

Leveraging Virtual Boot Camp to Alleviate First Year Dermatology Resident Anxiety

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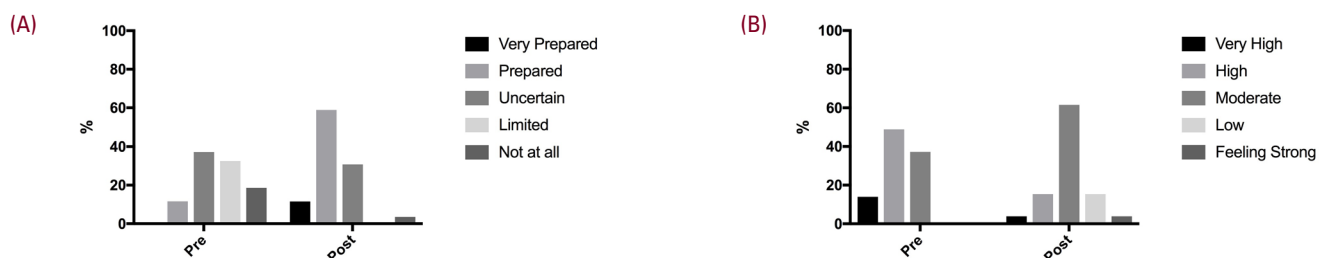
The coronavirus disease pandemic has quickly and abruptly altered workflow and education across medical specialties. As the health crisis persists in the United States, change will be the norm for the foreseeable future. Dermatology residents report high levels of anxiety, with concerns ranging from redeployment to career prospects.¹ In this era of rapidly evolving medical practice and education, the latest cohort entering their first year of dermatology residency still face all the traditional challenges of entering specialty training, such as learning the lexicon and the diagnostic skills fundamental to dermatology.

Various specialties use intensive skills courses, or “boot camps,” to build the knowledge base and procedural skills of new residents,² but creative methods of delivery are increasingly necessary due to social distancing. We hosted a virtual dermatology boot camp specifically for PGY-2 dermatology residents, with topics such as the dermatology lexicon, approaching inpatient consults, common treatment regimens and introductory dermatopathology. Furthermore, given the known gaps in training and practice in managing melanin-rich skin,³ dedicated time was allotted to highlight the unique nuances of diseases in all skin types and to emphasize the importance of inclusivity early in training. The interactive lectures were presented live through a virtual platform, allowing teaching through the Socratic method and input from expert speakers in real-time. The event was also recorded with playback capability for trainees to review any missed portions or reinforce key concepts. To assess the utility and efficacy of the virtual boot camp, pre-webinar and post-webinar polling gauged self-reported preparedness and anxiety related to starting specialty training.

Sixty-eight dermatology residents participated in the webinar, and the polling response rate was 63.23%. Before the boot camp, more than half of attendees reported limited to no sense of preparedness (51.56%) (Figure 1A), and 62.79% reported a “high” to “very high” level of anxiety surrounding dermatology residency (Figure 1B). After the intensive boot camp, the percentage of residents rating their readiness as “prepared” increased dramatically from 11.63% to 58.85%, with an additional 11.54% considering themselves “very prepared” (Figure 1A). “High” to “very high” reported anxiety levels decreased to 19.23%, a 43.56% change, after the boot camp, with more residents overall classifying their anxiety on the lower end of the spectrum when compared to the pre-webinar results (Figure 1B). Extrapolating from these data may be difficult due to self-selection bias, observational bias and the small proportion of PGY-2 residents captured. We suspect, however, that the angst surrounding beginning dermatology residency is underreported and is similar across programs nationwide.

The ongoing discussion of ways to minimize disruptions to trainee education^{4,5} and our sampling of PGY-2 perspectives reflect the chance to leverage challenges posed by the pandemic as opportunities to better transition our residents into dermatology. Virtual curricula allow robust exposure to expertise beyond home institutions, convenient playback capability when schedules are in constant flux, and experience manipulating technology increasingly integral to professionalism. Despite the limitations of this study, our findings illustrate compelling levels of anxiety among incoming first-year dermatology residents and suggest that formally addressing the tenets of the specialty at the onset of PGY-2 can strengthen the foundation and boost the confidence of our trainees.

FIGURE 1. (A) Reported level of preparedness for starting dermatology residency, before vs. after attending PGY-2 boot camp (B) Reported level of anxiety related to starting dermatology residency, before vs. after attending PGY-2 boot camp.



DISCLOSURES

The authors have no conflicts of interest to disclose.

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