

A “Boot Camp” to Support Med-Peds Interns in Specialty Transitions

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BACKGROUND: Med-Peds (MP) interns face a unique challenge of switching between two distinct medical specialties during their intern year, as they must regularly switch between Internal Medicine and Pediatrics. The first switch from Internal Medicine to Pediatrics or vice versa is often particularly anxiety-provoking, as many MP residents feel behind as compared to their categorical colleagues who have already completed several months of training in their chosen specialty. We are unaware of any published curricula to support MP interns as they make this initial transition between specialties.

PRIMARY OBJECTIVE: To create a curriculum designed to support MP interns prior to their first specialty transition.

METHODS: We utilized Kern’s 6-Step Framework to assess the challenges associated with these transitions and design a novel curriculum to better prepare MP interns for their first switch from Pediatrics to Internal Medicine or vice versa. A needs assessment of current residents indicated that most (69%) felt significant anxiety prior to their first switch. Interns felt most unprepared for clinical management of common conditions in their upcoming specialty, and residents recalled difficulty adjusting to a new EMR and hospital system. We developed a half-day curriculum implemented just prior to the first switch to address these concerns. To review management of common clinical conditions in each specialty, we created interactive clinical cases and chalk talks. We also utilized near-peer teaching as well as intern-to-intern teaching on pre-written cases. Additionally, we reviewed hospital system procedures and EMR set-up at new clinical sites. The day concluded with a program-wide dinner to share advice about the first switch with interns.

RESULTS: Interns were surveyed before and after the boot camp. Upon completion, fewer interns felt moderately or very nervous (25% post vs 75% pre), and more felt very confident in using the EMR at their upcoming site (75% post vs 50% pre). Additionally, all interns felt moderately or very confident in their understanding of senior resident and attending expectations post-curriculum (100% post vs 0% pre).

CONCLUSIONS: After participating in a novel curriculum, MP interns feel more prepared and less anxious prior to their first specialty transition. Moving forward, we will use post-intervention feedback to optimize our curriculum for the incoming intern class. Adoption of a similar curriculum would likely benefit MP interns in other programs.