

Use of GME Research Competitions as a Content Element in Live CME Symposia

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Learning Objectives of Poster

- Describe the evolution of house-staff research contests (HSRC) as an adjunct to live CME activities.
- Describe the various results obtained from longitudinal improvements to HSRC.
- Relate the results of this intervention to the SQUIRE-EDU proposed framework.

SQUIRE or SQUIRE-EDU Components (1)

Discussion

SQ-EDU 14. Guiding theory used to direct the change:

Our institution uses the Plan-Do-Study-Act (PDSA) framework for quality improvement projects. This project uses each annual symposium contest as its Plan-Do cycle, and the beginning of the next year's symposium planning constitutes the Study-Act steps of the improvement cycle.

SQUIRE 16. Analysis:

One department (neonatology) has sponsored a contest across 4-years, a second department (Urology) has sponsored their contest across 3 years, two departments (Gastroenterology, Pediatric Endocrinology) have each sponsored a contest for 1 year. Our preliminary measures suggest that the presence of a research submission component in a CME curriculum positively influences both the total number of house-staff submissions and total house-staff participants at the live CME.

SQ-EDU 15c. Impact of the intervention(s) on learners, faculty, educational program:

Overall participation appears to have mostly increased over successive years of each department's annual contest, evaluating number of contest entries and number of resident/fellow attendees. Satisfaction of entrants has not been programmatically measured, and will be addressed as an iterative improvement in the coming cycle.

SQUIRE 18-Funding

Funding: grants are frequently available in CME; resources are frequently scarce in GME.

SQ-EDU 1. Concerns efforts to improve health professions education :

This poster studies ways in which the GME-CME continuum can be strengthened by including residents/fellows as poster competitors in CME symposia.⁽²⁾⁽³⁾

SQ-EDU 2. Keywords include a focus on education and learning:

CME-GME continuum, resident scholarly activity, needs assessment, poster competition

Introduction

SQ-EDU 3. Describe the need for change in the local system:

In order to signal our institution's academic collegiality to fellow institutions owned by rival HCD's, we added a house-staff/graduate-trainee academic contest to several CME regional long-format events.

SQUIRE 4. Available knowledge:

Fellows and Residents typically have few opportunities for research feedback outside of their own training programs. Currently at our institution, very few house staff research projects undertaken in training ultimately result in journal publication. Yet GME research content can inform knowledge translation during CME/CPD live events⁽²⁾, as well as foster early adoption of lifelong learning practices by residents and fellow⁽⁴⁾

SQ-EDU 5. Identify the guiding theory and the need for change:

ACGME now requires that House-staff training include participation in scholarly activity.⁽⁵⁾

Providing a gateway to judge- and audience-feedback gives house staff additional opportunities to refine research, writing, and presentation skills, and external competitions may incentivize scholarly entrants.

SQUIRE 6. Purpose of the project and this report:

Twofold purpose: i) To increase GME educator and resident awareness of CME symposia space; and ii) To provide a forum for disseminating house staff research.

Methods

SQ-EDU 7a. Contextual elements for learning before the intervention(s):

With live subspecialty CME topics crowding the landscape in the NYC-region, CME audience building faces trans-institutional barriers that arise from healthcare-delivery (HCD) system competitiveness in perceived "care catchment areas".

SQ-EDU 7b. The interrelationships between the contextual elements before the intervention(s):

CME as a learning environment has become siloed separate from GME. (1) CME often occurs as passive didactic lectures, featuring little group interactivity and less interprofessional exchange. CME planned as a constructivist "brain filling" exercise for clinicians fails to leverage clinical learners as educators and providers of trainee feedback.

SQ-EDU 8a. Description of the interventions:

Primary interventions included: Incorporating a call for posters/abstracts within the CME activity promotion brochure, emails, and website. We open these research contests to house-staff regional peer institutions, in order to promote a wider awareness of CME curriculum and engagement of house staff trainees in live CME activities. Author entrants who achieve finalist threshold in initial submission screening are offered complimentary registration to the event to encourage attendance. Winners and prize presentation are announced as part of the CME symposia proceedings.

Subsequent annual iterative improvements included:

- Introduction of a structured abstract submission form;
- Establishing distinct categories for abstract submission; and,
- Moving from a single contest judge to panel judging.

SQ-EDU 8b. Specify how the interprofessional education team was part of the design of the intervention:

Interprofessional team was not part of the design of the abstract competition. Activity director and judges were all physicians.

SQ-EDU 9a. Approach used to understand the impact of the educational intervention(s):

Our analysis of the registration and attendance numbers for two of the annual recurring symposia shows anecdotal evidence that intra-institution rivalry of CME Events is lessened by GME contest offering, and intra-institutional participation increased.

SQ-EDU 9b. Assessing the fidelity of and the iterative changes to the planned intervention(s) over time:

Contest sponsor templates and judging templates are maintained in the CME office, to encourage consistency of approach to research contests across sponsoring departments.

SQ-EDU 10. Measures to assess the educational processes and outcomes:

We assess how iterative improvements to the annual contest offering in each specialty impact on the number of submissions and attendance from participating institutions, as summarized in Table 1.

SQUIRE 11. Limitations (Barriers):

- Communicating effectively/timely across institutional boundaries,
- Inter-rater reliability among a small number of judges, and
- Changing submission categories and award slots from year to year, confounding to longitudinal analysis
- Venue of the live CME activity can be a barrier or facilitator for intra-institutional contest entrants depending on entrant's location.
- Prize money is thought to be a major facilitator and motivator of entries.

Symposium	Symposium Date	Cash Awards	Nbr of winners	Nth Yr contest	Entries rec'd	Institutions invited	Institutions entered	Entry Categ's	Multi-rater judging	Res/Fell att'd	Total att'd
Neonatology	3/10/16	Yes	1	1	10	8	6	1	Y	10	227
	3/9/17	Yes	2	2	8	8	6	1	Y	11	260
	3/8/18	Yes	6	3	19	8	6	3	Y	8	254
	3/7/19	Yes	3	4	13	8	5	3	Y	16	213
Urology/Men's Hlth	10/18/17	Yes	1	1	9	9	2	2	Y	25	62
	10/17/18	Yes	1	2	5	9	2	1	Y	5	65
	10/23/19	Yes	1	3	6	9	2	1	Y	13	42
IBD Quality Care(GI)	4/12/19	No	1	1	3	1	1	1	N	8	41
Ped. Endocrinology	11/8/19	Yes	6	1	14	9	9	3	Y	24	56
					Total	87				Total	122

Table 1. GME Contest Submissions and GME Resident/ Fellow Attendance at Contest-Sponsoring Annual CME Symposia

SQ-EDU 12. Approaches to address vulnerability of learner participants:

Residents and Fellows self-identify by entering the poster competition; the competitions are multi-institutional, and poster judges have no part in influencing GME grades or other training assessments. 12: Grading/judging/scores not made public.

Results

SQ-EDU 13a. Iterative modifications based on assessment of the learning:

Across 10 symposia in a 4-year period in 4 specialties, we sponsored some form of academic contest for residents/fellows. Most contests offered a cash prize and judging by attending-faculty. One annual symposia features selection of a winner via audience-response. In 10 contests, 50 graduate programs were invited, 78 entrants submitted from 27 GME programs, and 20 winners won a total of \$25,900 in awards. (See Table 1 for aggregate data).

References

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