

Boot Camp for Residents

A Quality Improvement Pilot Project to Prepare Psychiatry Residents for Consultations

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INTRODUCTION

Residents in all specialties undergo call shifts as interns, thus there is a fundamental need to establish confidence and identify gaps in knowledge. Most residencies do not have a learning opportunity for residents to build their knowledge and confidence about being on-call. This lack of training leads to interns feeling anxious which can contribute to adverse events in patient care and contribute to burnout.

Additionally, as resident progress through training, there is an improvement in knowledge and comfort for physician duties while on-call. Enlisting all residents in a standardized mock consultation as a training workshop addresses several ACGME milestones and improves confidence, knowledge, and teaching skills while practicing communication skills. This has not been formally explored in the literature.

PURPOSE

This quality improvement project examined the changes in knowledge, confidence, teaching and communication skills of all levels of psychiatric residents from a mock on-call scenario workshop. This project meets multiple ACGME milestones for professional development.

METHODS

All residents were assigned a role in a mock on-call psychiatric consult. These roles included the Resident On-Call, the referring Hospitalist, the Psychiatry Attending, and Peer. Each intern was assigned as the Resident On-Call in their own Zoom breakout room, where the mock consult proceeded.

The interns were observed by senior residents and feedback was provided on categories that were completed well and categories that could use improvement.

Pre- and post- surveys were given to assess all participants' confidence level while on call in multiple different categories, such as, interacting with other care members, receiving feedback, and completing on-call tasks.

The final question of pre-boot camp survey asked participants to rank, from most to least difficult, the difficulty of various aspects of being on-call. The final question on the post-boot camp survey asked to rank with what aspects the boot camp was most helpful with, from most to least helpful. Weighted averages were calculated from this data.

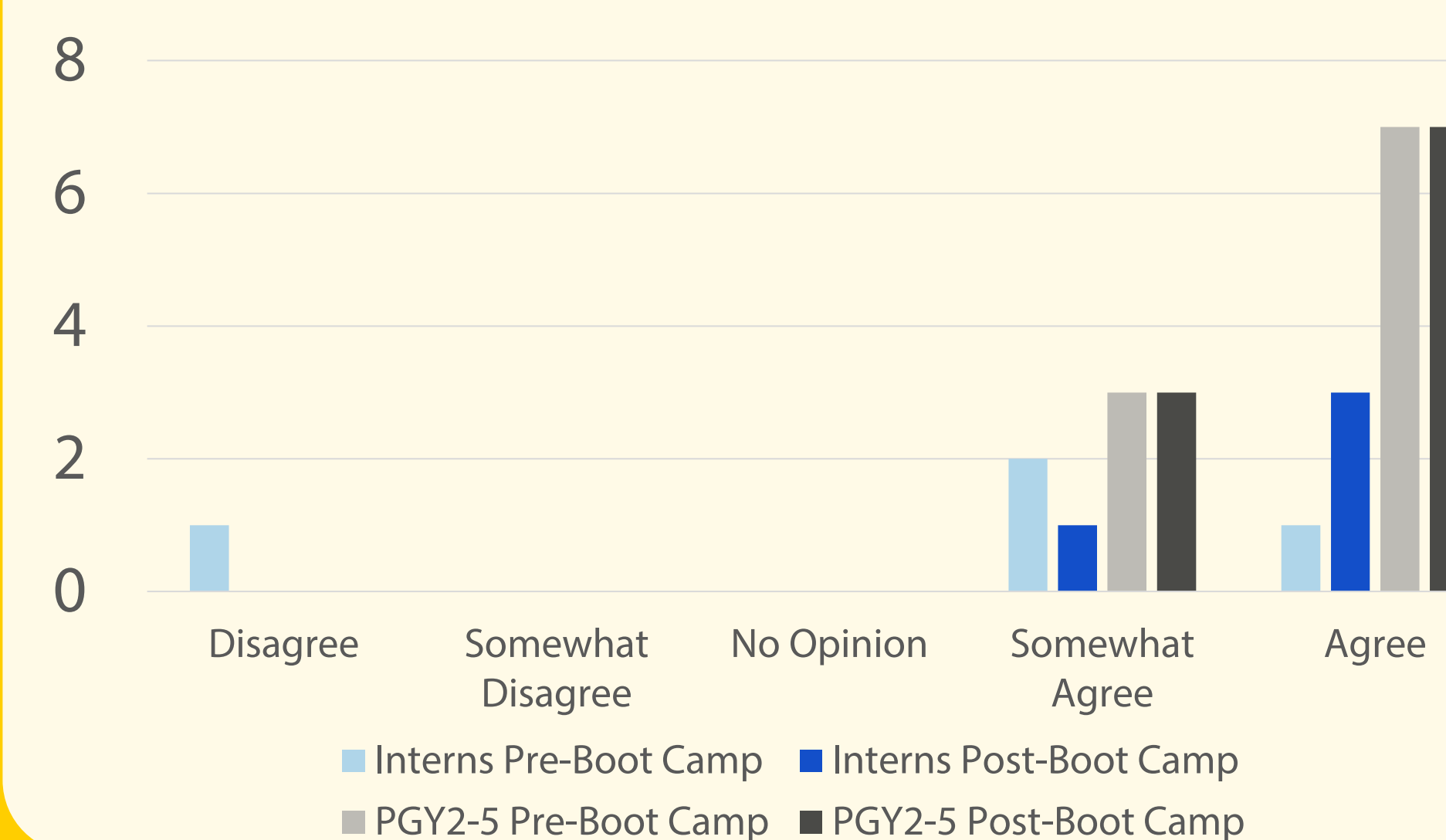
RESULTS

- 14 residents, from training levels PGY-1 to PGY-5, were surveyed
- The most difficult aspects of being on-call, ranked: time management, functioning while sleep deprived, prioritization of tasks, anxiety about interacting with attending, organizing the patient story, conflicts with other services, clinical knowledge, and forgetting the on-call procedures.

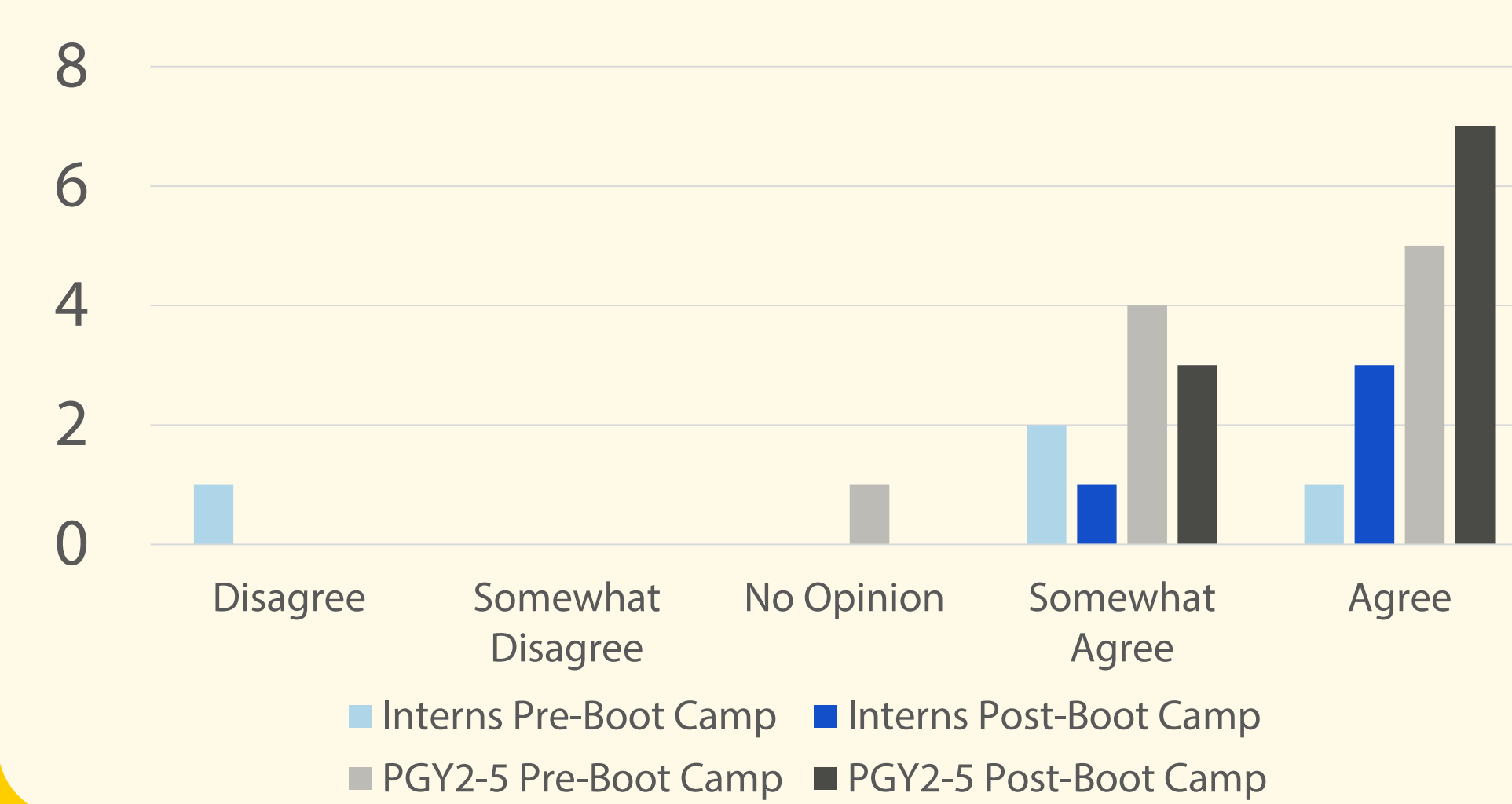
PARTICIPANT FEEDBACK

- When asked to rank with what aspects the boot camp helped, our respondents answered:
 1. Prioritization of tasks
 2. Time Management
 3. Clinical knowledge
 4. Organizing the patient story
 5. Interacting with the attending
 6. Forgetting on-call protocols
 7. Conflicts with other services
 8. Functioning while sleep deprived

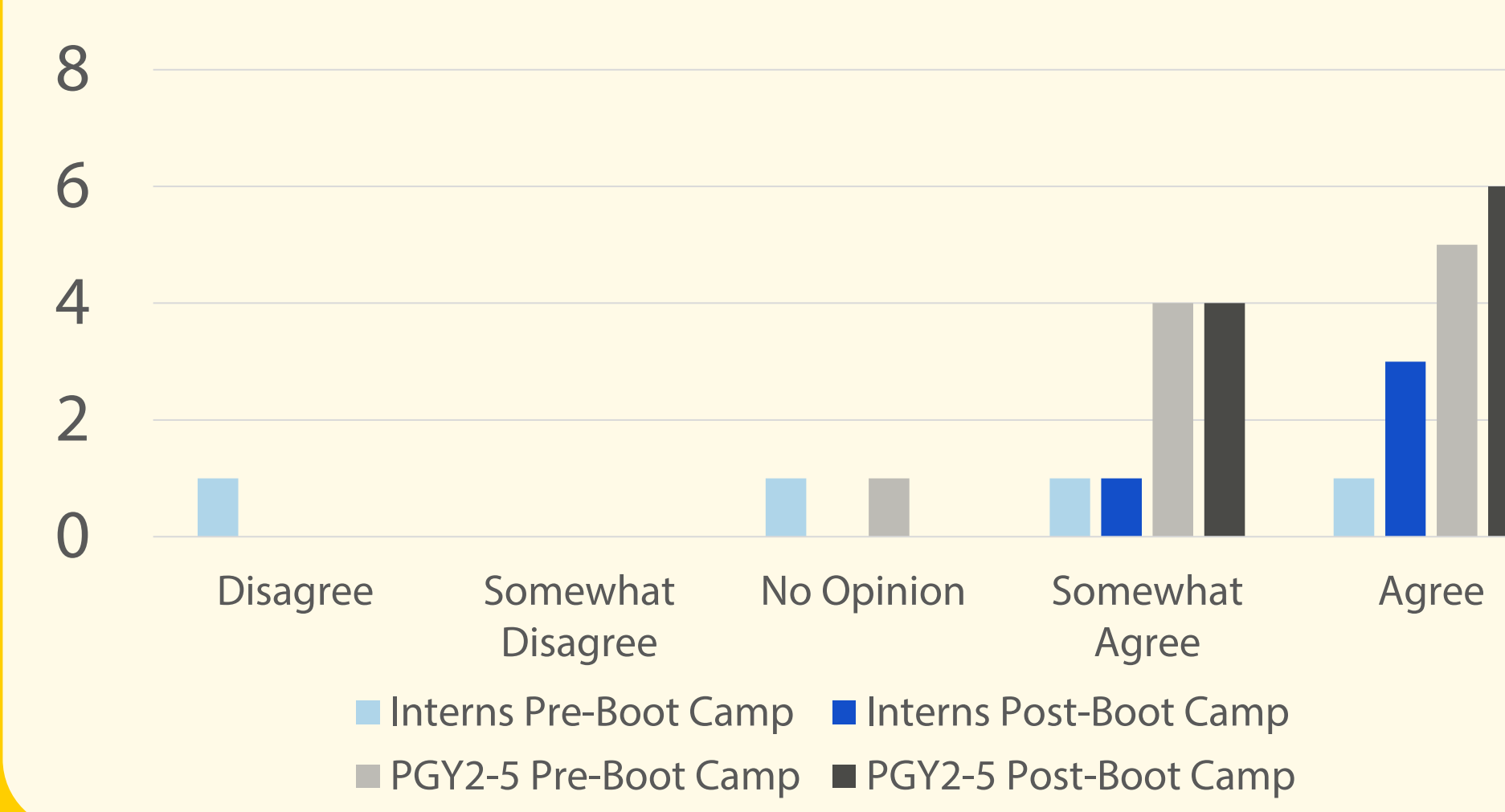
I am confident in my ability to identify key clinical tasks to complete in a consult on-call



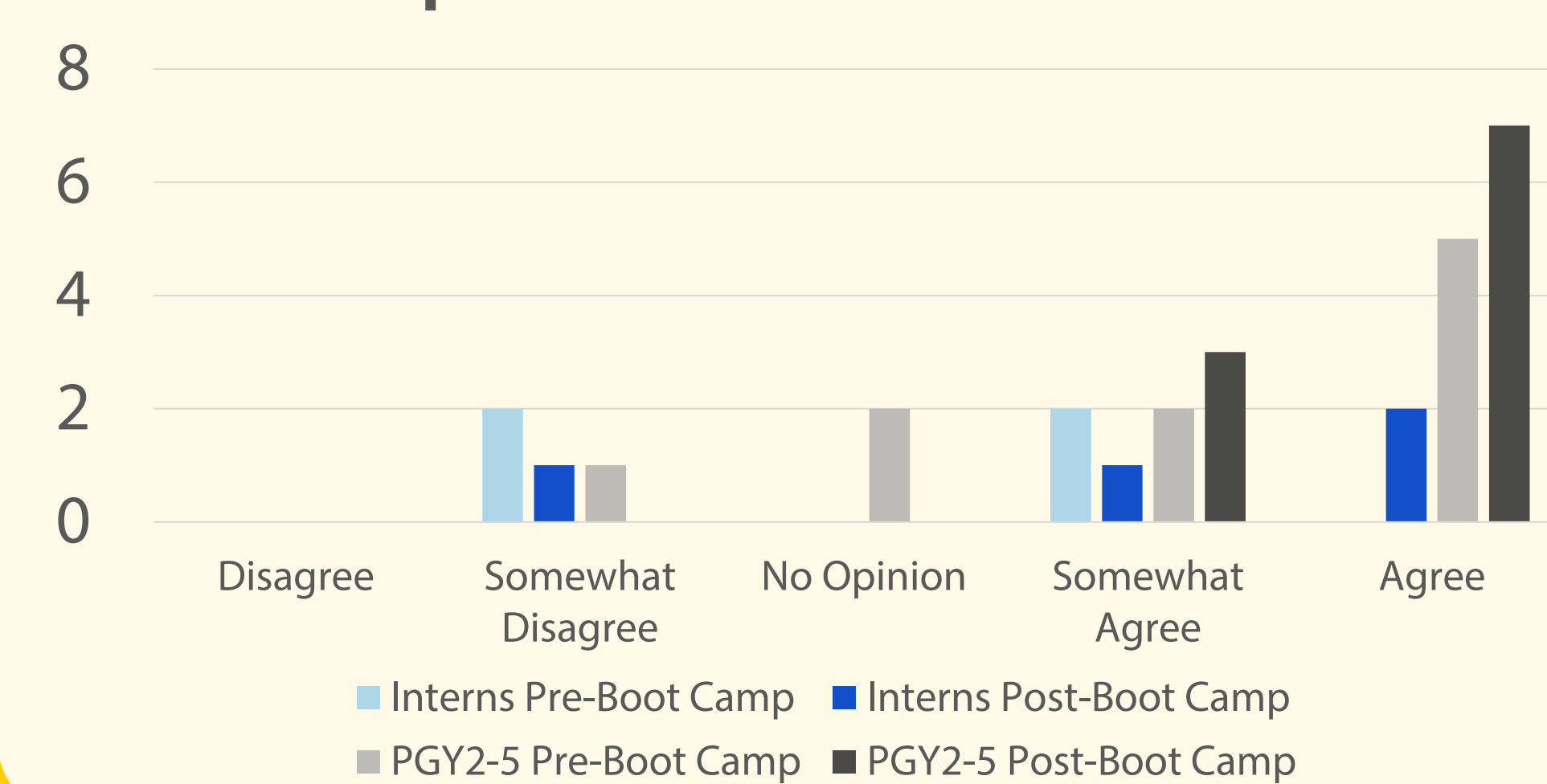
I am confident in my ability to identify a comprehensive differential diagnosis for a consult while on-call



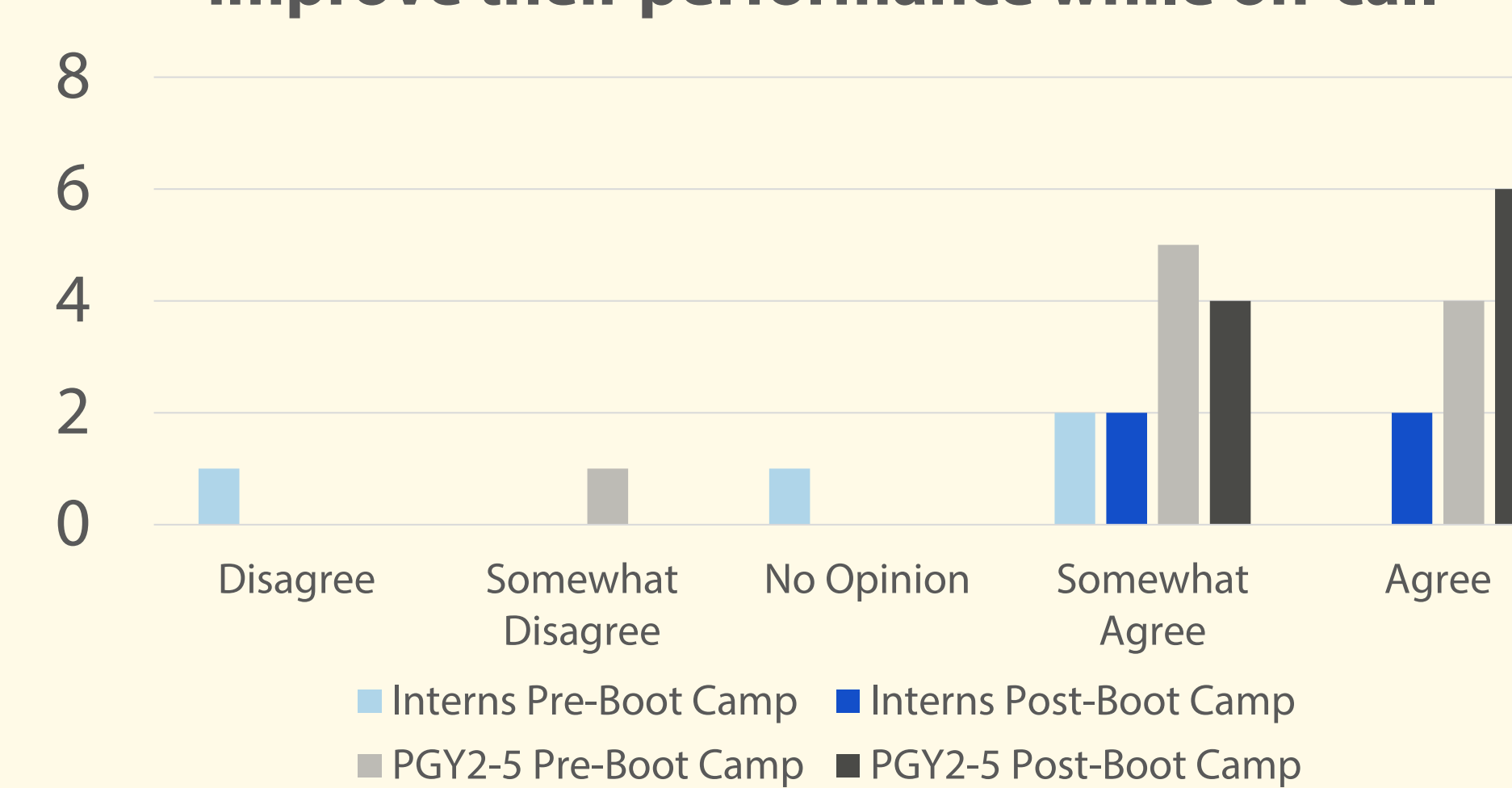
I am confident in my ability to ask for feedback for my performance while on-call



I am confident in my ability to provide feedback to peers about their performance while on-call



I am confident in my ability to teach and mentor peers in critical thinking skills to improve their performance while on-call



DISCUSSION

Our introductory results indicate that our boot camp improved residents' self-perceived skills in handling difficult consultations as well as giving peer feedback. Residents' responding "agree" for their confidence in their ability to identify important clinical tasks improved by 25% and 100% for their confidence in creating a comprehensive differential diagnosis for a consult. Regarding their ability to ask for and provide feedback, residents' responding "agree" increased 50% and 80% after the boot camp, respectively.

Furthermore, our findings show that our model scenario improved our residents' confidence and ability in many critical areas. This peer-mentorship paradigm identified the areas that were most difficult for our residents (namely time management, functioning while sleep deprived, and prioritization of tasks). After the boot-camp, respondents indicated that their aptitude for prioritizing tasks, time management, and clinical knowledge improved. However, functioning while sleep deprived was ranked the least improved skill. This is reasonable as the training occurred during regular working hours.

CONCLUSIONS

The project demonstrated that providing psychiatry residents with participation in a mock on-call consult could have positive impact on both interns and upper-level residents in building team cohesion, knowledge and confidence for call-shifts, and the ability to teach as a resident. By participating in this workshop, residents fulfill several core competencies, thus improving outcomes for residents and patients while residents are on-call.

Further development of this model could involve residents working with consulting physicians and assessing skill in a mock consult scenario, obtaining specific feedback, and then undergoing evaluation again to assess whether self-perceived improvements in skill match enhanced clinical ability.

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- 2) Suozzo, A. C., Malta, S. M., Gil, G., Tintori, F., Lacerda, S. S., & Nogueira-Martins, L. A. (2011). Attention and memory of medical residents after a night on call: a cross-sectional study. Clinics (Sao Paulo), 66(3), 505-508. doi:10.1590/s1807-59322011000300025