

Abstract:

The Impact of a Structured Inpatient Medicine Curriculum on Volume of Formal Teaching and Resident Satisfaction

Alicia Pereslucha, MD

PGY 3 Resident, Northwestern McGaw Family Medicine at Lake Forest

Background

Resident education takes place in a variety of settings and through myriad modalities. At one academically-affiliated, community-based Family Medicine residency program, residents identified the Adult Inpatient Medicine rotation as an area of the curriculum with the most potential for improvement. In the spirit of continued improvement, one proposed solution was a formal curriculum structured into the typical day on service as a way to limit barriers to teaching that had been identified by residents. This project was intended to evaluate impact of a structured inpatient medicine teaching curriculum on the level of satisfaction of these Family Medicine residents regarding teaching on the Inpatient Medicine service. Furthermore, the project will evaluate the contact time the residents spend in a structured teaching setting and if a formal curriculum affects this amount.

Methods

This was a cross-sectional study conducted over the course of Academic Year 2019-2020 and was extended to December of Academic Year 2020-2021 in light of curriculum interruptions in the setting of the COVID-19 pandemic. Participants consisted of former and current Family Medicine residents at the McGaw Northwestern Lake Forest Family Medicine residency program. Surveys were administered before and after the implementation of a structured curriculum. The main outcome measures were time spent in a formal teaching setting and resident attitudes toward a formal teaching curriculum.

Results

A total of n=22 residents completed the pre-curriculum survey and n=10 completed the post-survey. Of all residents who participated in at least one of the surveys, only 4.5% of respondents reported spending at least 30 minutes per week participating in formal teaching, compared to 83% of respondents at the time of the post-survey. Likewise, after the implementation of the curriculum 70% of all respondents reported participating in 4-5 formal teaching sessions per week compared to 0% in the pre-implementation survey.

The Wilcoxon signed rank test was used to gauge improvement among matched pre/post pairs among the following domains: learning high yield topics ($z=1.73$, $p=.083$, $n=6$), sense of enhanced education ($z=1.89$, $p=.059$, $n=6$), improving skills as a teacher ($z=1.89$, $p=.059$, $n=6$), and adequate teaching on the inpatient service ($z=1.89$, $p=.059$, $n=6$). Though results were not significant at the .05 alpha level threshold, several tests were approaching .05 and thus a larger sample may provide more power to detect significant differences.

Conclusion

The implementation of a formal, structured teaching curriculum during the Adult Inpatient Medicine service at one academically-affiliated community-based Family Medicine residency program resulted in an increase in both the number of formal teaching sessions that occurred each week and the contact time spent in a structured teaching setting. Furthermore, a positive trend was observed for resident perspectives regarding the amount of teaching, learning the necessary high-yield topics, and overall enhancement in their education.