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Charlene Gaw

Virginia Commonwealth University

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Simulation as an Assessment of Core Critical Skills for First Year Medical Interns

Charlene Gaw, Moshe Feldman
Center for Human Simulation and Patient Safety, Virginia Commonwealth University School of Medicine, Richmond VA

Introduction
The transition from undergraduate medical education to graduate medical education is one that new interns are often unprepared for. This is evidenced as health care efficiency decreases and patient morbidity and mortality increases during the month of July, the turnover time for first year medical interns. Simulation scenarios offer a novel tool to develop and assess core critical skill areas that are imperative towards maximizing patient safety and patient care. Such as teamwork, consultation, escalation, informed consent, and handoffs. This study evaluates an intern conference to develop and assess these core critical skills using simulation.

Methods
The “Walk the Walk” intern conference was developed to establish a common patient safety culture by training and evaluating intern skills in core critical skill areas. All beginning first year medical interns at Virginia Commonwealth University Medical Center including internal medicine, pediatrics, pathology, psychiatry, anesthesiology, obstetrics & gynecology, general surgery, emergency medicine, orthopedic surgery, otolaryngology, neurological surgery, oral and maxillofacial, and emergency medicine – internal medicine participated in the conference.

Results
Data was collected from 133 medical interns participating in the “Walk the Walk” conference.

Figure 1. Walk the Walk intern conference setup.

Previous experience with patient safety and teamwork was reported on a scale of 0 to 3, with 3 being very experienced. Pre-conference and post-conference self-efficacy in the areas of interest was recorded on a scale of 0 to 2, with 0 being not completed and 2 as done completely. Data was analyzed with IBM SPSS Statistics Data Editor and Microsoft Excel.

Figure 2. 0 = no experience; 3 = a lot of experience.

Figure 3. 0 = not at all confident; 4 = very confident. There was a significant increase in self-efficacy in the areas of consultation (P<.01), escalation (P<.05), informed consent (P<.01), handoffs (P<.05), and total mean self-efficacy (P<.05).

References

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