

Abstract

BACKGROUND: The PRITE exam reflects knowledge progression during residency and shows modest correlation with Psychiatry written board outcome. Prior studies have reported that peer-teaching, accountability programs, and interactive response polling improve PRITE scores.

OBJECTIVE: To improve/remediate overall PRITE score performance to the program's goal of within 1 SD of the mean or higher.

METHODS: The top 3 scorers (PRITE Leaders) from the prior PRITE examination devised this program with input from the full resident group. The process involved 2 components: a) weekly all residents mandatorily attended a 90-minute session where 30 answer researched questions were reviewed by the Leaders via interactive polling. Questions were selected from prior PRITE exams and commercial PRITE question banks with proportional weighting to subject areas in the PRITE. b) optional weekly 1-hour small group sessions (strongly suggested for remediators) and directed by the Leaders were held where attendees could source investigate 5 topic-based questions for answer clarification (incentivized with ½ point credit per 5 questions up to 5 points) on the 100 question post-review exam conducted 3 months later.

ASSESSMENT: 1) Pre- and post-surveys regarding resident preference for this versus the previous PRITE remediation process 2) 50 question pre- review exam 3) 100 question post review exam assessing improvement or passing at 70% level. 4) changes on next year's PRITE exam to measure robustness (and direction) of change.

DISCUSSION: A preference for the interactive polling system of question review, 20 point increase in the pre and posttest scores, and increased satisfaction with the PRITE review process were notable.

Introduction

- PRITE serves as a moderate-strong indicator of future board examination performance and increasing individual accountability for performance via tiered consequences for lower performance including revoking moonlighting privileges, retaking PRITE, and required mentor meetings for structured review has shown to be effective in increasing scores.^[1]
- Audience response systems used while reviewing PRITE material have shown improvements in PRITE scores as well. One study showed an improvement of about 17 points after 12 sessions reviewing PRITE questions with an audience response system.^[2]
- One study showed an increase in PRITE scores after implementing an approach where groups of residents were teamed up to teach selected topics to the rest of the resident group, showing that peer-assisted learning program can be an effective strategy to improve PRITE scores.^[3]

Methods

- The new PRITE review process was developed by the top 3 scorers on last year's PRITE comprised of 1 PGY-2 and 2 PGY-4's.
- Weekly mandatory 90-minute question and answer review with interactive polling.
- Additional optional weekly 60-minute question and answer review with interactive polling and opportunity for participants to develop questions about particular subjects.
- Pre- and post-surveys of satisfaction with the PRITE review process.
- 50 question pretest and 100 question posttest reflecting PRITE subject distribution mandatory for residents who scored below the program's expectation of 1 SD below the mean. Questions were selected from prior PRITE exams and commercial PRITE question banks.
- .Extra credit (½ point credit per 5 questions up to 5 max points) on the posttest was offered to residents who developed source investigated 5 topic-based questions for answer clarification. However, to minimize this incentive bias only test scores were used as data points for this analysis.

Results Summary

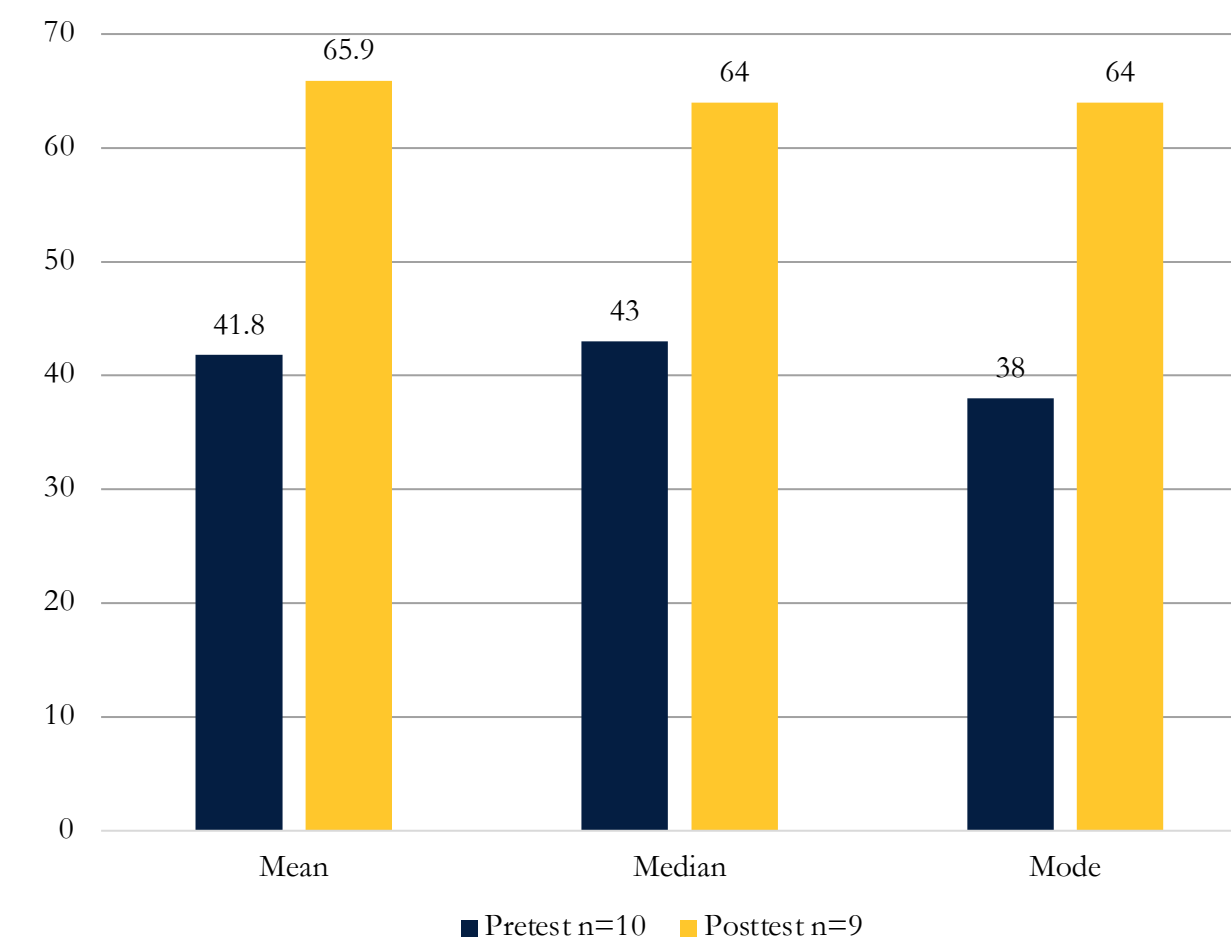
- Increase in the mean score of approximately 20 points from Pretest to Posttest showing an increase in resident psychiatric knowledge.
- 93.3% of residents felt that this new review process was beneficial compared to only 36% who found the previous process helpful.
- Increase in resident anxiety was rated as Moderate(3-4) with decrease in lower and higher ratings of anxiety, potentially reflecting a healthy level of anxiety due to increased awareness of areas of weakness ameliorated by more confidence in addressing these weaknesses.

Discussion

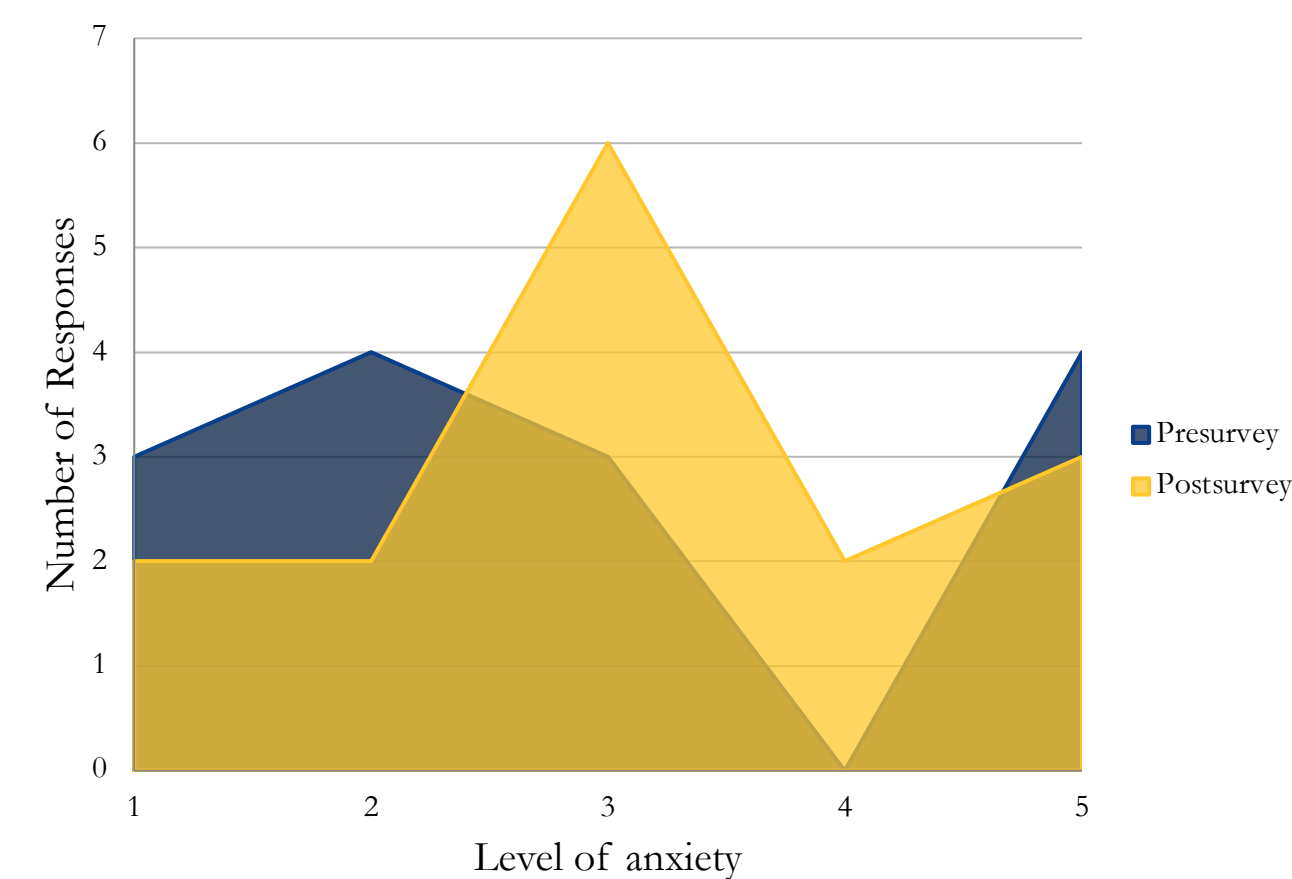
- Our results of 20 point gain over 9 weeks is similar to Hettinger's group findings of 17 points over 12 sessions with Audience Response System.
- These results further affirm that increased accountability, peer-assisted learning, and immediate feedback approaches are likely to improve PRITE scores. Our results show promising improvements which may indicate that a combination of these approaches may be better than any one alone.
- This analysis did not assess for improvements by PGY level nor did it assess the effect of those attending the incentivized optional sessions versus those attending only the mandatory sessions.
- The effect on actual PRITE scores will be determined later this year with the 2020 PRITE.
- In the future we would like to expand the review process to the entire resident group to see if the review process will be beneficial to the entire program rather than just those undergoing remediation

Results

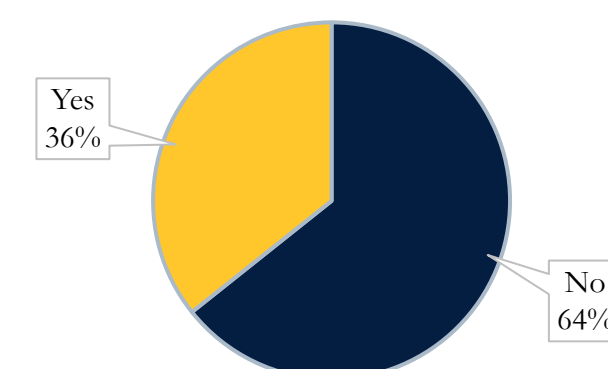
Average Improvement after PRITE Review



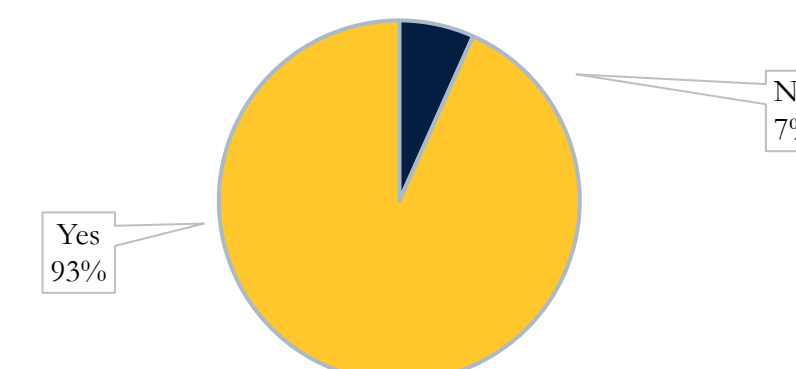
Survey question: What is your level of anxiety about taking PRITE?



Pre-Survey Question: Do you feel that past PRITE Reviews have been helpful to you?



Post-Survey Question: Do you feel that the new PRITE review process has been helpful to you?



Literature Cited

1. Ferrell, Brandon T., et al. "Using an Accountability Program to Improve Psychiatry Resident Scores on In-Service Examinations." *Journal of Graduate Medical Education*, vol. 7, no. 4, Dec. 2015, pp. 555-559., doi:10.4300/jgme-d-14-00722.1.
2. Hettinger, Amanda, et al. "Using Audience Response System Technology and PRITE Questions to Improve Psychiatric Residents' Medical Knowledge." *Academic Psychiatry*, vol. 38, no. 2, 22 Feb. 2014, pp. 205-208., doi:10.1007/s40596-014-0058-2.
3. Mariano, Maria Theresa, et al. "Improving Residents' Performance on the PRITE: Is There a Role for Peer-Assisted Learning?" *Academic Psychiatry*, vol. 37, no. 5, 1 Sept. 2013, p. 342., doi:10.1176/appi.ap.12100176.

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