

## 6 Intern Self-Reported Preparedness for Residency: An ACGME Milestone-Based Study

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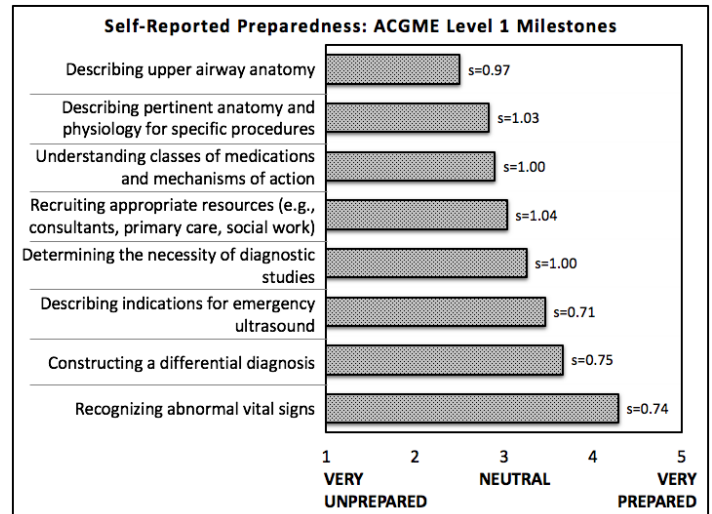
**Objective:** Transitioning from medical school to internship is challenging. While several curricula for medical students and interns have been proposed during this transition period, there has not been a large-scale self assessment of incoming emergency medicine (EM) interns' preparedness for EM milestones. While many medical schools and EM residencies host "boot camps" or other intensive orientation programs for EM-bound students, having knowledge of incoming EM residents' self-perceived strengths and weaknesses will help clerkship directors and EM residency leadership better serve this group of learners.

Milestones in EM are used in the United States to measure residents' progress and determine competence at residency completion.<sup>4</sup> Incoming interns are expected to have achieved level 1 milestones by the time they enter residency, to have achieved level 2 milestones between the first and second year, and to have achieved level 4 milestones before completion of residency. We reached out to 151 newly-matched interns at 11 different sites to ask about their self-perceived "preparedness" for levels 1, 2, and 3 of our eight selected EM milestones (numbers 1, 3, 4, 5, 7, 9, 10, and 12).

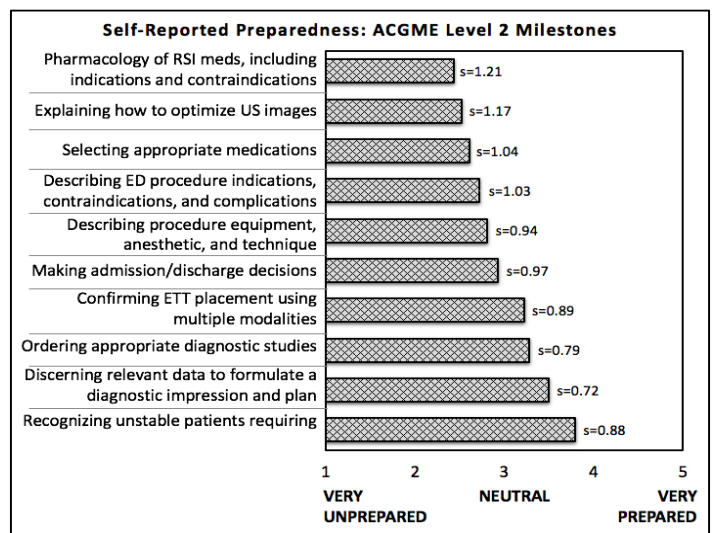
**Design and Method:** This was a prospective, cross-sectional study of 151 newly-matched pre-interns at 11 EM residency programs. We included all newly-matched interns at each program. Interns were invited via email from their programs to complete a voluntary, anonymous survey prior to the start of residency. The survey used a Likert scale (1 = very unprepared to 5 = extremely prepared) to assess self-reported preparedness to

perform levels 1 and 2 of milestones 1, 3, 4, 5, 7, 9, 10, and 12. Milestones were chosen based on ease of teaching in an EM case curriculum that was later implemented.

**Results:** A total of 126 pre-interns completed the survey (response rate 83.4%). Mean and standard deviation values are reported in Figures 1 and 2].



**Figure 1.** Self-reported intern preparedness to perform level 1 emergency medicine Milestones, using a Likert scale (1 representing "very unprepared" and 5 representing "very prepared"). Standard deviation is represented by "s."



ACGME, Accreditation Council for Graduate Medical Education; ETT, endotracheal tube.

**Conclusion:** Subjects reported highest level of preparedness for emergency stabilization (PC1), and lowest levels of preparedness for airway management (PC10) and pharmacological management (PC5). The data suggest that teachers of fourth-year medical students and new EM interns may want to emphasize milestones 5 and 10 early in internship or late in medical school.