

subspecialties. Thirty-six percent (36 of 99) responded, of which 89% (32 of 36) indicated that the session positively influenced their ranking decision. Respondents also rated the importance of the program content areas on their impression of our institution as a training site (FIGURE).

In open-ended comments, applicants indicated they liked the academic opportunities, fellowship learning community, core curriculum, and the opportunity to meet with department leadership. Comments included:

- “Of the 7 programs I interviewed with, [your institution] offered the most structured, [thorough] fellows’ curriculum which positively influenced my ranking decision.”
- “Meeting the chair and all the other important faculty members, seeing the other fellow applicants...”
- “Learning about the other fellowships, fellowship bonding events, diversity and inclusion efforts across the campus...”

In conclusion, applicants reported that the department-hosted sessions had a positive impact on their ranking decisions, and 43% (19 of 44) of matched applicants attended the breakfasts. Key elements included demonstrating leadership commitment to trainee education, highlighting the core curriculum, and establishing an interdivisional community by bringing all subspecialty applicants together as a model for our learning community. These departmental sessions filled a recruitment gap and highlighted our institution’s commitment to subspecialty training including diversity, equity, and inclusion. This session complemented divisional recruitment efforts and positively impacted recruitment at our institution. This recruitment strategy could easily be adapted at other institutions.

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# Advancing Complementary Resident and Fellow Education Through 8 Intraprofessional GME Tracks

## Setting and Problem

Increasingly, academic health centers are recognizing that residents and fellows are interested in gaining knowledge and skills in health care-related areas outside their normal residency program curriculum. Annually, Emory University School of Medicine’s graduate medical education (GME) office educates more than 1300 trainees in 110 programs. While large specialty programs such as internal medicine can develop complementary pathways/tracks for their residents’ education, smaller programs typically have limited resources. We anticipated that residency tracks developed and administered at the GME level and open to all residents and fellows could support complementary education in health care-related areas and help promote intraprofessional learning among trainees.<sup>1</sup>

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## Intervention

To date, the GME office has developed 8 residency tracks to complement specialty training (start dates in parentheses): Ethics (2018); Global Health (2017); Health Care Management (2018); Health Equity, Advocacy, and Policy (HEAP; 2019); Medical Education (2018); Medical Innovation (2019); Quality Improvement and Patient Safety (QIPS; 2017); and Simulation (2020). All residents and fellows, postgraduate year 2 and above, are eligible to apply. Applications are due in Spring each year, and all tracks start in July. Each track varies in cohort size, but all include 4 key components: curriculum, experiential learning, mentorship, and capstone project. Tracks range from 12 months (ie, Global Health and Simulation) to 24 months long (ie, Health Care Management, HEAP, Medical Innovation, and QIPS), with remaining tracks running for 18 months.

To promote and ensure success, information on the tracks was shared through several GME committee meetings, webpages were created for each track to provide Q&A information to interested participants, and applicants were required to provide a letter of support from their program director. To support sustainability of tracks, funding for track leadership was provided by GME leadership. GME also provides central program oversight and as part of an ongoing longitudinal evaluation study, we use an end of track survey. The survey includes a retrospective pre-post questionnaire based on track objectives (using a novice to expert scale) and open-ended questions asking for examples of how and where residents and fellows applied lessons learned from residency tracks and suggestions for improvement.

## Outcomes to Date

Residency track participants have come from a diverse range of residency programs (ie, anesthesiology, dermatology, diagnostic radiology, emergency medicine, family medicine, pediatrics, general surgery, gynecology and obstetrics, internal medicine, internal medicine/psychiatry, neurology, neurological surgery, ophthalmology, orthopedic surgery, otolaryngology, pathology, preventive medicine, psychiatry, and radiation oncology) and fellowship programs (ie, cardiology, neonatology, geriatric medicine, interventional radiology, neonatal-perinatal medicine, pediatrics emergency medicine, pediatric neurology, pulmonary and critical care medicine, and rheumatology).

As of October 2020, we have graduated 24 residents and fellows across 4 inaugural tracks. Each

graduate receives a certificate of distinction in their focus area. Graduate survey response rates ranged from 50% (Ethics, n = 2; Medical Education, n = 8; QIPS, n = 9) to 60% (Health Care Management, n = 5). Across tracks, graduates reported moving from fundamental awareness/novice to intermediate/advanced ability regarding various track objectives (eg, “Utilize ethics analytical skills to address an issue in your clinical specialty/department,” “Design a scholarly education project”). Participants reported applying lessons learned to practice (eg, “In my daily clinical practice as a resident working with learners [interns, med students],” “Doing a number of QI projects”) and highlighted the benefits of track participation to fellowship applications: “Fellowships were also very impressed—I could apply knowledge in the future or even start a track.”

Based on initial findings, trainees are gaining expertise that they can readily apply to their clinical practice, and expertise gained also appears to be helping set them apart during fellowship or job interviews. Those interested in developing intra-professional residency tracks should consider oversight and sustainability planning, including financial support for track directors and travel funding to encourage participants to share their scholarly work.

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