“[Medical educators] should be so much more explicit about acknowledging how much we will shape you. I think residency programs are much more focused on what they’re teaching you, but they’re shaping someone even more than they’re teaching them.”

Interviwee 427

RESULTS

Threshold Concepts in Obstetrics & Gynecology Training

Figure 2 - A Conceptual Model: Reaching Threshold Concepts in OB/GYN Residency

CONCLUSIONS

Six threshold concepts specific to OB/GYN residency training were identified: recognition of clinical severity, anticipation and adjustment of surgical technique, ownership of responsibility to patient needs in a dynamic setting, empathic collaboration and team management, confidence in independent decision-making, and advanced emotional regulation. The potential benefits of this study are to spur educators to reframe how we evaluate learners in graduate medical education. While limited to perspectives from academic leadership in a major US city, the identification of threshold concepts for OB/GYN training is applicable and generalizable to other training programs that seek to provide better support and mentorship to residents in this specialty.

REFERENCES


This study was approved by the IRB through NYU Langone Health: #21-00022

Background

As the medical community reeled from the impact of the COVID-19 global pandemic, medical educators must take stock of the systems in place that support frontline providers in their training and practice. This year has continued to highlight to the increasing incidence of burnout among medical professionals,1,2 and resident trainees are already known to experience heightened levels of stress at baseline.3 As graduate medical educators begin to assess their own methods of evaluation and targeted support structures for resident learners, the understanding of what is essential for trainees to master in order to become (and remain) competent, motivated physicians must shift.

Current objectives in residency education established by the ACGME offer broad guidelines that designate competencies for all trainees, regardless of subspecialty, but these parameters are known to be difficult to translate into observable behaviors.4 Studies have shown that the core ACGME competencies do not possess adequate validity, and instead physicians and educators often rely on their “gut feelings” to judge resident performance and progress.5 Though more difficult to measure, it may be beneficial at this juncture identify new or supplemental goals of residency education. Threshold concepts are defined as core ways of thinking and practicing that are required for true mastery of a subject.4 While not native to medical education, these ideas capture the transformative way that learners should approach their own discipline—through a series of encounters that are troublesome, irreversible, and uniquely bound to the definition of mastery within a field.6 Particularly in the field of obstetrics and gynecology, the identification of threshold concepts within residency training can help determine more holistic goals of graduate medical education.

PURPOSE

Through a longitudinal qualitative study at academic medical training programs in a major U.S. city, this project seeks to identify threshold concepts for OB/GYN residency, as determined by residency education leaders in the field.