Trainee Preparedness to Enter Physiatry Residency: Early Findings from a National Cross-Sectional Survey Study

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Introduction: This national survey study investigates the transition of PM&R residents from as they transition into residency, aiming to identify associated factors influencing their preparedness. The transition to residency can be stressful, and insufficient preparedness is associated with a higher risk of burnout. While existing research has examined this transition in large specialties like internal medicine and surgery, there is a gap in understanding preparedness for PM&R residency in PGY-2. PM&R residency offers diverse routes, and not all medical schools have PM&R departments, leading to varied exposure and experience among incoming residents.

Methods: To address this gap, a voluntary national survey study was conducted, collecting data from 55 residents across the USA from PGY-2 to PGY-4.

Results: Participants reported their overall preparedness, with 51% feeling prepared and 49% feeling unprepared for clinical care at the start of residency. The prepared group demonstrated higher emotional and clinical preparedness, particularly in performing neuro/musculoskeletal physical examinations, managing rehabilitation issues, and interpreting imaging. Experience as an intern emerged as the most critical factor influencing preparedness. There were no significant differences between the prepared and unprepared groups in terms of age, gender, medical degree, timing of PM&R exposure, participation in PM&R interest group, type of internship pursued (transitional, medicine, surgery, or categorical), or academic versus community hospital during intern year.

Conclusions: Incoming residents who self-identified as unprepared may specifically benefit from early check-ins with residents about wellbeing and early focused education on the neuro/musculoskeletal physical examination, management of common rehabilitation related issues, and interpretation of neuromusculoskeletal imaging, given the differences in responses we observed between prepared and unprepared groups in these domains. Residents trended toward feeling unprepared in handling rapid responses, pediatric rehabilitation patients, and therapy prescriptions and precautions at the start of PM&R residency.