

The Benefit of a Formal Plastic Surgery In-Service Conference

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INTRODUCTION: Annually, residents are expected to take an in-service examination to gauge their understanding of plastic surgery knowledge and prepare them for the American Board of Plastic Surgery written examination. In addition, in-service score are now being used as an assessment tool for fellowship applicants. Because of the breadth of Plastic Surgery material, it is difficult to prepare a resident for such a comprehensive examination. At the University of Utah, a weekly conference was instituted to help prepare residents for the in-service and board examination with the goal of improving scores.

MATERIALS AND METHODS: A weekly 90 min review conference was initiated at the University of Utah in an effort to improve in-service scores. Residents along with a member of the faculty reviewed old in-service examination questions and discussed the selected topics in depth. The residents' examination score averages per PGY level were compared from years before and after initiation of the conference. In addition, examination scores for each individual were compared before and after initiation of the conference. Paired *t*-test comparisons were performed to analyze the results.

RESULTS: Statistically significant improvement in residents examination scores averages were observed from years before and after initiation of the conference after the second year of training (42% vs 62%, $p = 0.03$). Furthermore, examination scores for each individual obtained the years before and the year after initiation of the conference significantly improved (31% vs 71%, $p = 0.01$). When comparing individuals in years prior to implementation of the conference there was no statistically significant improvement from year to year.

CONCLUSION: Implementation of a formal weekly in-service conference significantly improved performance on the in-service examination. Improvement was found when

comparing between PGY training level after the second year of training and individually for residents. These results advocate for a focused educational conference for preparation for the in-service examination. (J Surg Ed ■■■-■■■. Published by Elsevier Inc on behalf of the Association of Program Directors in Surgery)

KEY WORDS: plastic surgery, education, resident, conference

COMPETENCY: Medical Knowledge

BACKGROUND

The in-service examination has become a mainstay for assessment of a resident's competency in Plastic Surgery. Previously, the in-service examination was only a marker to determine one own's understanding of Plastic Surgery knowledge. Nowadays, the scores are being used as tool to identify potential candidates for fellowship positions. With the growing importance of this examination, more research is being done to better understand the examination and how to prepare for it. Silvestre et al. have looked at the what topics are integral to the examination. This group has broken down the examination into its subjects (hand, craniofacial, breast, cosmetics, and miscellaneous) and identified the core themes in each subject.^{1,2} Others have published on what literature is most relevant in preparation for the examination.^{3,4,6} These are all attempts to further delineate what the examination covers in hopes of improving scores and making sure residency programs provide their residents with the most relevant information for the examination. Though some research has been done to assess the examination,¹⁻⁶ there is little research on how to truly educate the resident population and what methodologies will improve in-service scores.

Early on at our institution, we began to put effort into improving in-service scores. We first attempted to improve scores by implementing a cutoff of greater than 20% that University of Utah residents were required to meet. Those that did not meet this cutoff score underwent remedial education consisting of punitive measures (i.e., repeat

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FIGURE 1. The in-service conference at the University of Utah. The ACAPS website in-service questions are used as a template.

examination and placement of academic probation). The subsequent year, we implemented the in-service conference, as punitive measures alone were not effective.

METHODS

A weekly 90-minute conference was initiated to improve resident scores and providing residents with the knowledge they would need to succeed at this examination. Residents along with a member of the faculty would review old in-service examination questions during the conference (Fig. 1). This provided a forum to not only give residents the information about a specific subject matter but to further dissect the information and allow for meaningful discussion about the subject. This allowed the residents to better gauge how well their knowledge was progressing.

The study compares resident in-service training score percentiles before and after implementation of the conference. We compared the average per year of residency for the year before beginning the conference, and after the conference was initiated. Year 1, punitive measures were implemented and after Year 2 the conference was implemented. The

dates of implementation are not reported to protect the identity of the residents involved in the study. Only residents that completed the examination both before and after implementation of the conference were included in the study to allow for a direct personal comparison before and after the conference started. A total of 8 resident years were assessed. Totally, 5 before implementation of the conference and 3 were assessed after implementation of the conference. We also trended the score percentile of each individual resident who completed the examination all 3 years, comparing their individual score percentiles from year to year to determine improvement. We decided to use score percentiles so the resident would be compared to other individuals nationally per training year. This would compensate for the general improvement residents gain in their knowledge throughout residency and eliminate this as a confounding factor. Statistical significance was evaluated using paired student *t*-test looking for $p < 0.05$.

RESULTS

We found a significant improvement with in-service scores with implementation of the conference. When comparing averages per year of residency, before the conference, for the third year residents the average went up from 1% to 80% (Fig. 2). For second year residents, before the conference the average went from 15.5% to 42% which though an improvement was not statistically significant. However, after implementation of the conference, scores went up significantly from 42% to 62%. With first year residents, there was an increase from 6% to 20% before the conference and from 20% to 28% after the conference. Though the average trended up for first year residents, it was not statistically significant.

When comparing individual resident scores, Resident 1's score went from 6% to 27% before the conference but had a statistically significant increase from 27% to 80% after implementation of the conference (Fig. 3). Resident 2's

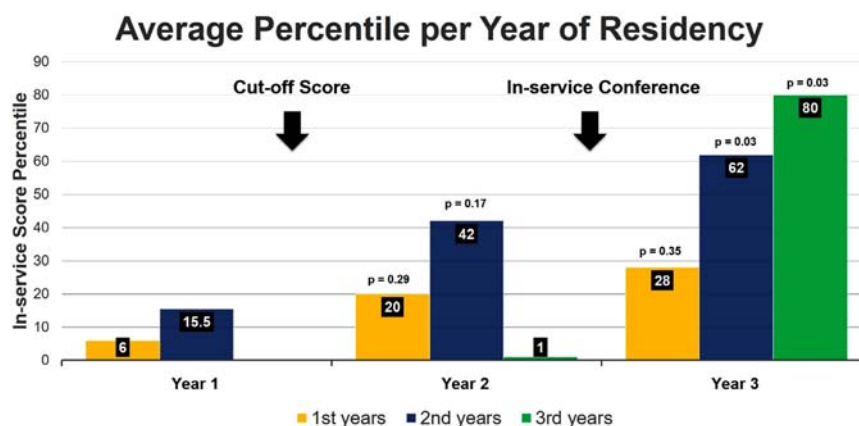


FIGURE 2. This chart represents the improvement seen by year of training for the year before the start of the in-service conference and the year after. The *p* values above the bar represent the statistical significance of score improvement.

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