Residents review their own charts and instructional design. Faculty role for residents review sample contracts within contract negotiation process for their first position after participating in the pilot of this curriculum. Residents read the application, interview, and feedback for improved performance. Each session utilizes learner-driven instructional methods including group processes such as interactive panels, team-based learning and role playing, self-directed learning via reflection and learning plan development, and practical application of skills by developing artifacts and obtaining feedback for improved performance. Our residents have expressed greater confidence in the application, interview, and contract negotiation process for their first position after residency after participating in the pilot of this curriculum.

**BACKGROUND**

Transitions are a familiar topic in medical education. Of particular interest to medical educators in recent years has been easing the intense and stressful experience of transitioning from medical school to residency, while relatively little attention has been paid to examining the transition from residency to independent practice. A needs assessment of current emergency medicine (EM) residents and junior faculty in both academic and community settings in our geographic area identified significant gaps in knowledge and skills regarding key nonclinical life skills necessary for a successful transition from residency to independent practice.

**CURRICULUM DEVELOPMENT**

Following Kern’s Model for Curriculum Development in Medical Education, we developed a novel, multi-modal, interactive Transitions to Practice curriculum to address the unique nonclinical challenges senior EM residents face during the transition from residency to independent practice. Our needs assessment identified eight topics for inclusion in this pilot, one to be covered each month over the course of the curriculum in a just-in-time format. These topics include how to obtain a job or fellowship, billing and coding, contract negotiation, managing personal finances, burnout prevention, developing a curriculum vitae and cover letter, medical legal pitfalls, interviewing strategies, and time management skills. Each session utilizes learner-driven instructional methods including group processes such as interactive panels, team-based learning and role playing, self-directed learning via reflection and learning plan development, and practical application of skills by developing artifacts and obtaining feedback for improved performance. Our residents have expressed greater confidence in the application, interview, and contract negotiation process for their first position after residency after participating in the pilot of this curriculum.

### Session Topic | Objective | Instructional Design
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Developing a CV and Cover Letter | Design a cover letter that includes a statement of intent, your unique qualifications, and how these qualifications fit with your target position. Prepare a CV with sufficient detail and appropriate sections based upon the position for which you are applying. | Artifact development and feedback - Residents review the cover letter and CV of recent graduates who were successful in obtaining a position in their desired practice environment. They then produce their own CV and cover letter and receive feedback from faculty on their work.
Interview Strategies | Employ interview strategies to provide appropriate answers based upon question type and the job for which you are applying. | Role-playing - Faculty role-play interview questions with the residents based upon the practice setting they intend to enter.
Contract Negotiation | Utilize key contract negotiation strategies when discussing salary, benefits, shift count, new role, expectations, and other key aspects of your first contract after residency. | Role-playing - Residents review sample contracts within their target practice setting and market with a faculty member to review pearls and pitfalls. Residents then role-play with faculty how to negotiate various aspects of their contract.
Time Management | Develop a system for task prioritization, time blocking, and saying yes or no to new opportunities. Apply time management strategies to maximize productivity and minimize distractors. | Group discussion and think-pair-share - Residents discuss time blocking and task prioritization systems and develop a Covey 2x2 table based upon their priorities. They then think-pair-share to identify ways in which to maximize their productivity to achieve their goals.
Burnout Prevention | Analyze prospective difficulties in your first year of independent practice and how these may put you at risk for burnout. | Narrative medicine - Residents and faculty present stories of difficult cases and life situations and use reflective writing to process each other’s stories. This is followed by debriefing and discussing useful tools for mindfulness and burnout prevention.
Medicolegal Pitfalls | Compare approaches to clinical cases that are at high risk for litigation in emergency medicine. | Team-based learning - Using real-life, deidentified cases that have led to litigation in the past, residents form teams to discuss and debate their approach to these scenarios.
Billing and Coding | List the necessary elements from the history of present illness, review of systems, physical exam, and medical decision-making sections of a chart required to bill for each level (1-5). | Chart review - Residents review their own charts and those of their faculty and assign a level to each chart for billing purposes. They then compare their results to that of the medical coders and discuss the results and strategies for improvement as a group.