

RESULTS

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 (with 1-unsatisfactory to 5-superior).

Time	Session
7:00-7:30	Intro to Hem-Onc
7:30-8:35	Oncology Emergencies and New Diagnosis Cases
8:35-8:40	Break
8:40-9:50	Hematology/Transfusion Cases
9:50-10:50	Hem/Onc Jeopardy
10:50-11:00	Break
11:00-12:00	Intro to Roadmaps/Chemotherapy Emergencies/N&V/Mucositis
12:00-12:30	Grab Lunch
12:30-1:00	APP Orientation (order sets/central lines/.dot/VTE/expectations)
1:00-1:15	Receive Sign-out from APPs
1:15pm	START HEM/ONC!!!

Figure 1. PRBC schedule. Pediatric residents are given protected time on the first morning of the rotation from 7am-1pm for orientation and education.

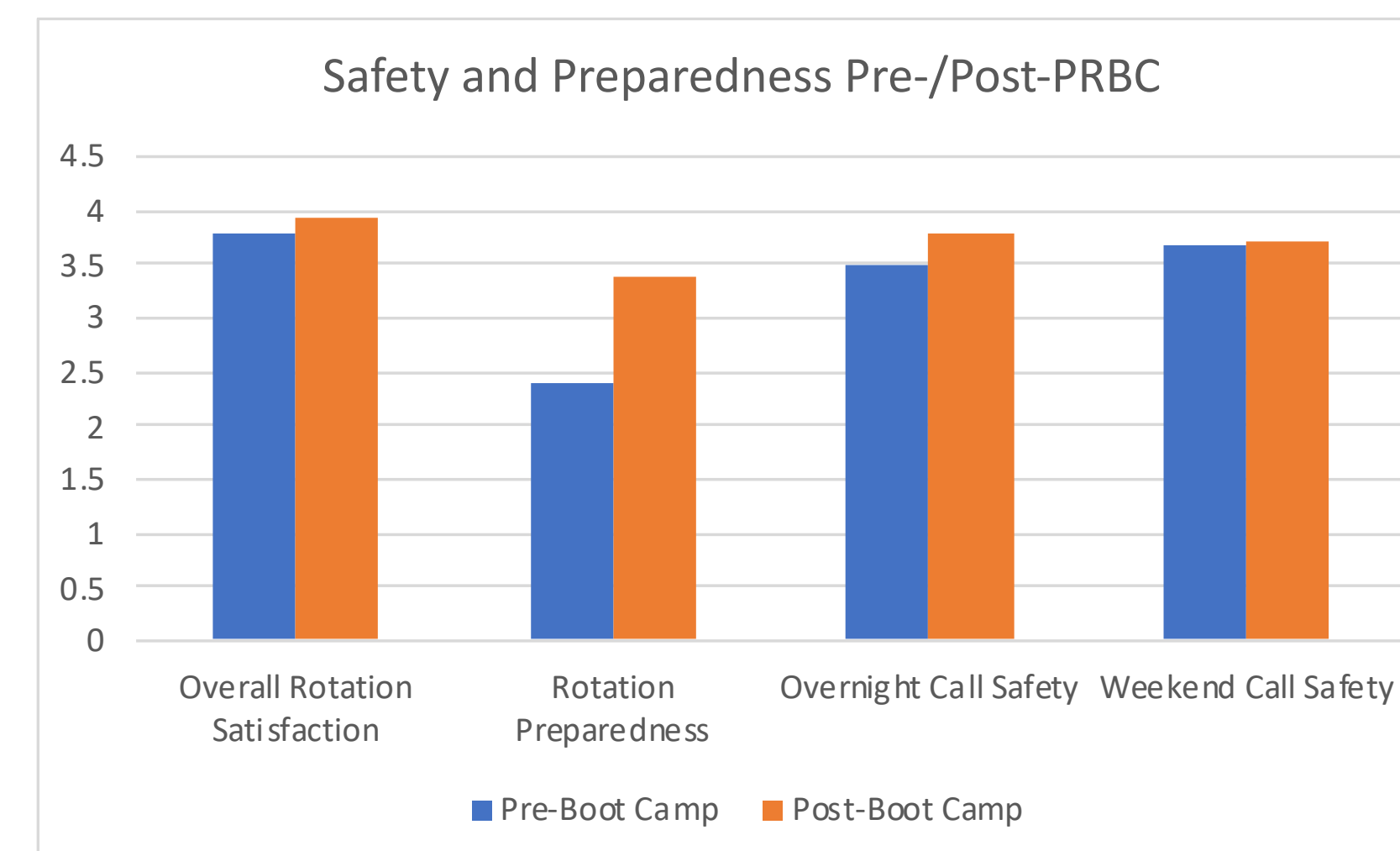


Figure 3. Pediatric resident perception of rotation pre-/post-PRBC. Overall satisfaction, call safety, and weekend safety were relatively unchanged before and after the PRBC orientation. Residents felt more prepared starting the rotation after the PRBC orientation.

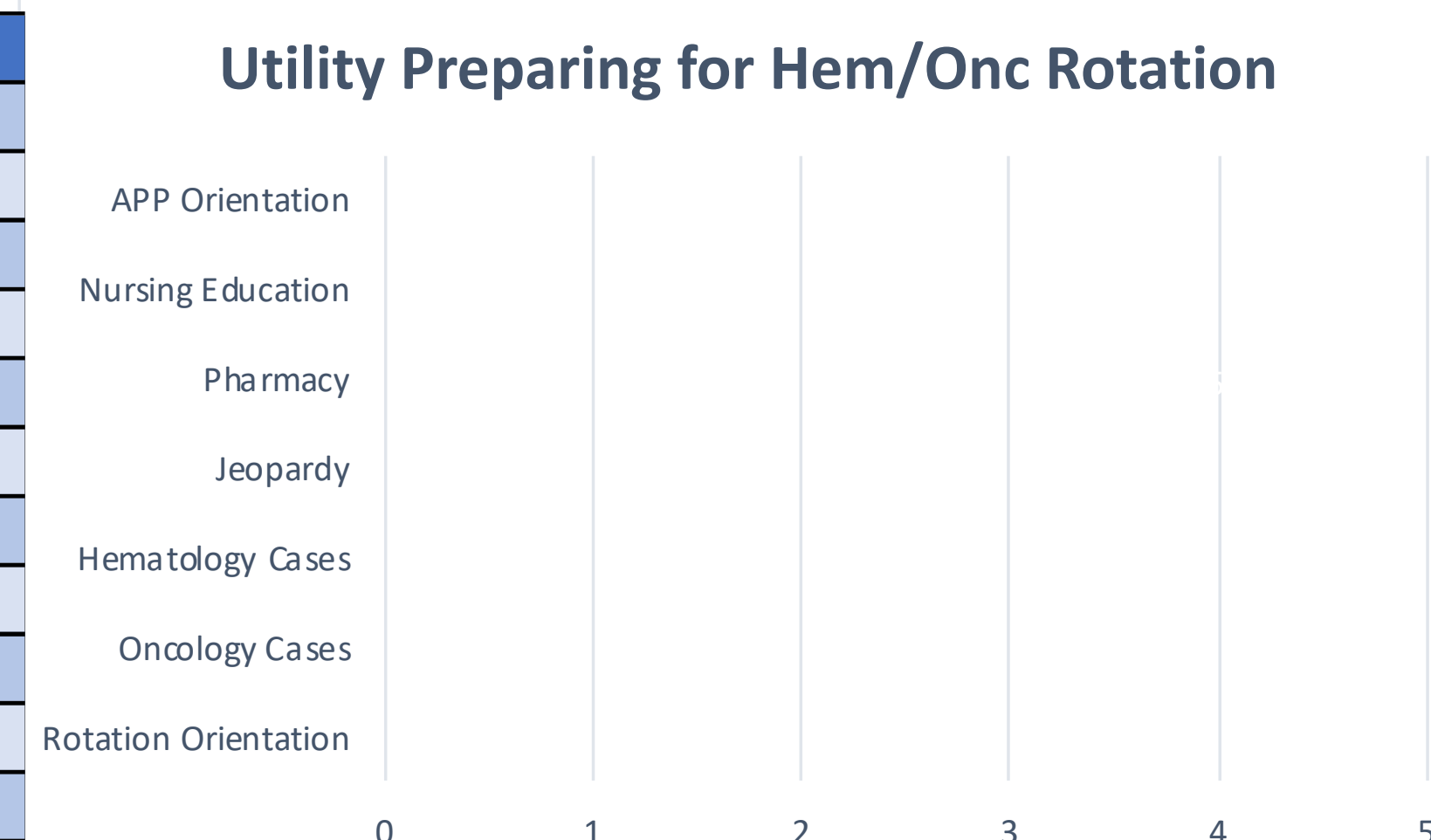


Figure 2. Utility of individual sessions in preparing residents for Hem/Onc rotation. Residents felt that more interactive case-based and jeopardy sessions better prepared them for rotation.

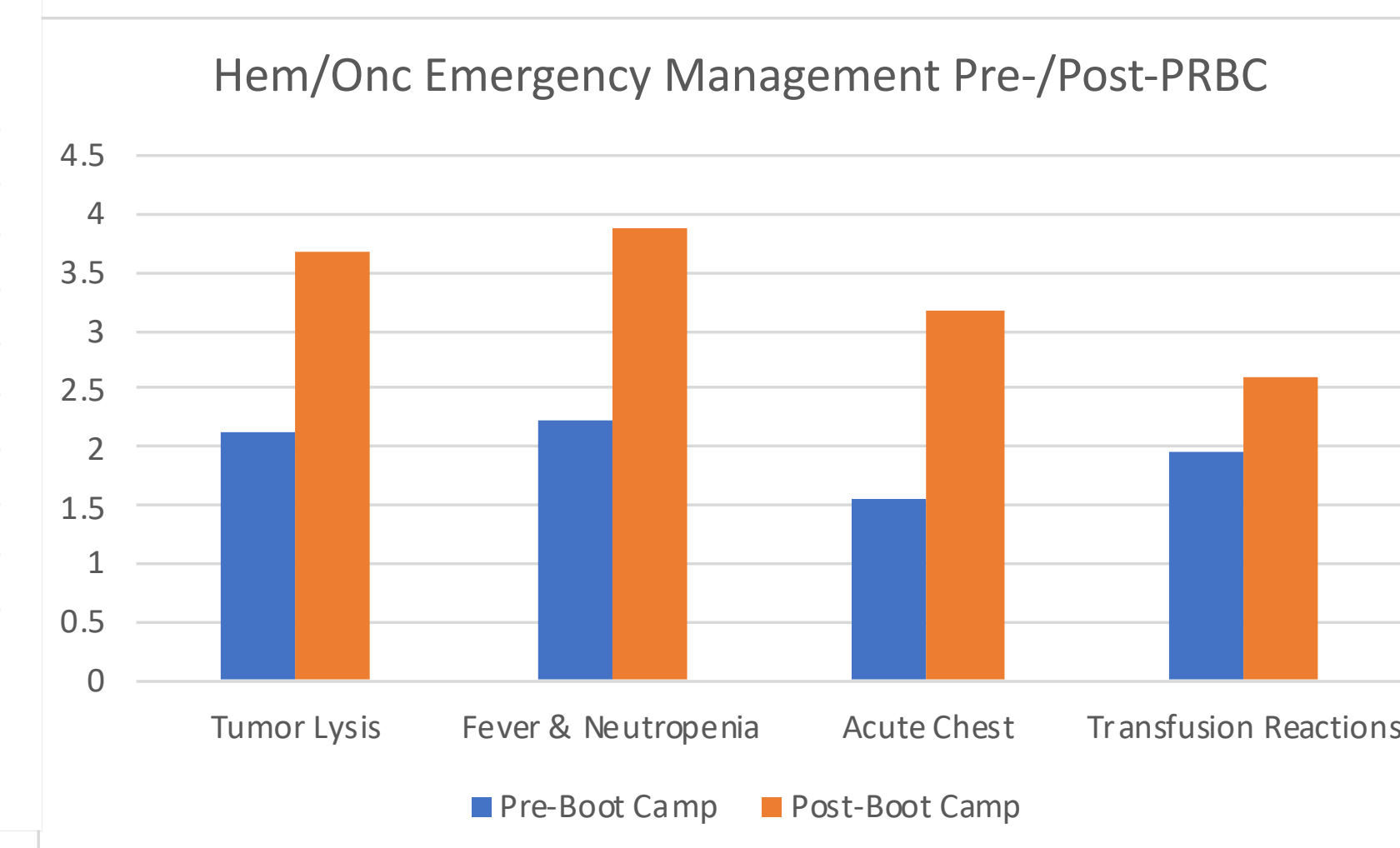


Figure 4. Management of common Hem/Onc emergencies pre-/post-PRBC. Residents felt more prepared in the management of four common hematology/oncology emergencies encountered on the rotation after implementing the PRBC orientation.

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/attending)