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The Sooner, The Better – “Intern Bootcamp” for Senior Medical Students

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## 43 Call of the Wild - Gamification of Simulation in Wilderness Medicine

Taylor Cesarz, Stephanie Cohen, Mitchell Voter, Shayne Gue

**Introduction:** Medical education has come a long way from traditional lecture-based residency didactics. Recently, there has been a push for gamification to captivate learners. As we see an influx of learners who have grown up during rapid technological advancement, it is important to evolve how we teach, including the use of gamification, to more actively engage learners and solidify knowledge. We have started to see the incorporation of simulation gamification with events such as SAEM SimWars, however, we have yet to examine the impact of simulation gamification on resident education.

**Educational Objectives:** We created an innovative team-based simulation competition, with a focus on wilderness medicine to assess the impact simulation gamification has on resident engagement, motivation, challenge, and overall perception of education efficacy.

**Curricular Design:** We designed an interactive race that consisted of six stations, including five simulations and one trivia station with board-style review questions. The five sim stations included team-building, simulation, as well as procedural challenges. Teams were scored based on the completion time of each station, with time penalties added for missed critical actions. To evaluate our race, pre- and post-intervention surveys were administered, with both multiple choice and perception questions utilizing a Likert scale.

**Impact:** We included two emergency medicine residency programs in Central Florida, analyzing data from 23 learners with matched pre- and post-test results. There was a statistically significant increase in medical

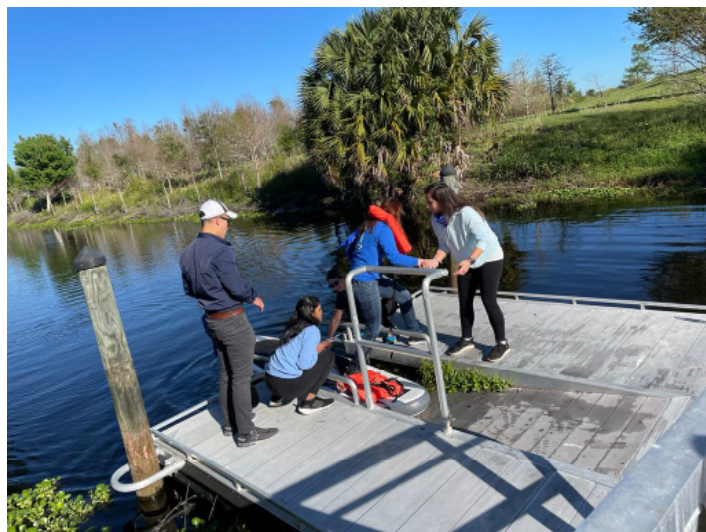


Figure 2.

knowledge assessment (62 to 80%,  $p < 0.001$ ). Respondents also agreed with statements indicating increased levels of motivation, engagement, and challenge with this educational strategy compared to other modalities. Finally, 100% of respondents indicated they “agreed” or “strongly agreed” that the event was an effective educational tool for wilderness and environmental emergency training.

## 44 The Sooner, The Better – “Intern Bootcamp” for Senior Medical Students

Abigail Alorda, Taylor Cesarz, Tracy MacIntosh, Stephanie Cohen, Shayne Gue

**Introduction/Background:** Simulation is an effective strategy for educating learners of all levels. Moreover, it is an invaluable tool for teaching difficult topics in a psychologically safe environment. The transition from medical student to resident physician is stress-inducing in many ways. Many graduate medical education programs have developed “Intern Bootcamps” to help ease this transition and build upon the core entrustable professional activities (EPAs) expected for new interns having completed undergraduate medical education. We sought to explore the implications of shifting “Intern Bootcamp” into the pre-residency phase, focusing on senior medical students.

**Educational Objectives:** To evaluate the impact of a novel, one-day “Intern Bootcamp” on medical knowledge and self-reported perception of comfortability among senior medical students at our institution.

**Curricular Design:** We created a one-day “Intern Bootcamp” for the six graduating senior medical students at the University of Central Florida who matched into



Figure.

emergency medicine residency programs. Our innovation utilized simulation-based education, to create an engaging learning environment, where students worked through cases that might be expected of a new intern. There were a total of six simulated cases, utilizing high-fidelity mannequins and live actors, which included procedural and medical knowledge learning objectives.

**Impact/Effectiveness:** Overall, there was a statistically significant improvement in both medical knowledge scores (with an increase in scores from 50 to 70% ( $p < 0.05$ )) as well as reported comfortability in procedure performance with scores on a 5-point Likert scale increasing from 2.16 to 4.2 on orotracheal intubation, 2.5 to 3.8 on central line placement, and 1.83 to 3.6 for chest tube placement.

## 45 Implementation of a Novel Senior Resident “Life Curriculum”

*Danielle Kerrigan, Jeremiah Ojha, Michelle Myles, Amy Mariorenzi*

Resident education primarily focuses on medical knowledge, patient care, and scientific inquiry as required by the ACGME. However, as senior residents prepare for the transition to attending physician, many questions arise that fall outside of this scope and there is a paucity of literature on strategies to mitigate this. The few published curricula within this subject all focus on a single topic. Our literature search has not yielded any comprehensive curricula to address this transition. To our knowledge, this curriculum is the first of its kind. Our objective was to create a novel curriculum for senior residents to prepare them for life after residency by addressing areas in which residents are expected to be competent upon graduation but are often not explicitly taught. Following Kern’s six-step approach, we conducted a needs assessment which showed most residents did not feel our current curriculum sufficiently prepared them for the transition from resident to attending. We designed a “life curriculum” for senior residents covering commonly cited areas of need including: documentation, medicolegal topics, personal finances, and self-reflection. Each session was led by EM faculty or other content experts during existing conference time. Delivery methods were tailored to the topic and included small group discussions, hands-on workshops, and traditional didactics. This curriculum was delivered longitudinally over the course of an academic year. Participants were surveyed before and after each session rating their knowledge and confidence on a five-point Likert scale. Every session showed an improvement in both reported knowledge and confidence, suggesting that residents felt more prepared for life as an attending after participating in the sessions. This curriculum is currently continuing for its second year. In the future, we hope to implement additional

topics based on ongoing residency needs and the changing landscape of emergency medicine nationally.

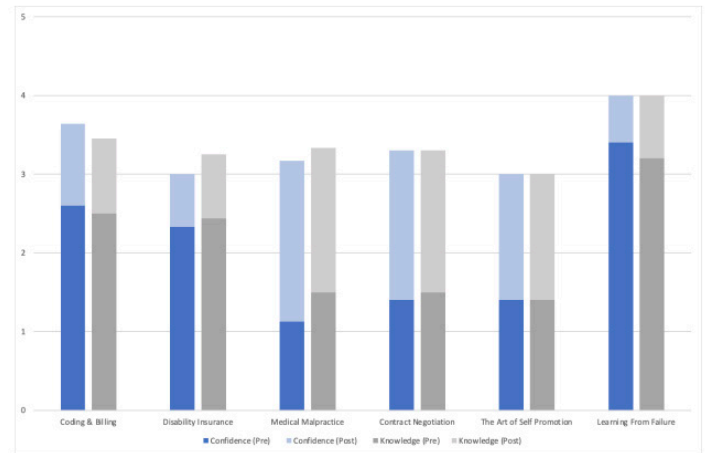


Figure 1. Results.

Table 1. Life curriculum sessions.

Coding and Billing
Finances: How to Plan for Retirement
Disability Insurance
Medical Malpractice
Contract Negotiation
The Art of Self Promotion
How to Find Passion Outside of Medicine
Learning From Failure

## 46 The Patient Experience: An In Situ Simulation

*Jeanne Rabalais, Melissa Parsons, Alexandra Mannix, Aman Pandey, Alexander Howard*

**Introduction/Background:** As a county safety-net hospital, there are many stress points in an ED visit for our patients. As physicians, we often do not realize these stress points. Prior work links empathy and positive physician-patient relationships to improved healthcare outcomes. New learners would benefit from understanding common patient frustrations, worries, and fears as the patient navigates through the ED.

**Objectives:** Increase understanding of patient flow through the ED - Recognize patients’ challenges and frustrations during their ED visit - Enhance communication skills to effectively address patient concerns and alleviate anxieties -Reflect on personal biases and assumptions that may impact patient care -Improve teamwork and collaboration by understanding the roles and perspectives of different healthcare professionals involved in patient care.