**Resuscitating the Fourth Year of Medical School: Using Milestones to Assess Students and Feeding Forward to PDs**

**Speaker(s):**
Joseph House MD, Nicholas Kman MD, Laura Hopson MD, Sorabh Khandelwal MD

**Rationale:**

Most institutions would recognize their fourth year curriculum and electives as a lost opportunity for learning. Recent articles have looked at the fourth year from the perspective of the residency program directors[2], students[3], and clerkship directors.[4] The introduction of the Core Entrustable Professional Activities for Entering Residency (CEPAER) has further underscored the importance of the fourth year curriculum in teaching and assessing the competency of students to initiate the practice of medicine.

In 2012, The Ohio State University College of Medicine implemented a new Competency Based Curriculum entitled *Lead, Serve and Inspire (LSI)*. In the fourth year of medical school (LSI Part 3), students participate in one or more Clinical Tracks. The Clinical Tracks offer a framework that aligns undergraduate and graduate medical education (UME and GME) in each specialty to ensure that graduates are working toward entry level milestones or core specialty-specific EPAs. As students enter Part 3, specialty-specific EPA's will guide student selection of senior year requirements and electives to help ensure baseline competency when entering residency. Using the Accreditation Council of Graduate Medical Education (ACGME) Milestones project as the basis for evaluation and assessment, core clinical departments were invited to create the 11 tracks that will prepare students for the next stage of their training with a targeted focus on reaching specialty specific milestones expected of a PGY-1 resident.

At this time, there is limited information that is passed forward from UME to GME. Student performance on the USMLE examinations provides data on Medical Knowledge, however there is scant data provided between UME and GME on the other five competencies. In addition, the current system does not incentivize medical schools to pass forward information that may hamper their students' chances for a successful match into residency program.

If there is to be a true competency-based continuum between UME and GME, there should ideally be a process for feeding forward individualized information for each learner. A post-match Milestones-based Medical Student Performance Evaluation (mMSPE) has been developed and implemented at The University of Michigan. The mMSPE documents learners' attainment of specialty-specific milestones. This is sent to Program Directors (PDs) after the match, in order to help PDs create individualized learning plans. This will become truly useful to PDs once more medical schools begin creating mMSPEs for their graduating students.

This panel discussion will highlight the need to capitalize on the 4th year of medical school as an opportunity to assess learners toward milestones and feed that information forward to residency program directors.

**Objectives:**

A clear handoff between medical school and residency may optimize an individual's development.

Using examples such as OSU's Clinical Tracks and UMMS's Milestone Dean's Letter, this session will

present ideas for transition communication and also discuss logistics, advantages and potential pitfalls.

**After this session participants should be able to:**

1. Review the literature on the current state of the 4th year of medical school identifying opportunities for improvement.
2. Describe how a clinical track based on ACGME competencies could bridge the chasm between UGME and GME.
3. Identify strategies for creating specialty specific mMSPE at your institutions.
4. Identify barriers and derive solutions to these feed-forward concepts.

**Session Format:**

This session is designed to run 50 minutes and allow each panelist to provide a brief overview of their programs and assessment strategies that are being planned or are currently in place

| Activity | Speaker | Context | Time Allotted |
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| Introduction-Joe House MD* Clerkship Director. Department of Emergency Medicine University of Michigan Health System | | | 10 minutes |
| Panel Discussion | Sorabh Khandelwal, MD. Professor of Emergency Medicine. OSU EM Residency Program Director. | Resident evaluation and the need to better baseline knowledge | 10 minutes |
| | Nicholas E Kman, MD. Associate Professor of Emergency Medicine.   Director LSI Part 3/Med 4 Academic Program at The Ohio State University College of Medicine @drnickkman | Creation of Clinical Tracks in the 4$^{th}$ year of medical school to ensure that graduates are working toward entry level milestones or core specialty-specific EPAs. | 15 minutes |
| | Laura Hopson MD. Residency Program Director. Assistant Professor Department of Emergency Medicine | Creation of a mMSPE based on assessments from the EM clerkship, end-of-third-year multistation | 15 minutes |

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| | University of Michigan Health System | standardized patient exam, and EM boot camp elective. | |
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*Discussion Moderator

References –

1. Barzansky B, Simon FA, Brotherton SE. The fourth-year medical curriculum: has anything changed in 20 years? Academic Medicine. 2001;76(10 Suppl):S36–8.
2. Lyss-Lerman P, Teherani A, Aagaard E, Loeser H, Cooke M, Harper GM. What training is needed in the fourth year of medical school? Views of residency program directors. Acad Med. 2009;84(7):823–829. doi:10.1097/ACM.0b013e3181a82426.
3. Wolf SJ, Lockspeiser TM, Gong J, Guiton G. Students' Perspectives on the Fourth Year of Medical School. Academic Medicine. 2014;89(4):602–607. doi:10.1097/ACM.0000000000000183
4. Reddy ST, Chao J, Carter JL, et al. Alliance for Clinical Education Perspective Paper: Recommendations for Redesigning the "Final Year" of Medical School. Teaching and Learning in Medicine. 2014;26(4):420–427. doi:10.1080/10401334.2014.945027.
5. Walling A, Merando A. The Fourth Year of Medical Education: A Literature Review. Academic Medicine. 2010;85(11):1698–1704. doi:10.1097/ACM.0b013e3181f52dc6.
6. Cosgrove EM, Ryan MJ, Wenrich MD. Empowering Fourth-Year Medical Students. Academic Medicine. 2014;89(4):533–535. doi:10.1097/ACM.0000000000000191.
7. Chen HC, van den Broek WES, Cate OT. The Case for Use of Entrustable Professional Activities in Undergraduate Medical Education. Academic Medicine. 2014:1–6. doi:10.1097/ACM.0000000000000586.
8. Sklar DP. Making the Fourth Year More Meaningful. Academic Medicine. 2014;89(4):527–528. doi:10.1097/ACM.0000000000000184.
9. Langdale LA, Schaad D, Wipf J, et al.  Preparing Graduates for the First Year of Residency:  Are Medical Schools Meeting the Need?  Acad Med 2003; 78: 39-44.
10. Wancata LM, Morgan H, Sandhu G, Santen S, Hughes DT. Using the ACMGE Milestones as a Handover Tool From Medical School to Surgery Residency. J Surg Educ. 2016 Nov 28. pii: S1931-7204(16)30266-5. doi: 10.1016/j.jsurg.2016.10.016. [Epub ahead of print] PubMed PMID: 27908638.
11. Leung CG, Thompson L, McCallister JW, Way DP, Kman NE. Promoting Achievement of Level 1 Milestones for Medical Students Going into Emergency Medicine. West J Emerg Med. 2017 Jan;18(1):20-25. doi: 10.5811/westjem.2016.10.31247. Epub 2016 Dec 5. PubMed PMID: 28116003; PubMed Central PMCID: PMC5226757.