

Supplemental Digital Appendix 1

Polarity map illustrating tensions in the use of assessment for learning and growth versus for ranking and sorting.

Action Steps

How will we gain or maintain the positive results from focusing on this left pole?
What? Who? By When? Measures?

- Develop a common framework of expected competencies to inform the UME-GME transition
- Transition medical education from a process-oriented to outcome-oriented approach of competency-based medical education (CBME). This approach will reassure program directors of the general readiness of all trainees
- Promote the value of assessment for the purpose of feedback and corrective action (assessment for learning)

Early Warnings

Measurable indicators (things you can count) that will let you know that you are getting into the downside of this left pole.

- Increasing fail rate or score declines on medical licensing exams
- Growing concerns from program directors about resident unpreparedness or inability to handle high stakes situations
- Increasing fail rates or score declines on American Board of Medical Specialties (ABMS) initial certification exams

Action Steps

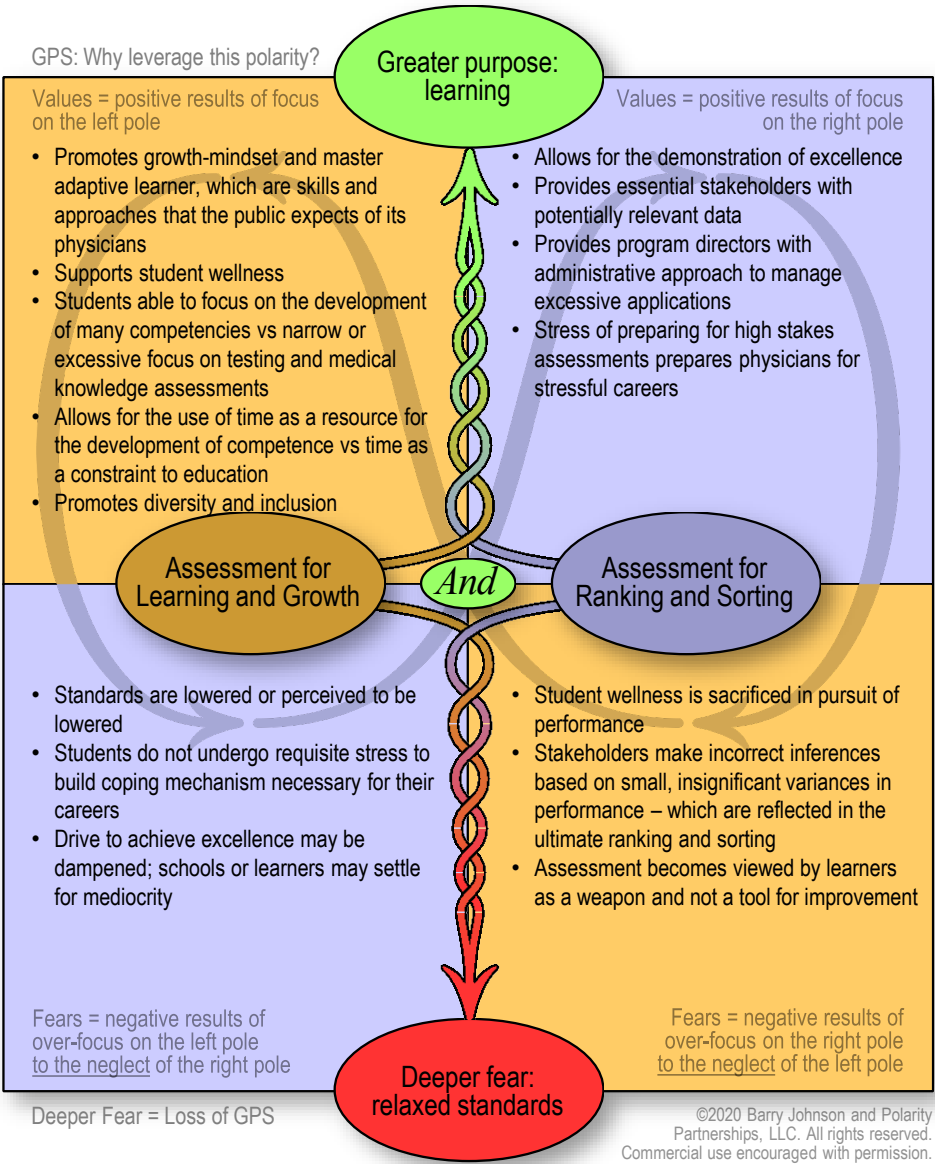
How will we gain or maintain the positive results from focusing on this right pole?
What? Who? By When? Measures?

- Recognize strengths of some assessment formats to provide measurable construct-relevant variance
- Position certain high-stakes assessments as appropriately weighted inputs to holistic decisions in GME applicant selection

Early Warnings

Measurable indicators (things you can count) that will let you know that you are getting into the downside of this right pole.

- Static or declining diversity and inclusion in GME
- Decline in programs committing to holistic review
- Continued increase in spending (time and resources) on learner test preparation



Deeper fears:
Perceived “dumbing down” of medicine or relaxing of standards of excellence
Perceived lack of preparation of trainees for the stress of a career in medicine
Learner disengagement from breadth of medical education in favor of focus on score maximization

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Supplemental Digital Appendix 2

Polarity map illustrating tensions in the role of residents as learners versus residents as workers.

Residents are learners developing specialty-specific knowledge, skills and attitudes while also providing needed patient care during this phase of the training

Action Steps

How will we gain or maintain the positive results from focusing on this left pole?
What? Who? By When? Measures?

- Design residency curricula by mapping learning experiences to desired outcomes
- Use assessment tools designed to promote assessment for learning and provide frequent feedback

Early Warnings

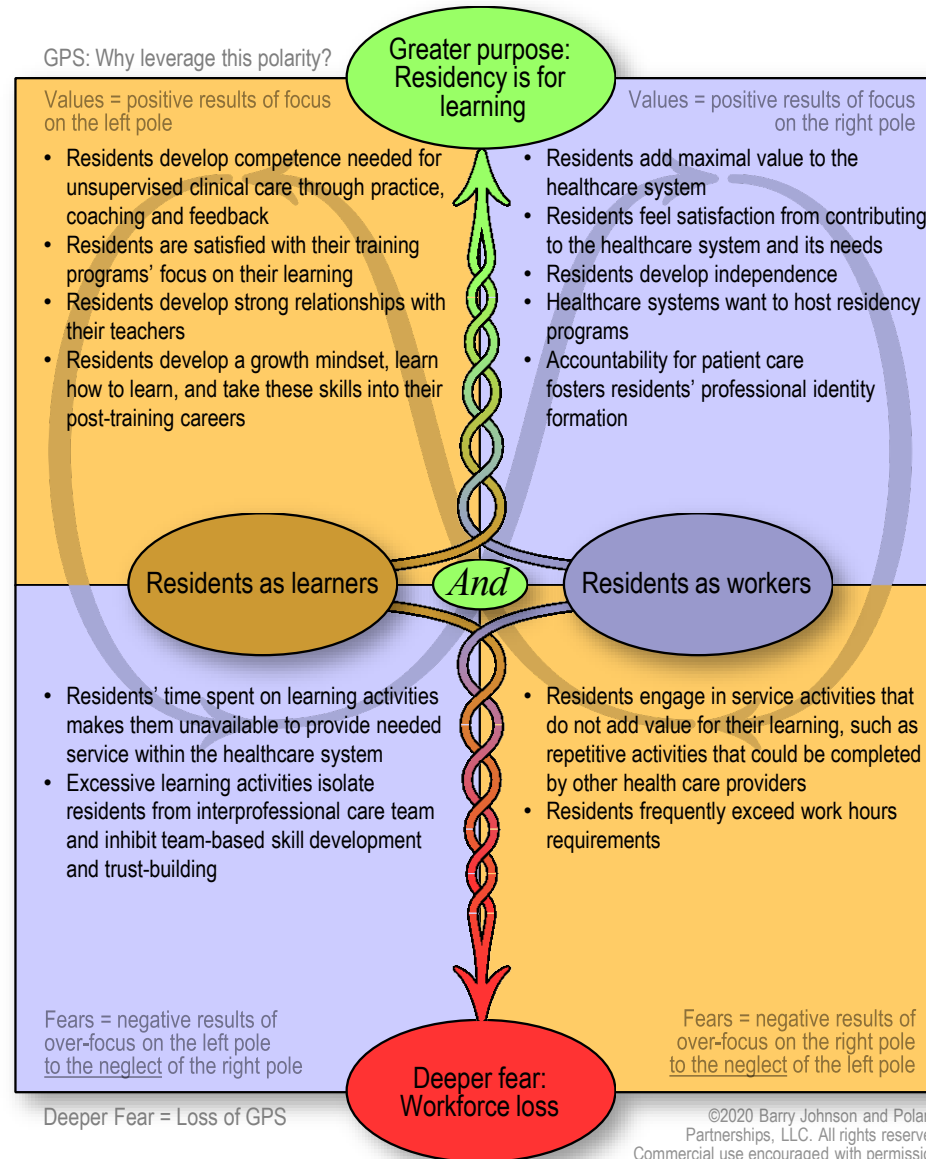
Measurable indicators (things you can count) that will let you know that you are getting into the downside of this left pole.

- Residents have gaps in their learning related to lack of experience conducting patient care without direct supervision (lack of depth of responsibility)
- Residents do not take responsibility for their own patients
- Residents require high levels of supervision in final years of residency training
- Residents are not ready for the responsibility level expected during additional training (fellowship) or choose to pursue additional training because they feel unprepared for independent practice

Deeper fears:

Hospitals and clinics will lose a needed workforce
Residents will be so busy providing service activities that they do not
learn what is needed to prepare them for unsupervised practice

Polarity Map®



Action Steps

How will we gain or maintain the positive results from focusing on this right pole?
What? Who? By When? Measures?

- Design resident roles to add value to patients and the healthcare system
- Maximize learning opportunities that occur through patient care experiences in the healthcare system

Early Warnings

Measurable indicators (things you can count) that will let you know that you are getting into the downside of this right pole.

- Residents frequently exceed duty hours requirements
- Residents have gaps in their learning due to excessive time spent on repetitive service activities
- Residents are routinely performing activities that are within ancillary providers' skillsets
- Residents are burned out due to excessive service responsibilities
- Residents do not attend educational sessions

Supplemental Digital Appendix 3

Polarity map illustrating tensions in individual preferences versus the needs of the profession and public.

Action Steps

How will we gain or maintain the positive results from focusing on this left pole?
What? Who? By When? Measures?

- Conceptualize “good fit” into a residency program as trainee’s capacity to provide unique contribution, achieve educational goals, and support program mission
- Provide trainees with career and residency match advising that focuses on their preferences

Early Warnings

Measurable indicators (things you can count) that will let you know that you are getting into the downside of this left pole.

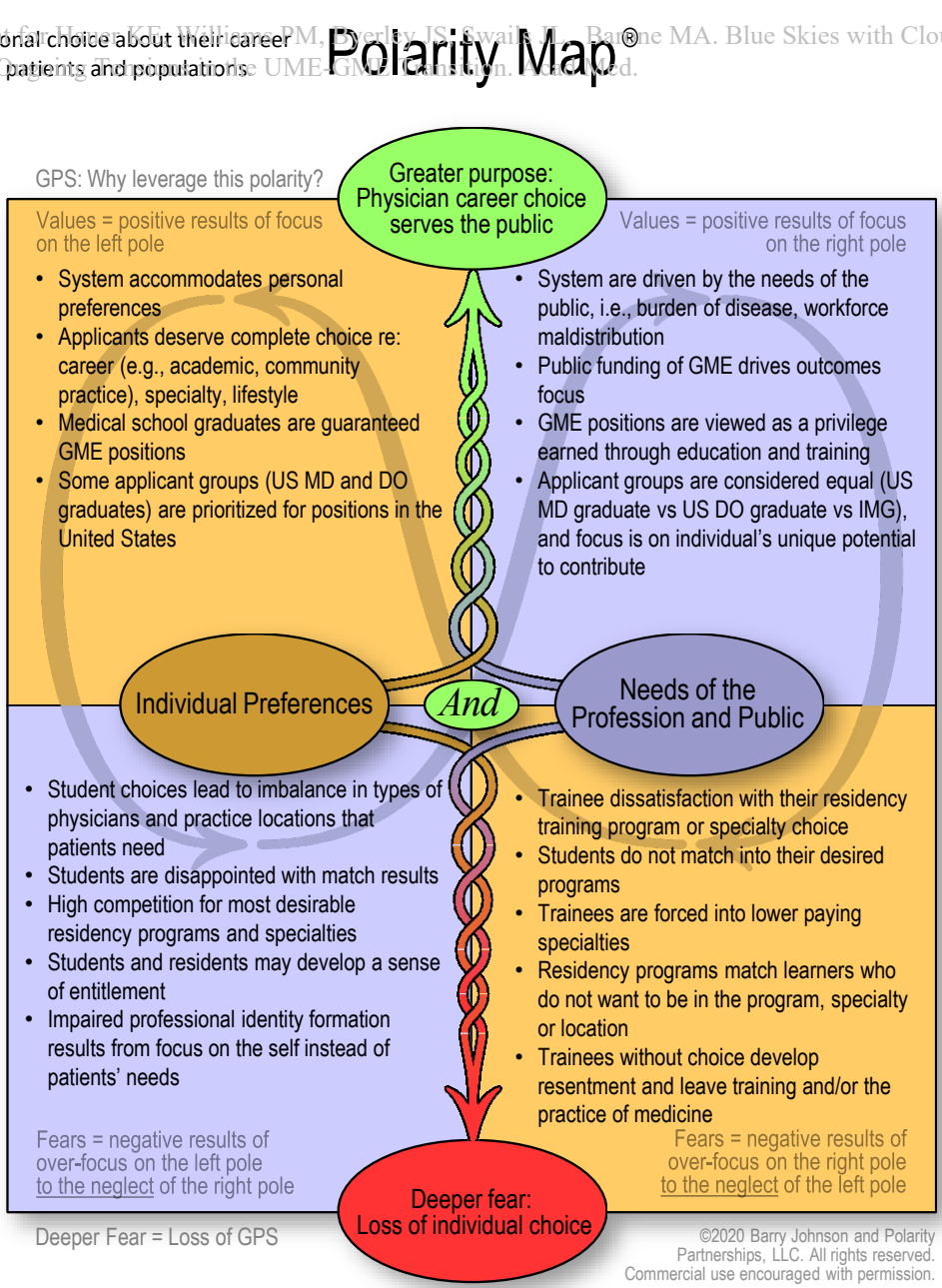
- High competition with large numbers of applications for certain programs and specialties
- Focus on matching into desirable position rather than ‘good fit’ between student and program
- Unfilled positions in certain specialties, programs, and locations
- Student focus on activities that will help them achieve preferred match at expense of other learning activities
- Increasing disparities in workforce distribution

Deeper fears:

Loss of individual choice

Failure to meet the health care needs of the public

Loss of prestige and respect for physician careers



Action Steps

How will we gain or maintain the positive results from focusing on this right pole?
What? Who? By When? Measures?

- Engage educators in participating in and responding to workforce analyses
- Elevate the quality of all residency programs to limit fear of missing out
- Advocate for closer links between the goals of the educational system and the goals of the healthcare workforce
- Provide incentives to individuals or programs who commit to addressing high priority healthcare needs
- Provide trainees with career and residency match advising that focuses on needs of the public

Early Warnings

Measurable indicators (things you can count) that will let you know that you are getting into the downside of this right pole.

- Trainees report dissatisfaction with their specialty choice or switch career fields
- Residency programs report that their residents do not want to be in the program, are unmotivated and/or resign from training
- Programs lose accreditation due to low resident morale and increased resident attrition