Evaluation of a Novel Inpatient Curriculum for Internal Medicine Residents at the University of Rochester Medical Center

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BACKGROUND

Regularly scheduled academic activities are a cornerstone of internal medicine training programs, and resident participation in these academic activities is a requirement of the Accreditation Council for Graduate Medical Education (ACGME).

A robust educational curriculum offers trainees vital opportunities to deepen their basic knowledge, reinforce their clinical learning, and practice their critical thinking in a collaborative environment with their colleagues. While the inpatient setting serves as the predominant site of learning for most internal medicine training programs, there is significant heterogeneity in the structure of inpatient educational curricula amongst institutions."

During the academic year from 2023 to 2024, the URMC Internal Medicine Residency Program (IMRP) implemented a novel format for its inpatient educational curriculum that focused on formalization and standardization of a three-year longitudinal program covering various topics related to general medicine, sub-specialty medicine, professional development, quality improvement, patient safety, high value care, and diversity, equity, and inclusion.

OBJECTIVE

Our goal was to **assess the resident perception of a novel format for the inpatient educational curriculum** following a year of its implementation within the IMRP at URMC.

COMPARING EDUCATIONAL MODELS

PRIOR CURRICULUM	NEW CURRICULUM
➢ **When?** All weekdays from 12PM to 1PM	➢ **When?** Once weekly from 12PM to 1:30PM
➢ **Who?** Attendees included residents of all levels of training as well as medical students. Presenters included a variety of fellows, faculty members, and other guest speakers chosen for their expertise in their fields.	➢ **Who?** Attendees were residents separated by level of training (interns attended one session and senior residents attended another session). Medical students received their own separate educational sessions. Presenters included a variety of fellows, faculty members, and other guest speakers chosen for their expertise in their fields.
➢ **What/How?** One topic was presented at each session. Residents were asked to attend each session as able. Residents did not have protected time and remained available via page and EMR. Attendance was not collected on a routine basis.	➢ **What/How?** Two topics were presented at each session. Residents were required to attend a certain number of sessions per year. Residents did have protected time – they were asked to turn off their pagers and EMR (patient matters were addressed by other team members including attendings). Attendance was collected on a routine basis.

Following the implementation of a **novel inpatient curriculum**, internal medicine residents reported **overwhelming satisfaction** and described the educational sessions as significantly **more relevant to their roles as resident learners and their participation in patient care**.


METHODS

We created an anonymous survey consisting of thirteen questions in REDCap. Our survey was distributed to all senior residents in the categorical IMRP and the medicine-pediatrics residency program (MPRP) during the final month of the academic year in June 2024, which we estimate to be about seventy-four residents. Our survey was distributed via email as well as in the form of a QR code that was displayed at our final educational session of the year. We received thirty-two responses in total.
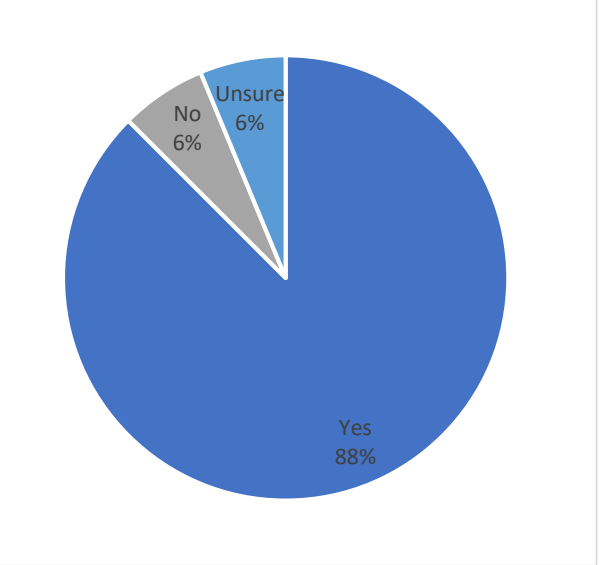
RESULTS

Our questions covered a variety of topics, including relevance of the learning material and effectiveness of the learning environment. The responses we received were overwhelmingly positive and some are included below.
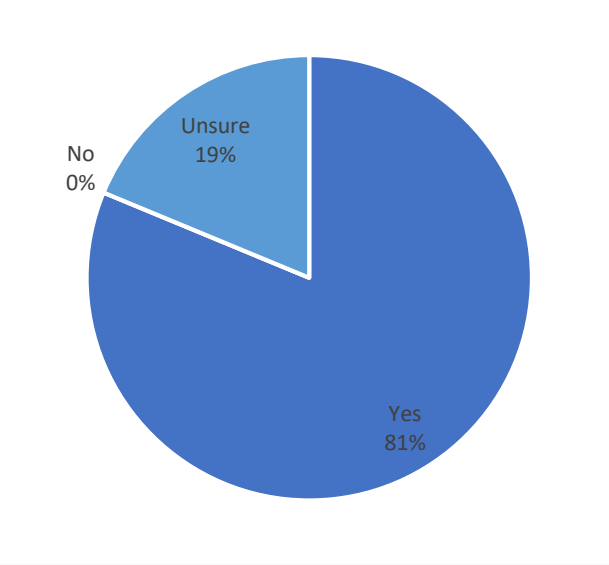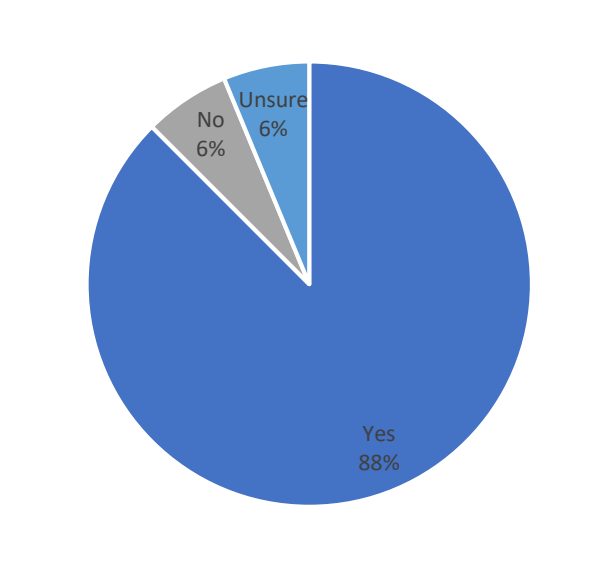

Figure 1. "Were the topics presented usually relevant to the material included on the ITE?"
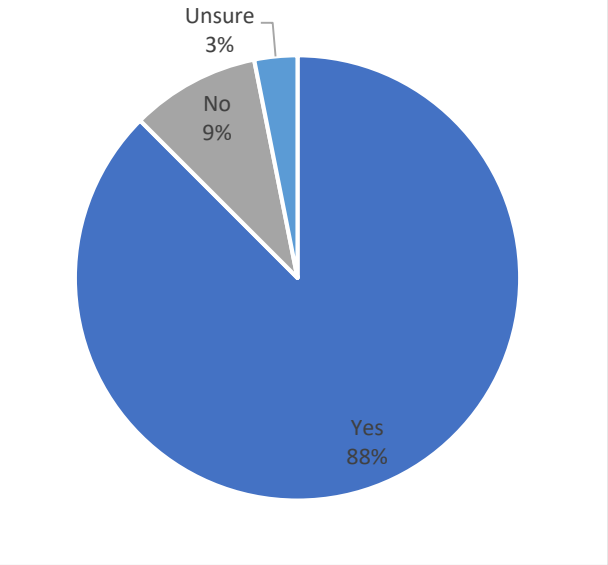
Figure 2. "Were the topics presented usually relevant to your needs as a resident learner?"

Figure 3. "Were the topics presented usually applicable to your provision of patient care?"

Figure 4. "Do you feel connected with your co-residents as a result of the education sessions?"

Our results revealed areas for improvement in future iterations of our curriculum. 56% of respondents did not know or were unsure how to access the session materials, which are available for reference after each session in our IMRP Box Folder. 34% of respondents did not feel that or were unsure whether their time was sufficiently protected during the sessions, citing ongoing patient care or faculty members who were unaware of the educational sessions. Even so, 88% of respondents were satisfied with the overall quality of the education sessions.

DISCUSSION

Our data shows that the residents surveyed felt the material presented in our education sessions was relevant not only as it related to board preparation, but also as it related to their role as resident learners and their participation in patient care. Most felt that the sessions facilitated their connection with their co-residents. Moving forward, we recognize the need for ongoing messaging efforts to ensure residents are aware of how to access the learning materials and faculty are aware that the sessions are intended to be free of any other clinical obligations. In the future we hope to further analyze the qualitative responses to our survey and use these to inform the following year's iteration of the curriculum. We also hope to analyze resident scores from the Inservice Training Exam (ITE) and trend these scores over the years during which we have implemented our new curriculum.

ACKNOWLEDGEMENTS

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