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.

**BACKGROUND**

- Near-peer “staffing” occurs hundreds of times during a resident’s training and is typically informal, unstructured, and unobserved by attending physicians.
- Attendings use Mini-Clinical Examinations (Mini-CEX) to evaluate residents’ history taking, professionalism, patient communication, and systems-based practice.
- Mini-CEX do not address other skill sets critical to effective clinical practice, such as peer communication, team-based practice, and educational proficiency.
- Observation, though Mini-Clinical Examination (Mini-CEX), of near-peer teaching while staffing new admissions is a unique opportunity to evaluate and provide feedback regarding these critical skills.

- 2018-2019 ACGME Resident Survey: CU Internal Medicine residents were below national average in positive feelings about feedback on their assignments and data on their practice habits
- In review of current educational literature, the use of a mini-CEX for staffing is a novel approach to addressing this gap in resident training

**STATEMENT OF PROBLEM**

- Needs assessment Survey
  - Have you ever had any formal education about how to staff a new inpatient admission with a junior colleague (i.e. an intern or medical student)?
  - Do you have a structured approach to staffing?
  - How comfortable do you feel with staffing patients with junior colleagues?
  - What would be helpful to learn about how to staff a new admission with an intern or medical student?

**INNOVATION OBJECTIVES**

- Interventions will take place over entirety of academic year including didactic lectures, PEAK staffing education and implementation of mini-CEX
- PEAK Staffing: Expert clinician developed standard for educational goals during resident staffing that include 4 realms of teaching

**DISCUSSION**

Creating a curriculum for staffing has many facets that can impact and improve resident education

- Evolving
  - As the mini-CEX are performed, resident and attending feedback will continue to improve the PEAK staffing paradigm as well as the didactic session during resident bootcamp

- Learner Centered
  - Interventions are focused and tailored to the individual learner
  - Feedback and education on staffing can be immediately implemented into a resident’s daily work without added evaluation or didactics
  - As residents improve their teaching during staffing, these best practices will disseminate through the residency program through near peer teaching

- Novel
  - Currently there is no formalized monitoring or evaluation of how senior residents are teaching junior students. The mini-CEX, with a focus on PEAK staffing education, allows for these interactions to be observed and improved
  - Improving staffing can help increase patient safety during admission, a traditionally vulnerable transition of care

- Adaptable
  - The generalizability of the PEAK staffing system and the ease of use of mini-CEX will allow this project to be adapted by other residency specialty programs

**REFERENCES**