

Background

An integral part of internal medicine residency training is near peer teaching when discussing diagnosis and treatment plans (i.e., staffing) of new admissions to inpatient medicine services. This process, between a senior resident and an intern, occurs hundreds of times during a resident's training and is typically informal, unstructured, and unobserved by attending physicians.

As medical residency education has evolved, the Mini-Clinical Examination (Mini-CEX) has become a standard tool used by attendings to evaluate residents' abilities in history taking, professionalism, patient communication, and systems-based practice. However, these formal evaluations do not address other skill sets critical to effective clinical practice, such as peer communication, team-based practice, and educational proficiency. Observation of near peer teaching while staffing new admissions may provide a unique opportunity to evaluate and provide feedback regarding these critical skills. To date, there are no published tools to evaluate near peer staffing.

In the 2018-2019 University of Colorado Internal Medicine ACGME resident survey, only 61% of residents reported feeling positive (4) or very positive (5) on a 5-point Likert scale regarding feedback after assignments, and 63% reported feeling positive or very positive in receiving data on their practice habits. Each of these findings fall below the national benchmarks set by ACGME (73% and 71%, respectively). These findings suggest that there is clear desire among residents to receive formal feedback on this component of medical education.

Innovation Objectives

The goal of this project is to cultivate the knowledge, skills, and attitudes to ensure effective, safe, and educational staffing of new admissions between senior residents and interns on the inpatient medicine service.

Program Description

Rising second year internal medicine residents will complete surveys on prior education, current practices, perceived safety, and confidence with staffing new admissions with internal medicine interns. This will be followed by a didactic lecture developed by attending clinicians on best practices for effective staffing. Through the academic year, attending clinicians will observe these residents staffing patients with focused feedback in the format of Mini-CEX. The goal is for the skills learned during these observations to be implemented in future staffing scenarios. We aim to use near peer teaching to create a shared knowledge framework between residents and interns. Residents will also be surveyed iteratively following the staffing Mini-CEX to correlate any observed changes in their practices, perceptions of safety, and confidence with staffing. Third year residents, who will not receive directed feedback, Mini-CEX or didactics, will also complete surveys through the academic year to observe trends in the same outcomes.

Discussion

We hypothesize that, through formal instruction on a structured technique for staffing new admissions, residents will become more skillful, confident, and apt to provide teaching. By focusing on how to maximize teaching during staffing of new patients, residents will gain a skills that they will be able to

carry into their careers as attendings. The Mini-CEX forms, surveys and didactic sessions have been approved by VA IRB and COMIRB with initiation of study in conjunction with the incoming intern class (June 2021).