



# Six Month Follow-up Results for A Four-Week Residency Preparation Course “Boot Camp”

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## BACKGROUND

- Literature pertaining to residency preparation courses (RPCs) or “boot camps” dates back to at least 2004<sup>1</sup>
- There is growing acceptance of RPCs<sup>2</sup>
  - Better prepares medical students for day one of internship
  - Mitigate safety concerns around a “July Phenomenon”<sup>3</sup>
- RPC required for all graduating students from Michigan Medicine, so there was a mandate to develop a course for Family Medicine
- Previously described RPCs for primary care were  $\leq 2$  weeks, but we believe this was the first 4 week transition course in Family Medicine (FM)<sup>4-6</sup>
- Previously reported feedback data showed lukewarm reception from involved students<sup>7</sup>
  - We hypothesized that Six-Month Follow-up data would be more favorable
  - Six-Month follow-up data presented here

## METHODS

- Course completed March 2018
  - Around the time of Match
  - Eight students, all matching in Family Medicine
- Course Content (see Figure 1)**
  - Created with focus groups of interns and residency leadership within our department
  - Medical knowledge review
  - Clinical simulations of procedures
  - Mock paging curriculum
- Assessments**
  - Pre-, post-, and Six-Month follow-up surveys of students’ attitudes relative to the course and future practice of medicine
  - Pre/post knowledge test and feedback on performance of procedures and paging were reported previously<sup>7</sup>
- Six-month follow-up survey completed September 2018**
  - Three months into residency, six months after course
  - Via Qualtrics to permanent email addresses they had provided
  - No remuneration

Figure 1. Schedule

Date	Time	Topic
Mon/5	8A-9A	Intro, Orientation
	9A-12P	Pre-test (Aquifer)
	1-2P	Approach to Respiratory Emergencies
	2-5P	Respiratory Cases & Colonoscopy
Tues/6	9A-10A	Approach to Paging
	10A-12P	Screening (HME)
	1P-2P	Resilience
	2P-4P	NG Tube and IV placement
	4P-5P	Intro to Individual Development Plan
Wed/7	10A-12P	Lumbar Puncture
	1P-3P	Billing/coding Basics
Thurs/8	8A-12P	Thoracentesis (with IM)
	1-2:30P	Resident as Teacher
	2:30-5P	Self-directed learning (e.g., develop chalk talks)
Fri/9	8A-12P	Co-precepting (Chelsea) KM, ES, SW
	1P-5P	Co-precepting (Chelsea) YB, BD, MK
Mon/12	10A-12P	ACLS Intro
	1:30-5	ACLS Cases
Tues/13	9A-12P	NBME Health System Science Exam
	1P-3P	Efficiency, Intern Survival Skills
	3P-5P	Self-directed learning (e.g., iSim)
Wed/14	8A-10A	Fam. Med. Grand Rounds
	10A-12P	FM Resident Conference
	1P-5P	FAST/Abdominal Ultrasound
Thurs/15	9A-10:30	Professionalism
	10:30-12	Communication Skills (with staff and agenda setting w/ pts.)
	1P-4P	Perineal Repair and OB Ultrasound
Fri/16		MATCH DAY – no residency prep activities scheduled
Mon/19	10A-12P	Note Writing
	1P-5P	Co-precepting (Chelsea) CL, NZ
Tues/20	10A-12P	Paracentesis
	1P-5P	Self-directed learning (e.g., Aquifer cases)
Wed/21	9A-11A	Difficult Conversations (Breaking Bad News)
	11A-12P	EBM Overview
	12:50-1:50	Briarwood All Team Meeting
	2-3P	Chalk Talks
Thurs/22	9A-10A	Outpatient Management of Chronic Disease
	10-10:30	Break/Room Change
	10:30-12	Anx/Dep/Mental Illness
	1P-5P	Self-directed learning
Fri/23	9-10	Shock
	10-11:30	Central Lines
	11:30-1:30	Individual feedback
	1:30-3	Paging Debriefing
	3-5	Self-directed learning
Mon/26	10A-12P	OB Triage, Day 1 L&D
	1P-2P	Death Exam
	2P-3P	Delirium
	3P-3:40	Signout/Cross Coverage
	3:40-4:20	Stress Testing + Pre-operative Exam
	4:20-5P	Bugs and Drugs
Tues/27	9A-12P	Self-directed learning
	1P-5P	Self-directed learning
Wed/28	8A-10A	Fam. Med. Morbidity and Mortality Conf.
	10A-12P	FM Resident Conference
	1P-2P	Cervical Cancer Screening
	2P-3P	Vaginitis
	3P-4P	Contraception 101
	4P-5P	Self-directed learning
5P-6P	NBME Health System Science Review	
Thurs/29	10A-11A	PCMH/Population Management
	11A-12P	Well Child Exam
	1P-4P	Wrap up, post test (Aquifer)
Fri/30		Good Friday and start of Passover
		Self-directed learning

## RESULTS

### Demographics

- 8 total student participants
  - All fourth year medical students
  - 4 male, 4 female
- All applied to Family Medicine
- All matched into Family Medicine
- 6 (75%) responded to Six-Month Follow-up Survey

### Narrative Comments

If you *already used something from the course* during internship, what was it?

“Perineal lac (sic) repair”  
 “Antibiotic coverage, pap smear guidelines”  
 “Closed loop communication from paging curriculum”

What *skill or knowledge did you attain in this course* that you did not acquire from a sub-internship?

“OB procedure training”  
 “Placing *central lines*”

“*Procedure* experience”  
 “Revisiting primary care topics that I would not have seen on a sub-I”

“Outpatient *cross-cover* calls”  
 “How to *respond to pages*”

### Selected 6-Mos. Follow-up Survey Responses

	N	Mean (1=strongly disagree to 5=strongly agree)	Standard Deviation	Range
I used something I learned from the RPC already	6 (75%)	4.33	0.47	4-5
The RPC helped me learn to communicate with staff	6 (75%)	4.00	0	
The RPC helped prepare me for internship	6 (75%)	3.50	0.5	3-4

## CONCLUSIONS

- RPCs are appreciated by students and teaching faculty alike<sup>2</sup>
- We created a novel four week long pilot course that can serve as a launching point for further development and study
- Immediate feedback was critical of the course design, especially the amount of time devoted to clinical simulation. After experience in residency, the course seemed to be viewed more favorably and time in clinical simulation was judged as one of the more valuable aspects of the course.

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