Resident Experiences with the Individualized Curriculum: Current State and Future Opportunities

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Disclosure

We have documented that we have no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.

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Background

• 2016 residency graduates are the first cohort to complete training since establishment of the ACGME requirement for an individualized curriculum

• Little is known about residents’ experiences across programs for these six months
  – What is known is that programs’ approaches to these 6 months seem to encompass a considerable range
Research Aim

• Determine graduating pediatric resident experiences with the individualized curriculum
Methods

• National, random survey sample of 1000 graduating pediatric residents
  – May-September 2016

• Questions on Individualized Curriculum were nested in the 2016 AAP Annual Survey of Graduating Residents

• Residents were asked about the methods for selecting their individualized curriculum units (months/rotations) and responded yes or no for each:
  – Resident-defined
  – Chosen from program options
  – Assigned by program
Methods

• Residents were also asked how important the individualized curriculum was in preparing them for the next steps in their career
  – Extremely important, Important, Moderately important, Somewhat important, Not very important
• Finally, residents were asked to provide the focus of the individualized curriculum they found most valuable
  – Free text response
Analysis

• Chi square tests examined relationships between individualized curriculum experiences and
  – Career goals (primary care, subspecialist, hospitalist)
  – Program size (small, medium, large)
• Free text responses on valuable individualized curriculum experiences were reviewed for common themes
Results

- Response rate: 555/1000
- Chose individualized curriculum options from a program supplied list: 96.5%
- Assigned at least part of their experiences by program: 60.9%
- Defined at least part of their individualized curriculum: 50.5%
Results

- Residents with subspecialty career goals were more likely (compared to primary care or hospitalist goals) to have IC experiences defined by themselves, p<0.05.
- There were no significant differences seen across program size.
Graduating pediatric resident type of individualized curriculum experience by career goal

Defined by resident
- Primary care: 45%
- Hospitalist: 46%
- Subspecialist: 56%

Assigned by program
- Primary care: 65%
- Hospitalist: 57%
- Subspecialist: 58%

Chosen from program list
- Primary care: 96%
- Hospitalist: 99%
- Subspecialist: 97%

N=513

Source: AAP Annual Survey of Graduating Residents, 2016
Graduating pediatric resident type of individualized curriculum experience by program size*

N=543

- Defined by resident: Small (55%), Medium (53%), Large (47%)
- Assigned by program: Small (55%), Medium (66%), Large (58%)
- Chosen from program list: Small (97%), Medium (95%), Large (98%)

*p=.31, p=.11, p=.22

*Program class size (Small: < 10 residents; Medium: 11-19; Large: 20 or more)
Source: AAP Annual Survey of Graduating Residents, 2016

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Results

• Most residents (60.7%) found their individualized curriculum experiences to be extremely important/important to next steps in their careers, with no differences by career goal (p=.91) or program size (p=.56)

• Residents who chose at least part of their individualized curriculum experiences (both self-defined and from a program list) were more likely to report their IC experiences were extremely important or important to the next steps in their career, p<0.01 for both
Importance of individualized curriculum to next steps of careers

61% found their experience to be extremely important or important

N=544

- Not very important: 5%
- Somewhat important: 15%
- Moderately important: 19%
- Important: 39%
- Extremely important: 22%

Source: AAP Annual Survey of Graduating Residents, 2016
Importance of individualized curriculum to next steps of careers by whether residents defined at least part of their experience: % reporting extremely important or important

N=536

Defined by resident
- Yes: 68%
- No: 53%

Source: AAP Annual Survey of Graduating Residents, 2016
Results

• 381 respondents answered the question about the most valuable focus of the individualized curriculum
  – Specialty specific experiences (114)
  – Experiences related to future career (48)
  – Primary care experiences (34)
  – Outpatient experiences (28)
  – Private practice experiences (21)
  – Procedural experiences (20)
  – Self-defined experiences (18)
  – Research experiences (18)
  – International/Global health experiences (17)
  – Hospital medicine experiences (12)
Discussion

• Chose individualized curriculum options from a program supplied list: 96.5%
  – This is a practical approach to ensure robust, meaningful, well-designed, and planned experiences for residents

• Assigned at least part of their experiences by program: 60.9%
  – This is grounded in practical approaches as well but is perhaps a little less ideal

• Defined at least part of their individualized curriculum: 50.5%
  – This seems lower than we might want if we are truly being learner-centered
Discussion

• Program defined individualized experiences are more common than resident defined individualized curriculum experiences but many have a mix

• With residents considering self-chosen experiences to be an important component of their individualized curriculum experiences, future efforts should focus on maximizing these beneficial opportunities
  – Perhaps most important to focus on this for residents entering primary care or hospital medicine
Limitations

- Cross sectional survey data
- Non-response bias
- Self-reported data from residents
  - Recall bias
Practical Bottom Lines

• Programs have achieved noteworthy initial successes in making the individualized curriculum learner-centered for residents
  – This is not an easy task when running a residency program

• Additional progress seems desirable based on resident reports, and future efforts should maximize resident defined individualized curriculum experiences
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