

Abstract Form

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Project Title:	Assessment of the Internal Medicine Procedure Curriculum and Training		
Research Category (please check one):			
<input type="checkbox"/>	Original Research	<input type="checkbox"/>	Clinical Vignette
<input checked="" type="checkbox"/>	Quality Improvement	<input type="checkbox"/>	Medical Education Innovation

Abstract

Introduction

Procedure training requirements for internal medicine residents have evolved over the years. In 1991, the American Board of Internal Medicine first put forth requirements regarding the number and type of procedures required for board eligibility. In 2002, the ABIM transitioned from strict number and type of procedure requirements to guidelines (1, 2), and in 2019, this requirement was further lessened by stating that residents should be able to do some procedures but that a specific set of procedural competencies would not be required of graduating residents. The current dedicated procedure curriculum for the internal medicine residents at our academic institution consists of a 1-week procedure service rotation during post-graduate year 1 and a half-day procedure simulation session during post-graduate year 2. In addition to these experiences, residents also gain variable procedure training through clinical care. The purpose of this study is to investigate the current state of the internal medicine residency procedure curriculum and training experience at our academic institution.

Methods

An IRB was completed and waived upon review. Data from MedHub, the residency management software system, was obtained at the halfway point through the academic year to assess the number of internal medicine residents certified across various procedure types. A Qualtrics survey was distributed to the internal medicine residents to complete a current state analysis of the procedure curriculum and training, including assessment of resident attitude toward procedures, self-perceived confidence in skills, perception of training barriers, and impact on patient care.

Results

Upon review of MedHub data, the analysis revealed that less than 50% of residents across each post-graduate year were certified to independently perform abdominal paracenteses, central lines, lumbar punctures, and ultrasound-guided peripheral intravenous lines. Following completion of this data analysis, a Qualtrics survey was distributed to all internal medicine residents with a response rate of 41/120 with even distribution across post-graduate years 1, 2, and 3. Approximately 54% of participants indicated no interest in a procedure-focused subspecialty. On average, 78% of participants expressed discomfort with performing central lines. Barriers to procedure training included not enough opportunities, clinical volume, lack of a certified supervisor, lack of confidence, and lack of interest. Additionally, there were reported delays in procedures due to resident inexperience or discomfort. The majority of participants were in agreement that procedure training is important for internal medicine residency training. Approximately 89% expressed interest in a procedure elective opportunity.

Discussion

This study highlights that there is significant room for improvement in the internal medicine residency procedure curriculum and training experience, even in a program that has a 1-week procedure service built into the curriculum. We identified multiple barriers that play a role in access to procedure training. Additionally, we found a high percentage of participants who expressed discomfort in performing procedures and have experienced delays in procedures due to inexperience or discomfort. It is important to have access to procedural training during residency, especially as it may impact future careers. Particularly for residents interested in careers that incorporate procedures, it is critical we address the barriers to procedure training to improve comfort, confidence, and patient care. To accomplish this, we plan to incorporate a new procedure service elective available to residents and will assess the impact on the procedure training.

References

- 1) American Board of Internal Medicine. POLICIES & PROCEDURES FOR CERTIFICATION. <https://www.abim.org/Media/splbmcpe/policies-and-procedures.pdf>.
- 2) American Board of Internal Medicine. THE EVOLUTION OF ABIM PROCEDURAL REQUIREMENTS. <https://blog.abim.org/wp-content/uploads/2019/03/Evolution-of-Procedural-Requirements-for-IM-1.pdf>.