View Abstract

CONTROL ID: 4499418

TITLE: Continuous Glucose, Continuous Growth: A Hands-On Approach to Resident Training

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ABSTRACT BODY:

Setting and participants: The educational intervention was implemented in a primary care practice in a large safety-net hospital for primarily Afro-Caribbean patients. Participants included 38 internal medicine residents rotating through the primary care practice.

Description: The educational intervention centered on an experiential wearable-technology curriculum in which residents wore CGM devices for two weeks to gain first hand familiarity with the tool. This hands-on experience was paired with a brief didactic session reviewing CGM indications and prescribing workflow. The intervention aimed to reduce behavioral and confidence-related barriers to CGM adoption in outpatient practice by allowing residents to engage with the wearable technology both personally and clinically.

Evaluation: Residents completed linked de-identified pre- and post-intervention surveys using unique codes, allowing for paired comparison of individual responses. Surveys assessed CGM-related knowledge, comfort, confidence, and intended prescribing behavior using Likert-scale and categorical items. Paired ordinal outcomes (comfort, confidence, behavior) were analyzed using the Wilcoxon signed-rank test. Paired binary outcomes were analyzed using exact binomial tests on discordant pre/post response pairs. Statistical significance was defined as $p<0.05$ and all analyses were performed on JASP.

Objective/Purpose of Innovation: To improve internal medicine residents' adoption of evidence-based diabetes technologies - specifically continuous glucose monitoring (CGM) - by improving comfort, confidence, and prescribing practices through a hands-on, device-based educational intervention.

Discussion / reflection / lessons learned: Significant improvements were observed across multiple outcomes. For behavioral metrics, residents were more likely to include CGM when discussing care plans with both faculty preceptors and patients after the intervention (precepting: mean 0.684 vs 0.895, $W=19.5$, $p=0.050$; patient discussions: mean 0.500 vs 0.763, $W=22.5$, $p=0.020$). Within Likert-scale based comfort and confidence measures, the likelihood of discussing CGM with patients increased from a mean of 1.947 to 2.684 ($W=33.5$, $p<.001$). Confidence in prescribing CGMs improved from 1.474 to 2.763 ($W=6.0$, $p<.001$), comfort incorporating new technologies into the clinical practice increased from 2.132 to 2.842 ($W=28.5$, $p<.001$), and comfort with the technical aspects of CGM use improved from 1.500 to 2.921 ($W=27.0$, $p<.001$). The rank-biserial correlations for these outcomes ranged from -0.777 to -0.972, indicating large effect sizes. Improvements were also noted in general CGM knowledge when comparing pre- and post-intervention knowledge, however the results were not significant, likely due to high baseline knowledge among the participants. These findings suggest that

	integrating hands-on, device-based learning into residency curricula may enhance adoption of evidence-based technologies and improve diabetes care delivery in safety-net primary care settings.
	SESSION TITLE: IMEG: Innovations in Medical Education Oral Abstract Award Candidates
	SESSION DAY & DATE: Thursday, May 07, 2026
	SESSION START TIME: 3:30 PM
	Agreement: Jerry Jose: I attest;Jerry:Jose | Radhika Thakkar: I attest;Radhika:Thakkar | Emmanuel Omole: I attest;Emmanuel:Omole | Hira Tahir: I attest;Hira:Tahir
	Financial Relationships: Jerry Jose: No, In the last 24 months, I have had no financial relationships. | Radhika Thakkar: No, In the last 24 months, I have had no financial relationships. | Emmanuel Omole: No, In the last 24 months, I have had no financial relationships. | Hira Tahir: No, In the last 24 months, I have had no financial relationships.

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