Impact of Virtual Curriculum on Shelf Exams

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INTRODUCTION
The COVID-19 pandemic has drastically transformed the third-year medical school curriculum. Due to the AAMC and public agencies’ guidelines, there was an abrupt cessation of teaching medical students in the clinical setting. At the University of New Mexico, interrupted Phase II students were transitioned to a hybrid curriculum consisting of 6 months of seven 3-week virtual clerkships followed by 6 months of clinical clerkships (five 4-week clerkships and two 2-week clerkships). Our traditional clerkship curriculum consists of five 8-week clerkships and two 4-week clerkships. At the end of each virtual rotation, students were required to take the NBME shelf exams. This study aims to examine the difference between the shelf exam scores of the class of 2022 to the class of 2021.

STUDY OBJECTIVE
Compare and contrast shelf exam scores between students who took the virtual curriculum vs those who took it during the traditional clinical rotations.

RESULTS

**Pediatrics**
- There was no significant difference for equated (p=0.70) and percentile scores (p=0.33) between the class of 2022 and 2021.

**Surgery**
- There was no significant difference in equated or percentile scores between the class of 2022 and 2021 (p=0.502, 0.528).

CONCLUSION
While the curriculum differed between the two classes, shelf exam scores had no significant difference. Based on these results, the 3-week virtual curriculum is non-inferior to a traditional clerkship curriculum in regards to medical student performance on the Pediatrics and Surgery shelf exams. The online curriculum for the two virtual clerkships may have helped facilitate learning similar to that in a clinical setting when comparing performance on standardized board examination. The two virtual clerkships used various learning modalities (e.g. simulated patient cases, lectures, small group discussion) that may have contributed to increased clinical knowledge and thus, the similarity in shelf exam performance.

The same analysis is warranted for the remaining five clerkships (family medicine, internal medicine, psychiatry, neurology, OBGYN). We plan to qualitatively assess student experiences with the virtual curriculum. Future studies may also want to compare student performance in the clinical portion of the split curriculum.

METHODS
- Cohorts studied included all third-year medical students (class of 2022) who underwent the virtual pediatrics and surgery clerkships as well as those who underwent the traditional clerkship curriculum (class of 2021).
- De-identified Surgery shelf exam scores were obtained for the class of 2021 (n=82) and 2022 (n=52).
- De-identified Pediatric clerkship shelf exam scores were obtained for the class of 2021 (n=82) and 2022 (n=133).
- Failing scores from the class of 2022’s Pediatrics (n=15) were excluded since the available shelf scores for the class of 2021 only included passing scores in the setting of possible retakes.
- Two-tailed t-tests assuming unequal variances were performed on the equated (percent correct) and percentile scores at 95% confidence level (p=0.05) between the two classes.

REFERENCES

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