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Use of a needs assessment to develop a curriculum for Internal Medicine Boot Camp



for graduating medical students

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INTRODUCTION

Transitioning between medical school and internship is rarely seamless. Commonly, interns feel unprepared and lack confidence in their skills, knowledge and abilities when beginning residency. One method to prepare fourth year medical students for residency is through a boot camp course. Boot camps are more frequently cited in the surgical literature as a way to increase the confidence of students entering surgical internship, but may offer similar benefits to students entering an internal medicine internship.

STUDY OBJECTIVE

We sought to assess the needs of our intended learners, fourth-year medical students, in their transition into internal medicine residency in order to design a curriculum to achieve this. Therefore a targeted needs assessment was conducted in order to determine perceived gaps in knowledge as well as the knowledge, skills and abilities prioritized as important for ultimate success in internship.

METHODS

With a 5-point Likert scale survey, we conducted a needs assessment of fourth-year students entering internal medicine internship, current internal medicine interns, and hospitalist attendings. We asked students about their current comfort level in 23 topics encountered in internal medicine ranging from very uncomfortable to very comfortable. For interns, we asked them to reflect on their comfort level with each topic at entrance into internship. We additionally asked both students and interns about the utility of including each topic in boot camp (5-point Likert, not at all useful to extremely useful). For attendings, we asked them to rate the importance of each topic ranging from very unimportant to very important.

The results looking at trainee comfort and attending prioritization of importance were compiled and combined into the graph depicted in Figure 1. From this information, we were able to develop a curriculum to address areas of highest perceived need and importance.

We also sought to look at areas where trainee perceived importance of a topic was significantly different fourth-year student comfort level (Table 1).

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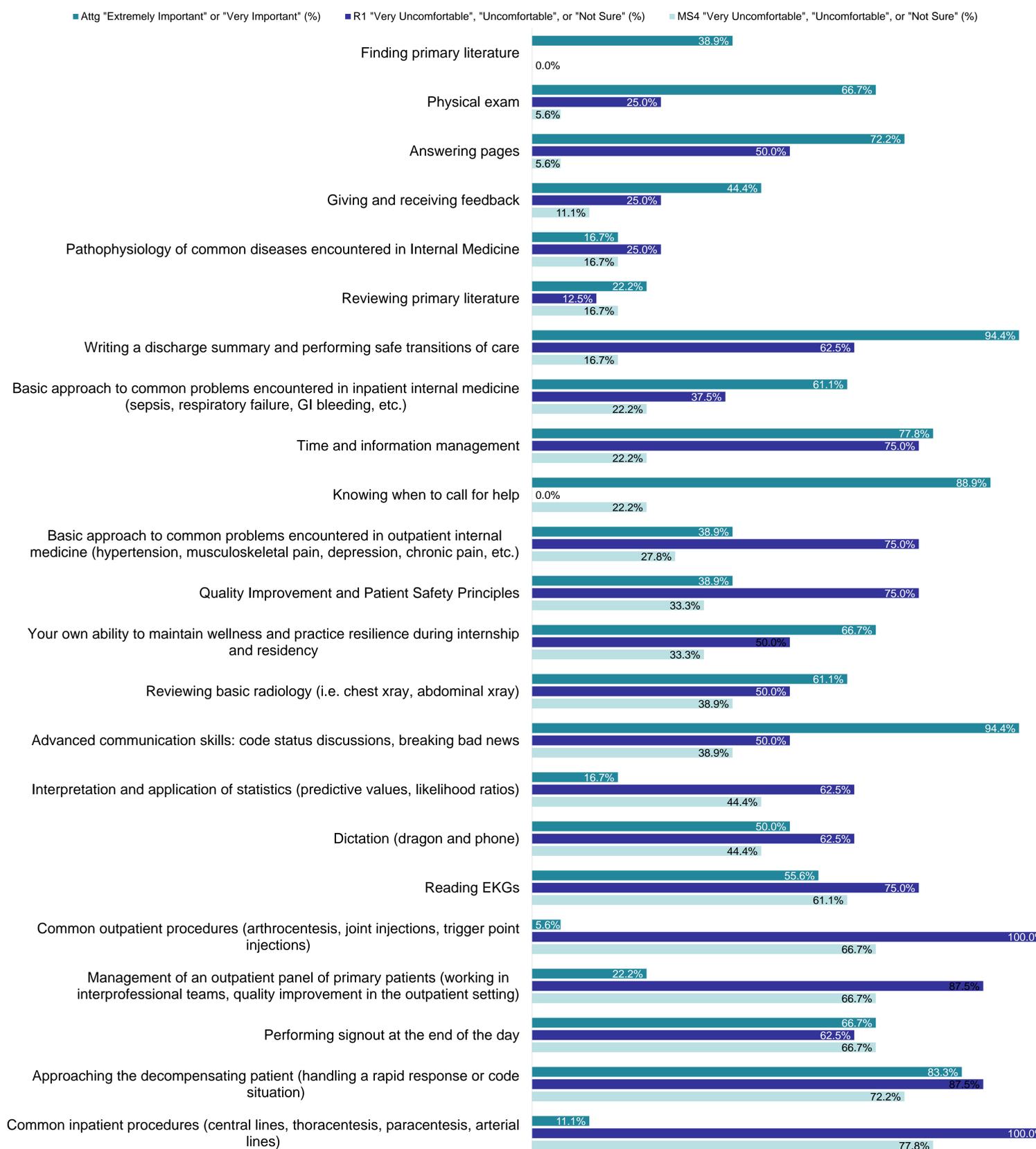
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RESULTS

Figure 1. Survey response rates from attendings (Attg), current interns (R1), and fourth-year students (MS4). Responses from attendings indicate that topics were felt to be "important" or "very important" on 5-point Likert scale. Responses from current interns and fourth-years indicate that trainees were "not sure", "uncomfortable" or "very uncomfortable" with the topic on 5-point Likert scale.



RESULTS, CONT.

Table 1. Topics where interns reported greater discomfort upon entrance to residency as compared with current fourth-year students prior to entrance

- Time and information management
- Basic approach to common problems encountered in outpatient internal medicine (hypertension, musculoskeletal pain, depression, chronic pain, etc.)
- Quality Improvement and Patient Safety Principles
- Writing a discharge summary and performing safe transitions of care
- Interpretation and application of statistics (predictive values, likelihood ratios)
- Dictation (dragon and phone)
- Answering pages
- Advanced communication skills: code status discussions, breaking bad news
- Your own ability to maintain wellness and practice resilience during internship and residency
- Reviewing basic radiology (i.e. chest x-ray, abdominal x-ray)

Areas identified as highly important by attendings that had low perceived comfort levels by students included approaching decompensating patients, performing sign out, and reading EKGs.

Our fourth-year students identified six topics where >50% felt uncomfortable/very uncomfortable. Interestingly, our current interns reflected on discomfort with those topics in addition to ten more topics not identified with that degree of discomfort by fourth-years (Table 1).

DISCUSSION

The purpose of our boot camp was to increase student's comfort level entering residency as well as their preparedness for this role change. Our results aided in creation of curriculum that addressed both student discomfort and topics of high importance as identified by attendings.

Findings that our fourth-year students reported higher comfort level with topics than internal medicine interns reflecting back on their comfort level may be a result of different medical school preparation between our students and our interns, response bias, or recall bias. Interestingly, these differences may also highlight a gap in theoretical comfort level and comfort level in real practice.