

Utilizing an Interactive Case-Based Format for Intern Orientation

Every institution struggles with how to convey required educational topics to new trainees during resident orientation. The array of educational topics is staggering, with material from the Accreditation Council for Graduate Medical Education, the Joint Commission, the Centers for Medicare & Medicaid Services (CMS), local health agencies, and the given institution administering the education.

The traditional reliance on didactic lectures often fails to engage the audience, and offers no real-life context for new residents' role in the institution's patient safety, quality, and care initiatives. To address this deficiency, we created a series of clinical cases to teach new trainees this information in an interactive small group format. We hypothesized that this change would facilitate retention of key objectives while providing both the context and modeled behavior of team-based care.

We convened an interdisciplinary committee to select topics that were important to cover during intern orientation and were amenable to discussion within a case-based format. Topics included the focus areas of the Clinical Learning Environment Review (patient safety, quality improvement, transitions in care, supervision, duty hours oversight, and professionalism) as well as requirements from the Joint Commission, the CMS, and the institution in which residents' work.

We created a series of clinical cases that simulated situations interns might encounter during their first night of call, beginning with a handoff from the day team and progressing through a series of 6 patient-centered clinical vignettes. Educational objectives from the topics chosen by the planning team were integrated into these vignettes. We also developed a script that described the expected progression of each patient scenario (provided as online supplemental material), allowing for standard scenario presentation across multiple groups.

Each small group was led by an interdisciplinary team (a physician, a nurse, and a pharmacist). The case-based format was very interactive by design, forcing interns to make decisions about patient care and what they would do next. Multiple modalities were used, including simulated patient evaluation, role playing, prerecorded videos, and paper handouts. The case-based intern orientation session took place over 4 hours on a day in June 2013. A total of 156 interns and 18 group leaders participated, divided

among 6 separate rooms where they ran through the exercise simultaneously.

Interns were surveyed on comfort with topics covered pre- and postorientation. Results were compared using the Wilcoxon rank sum test. Interns' self-assessment of comfort with educational topics covered during the session showed significant improvement in essentially every category assessed (TABLE).

Delivering orientation material in an interactive, case-based format is feasible, effective, and preferred by many participants. The case-based organization made the content much more "real" and applicable to the role the interns were about to assume, a strategy effectively employed by other institutions as well.¹⁻³ The success of these sessions depends on the thoughtful selection of educational topics, an interactive design that maintains trainee engagement, and involvement of senior trainees in the process to create

TABLE PREORIENTATION AND POSTORIENTATION ASSESSMENT OF INTERN COMFORT WITH TOPICS COVERED ^a			
Topic	Pre-orientation Score (n = 121)	Post-orientation Score (n = 134)	P Value
Medical center mission	3.24	4.10	< .001
Compliance	3.04	3.55	< .001
Patient safety metrics	3.25	3.89	< .001
Health Insurance Portability and Accountability Act	3.88	4.18	.08
Reporting medical errors	2.93	3.76	< .001
Disclosing medical errors	3.37	3.97	< .001
Handoff of care	3.21	3.92	< .001
Medication reconciliation	3.30	3.84	< .001
Pronouncing a patient dead	2.52	3.78	< .001
Telling the family a patient has died	2.61	3.63	< .001
Universal protocol	3.16	3.71	< .001
Escalation of care	2.99	4.08	< .001
Pain management	3.08	3.54	< .001

^a Scale ranges from 1, not comfortable, to 5, very comfortable.

cases that include realistic details and practical educational points. This case-based format could be replicated by any institution wishing to improve their graduate medical education orientation.

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