1 "Acting" Interns, Assessing When Senior Medical Students Call for Help Using Standardized Patients

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Background: Previously we reported that senior medical students (SMS) frequently call a senior resident (SR) for help when encountering simulated cases.

Objectives: Using standardized patients (SP), we assessed how often and why SMS call a SR for help.

Methods: We developed 3 cases: chest pain (CP), sepsis (SEP) and altered mental status (AMS). The SMS were instructed to function as interns; they each evaluated one case and were told a SR was available for consultation. A post-course survey was used to assess how often and why the SR was called, differences between cases were evaluated using Chi-square analysis.

Results: 134 students completed the survey. Most agreed the cases were realistic: CP (93.5%, n=46), SEP (93.8%, n=48), AMS (92.5%, n=40). The SR was called by 49 (36.6%) SMS. The SR was consulted more often with the SEP case than the other cases (50% vs. 27.5% AMS, 30.4% CP; p=0.05). Reasons for calling were: reassurance (66.7%), assistance with therapeutic management (35.4%), assistance with diagnostic work-up (16.7%) and not sure I was providing the proper care (16.7%). All SMS felt they called at an appropriate time. SMS called more often for reassurance with the CP (71.4%) and SEP case (82.6%) than the AMS case (27.5%) ($p<0.05$). In the AMS case, SMS called more often because they were unsure what was wrong (36.4%) vs. 0% in the CP and SEP cases ($p<0.05$). 16.7% called because they were not sure they were providing proper care. In 68.8% of cases, the SR changed the care being provided; no difference noted between the 3 cases. 45.2% who did not call reported they would call if presented with the same case again. 18% (n=128) reported having concerns calling a SR. Not wanting to bother or annoy the SR was the most commonly reported.

Conclusions: SMS called a SR for variety of reasons; this may be affected by the type of case encountered. Some SMS may be hesitant to call their SR because they do not want to bother or annoy them.

2 A Comprehensive Procedural Credentialing System / Curriculum for High Risk Procedures

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Background: How to effectively train and credential residents to perform high-risk procedures has remained elusive. We present a detailed description for the development and implementation of a simulation based procedural credentialing curriculum at a large academic institution. This three-step process provides training, graduated responsibility and credentialing that utilizes a badge system for 11 invasive procedures.

Educational Objectives: 1. Identify key elements necessary for the development of a simulation-based, patient safety procedure credentialing policy. 2. Illustrate a step-wise certification program that utilizes badge identification for graduated procedural competency.

Curricular Design:

Step 1: Didactic Requirement

a. Review the instructional videos, formal written didactic materials and post-test.

Step 2: Simulation Lab Requirement

a. Review the competency checklist for each procedure. An overall score of 80% on the checklist is necessary for passing.
b. After successful completion of Step 2 the trainee Procedure Card will be punched indicating permission to perform the individual procedure under the direct supervision of a credentialed physician.

Step 3: Bedside Procedure Training Requirement

a. The trainee will be provided with a Procedures Log Form to logging procedures under direct supervision with the goal of completing the pre-determined number of procedures, leading them to the completion of Step 3 (full credentialing for the individual procedure).

Impact/Effectiveness: We have effectively trained and credentialed 200 residents across multiple residencies using this system. Further, our data demonstrates that interns show improved confidence across all surveyed skills (3.2 vs. 4.0) after Step 2. We believe this procedure credentialing curriculum is generalizable to other institutions and would be useful to educators in emergency medicine. This credentialing process standardized the curriculum for residency programs at a major academic center.

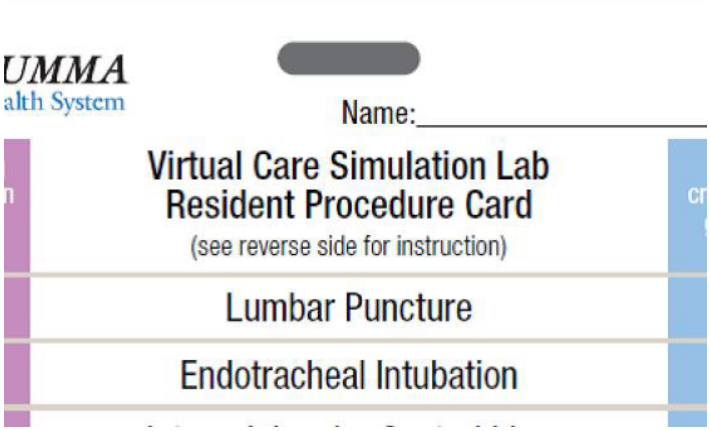

Figure 1.