

BACKGROUND

- Transitioning from medical student to resident can be challenging, especially regarding knowledge gaps and clinical practice.
- Emergency medicine (EM) residencies offer a unique opportunity for interns by providing an orientation course to assist in adjustment
- Orientation courses are not standardized among residency programs, but typically last a few weeks and cover a wide range of educational topics, procedural skill training, basic training certifications, and immersion in the emergency department to gain familiarity and a sense of expectations as an EM resident prior to actual shifts
- There is a scarcity of literature regarding EM orientation, primarily on what topics to teach, which teaching methods, and classroom versus hands-on setting and even more sparse in terms of resident interpretation of the course and its contribution to their knowledge, skill set, and preparation.

OBJECTIVE

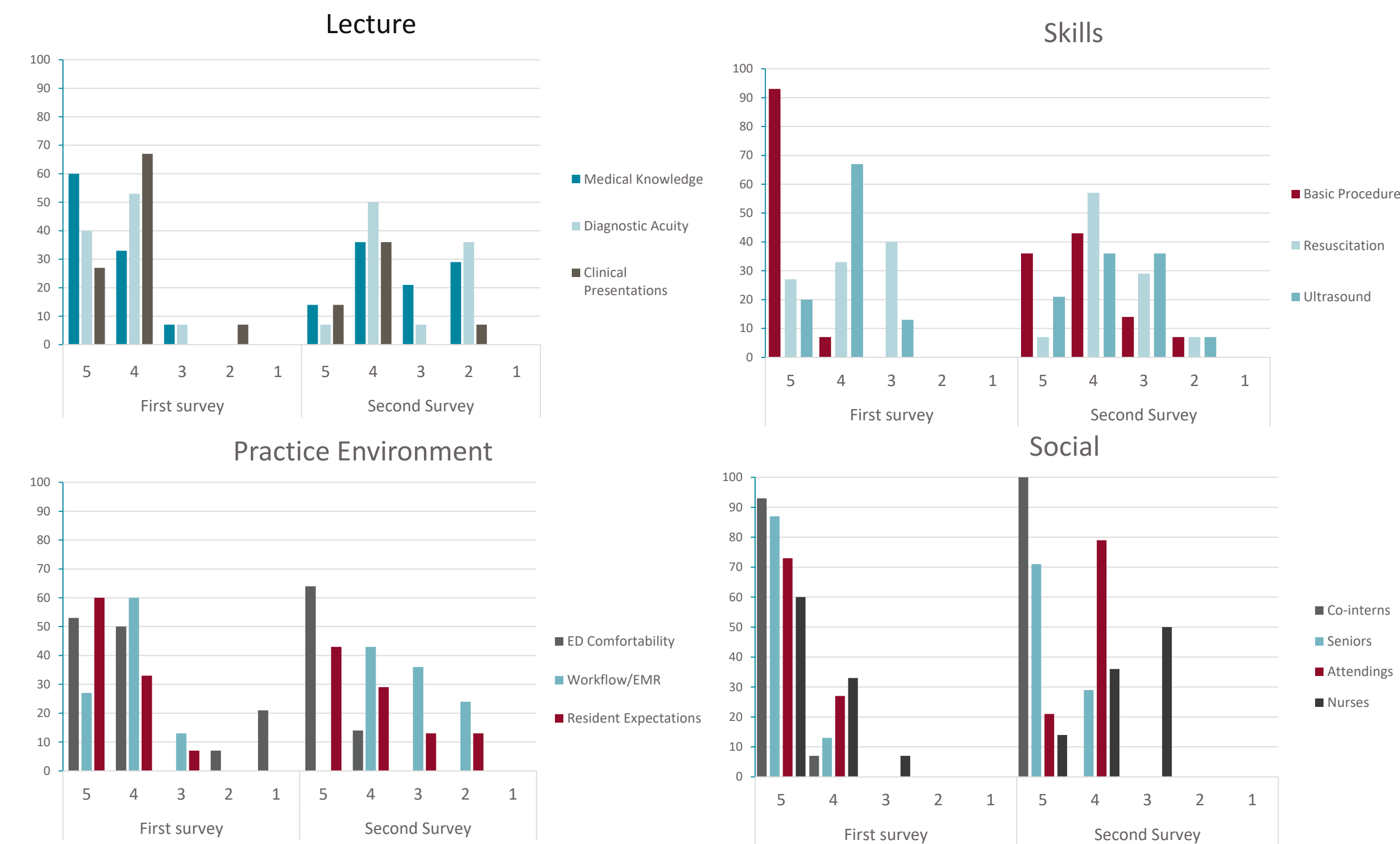
- The overall goal was to obtain the point of view of the residents partaking in an orientation course to determine where changes can be made to better transition and prepare them for their roles as EM physicians.

METHODS

- This is a single-site, longitudinal, survey study involving new EM interns who were provided surveys directly after orientation and 4 months into residency.
- Overall, the structure of our orientation course was approximately 33% lecture based, 31% skills based, 21% practice environment based and 15% social based. These are dedicated sessions, with there being some inevitable overlap (i.e. group-based learning and supervised shift fosters social development).
- The questions posed in the survey were based around the four categories of lectures, skills, practice environment, and social.
- The 14-question survey consisted of answer choices of ‘very effective,’ ‘somewhat effective,’ ‘neutral,’ ‘not that effective,’ ‘not effective at all’ or ‘very comfortable,’ ‘somewhat comfortable,’ ‘neutral,’ ‘uncomfortable,’ ‘very uncomfortable.’
- Residents were also provided with the opportunity to give open-ended feedback on what they enjoyed about the course as well as what they would improve about the course.
- This study was approved for IRB exemption by SBUH.

RESULTS

- Out of the cohort of 16 interns there were 15 responses in the initial survey and 14 responses in the follow-up survey.
- A Likert scale was utilized to analyze the data for the responses provided in the pre- and post-survey: 5-Very Effective/Very Comfortable, 4- Somewhat Effective/Somewhat Comfortable, 3-Neutral, 2-Not that Effective/Uncomfortable, 1-Not Effective At All/Very Uncomfortable
- The percentages of each response category were calculated and compared from the first and second surveys. The Fisher’s Exact Test was utilized to calculate the statistical significance for each category.



Question Basis	First Survey					Second Survey					Fisher's Exact Test (p-value)
	5-Very Effective	4-Somewhat Effective	3-Neutral	2-Not That Effective	1-Not Effective At All	5-Very Effective	4-Somewhat Effective	3-Neutral	2-Not That Effective	1-Not Effective At All	
Lecture-Medical Knowledge	60	33	7	0	0	14	36	21	29	0	<0.001
Lecture-Diagnostic Acuity	40	53	7	0	0	7	50	7	36	0	<0.001
Lecture-Clinical Presentations	27	67	0	7	0	14	36	0	7	0	0.53
Skills-Basic Procedures	93	7	0	0	0	36	43	14	7	0	<0.001
Skills-Resuscitation	27	33	40	0	0	7	57	29	7	0	<0.001
Skills-Ultrasound	20	67	13	0	0	21	36	36	7	0	<0.001
Practice-ED Comfortability	53	50	0	7	21	64	14	0	0	0	<0.001
Practice-Workflow/EMR	27	60	13	0	0	0	43	36	24	0	<0.001
Practice-Resident Expectations	60	33	7	0	0	43	29	13	13	0	<0.001
Social-Co-interns	93	7	0	0	0	100	0	0	0	0	.014
Social-Seniors	87	13	0	0	0	71	29	0	0	0	.009
Social-Attending	73	27	0	0	0	21	79	0	0	0	<0.001
Social-Nurses	60	33	7	0	0	14	36	50	0	0	<0.001
Overall Interpretation of July Course	67	33	0	0	0	29	43	21	7	0	<0.001

DISCUSSION

- Initially, residents felt that lectures and skills sessions were helpful in preparing them for practical and clinical aspects as a resident; Later, when assessed 4 months into residency, they felt the course did not prepare them appropriately
- The most positively interpreted aspects regarding the introduction course for emergency medicine residents was the social incorporation. Residents believed this was the most beneficial aspect of the course and helped establish relationships amongst residents and attendings.
- Residents initially had a positive outlook on their relationship with nursing staff during the orientation course. Unfortunately, following clinical practice, their relationship with nursing diminished extensively.
- Dedicated social time encompassed 15% of the course but had the biggest impact. Although majority of the course time was dedicated to learning and education opportunities there was still a large disconnect and learning gap that might not be able to be bridged in an orientation course.
- Future educators should consider incorporating more social events or group learning into their lecture and skill sessions to potentially encourage retention or satisfaction with orientation course in preparation for being a resident.

LIMITATIONS

- This study is limited due to the small sample size, the inability to individually isolate which method of teaching/integration of the class was used, and data collection with loss between surveys.

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