

Medical Knowledge Professional Growth Plan

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Background:

Every year residents participating in an ACGME accredited Emergency Medicine Residency Program are required to complete the American Board of Emergency Medicine (ABEM) In-Training Exam. The results of this exam have value in predicting first pass success on the ABEM Board exam, thus representing an important marker of a resident's future success. Scores from the 2010 In-Training exam put our residency significantly below the mean, both by PGY level and overall. We developed and implemented an educational performance improvement initiative, "Medical Knowledge Professional Growth Plan" (MKPGP), to improve our residency's overall average on the In-Training exam.

Objectives:

The objective of this educational performance improvement initiative was to improve our residency's overall performance on the ABEM In-Training Exam. The hypothesis of the intervention was that overall scores would improve after implementation.

Methods:

Our program is a four-year AOA and ACGME accredited Emergency Medicine Residency with a total of 56 residents. Because of our recent ACGME accreditation, only 27 residents were eligible for and took the 2010 ABEM In-Training exam. Detailed exam results data from ABEM were evaluated by the residency administration. It was determined from this evaluation that the program's overall performance on the exam was substandard and required an action plan for performance improvement.

Each resident was given feedback on specific medical knowledge areas for improvement based on their 2010 ABEM In-Training Exam performance. Residents who performed at or below the 20th percentile nationally for their PGY year were given up to seven specific content areas for improvement. At the end of each month, the residents in this program were tested on one of their assigned content areas. The preparation for these tests was self-directed by the individual resident. This self-direction included developing a reading schedule, selecting appropriate educational materials for review, and identifying appropriate question banks to allow for self-appraisal of their progress. Residents were expected to achieve a passing score of 70% for the monthly test. If the resident failed to achieve this goal, a representative from the residency administration met with the resident to offer advice on preparation methods and study resources to improve performance. Additionally, the resident met with a medical educator to evaluate their test-taking style and advise them on test taking strategies. The resident was then retested until they achieved a score of 70%.

Residents who performed above the 20th percentile overall on the In-Training Exam were given up to four specific content areas in which to improve. The learning and preparation for these content areas was entirely self-directed, although they were given access to content area tests as a way of measuring their own progress.

Results:

In comparing 2010 to 2011, scores in focused content areas improved an average of 29%, and PGY level and overall residency scores went from significantly below the national mean to approximately the mean.

Conclusions:

The implementation of a performance improvement intervention significantly improved the residency's performance on the ABEM In-Training Exam.