

Evaluating Internal Medicine Resident Cardiology Knowledge by In-Service Training Exam Performance: A Four-Year Review

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Introduction

The In-Service Training Examination in Internal Medicine (IM-ITE) has been offered annually to all trainees in U.S. medical residency programs since 1988. Its purpose is to provide residents and program directors with an objective assessment of each resident's performance on a written, multiple-choice examination and the performance of the residency program compared with that of its peers.

This study aims to determine which measurable educational objectives contributed to improving In-training examinations in cardiology and which did not. Furthermore, we hope to highlight the strengths and weaknesses of the current knowledge to objectively evaluate and improve our cardiology rotation and education.

Description

We retrospectively reviewed the cardiology content area of the UTRGV-DHR IM in-training program performance report from 2018-2021. First, we compared the overall score report for PGY-1, PGY-2, and PGY-3 to the national mean. We then reviewed cardiology's educational objectives and classified them into four categories by percent correct: <30, 31-55, 56-75, and 76-100. Next, we reviewed the topics of cardiology lectures given from 2018-2021. Finally, we reviewed our program's current available curriculum for cardiology rotation, the ACGME requirement, and the ABIM blueprint. Items with a score of <30 and 31-55 were considered areas of weakness, and a score of 76-100 was regarded as an area of strength. The cardiology didactic and rotation curriculum is updated according to areas of weakness, ACGME requirements, and the ABIM blueprint.

Discussion

Although many other factors such as increased studying time, presence or lack of life stressors, and previous knowledge base may influence ITE scores, we can use the

patterns that we identify to tailor our didactics and cardiology rotation to improve the program.

This review identifies some gaps in our program cardiology educational/didactic experience. It also highlights the urgent need to formally define and study what constitutes an effective, adaptive, and dynamic "core" lectures/rotation curriculum for the cardiology experience of the internal medicine residents at UTRGV-DHR.

Lastly, in looking ahead, the applicable program's next step will be to provide ongoing feedback and monitor the process.

References

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