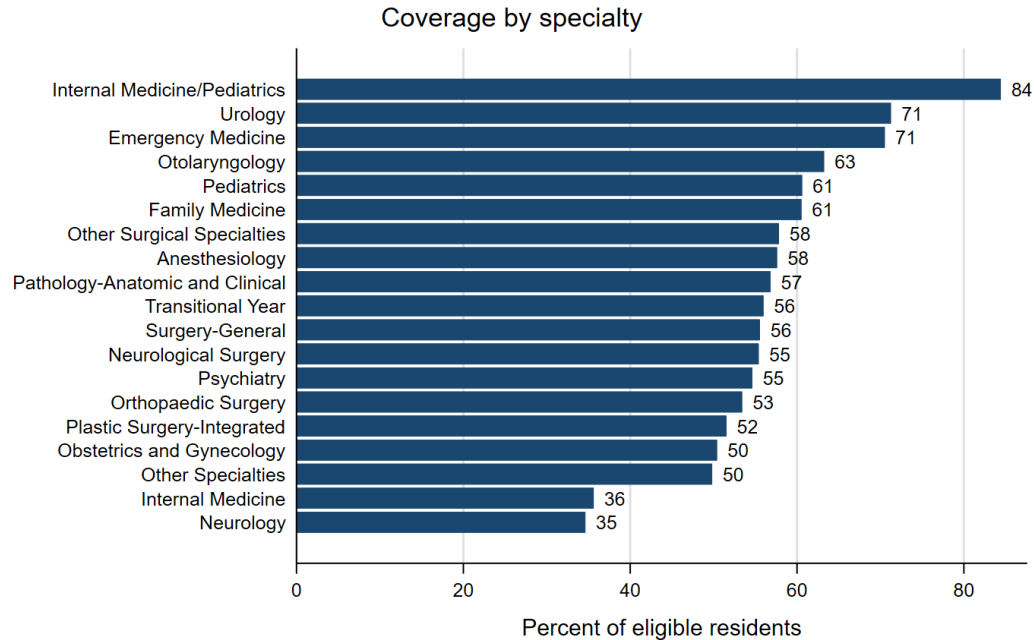
Methods and Select Findings

The standard resident readiness survey was created over the course of 18+ months with input from multiple diverse stakeholders across UME and GME, including faculty, residents, medical students, designated institution officials, and program directors. The final version used in both years of the pilot consisted of 20 questions focusing on overall performance, professionalism, time management, patient care, medical reasoning, documentation, communication, and patient safety. The program director was asked to choose “exceeded expectations,” “met expectations,” “failed to meet expectations,” “not enough information to determine,” or “not applicable to my program” in response to 17 activities considered important to performance during PGY-1. Program directors were invited to participate by email and were instructed to access their surveys via GME Track, a resident database and tracking system, to collect and manage GME data.

Participants

The second year of the pilot included 131 schools (117 MD-degree granting schools and 14 DO-degree granting schools), up from 77 schools in the pilot's first year. The surveys were sent to 3,406 programs, of which 2,107 (61.9%) responded by completing (at least in part) one or more surveys. These completed surveys covered 9,688 residents (52.7% of the 18,372 eligible residents).

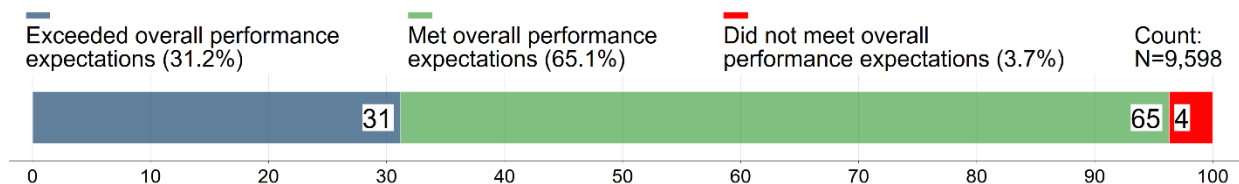
Figure 1:



NOTE: A total of 18,372 residents were eligible for inclusion in the Resident Readiness Survey.

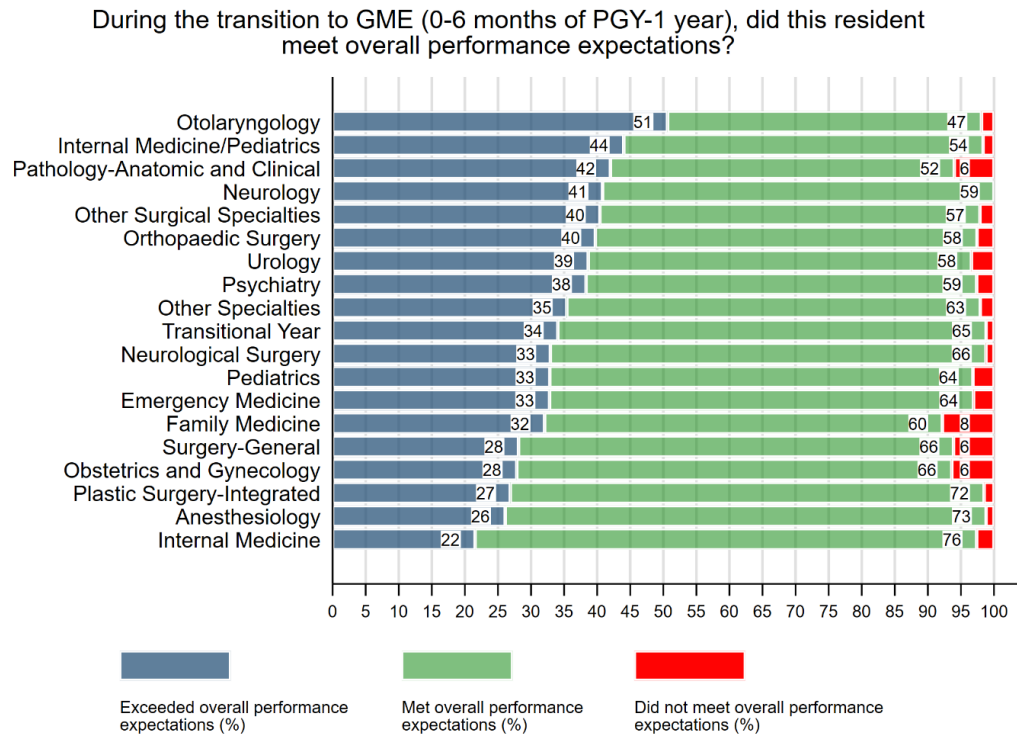
As shown below in Figure 2a, program directors completed the overall performance item for 9,598 residents. Of these residents, 96.3% met or exceeded overall performance expectations, and 3.7% did not meet overall performance expectations.

Figure 2a: During the transition to GME (0-6 months of PGY-1 year), did this resident meet overall performance expectations?



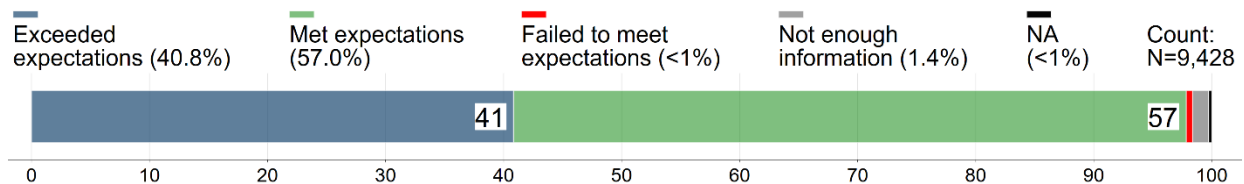
As shown below in Figure 2b, program directors' assessment of performance expectations differed by specialty program. The percent of residents assessed as exceeding overall performance expectations ranged from 21.5% for internal medicine to 50.6% for otolaryngology. The percent of residents assessed as not meeting overall performance expectations ranged from 0% for neurology to 7.8% for family medicine.

Figure 2b:



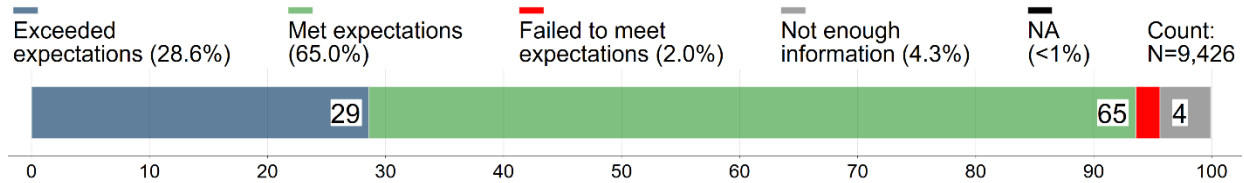
As shown below in Figure 3, program directors completed the item “Demonstrated professionalism when interacting with patients and family members” for 9,428 residents. Of these residents, 97.8% met or exceeded expectations, <1% failed to meet expectations, and program directors did not have enough information to make a determination for 1.4%.

Figure 3: Demonstrated professionalism when interacting with patients and family members (altruism, compassion, honesty, confidentiality, and integrity)



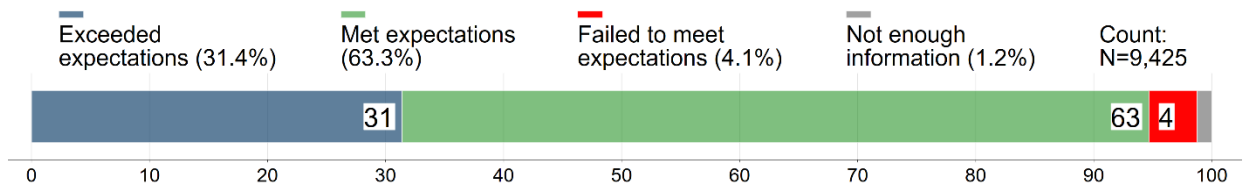
As shown below in Figure 4, program directors completed the item “Admitted one’s own errors and accepted responsibility for personal and professional development” for 9,426 residents. Of these residents, 93.6% met or exceeded expectations, 2.0% failed to meet expectations, and program directors did not have enough information to make a determination for 4.3%.

Figure 4: Admitted one's own errors and accepted responsibility for personal and professional development



As shown below in Figure 5, program directors completed the item “Performed overall tasks and responsibilities in an organized and timely manner with appropriate attention to detail” for 9,425 residents. Of these residents, 94.7% met or exceeded expectations, 4.1% failed to meet expectations, and program directors did not have enough information to make a determination for 1.2%.

Figure 5: Performed overall tasks and responsibilities in an organized and timely manner with appropriate attention to detail



As shown below in Figure 6, program directors completed the item “Identified and reported system failures and patient safety concerns in a timely manner” for 9,373 residents. Of these residents, 84.7% met or exceeded expectations, <1% failed to meet expectations, and program directors did not have enough information to make a determination for 14.1%.

Figure 6: Identified and reported system failures and patient safety concerns in a timely manner

