Using team based learning in resident board review, the perfect marriage

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Team-Based Learning & Clinical Reasoning in Resident Board Review – The Perfect Marriage

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OBJECTIVES
1. Review the standard vehicle/model of board review and it’s limitations
2. Demonstrate how the blend of adult learning theory with interactive learning can increase retention of information.
3. Highlight the efficacy of blending team-based learning with elements of test-taking strategy during board review sessions

THE PROBLEM
Board review is a recognized educational staple in many internal medicine training programs. The classic format employs a standard review of multiple choice questions (MCQ) in the following format:

Ask Question ➔ Query Audience for Answer

Limitations:
• Focuses on the end-product (right vs. wrong) instead of the process and often only affirms what residents know (or not)
• Minimal opportunity for discourse of clinical reasoning
• Minimal opportunity for faculty to evaluate and provide feedback on reasoning processes
• Few if any occasions to provide corrective insights to promote knowledge retention

THE INNOVATION
Board review redesign based on adult learning theory and principles of Team-Based Learning (TBL)

PREVIOUS vs CURRENT MODEL

<table>
<thead>
<tr>
<th>Participants</th>
<th>Previous Model of Board Review</th>
<th>Current Model of Board Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCG 1 – PGY 3 residents in 1 group</td>
<td>12 PCG 3 residents in 4 groups</td>
<td></td>
</tr>
<tr>
<td>Timing</td>
<td>March-June, 1 session / month</td>
<td>Year-round, at least 1 session/month</td>
</tr>
<tr>
<td>Format of session</td>
<td>• Residents independently take 20 question exam</td>
<td>• Focus on one clinical discipline for each session</td>
</tr>
<tr>
<td></td>
<td>• Answers revealed &amp; discussed in 5 question intervals</td>
<td>• 5 questions representing high-yield topic areas selected for each session</td>
</tr>
<tr>
<td></td>
<td>• Management pearls and caveats to questions discussed</td>
<td>• 8 minute IRAT and 8 minute GRAT</td>
</tr>
<tr>
<td>Facilitators</td>
<td>Subspecialty fellows and attending physicians</td>
<td>General internists with knowledge in medical education</td>
</tr>
<tr>
<td>Learning Principles</td>
<td>Active learning</td>
<td>TBL, active learning, social learning theory, constructivist learning theory</td>
</tr>
</tbody>
</table>

RESULTS

Figure 1: Percentage correct answers from IRAT to GRAT for one selected session

<table>
<thead>
<tr>
<th>Team one</th>
<th>Team two</th>
<th>Team three</th>
<th>Team four</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRAT</td>
<td>GRAT</td>
<td>IRAT</td>
<td>GRAT</td>
</tr>
<tr>
<td>90%</td>
<td>100%</td>
<td>95%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Figure 2: Model of revised Board Review

REFERENCES
2. MKSAP 16. 2013 American College of Physicians, Inc.

PERCEPTION OF CHANGE
Anonymous Housestaff Feedback:
“Great test-taking strategies reviewed on how to process through questions”
“Enjoyed the group discussion, eliminating each option, and explanation for every option”
“This board review format needs to be integrated into all Thursday School didactics!!”

LESSONS LEARNED
• Implementation of TBL-based format alongside test-taking strategy greatly enhanced individual and group learning for resident physicians
• Resident satisfaction greatly increased with use of a TBL-based format for board review
• Residents perceived an appreciable difference in their test-taking abilities post-intervention
• Using an interactive learning strategy residents perceived that the process of board review can be a fun learning experience