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Internal Medicine Residents Are More Confident in Their Code Team Leadership Skills Through Just-in-Time Simulation

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Abstract

Internal medicine (IM) residents at the VA do not have many opportunities to lead a code blue team and can be considered high acuity but low occurrence type of events. Residents typically received limited code blue simulation (sim) training during their ICU rotation. This study evaluates sim-based just-in-time (JIT) training for IM residents that occurs immediately prior to their ICU rotation. JIT Code Blue Team Training occurs at the VA Sim Center for IM residents with upcoming ICU blocks and are assigned by the Chief Resident. The 4-hour class includes hands-on defibrillator scenarios, brief didactic review of ACLS guidelines per the 2020 AHA guidelines. The IM resident engages in 2-3 scenarios as the leader of an interprofessional code team. Scenario selection is based on the resident's self-identified needs. Learners complete pre- and post-sim assessments for reaction/confidence and knowledge.

Survey data show significant improvement in resident confidence in their code team skills and knowledge. Confidence in operating the Zoll Defibrillator pacing function showed statistically significant improvement ($p<0.001$) with 96% agreeing/completely agreeing they were confident post-training versus 59% completely disagreeing, disagreeing, or unsure of skills pre-training. IM residents reported similar confidence boosts for defibrillation and synchronized cardioversion following JIT sim. Converting the delivery of sim training to the block preceding the IM resident ICU rotation has allowed for just-in-time training that is relevant and timely from a resident perspective. These JIT sessions also incorporate principles of mastery learning through deliberate practice. IM residents strongly prefer JIT training as well as deliberate practice.

Early data from the program shows promising results in improving requisite knowledge, skills, and confidence. Further work should assess if training impacts long-term improvement in clinical behaviors and outcomes.