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Title

Procedures and pipeline: can clerkship procedural skills training increase career interest in family medicine?

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

Context/Objective: Due to the shortage of primary care providers, many studies have been done to determine what factors influence medical students' decisions to pursue Family Medicine (FM). Learning basic outpatient procedures is exciting for medical students. We proposed that by incorporating a procedural training workshop into our FM Core Clerkship rotation, we will increase medical students' awareness of and interest in FM as a career choice.

Setting/Populations: Our procedure workshops involve monthly cohorts of clinical (3rd year plus) Stanford FM Core Clerkship medical students.

Intervention/Study design: The 2-hour workshop includes 30 minutes of didactics followed by practice on models. Our FM residents and attendings teach Intrauterine Device (IUD)/Nexplanon insertion & removal; abscess incision & drainage; shave/punch biopsy; knee, shoulder & trigger finger injections. Data collection ran from April 2019 through June 2022 (with a hiatus during initial pandemic months). Medical students were surveyed with multiple choice, Likert scale, and open-ended questions at 3 time points. We administered pre-and post-clerkship surveys to assess: (1) student interest in FM as a career choice, (2) knowledge of FM and its scope of practice, and (3) perceived comfort level with procedural skills. In addition, a short evaluation was administered after the workshop to gauge students' perceptions of teaching quality for each procedure and value of skill learnt.

Outcomes/Results: We collected survey responses from 95 students. Data analysis shows that our procedural workshop expands students' interest in FM as a career choice, knowledge of FM and its scope of practice, and improves comfort level with procedural skills.

Conclusions: By holding a workshop where medical students can perform a range of office-based procedures on reusable or easy-to-make models, we provide a novel setting for medical students to engage with FM residents and faculty, while learning more about this exciting field. This may be a practical way to increase the number of physicians entering primary care in the future, especially if this

workshop is held early in the students' training. We hope that our work inspires other institutions to develop similar procedural curricula to expose medical students to engaging aspects of FM.