Transforming residency: Skills, support, future physicians.

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Introduction

This review highlights how virtual reality (VR) is emerging as a powerful tool in internal medicine education, offering immersive and interactive learning experiences. It looks at different VR applications, from clinical skills training to complex diagnostic simulations, and points out the benefits for resident training, particularly in areas like procedural skills and decision-making. The review also identifies current limitations and suggests future directions for integrating VR more broadly into medical curricula, emphasizing its potential to enhance engagement and retention of knowledge [1].

This systematic review examines the impact of competency-based medical education (CBME) on internal medicine training programs. The authors explore how CBME frameworks are being implemented to better structure curricula, improve assessment methods, and ensure residents achieve defined competencies. What they found is that CBME pushes for more personalized learning paths and transparent evaluation, ultimately aiming to produce more skilled and practice-ready internal medicine physicians [2].

This qualitative study dives into internal medicine residents' perspectives on receiving feedback, finding that they often link the quantity of clinical exposure directly to learning. Residents feel that more opportunities to observe and participate lead to more meaningful feedback sessions. The study emphasizes that for feedback to be truly effective, it needs to be timely, specific, and integrated into a culture that values continuous learning, encouraging residents to actively seek it out [3].

This paper describes a curriculum designed to develop essential telemedicine skills in internal medicine residents, a critical need especially given the shifts in healthcare delivery. The curriculum focuses on practical aspects like virtual patient communication, technology use, and appropriate diagnostic approaches in a remote setting. What's important here is that it also includes an assessment component to ensure residents are truly prepared to provide effective and empathetic care through telemedicine [4].

This systematic review examines the integration of point-of-care ultrasound (POCUS) into internal medicine residency training. It finds that POCUS is becoming an indispensable tool, allowing residents to quickly assess patients and guide procedures, which ultimately improves diagnostic accuracy and patient safety. The review highlights various teaching methods and identifies barriers to widespread adoption, emphasizing the need for standardized curricula and dedicated faculty training [5].

This systematic review explores the design and implementation of Entrustable Professional Activities (EPAs) within internal medicine residency training. EPAs are basically observable, measurable units of professional practice that learners can be trusted to perform independently once they've demonstrated sufficient competence. The review provides insights into how these activities can structure training, guide assessment, and ensure residents are prepared for unsupervised practice, focusing on practical application in real-world clinical settings [6].

This systematic review investigates the various factors influencing the well-being of internal medicine residents. It identifies common stressors like long work hours, academic pressures, and personal life challenges, alongside protective factors such as social support, mentorship, and effective coping strategies. What this really means is that fostering resident well-being isn't just about individual resilience; it requires systemic support and a focus on creating a healthier training environment to prevent burnout and promote professional satisfaction [7].

This scoping review delves into existing curricula for Equity, Diversity, and Inclusion (EDI) in internal medicine residency programs. It reveals a growing recognition of the importance of EDI in medical education, but also highlights variability in the depth and breadth of current training. The review points out the need for more structured, comprehensive, and standardized EDI curricula to equip future internal medicine physicians with the knowledge and skills to provide culturally competent care and address health disparities effectively [8].

This systematic review explores strategies aimed at enhancing clinical reasoning skills in internal medicine training. It examines different educational interventions, such as simulation-based learning, problem-based learning, and cognitive forcing strategies, to understand their effectiveness. What the authors found is that a multifaceted approach, integrating diverse teaching methods and empha-

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sizing deliberate practice, is crucial for residents to develop robust diagnostic and management abilities [9].

This systematic review examines the current practices and outcomes of simulation-based education in internal medicine residency programs. It looks at how simulations, ranging from high-fidelity mannequins to standardized patients, are used to teach clinical skills, diagnostic reasoning, and team dynamics without direct patient risk. The review underscores simulation's effectiveness in improving resident confidence and competence, but also points to the need for more standardized approaches and robust assessment methods to maximize its impact [10].

Conclusion

Internal medicine residency training is continuously evolving, incorporating innovative educational strategies and addressing critical professional development areas. Virtual Reality (VR) is proving to be a powerful tool, offering immersive experiences for clinical skills and diagnostic simulations, enhancing resident engagement and knowledge retention [1]. Concurrently, Competency-Based Medical Education (CBME) frameworks are being implemented to structure curricula, improve assessments, and ensure residents achieve defined competencies, fostering personalized learning paths and transparent evaluation to produce practice-ready physicians [2]. Effective feedback is crucial, with residents often linking extensive clinical exposure to more meaningful feedback sessions. It needs to be timely, specific, and integrated into a culture that encourages continuous learning [3]. Telemedicine skills are also becoming essential, with dedicated curricula focusing on virtual patient communication, technology use, and remote diagnostic approaches to ensure empathetic and effective care in new healthcare delivery models [4]. The integration of Point-of-Care Ultrasound (POCUS) is highlighted as an indispensable tool, improving diagnostic accuracy and patient safety. However, standardized curricula and faculty training are still needed for widespread adoption [5]. Furthermore, Entrustable Professional Activities (EPAs) are structuring training and assessment, allowing residents to perform professional tasks independently once competence is demonstrated [6]. Resident well-being is a significant concern, with systematic reviews identifying stressors like long hours and academic pressures, alongside protective factors such as social support and mentorship. Systemic support is crucial for preventing burnout and promoting satisfaction [7]. Equity, Diversity, and Inclusion (EDI) curricula are gaining recognition, though current training varies. There's a clear need for more structured and comprehensive EDI programs to equip future physicians with culturally competent care skills [8]. Finally, enhancing clinical reasoning involves multi-faceted approaches like simulation-based learning and problem-based learning, emphasizing deliberate practice [9], while simulation-based education generally improves resident confidence and competence, necessitating standardized approaches for maximum impact [10].

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