



Erin Green, MD, FACEP
egreen@mcw.edu

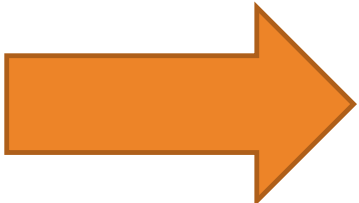


Ellen M. Schumann, MD, MS, FAAP
eschumann@mcw.edu



We have no conflicts of interest to disclose.

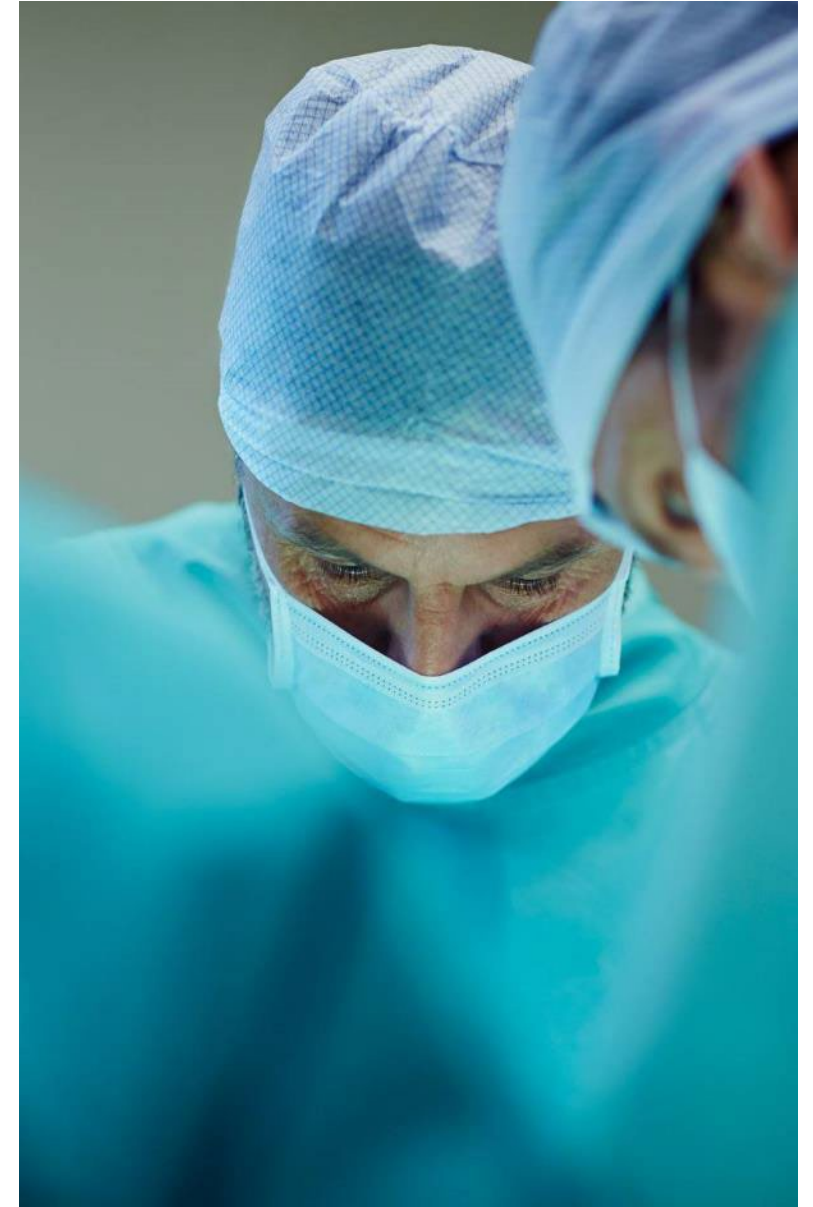


UME  **GME**

Who is responsible for the transition?

LEARNING OBJECTIVES

- ❑ Understand the importance of assessing readiness for residency
- ❑ Identify the 13 Core EPAs
- ❑ Learn how the Night On Call (NOC) simulation provides a validated assessment of readiness for residency
- ❑ Learn from the experiences of the MCW regional campuses in operationalizing NOC
- ❑ Discuss the future for NOC





THE JULY EFFECT

- Patient care quality and safety are endangered as new trainees acclimate to their new roles at the start of the academic year.
- Transitioning medical students experience distress and uncertainty about their readiness for residency
- Program directors and hospital leadership have invested in orientation programs-- boot camps-- and increased supervision.

CORE ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPA)

- In 2014, the AAMC published a set of 13 activities that a resident could be expected to perform with indirect supervision on the first day of residency: entrustable professional activities (EPAs) for entering residency
- Performing any one EPA requires integration of multiple competencies
- EPAs offer a practical approach to assessing competence in real-world settings that directly impact both learners and patients, but hardly EPA metrics did not exist

THE 13 CORE EPAS FOR ENTERING RESIDENCY

EPA 1: Gather a history and perform a physical examination

EPA 2: Prioritize a differential diagnosis following a clinical encounter

EPA 3: Recommend and interpret common diagnostic and screening tests

EPA 4: Enter and discuss orders and prescriptions

EPA 5: Document a clinical encounter in the patient record

EPA 6: Provide an oral presentation of a clinical encounter

EPA 7: Form clinical questions and retrieve evidence to advance patient care

EPA 8: Give or receive a patient handover to transition care responsibility

EPA 9: Collaborate as a member of an interprofessional team

EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

EPA 11: Obtain informed consent for tests and/or procedures

EPA 12: Perform general procedures of a physician

EPA 13: Identify system failures and contribute to a culture of safety and improvement

INTRODUCING NIGHT ON CALL

An immersive, clinically-authentic simulation for graduating medical students to assess and address their readiness for residency, framed around tasks suggested by the Core EPAs



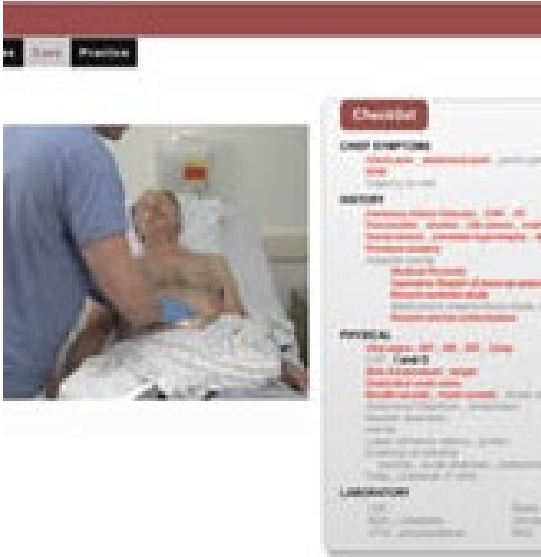


CONCEPTUAL FRAMEWORK OF NOC

- Multi-station OSCE (Objective Structured Clinical Exam) format
- Contextual fidelity- attention to interprofessional care and accurate professional role reproduction
- Developed by a multidisciplinary and interprofessional team with extensive experience in simulation
- Focus of a research program exploring the measurement of clinical competence to support individualized pathways in medical training

TYPES OF NOC ASSESSMENTS

- **Web-based multimedia module:** WISE-onCall, set of modules to address common clinical coverage issues and model inter-professional interaction
- **Performance-based assessment:** validated checklists, student's patient coverage notes evaluated by rubric
- **Oral presentation:** phone call report to attending
- **Evidence-based medicine activity:** define a clinical question and use Web-based resources to identify high quality evidence to guide care
- **Patient handover:** use a structured instrument to handover care of patients to next provider of care
- **Culture of safety exercise:** written exercise based on vignette of an intern facing common quality and safety challenges, graded by rubric



Pework: WISE-onCall
Oliguria Module



Case #1
Oliguria Case
+ Note

SP and SN competency
checklists and
entrustment judgements,
Note review by faculty
using rubric



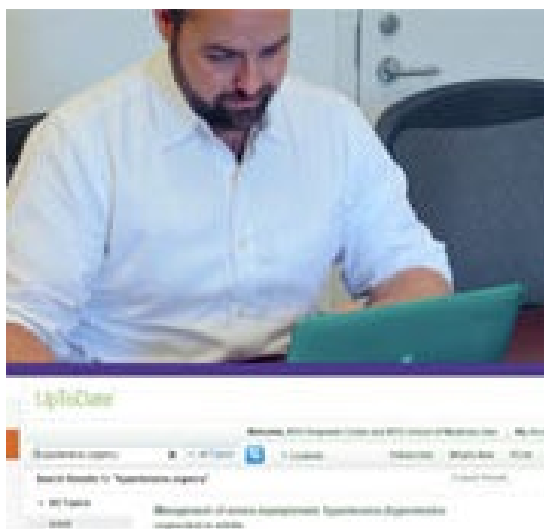
Case # 1
Oral Presentation to
Attending

SA competency checklist
for oral presentation,
SA entrustment scale



Case #2
Hypertension Case
+ Note

SN and SP
evaluation,
Note review by
faculty using rubric



Case #2
Literature Search

Medical librarian
observes remotely and
evaluates process



Case #3
Informed Consent
+ Note + Resident
interaction

SR, SP, SFM assessments,
Note evaluated by
faculty using rubric



Culture of Safety
Activity

Exercise evaluated by
faculty using rubric,
Faculty entrustment
assessment



Case #1-3
Handover

SR competency
assessment using
rubric



Group Debrief with
Faculty

Faculty-led discussion of
teaching points, self
reflection, session
feedback report and ILP

- Takes approximately 3.5 hours to run a group of students through the NOC experience.
- The NOC app is available in the public domain
- Support to run NOC is available through the NOC Consortium
- All physician training programs are welcome to join the NOC Consortium.

NOC APP

- Easy to use
- Cases and assessment checklists all in one place.
- Allows faculty to view the note and checklist at the same time.

Night on Call Preview ▾

Robert Jackson

Document your clinical encounter using a s-o-a-p format.

[REPORT-INTERPRET-MANAGE]

Subjective:

- Chief complaint
- History

Documents

[Faculty - Oliguria Guide to grading the student note](#) View

Student Note Assessment

REPORTER

Patient Identification

- chief complaint contains key
- demographic info/ 49 yo man
- procedure/AAA repair POD3
- symptom/decr. UO
- time/last shift

not done

partly done

well done

Objective:

NIGHT ON CALL REPORTS



- Various reports are available to meet differing needs
- Reports are generated at the touch of a button after all data is entered

Student [Report](#)

[School](#) Aggregation Report

WHAT DOES THE RESEARCH SHOW?

1. NOC is feasible- advanced simulation facilities or equipment are not required
2. NOC structure is flexible
3. Validated competency-based assessments can be repurposed to measure readiness-for-residency through an EPA lens
4. The competency-based checklists used in NOC capture assessments of all 13 core EPAs
5. NOC successfully measures entrustment from different rater perspectives
6. NOC creates a simulated 360° workplace assessment using highly reliable measures from multiple evaluators with a wide variety of perspectives

OUR NOC EXPERIENCE

1. NOC is resource intensive in terms of time and people, but access to the app is in the public domain
2. NOC can be offered live or virtually
3. The group debrief allows guided reflection and discussion of fears and anxieties as well as realization of readiness to advance
4. The reports are generated immediately on completion of ratings and easily distributed
5. Students have the feedback they need to develop an ILP, supporting the Master Adaptive Learner skill set
6. NOC presents significant training needs for coordinators, faculty, standardized patients/nurses/family members/residents
7. Support from the NOC Consortium is readily available



THE FUTURE OF NOC

- NOC can be a tool to enable medical schools to move toward a competency-based, time-variable curriculum
- NOC can be adapted for use by residency programs in a boot camp setting
- With student approval, NOC reports could be shared with residency programs to facilitate individualized planning for the transition to residency

REFERENCES

1. Kinga L. Eliaz, Michael W. Nick, Sondra Zabar, Lynn Buckvar-Keltz, Grace M. Ng, Thomas S. Riles & Adina L. Kalet (2022): Viewing Readiness-for-Residency through Binoculars: Mapping Competency-Based Assessments to the AAMC's 13 Core Entrustable Professional Activities (EPAs), *Teaching and Learning in Medicine*, DOI: 10.1080/10401334.2022.2082432
2. Eliaz, K. L., Ark, T. K., Nick, M. W., Ng, G. M., Zabar, S., & Kalet, A. L. (2018). Capturing entrustment: using an end-of-training simulated workplace to assess the entrustment of near-graduating medical students from multiple perspectives. *Medical Science Educator*, 28(4), 739-747.
3. Szyld, D., Uquillas, K., Green, B. R., Yavner, S. D., Song, H., Nick, M. W., ... & Kalet, A. (2017). Improving the clinical skills performance of graduating medical students using "WISE OnCall," a multimedia educational module. *Simulation in Healthcare*, 12(6), 385.
4. Ng, G., Pimentel, S., Szyld, D., & Kalet, A. (2016). Towards entrusting medical students: recognising safety behaviours. *Medical education*, 50(5), 569-570.
5. Kalet, A., Zabar, S., Szyld, D., Yavner, S. D., Song, H., Nick, M. W., ... & Riles, T. S. (2017). A simulated "Night-onCall" to assess and address the readiness-for-internship of transitioning medical students. *Advances in Simulation*, 2(1), 1-9.
6. Amiel, J, Ryan, MS, Andriole, DA, Whelan, AJ. Core Entrustable Professional Activities for Entering Residency: Summary of the 10-School Pilot, 2014-2021. AAMC; 2022.

THE TRANSITION TO RESIDENCY SYMPOSIUM: USING IMMERSIVE SIMULATION TO IMPROVE READINESS FOR RESIDENCY

Hosted by the Night-onCall Consortium

During the symposium, you will:

- Hear from Dr. Holly Humphrey, the President of the Macy Foundation, on how consortia like Night-onCall contribute to the future of medical education
- Learn about the impact of simulation from medical schools that have implemented Night-onCall
- Understand how using data-rich feedback for learners can help your curriculum and learners transition into residency

Symposium Date & Location

Date: Friday, October 28th, 2022

Time: 11 am to 3 pm EST

Location: Zoom Virtual Meeting Platform

Symposium Registration Information

To register, please go to:

<https://nyulangone.zoom.us/meeting/register/tJ0kce6vqjgoHdyLYn-niDORyW7H09Fgr9B8>

Cost: Free

THANK YOU



- 
- **Night on Call Consortium** is supported by a generous president's grant from the **Josiah Macy Jr. Foundation**
 - If you are interested in implementing Night on Call, please contact Elizabeth Wargo
Elizabeth.wargo@nyulangone.org