education network.[1] Educational content was developed by medical educators, clinician educators, and residents. Each JiTT tool is also downloadable as a PDF to explain foundational and specialty-specific clinical teaching tips during didactic sessions. JiTTs can be saved in a "Favorites" category to ease finding a JiTT in the moment of need.

Foundational JiTT tools include brief podcasts to support learners who prefer listening to content. Foundational teaching principles include setting expectations, questioning techniques, feedback and coaching, and bedside teaching. Specific clinical teaching techniques include content pertaining to internal medicine, family medicine, pediatrics, obstetrics and gynecology, surgery, psychiatry, and neurology, as well as sub-specialties. In addition, categories focused on teaching wellness, quality, social justice, and research principles are included. Optional review questions are provided in each category for users to self-assess their acquired knowledge.

Outcomes to Date

The JiTT Infographics app is available in Google Play and the Apple Store. As of April 2022, the app has been downloaded by 3406 unique users across 90 countries, with the largest numbers of downloads from the United States (N=2337), Phillippines (N=179), Mexico (N=169), Canada (N=98), and Saudia Arabia (N=68). Preliminary analysis of app activity highlights the foundational teaching category, which includes: Domains of Social Determinants of Health; 5 Micro Skills: Precept with Limited Time; and Questioning as an Effective Teaching Skill. The results to date support a global interest in utilizing technology to increase accessibility to open access resources. As of April 2022, a brief video on YouTube (July 2021) that guides users on how to apply the JiTT in real-time teaching settings has been viewed 462 times. In March 2022, the app was accredited as an "enduring product," enabling interprofessional users to obtain selected continuing education credits at no cost. The app as an evidence-based JiTT teaching tool is an outcome in itself, as it redfines technology for faculty development.

Future efforts will focus on app evaluation by capturing end-user feedback via brief structured feedback surveys and more in-depth analyses of learner engagement metrics to determine the outcomes and effectiveness of the app. Requests for translation to other languages are in the pipeline, as are additional external collaborators.

References

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David Orner, MPH
Associate Program Manager, Office of Academic Affairs, Northwell Health

Kelly Conlon, MS, C-TAGME
Senior Program Manager, Office of Academic Affairs, Northwell Health

Melissa Affa
Associate Program Manager, Office of Academic Affairs, Northwell Health

Alice Fornari, EdD, FAMEE, RDN
Associate Dean, Zucker School of Medicine at Hofstra/Northwell, Office of Academic Affairs, Vice President, Northwell Health

Corresponding author: Alice Fornari, EdD, FAMEE, RDN, Northwell Health, afornari@northwell.edu, Twitter @AFornari1

NEW IDEAS

PICU Overnight INTerprofessional Education of Residents (POINTER): Leveraging Bedside Experience to Improve Resident Bedside Care

Setting and Problem

Resident education rarely includes training in the hands-on mechanics of care delivery; however, these bedside

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TABLE
Resident Knowledge, Comfort, and Participation in Bedside Care Pre- and Post-POINTER Curriculum

	Pre-POINTER	Post-POINTER	*P* Value
All Sessions	n=50[a]	n=50	
Knowledge, median % correct (IQR)	44% (28, 63%)	63% (63, 75%)	<.001[b]
Comfort, median total score (IQR)	16/45 (13/45, 20/45)	27/45 (22/45, 30/45)	<.001[b]
Participation, median number of 3 skills used (IQR)	1/3 (0/3, 2/3)	1/3 (0/3, 2/3)	.08 [c]

[a] Includes only participants who filled out complete pre- and post-POINTER surveys. Not all participants attended all sessions.
[b] Wilcoxon signed rank test.
[c] Sign test.

skills and knowledge are necessary for patient care and crucial when time and resources are limited. Nurses and respiratory therapists are content experts in this arena yet are rarely asked to provide formal education to resident physicians. Leveraging their bedside experience to enhance resident instruction represents a unique opportunity to address this area of need while working to improve interprofessional collaborative practice through interprofessional education (IPE).[1]

At Children's Hospital of Philadelphia, an intensive care unit (ICU) hospitalist, nurse, and respiratory therapist developed a bedside care curriculum to deliver to pediatric and emergency medicine residents during their 1-month ICU rotation using nurses and respiratory therapists as educators. The primary aim of the PICU Overnight INTerprofessional Education of Residents (POINTER) program was to improve resident bedside care knowledge. Secondary aims were to increase resident comfort with and participation in bedside care and promote interprofessional collaboration.

Intervention

An informal needs assessment identified content areas of interest which were formulated into 4 hands-on sessions by the team: code cart and push-pull fluid delivery system (CCPP), arterial lines (AL), central and peripheral venous access (CPVA), and tracheostomy and respiratory management (TR). Thirty-minute sessions were delivered Monday through Thursday nights (content rotated weekly) to align with resident Q4 call schedule and to avoid conflicts with daytime educational opportunities; timing was flexible to accommodate unit acuity as well as educator and resident availability. Sessions were conducted in-unit using available materials and at bedside when feasible (eg, to demonstrate arterial line setup). Educators signed up to teach during regularly scheduled shifts using a shared calendar. The curriculum had no associated developmental or ongoing costs, and maintenance required less than 1 hour of administrative work per week.

The POINTER program was prospectively evaluated using pre- and post-surveys to measure resident knowledge, comfort, and participation in bedside care. The curriculum and interprofessional collaboration were assessed using open-ended questions and a modified Jefferson Scale of Attitudes Toward Physician-Nurse Collaboration survey.

Outcomes to Date

Ninety-eight residents and 27 respiratory therapists and nurse educators participated over 10 months (August 2020-May 2021), and residents attended a median of 3 sessions. Survey completion rate (pre- and post-curriculum) was 51% (50 of 98) for residents and 43% (10 of 23) for educators.

Residents demonstrated increased bedside care knowledge and comfort overall (both $P<.001$; TABLE). Residents who attended the CCPP, AL, or TR session showed improved comfort with these skills ($P<.001$, $P<.001$, $P=.018$, respectively), and residents who attended the AL session increased knowledge ($P=.004$) and participation ($P<.001$) compared to those who did not attend. Residents self-reported that POINTER improved their knowledge (84%, 42 of 50), made them better clinicians/residents (72%, 36 of 50 unique residents), increased their pre-post understanding of the nurse/respiratory therapist knowledge base (60%, 30 of 50, $P<.001$), and the program should continue (76%, 38 of 50). Residents' attitudes toward physician-nurse collaboration did not change, though they were high at baseline (median score 39/40). Educators enjoyed participating (90%, 9 of 10 educators) and felt they became better teachers (80%, 8 of 10).

Resident comments included: "Practical," "Unique way to learn hands-on skills," "It filled a gap in our knowledge," and "I loved...to learn from RTs and RNs! They have a lot of knowledge, and we rarely have formalized time for education with them."

Educator comments included: "I enjoyed helping the residents learn. . .and get hands-on training," and "I had taken for granted what the residents know.... They don't have as much experience or understanding as I thought, and they need that to help make medical decisions."

In conclusion, we successfully developed and deployed a novel IPE-based resident overnight

curriculum utilizing bedside nurses and respiratory therapists as educators at low cost. Participants appreciated its practical, interdisciplinary nature and increased their knowledge, comfort with, and participation in bedside care. Given its flexibility and customizability, POINTER is likely generalizable to any field with bedside care provided by non-physicians willing to educate learners.

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Andrew E. Becker, MD
PGY-4 Fellow, Critical Care Medicine, Department of Anesthesiology and Critical Care Medicine, Children's Hospital of Philadelphia

Megan Bernstein, RN, BSN
Clinical Nurse Expert, Department of Nursing and Clinical Care Services, Children's Hospital of Philadelphia

Steven M. Loscalzo, MD
Attending Physician, Department of Anesthesiology and Critical Care Medicine, Children's Hospital of Philadelphia

Phillip Cohen, MD
Hospitalist Physician, Department of Anesthesiology and Critical Care Medicine, Children's Hospital of Philadelphia

Jubrae Peurifoy, RT
Department of Respiratory Care, Children's Hospital of Philadelphia

Kelly Martin, MD, MSEd
Assistant Professor of Clinical Anesthesiology and Critical Care, Department of Anesthesiology and Critical Care Medicine, Children's Hospital of Philadelphia and Perelman School of Medicine at the University of Pennsylvania

Antara Mondal, BS
Biostatistician, Department of Biomedical and Health Informatics, Children's Hospital of Philadelphia

Steve Ampah, PhD
Biostatistician, Department of Biomedical and Health Informatics, Children's Hospital of Philadelphia

Sam Rosenblatt, MD, MSEd
Assistant Professor of Clinical Anesthesiology and Critical Care, Department of Anesthesiology and Critical Care Medicine, Children's Hospital of Philadelphia, and Perelman School of Medicine at the University of Pennsylvania

Corresponding author: Andrew E. Becker, MD, Children's Hospital of Philadelphia, beckera1@chop.edu

NEW IDEAS

Nonprofit Board Membership: A Novel Mechanism for Authentic Community Engagement and Leadership Development for Resident Physicians

Setting and Problem

Many residency programs have increased curriculum emphasis on the social determinants of health in recent years, and genuine longitudinal experiences for community engagement can be rare and challenging to design. The pediatric residency program at the University of Pittsburgh Medical Center Children's Hospital of Pittsburgh has its separate Pediatric Advocacy-Leadership-Service (PALS) program track with 6 total residents across all trainee levels in a given academic year. Since 2011, the PALS program's mission is to train residents to be outstanding primary care pediatricians with the knowledge and skills to provide effective health care, leadership, and advocacy on behalf of children and families in medically underserved communities. This specific training is accomplished through multiple elements in the spirit of the acronym. Authentic leadership training, beyond personality profiles and suggested readings, is exceptionally difficult to provide. The PALS program

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