Senior Resident "Simtending" Curriculum: Novel Simulation-Based Transition to Practice Kimbia Arno MD MFA¹, Sara M Hock MD²

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Introduction

The transition from emergency medicine (EM) resident to attending physician is a stressful and difficult period, due to the new challenges of final responsibility for patient care and educating residents. Very few medical education interventions address this transition. The "Simtending" model seeks to address these elements via the simulated supervision of junior residents during high acuity cases. Our research question is whether implementation of the "Simtending" model results in increased satisfaction with simulation activities.

Objectives: - Give senior residents practice supervising junior learners during simulated cases

- Simulate the balance of relinquishing control while maintaining patient safety
- Provide new focus and engagement opportunity for senior residents during simulation

Methods

This study took place at a tertiary academic center in Chicago, Illinois. The "Simtending" model placed a PGY-3 EM resident in the role of attending, working alongside junior residents who would staff the case as appropriate. Juniors and faculty provided the "Simtending" feedback. These cases occurred in half of the twice monthly simulation sessions within the curriculum.

Roles:

- Simtending PGY-3 supervising junior residents
- Teacher PGY-3 with prepared teaching points
- Observer PGY-3 observing case and offering feedback

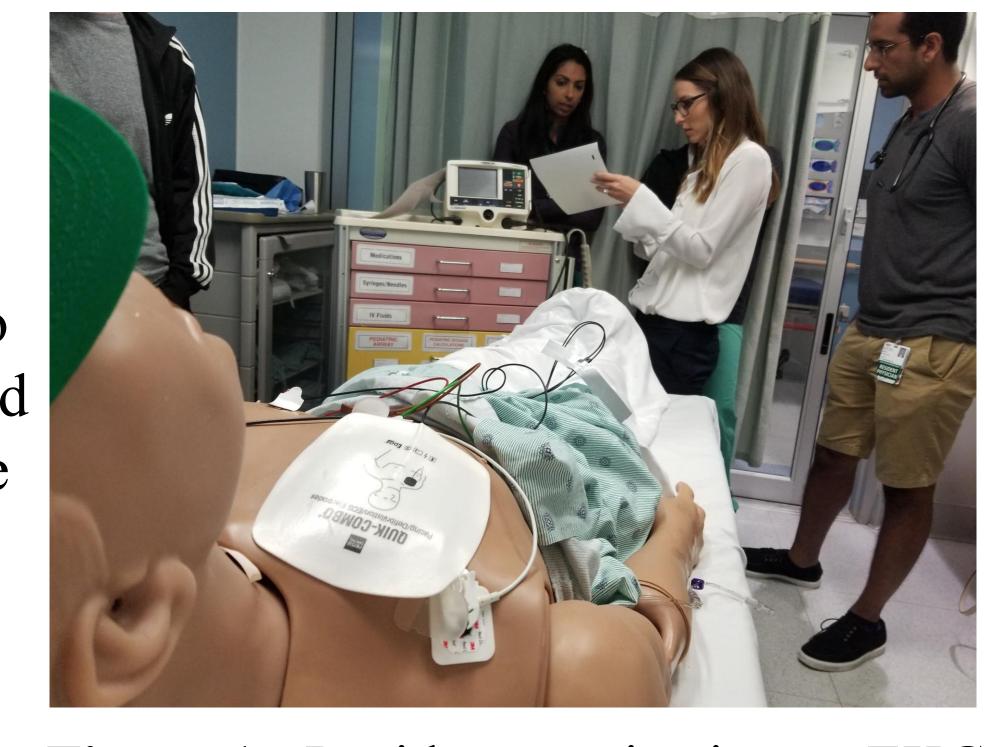


Figure 1: Residents reviewing an EKG while participating in a simulated case

Data was extracted from anonymous satisfaction survey information from six distinct sessions. Survey responses were compared between "Simtending" and traditional sessions with respect to the selected topics of feedback quality, realism, and achieving objectives. Average scores on each topic were compared using independent samples T-test. Qualitative analysis was used to identify themes from free response questions on the evaluation surveys. This study was determined to be IRB exempt.

Results

Feedback was collected from six distinct events for a total n of 74. Of these, 44 (59%) were from the "Simtending" simulation events and the remaining were traditional. On a scale out of 7, residents rated the sessions similarly regarding fulfilling goals and objectives, realism of scenarios, and quality of feedback (see Figure 2). Qualitative analysis of data identified a theme related to improved role understanding and satisfaction in the "Simtending" format compared to traditional.

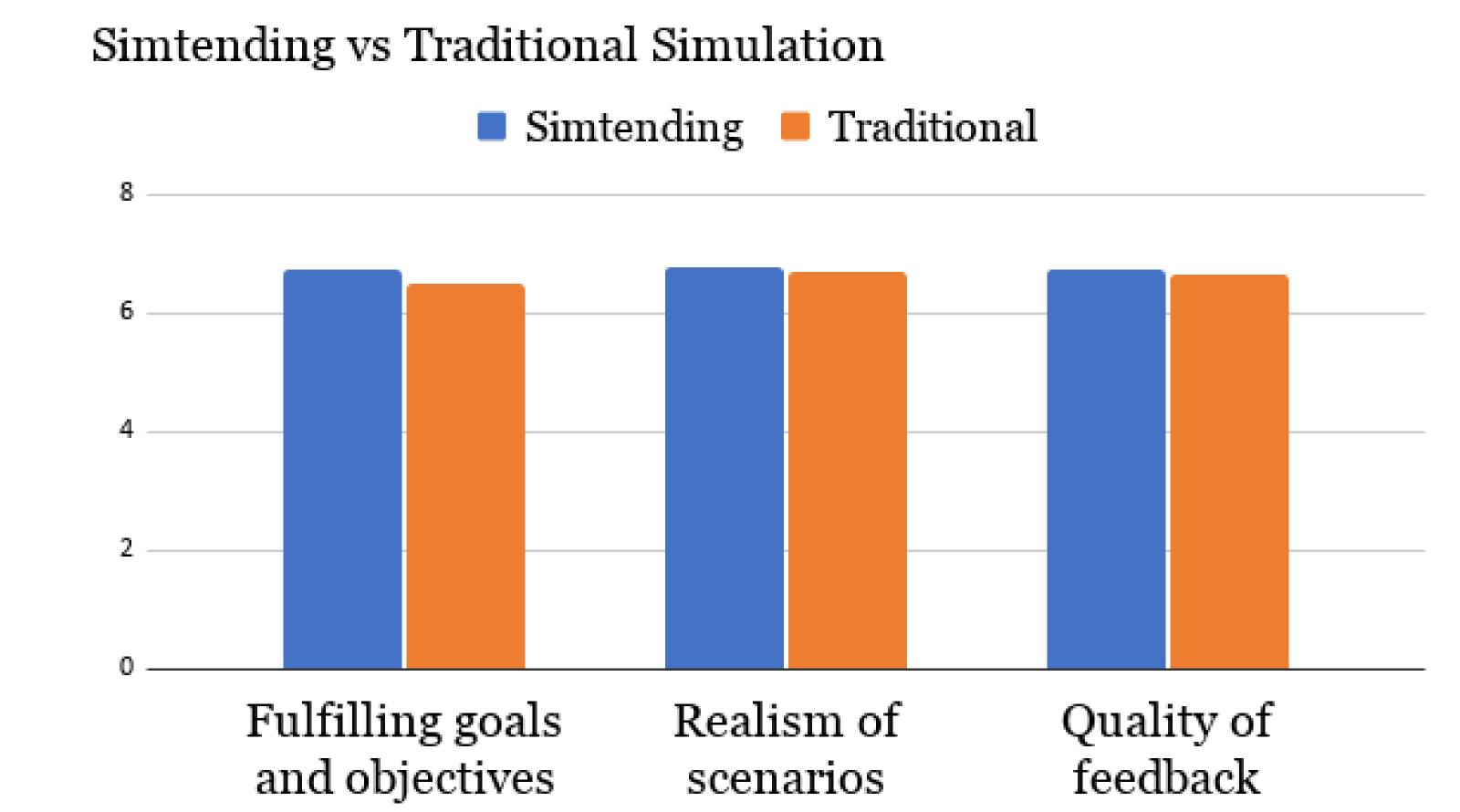


Figure 2: Representative survey results (n=74) evaluating a total of six simulation events. Residents were surveyed on several factors related to the effectiveness of the simulation and responses were on a 1-7 scale. Ratings were not significantly different between "Simtending" and traditional format (p>0.27)

Conclusion

This data shows that residents evaluate the "Simtending" model similarly compared to traditional simulation sessions in terms of realism, meeting goals and objectives, and quality of feedback. The identified theme of improved role clarity and satisfaction indicates that residents have better engagement with the simulation during the structured "Simtending" model. Future work will include assessment of whether senior residents deem this model to be helpful in their transition to the attending role.

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