

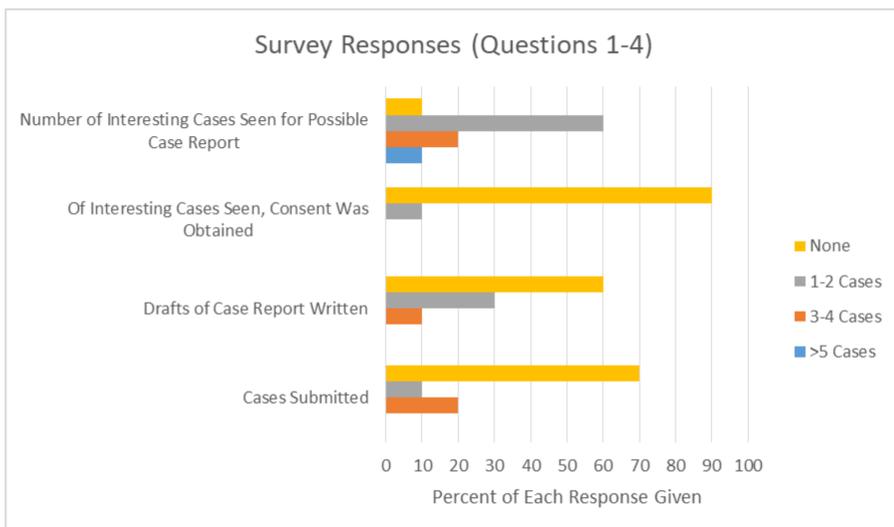
A Curriculum to Increase Resident Scholarly Activity

RABIA SARWAR¹, MD PGY3
 SAVANNAH BROADLICK², DO PGY2
 Dr. MARY RAMSBOTTOM¹, MD
 1 Skagit Regional Health | Contact Info (rsarwar@skagitregionalhealth.org (360)814-2115)



Introduction

Resident participation in Scholarly Activity (SA) is an Accreditation Council of Graduate Medical Education (ACGME) requirement for Internal Medicine residents. Engaging residents in scholarly activity can be challenging; most cite the busy schedule as a cause. Another barrier to this could be a lack of experience in completing research projects and not knowing how to go about participating in Scholarly Activity. The busy schedule of residency is unlikely to change, so we sought to create a curriculum to educate residents about how to complete scholarly activity. By doing this, the hope was to help increase activity as well as provide a practical, efficient approach so it would not be perceived as such a time consuming process. The interventions included an annual lecture, a practical guideline, and emphasis on a Residency run Scholarship Day to give residents the opportunity to present their projects. We helped tailor our curriculum by obtaining pre- and post- intervention surveys to identify topics to cover for that specific group of residents, and to improve the next year's presentation. Our results were measured by comparing the amount of scholarly activity projects in the academic year before our interventions compared to the number done after.. Our findings demonstrated that our interventions led to a dramatic increase in Scholarly Activity in our Internal Medicine Residency.



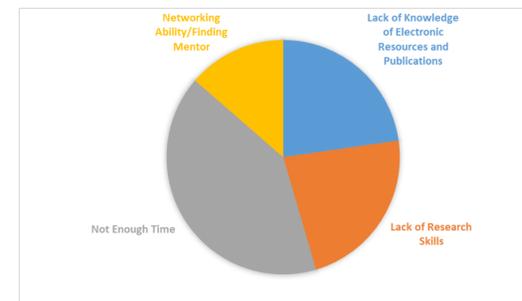
Interventions

A 1-hour lecture and workshop each year focused on how to be involved in scholarly activities (case reports, posters). This was presented by a resident with assistance from faculty research coordinator. The PowerPoint was shared and made available among resident resources to serve as a practical how-to guide reference. The presentation used case reports as an example of how to participate in scholarly activities. First, it was described how to identify which cases would be good to do a report on. It then outlined the practical approach to get started, including the patient consent process, finding supporting research or case reports, and establishing roles for authors. This was encouraged to be done with a mentor who was involved in the case or who is a specialist in the area of interest. An example of a case report was then presented to illustrate the required components; areas were highlighted to provide example of what should be included in each section (see image 1). Finally, how to submit research to publications and conferences was discussed.

We used pre- and post-intervention surveys to evaluate resident attitudes about Scholarly Activity. This focused on figuring out what the barriers are to resident participation. The lecture the subsequent year was then able to be customized better based on these responses. The results of the questions are illustrated in tables 1 and 2.

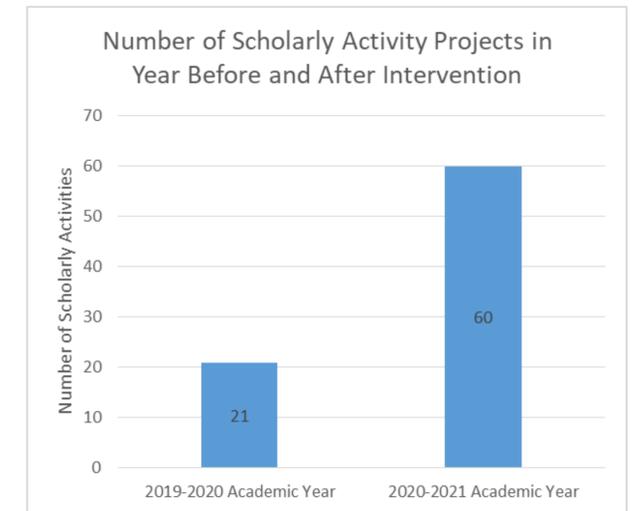
Residents and faculty held a Spring Scientific Scholarship day where all residents were able to showcase their work. There were prizes for posters voted the best by those attending.

What do you consider a barrier to participating in scholarly activity?



Results

We tracked the number of scholarly activities done by our residency program in the academic year prior to our interventions and found that 21 activities were done. The year our interventions were implemented, a total of 60 scholarly activities were completed, demonstrating a 286% increase in the number of projects.



References

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Conclusion / Discussion

Based on our data, the interventions implemented was successful in increasing the amount of scholarly activity in our program. Based on the degree of increase in activity, we hypothesize that more residents struggle with knowing how to go about research and case projects than one might anticipate. Based on ones' background, there could be a huge range in the exposure each resident has had. By presenting a practical, how-to approach to doing a project such as a case report, residents were able to have a reference for how to proceed. Ways to make the process more efficient was also emphasized; this included identifying features that make a patient case good for a case report, getting consent early, and engaging a mentor. Our survey illustrated the areas where problems could arise, such as very few people obtaining consent, which led to us emphasizing obtaining consent early on and making sure everyone knew how to go about this. Particularly ACGME requires that residents present their research findings in an oral and written format. Scholarship day among our own program allowed a more informal setting for residents to present their projects orally. This opportunity led to residents feeling more comfortable talking about their research. They were also able to see other residents' and learn from each others' methods. We plan to continue implementing the interventions we started as well as continuing to come up with ways to increase scholarly activity.

