**BACKGROUND**

- Resident training in pediatric subspecialties involves management of complex patient populations often with little orientation, requiring trainees to rely on their previous knowledge from medical school and on-the-job training.
- This high stakes learning environment creates discord in resident comfort providing patient care and creates potential for patient error due to inadequate preparation for the high-risk patients encountered in pediatric hematology/oncology.

**OBJECTIVE**

- To determine the feasibility of implementing a boot camp orientation and to understand the impact in resident comfort in management of hematologic and oncologic emergencies starting their rotation.

**METHODS**

- Graduate Medical Education feedback evaluations provided initial problem identification.
- Two focus groups with five residents per group who previously completed the rotation provided the needs assessment and defined the objectives and educational strategies used in designing the curriculum.
- SMART aims were then used in design of curriculum and program evaluation.
- End-of-rotation REDCap surveys were sent to all residents completing the hematology/oncology rotation before (prior to July 1, 2020) and after the implementation of the PRBC orientation at Children’s Hospital Colorado.
- Resident satisfaction and comfort were measured using a 5-point Likert scale (1-unsatisfactory to 5-superior).

**RESULTS**

- Figure 1. PRBC schedule. Pediatric residents are given protected time on the first morning of the rotation from 7am-1pm for orientation and education.
- Figure 2. Utility of individual sessions in preparing residents for Hem/Onc rotation. Residents felt more interactive case-based and jeopardy sessions better prepared them for rotation.
- Figure 3. Pediatric resident perception of rotation pre-/post-PRBC. Overall satisfaction, call safety, and weekend safety were relatively unchanged before and after the PRBC orientation. Residents felt more prepared starting the rotation after the PRBC orientation.
- Figure 4. Management of common Hem/Onc emergencies pre-/post-PRBC. Residents felt more prepared in the management of four common hematology/oncology emergencies encountered on the rotation after implementing the PRBC orientation.

**CONCLUSIONS**

- The PRBC orientation was logistically feasible
- Residents appreciate protected time to receive orientation on unique subspecialty rotations such as hematology/oncology
- There was enhanced resident confidence in the management of critical emergencies encountered in this high-risk patient population following the implementation of PRBC orientation

**IMPLICATIONS**

- Specific and timely orientation for subspecialty rotations should be prioritized for graduate medical education programs to improve provider confidence and ultimately patient care

**FUTURE DIRECTIONS**

- Implement a knowledge-based assessment to understand impact on knowledge before/after PRBC orientation
- Determine impact on clinical competency, both looking at safety outcomes and provider assessments (APPs/fellows/attendings)