THE EFFECTIVENESS OF IMPLEMENTING A KNOWLEDGE-BASED REVIEW COURSE FOR RESIDENTS

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Abstract:
The ACGME (Accreditation Council for Graduate Medical Education) requires a sufficient medical knowledge base as one of the six core competencies in residency training. While various program-based metrics have been used to test the knowledge base, nearly all psychiatry residents in the United States take the standardized American College of Psychiatrists PRITE (Psychiatry Resident- In-Training Examination) during their training. It provides feedback to the individual residents about the status of their knowledge as compared to others at the same level of training (1).

Our residency training program designed a formal summer short- course review with the hypothesis that the course would improve general knowledge as measured by the PRITE; and with the objective that this course would enrich the residents’ general knowledge base in psychiatry and neurology. We designed a weekly curriculum composed of nine review sessions: each lasted two hours and was equally didactic and active-learning-based.

Attendance among the PGY-III, IV, and V classes was 82%, 73%, and 94%, respectively. Eighty-two out of eighty-eight residents (94%) completed a survey midway through the course. 61% of the residents felt that the course met its objectives all of the time, while 72% of the residents strongly agreed that the course was presented in an “easy-to-follow and understand manner.” 100% responded that the didactic component was useful, and 94% felt that the game show component was useful.

This type of focused, innovative program was well accepted by the residents. Here, we also present effectiveness data based on recent PRITE results.

Introduction:
Our residency training program is interested in developing a formal curriculum that enriches residents’ general knowledge in psychiatry, guided by the annual PRITE examination, which was found to be a “moderate predictor” of performance on the American Board of Psychiatry and Neurology (ABPN) Part I examination in psychiatry. Webb et al. reported that the correlation between PRITE scores and subsequent performance on the American Board of Psychiatry and Neurology Part 1 written examination is 0.67, “a fair correlation” (2). Smeltzer and Jones examined the validity of the PRITE. They noted that context validity, the degree to which items on the PRITE are accurate and reasonably representative of the knowledge that is needed to be mastered during a psychiatry residency, was “appropriately evaluated.” The global score on each of the PRITEs evaluated had reliability comparable to standard certification examinations used in medical education (3).

To our knowledge, most residents prepare individually for the PRITE by simply reviewing prior exams. We could find no published data on interventions for psychiatry residency programs specifically. Literature search conducted on PUB Med did not reveal any such studies (i.e. “No items found”), based on a search by using “Psychiatry,” “Training Programs,” “Residency,” “Improving General Psychiatry Knowledge,” “Improving PRITE scores” as keywords. On the other hand, Neurology and Surgical residency training programs have tested program interventions to improve both general knowledge in these fields, as well as improve their yearly residency in-training examinations—the Neurology RITE (4) and the American Board of Surgery In-Training Exam (ABITE)(5), respectively.

This pilot project at the Harvard South Shore Psychiatry Residency Training Program (HSSPRTP) is intended to enhance general knowledge as measured by PRITE scores.

Methods:
We designed a once-a-week course, called the Knowledge Base Review (KBR), of nine sessions that led up to the fall PRITE. Each session was two hours-long and was equally didactic and active learning-based. The first hour spotlighted one of the 12 subscales of the PRITE with a PowerPoint lecture presented with an interactive residency group discussion. The second hour was a video-projection question and answer test that had the same format, balance, and subject content of the Psychiatry written board exams, which also included Neurology. Four teams of residents, comprised of balanced, mixed levels of training, actively competed in a game show style manner which resembled Family Feud. Each team convened and selected their answer choice collectively, an explanation of the correct response appeared, and then there was a group residency discussion. The 2 pairs of teams competed against one another over the course of the 9 sessions.

Mid-cycle into the KBR course, we collected evaluation forms from all of the residents who participated.

Results:

Resident Evaluation Form for the Knowledge Base Review (KBR):

- On a scale of 1 to 5, how would you rate the course?
  - 1 = Poorly, 5 = Great
- Would you attend another session of the course?
  - 1 = No, 5 = Yes

Sample Questions:
A patient comes into the clinic carrying a diagnosis of schizoid personality disorder. To help confirm this diagnosis, you would look for which one of the following?
A. Bright, rewiring clothing
B. Grandiosity
C. Paranoia
D. Lack of close relationships
E. Magically thinking

Conclusions:
1. This type of focused, innovative program was well accepted by the residents.
2. Some sub-sections (three) within global psychiatry were not covered, so we may see more of an effect if we look at them.
3. Feedback forms had written suggestions for areas for improvement:
   - “Use old PRITE exams as a pre- and post-curriculum measure to gauge areas that improved and still needed improvement.”
   - “Incorporate clinical case vignette discussions into the didactic lecture.”
4. Effect on scores: quantitative data suggest some impact of the KBR, since there was a trend towards improvement in Global Psychiatry scores and a decrease in Neurology, which was not addressed by the KBR course.

References: