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Peer assisted learning (PAL) project for intern development

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A STRATEGY TO IMPROVE PRE-ROUNDING COMFORT & EFFICIENCY FOR INTERNS

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Problem Identification

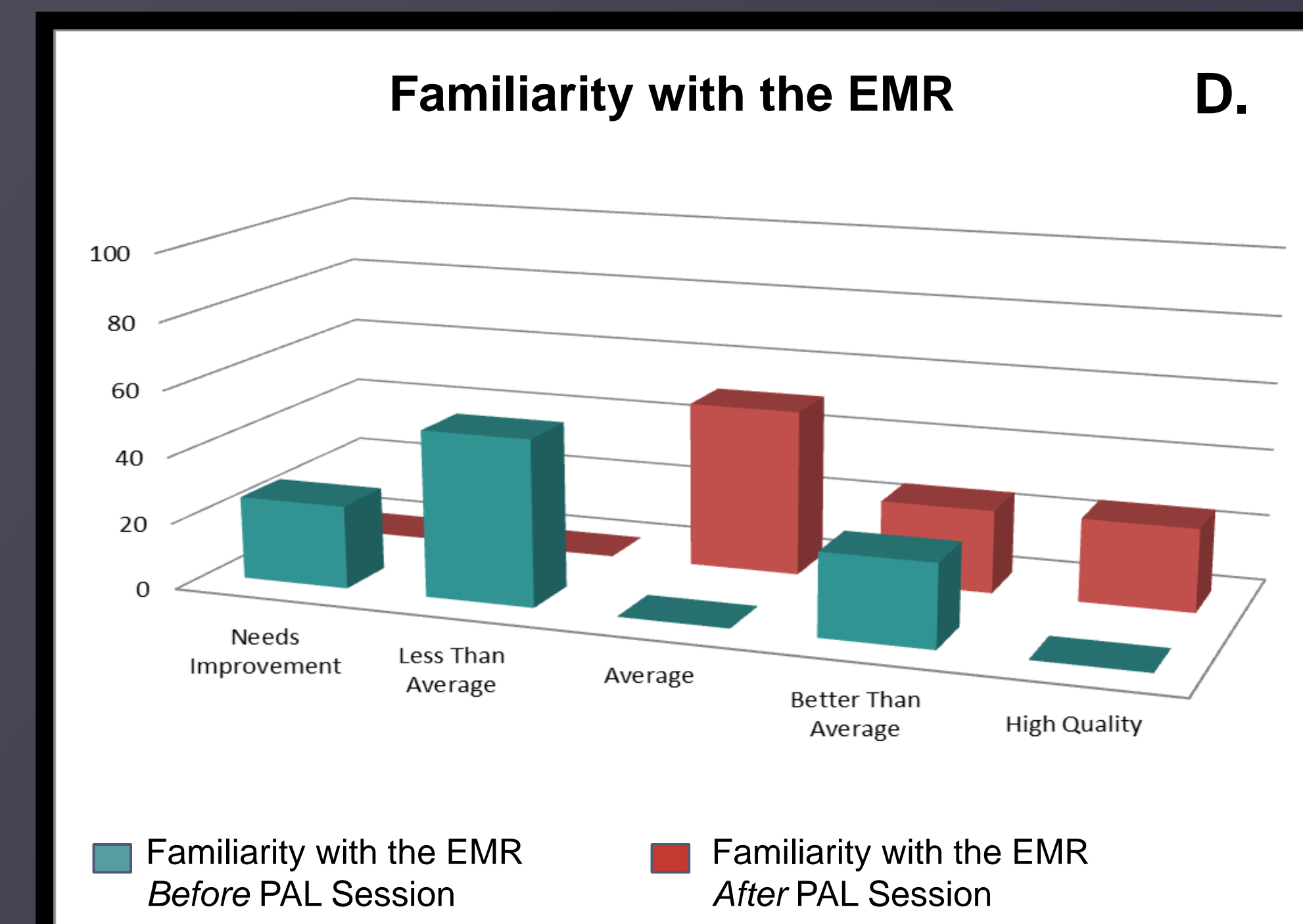
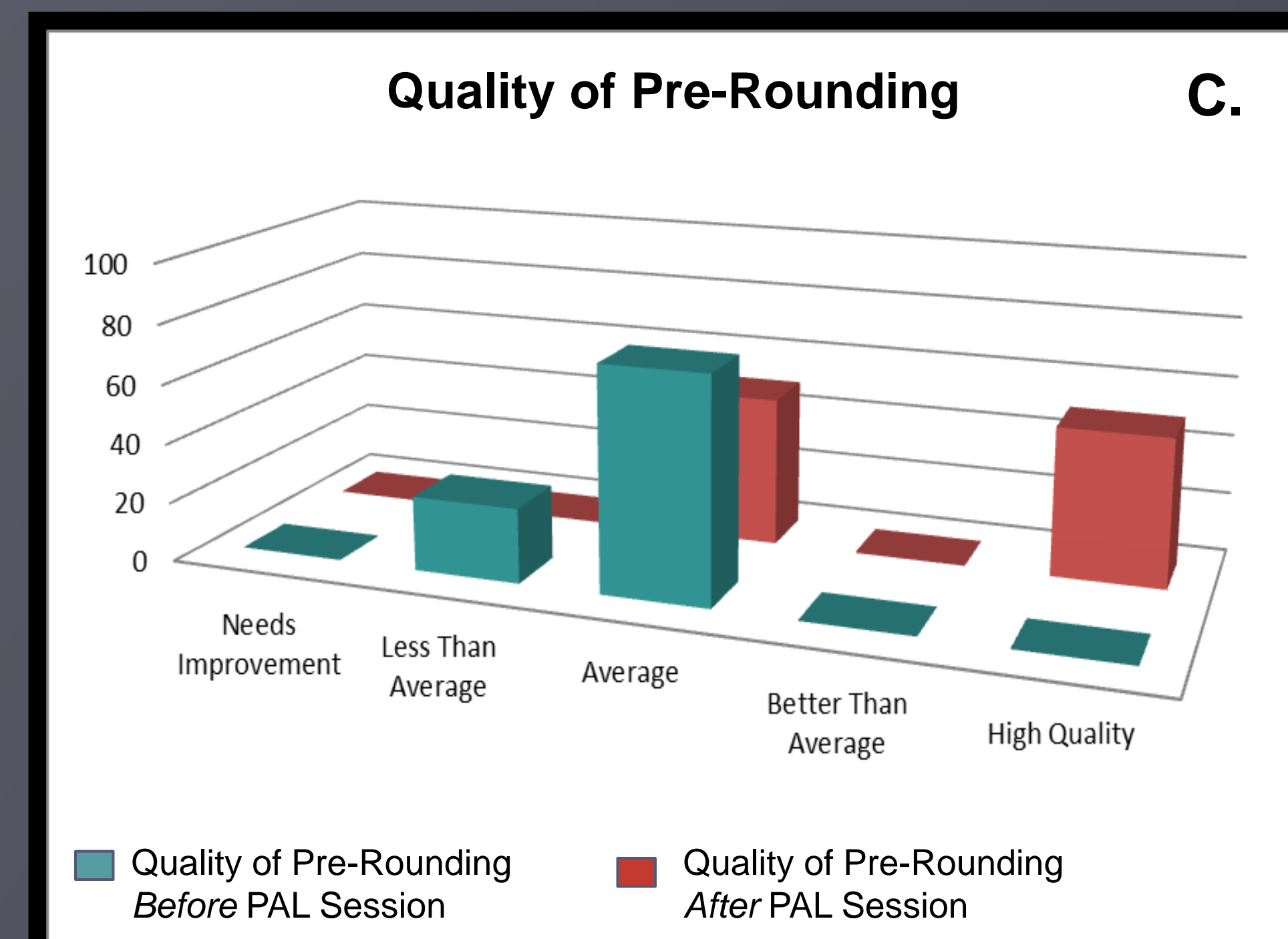
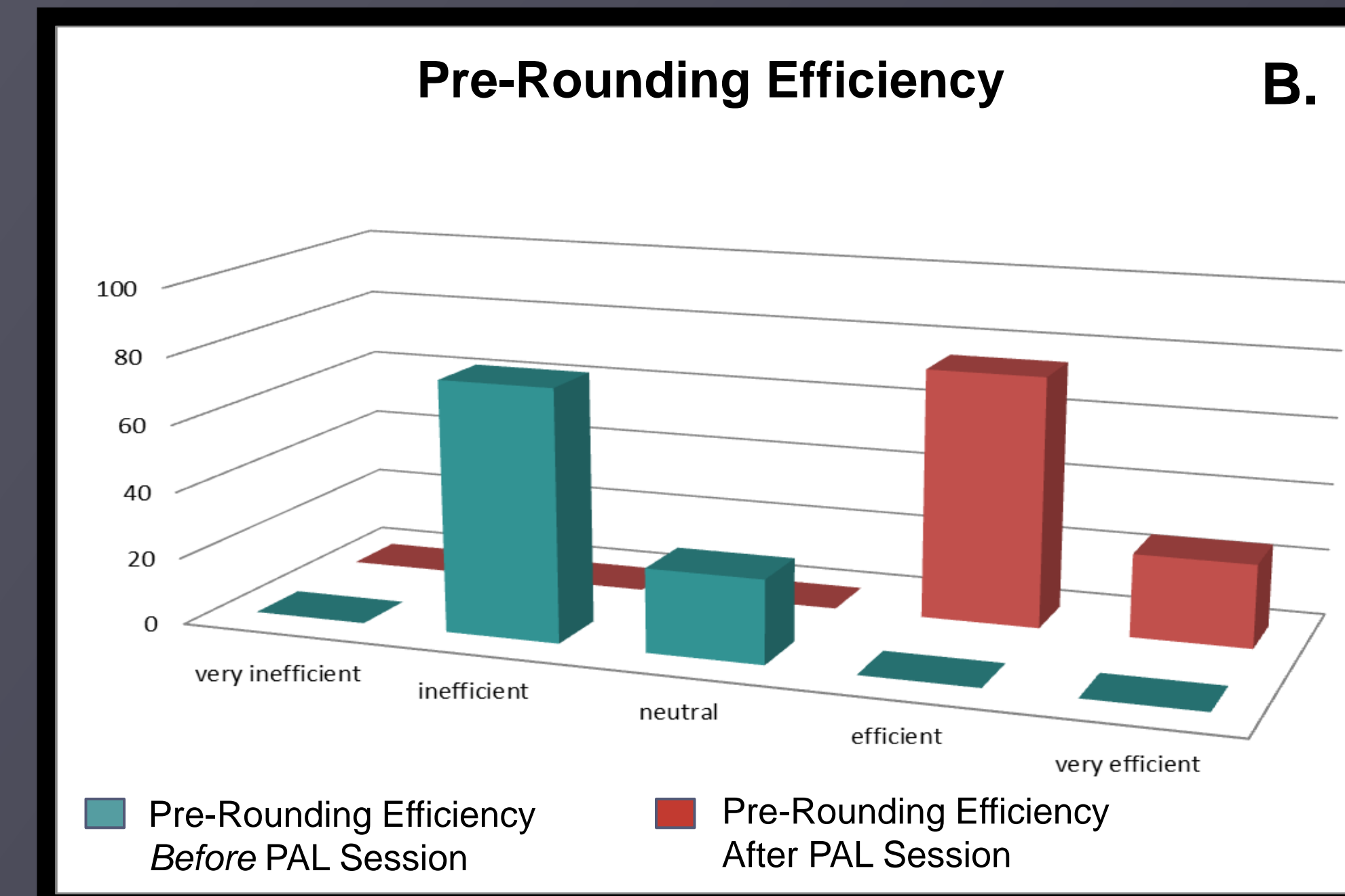
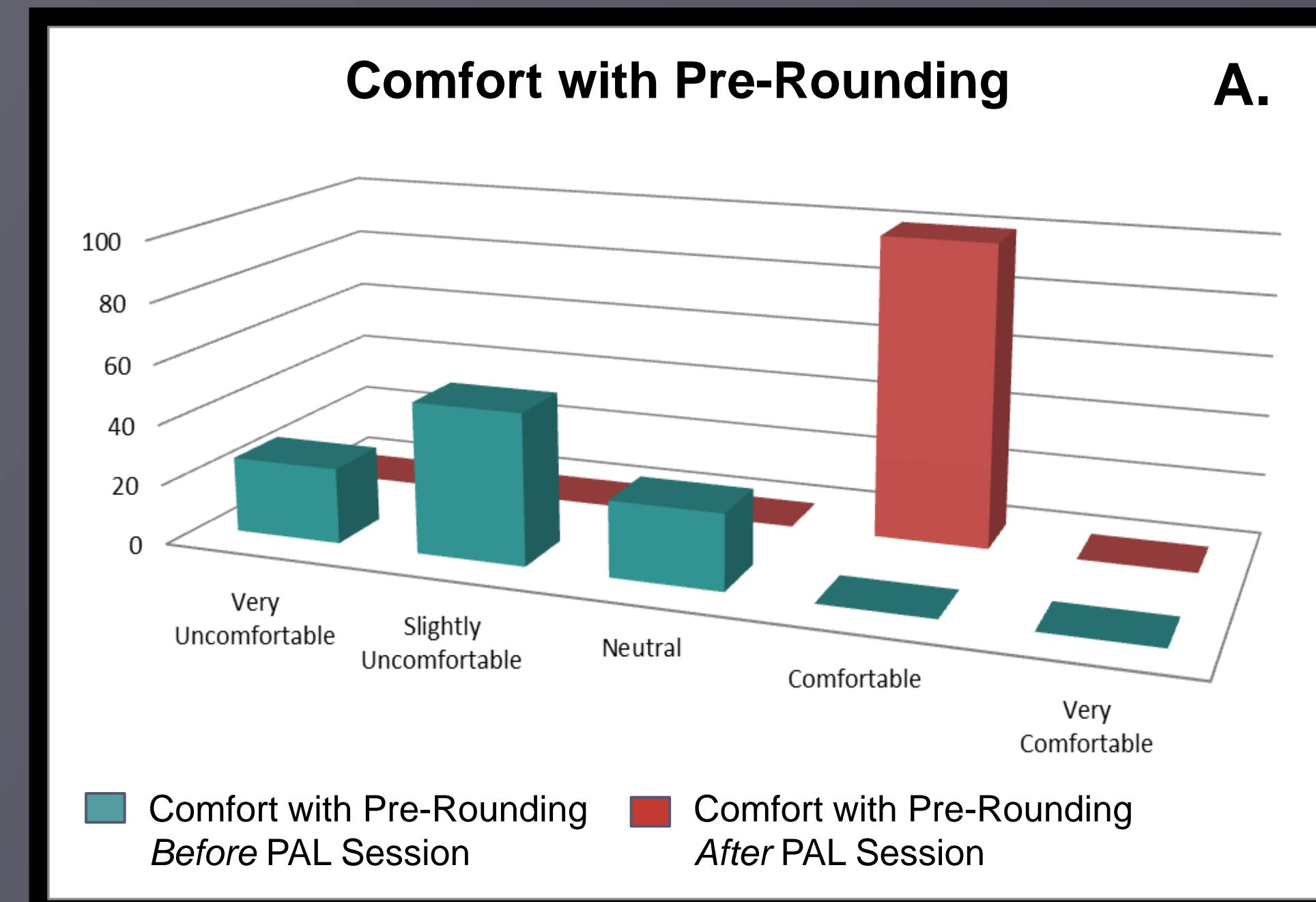
A common complaint among intern and upper level house staff is the lack of training interns receive regarding efficiency of the pre-rounding process and training with the Electronic Medical Record (EMR). Additionally, the ward teams are often burdened with work and find it difficult to provide extra support to new or struggling team members.

Background

Little systematic review exists regarding the impact of EMRs on medical education.¹ A time motion study found that internal medicine interns spent only 12% of their time direct patient care while 64% of their time was indirect patient care, including 40% time in front of the computer.² This was a significant change from studies prior to 2003, and implementation of EMRs is likely one contributing factor. In our experience, there is significant variation in resident practices and efficiency which has become more apparent in the era of new duty hour requirements. In one study, use of structured EMR-generated rounding reports was reported to save 44 minutes per day.³ Historically, our upper-level residents have been expected to provide interns with hands-on training in daily work processes, but another effect of duty hours is additional work for residents and attendings⁴, leaving less time for teaching.

Innovation

Senior residents identified as highly efficient and familiar with the EMR collaborated with the chief residents to develop a series of “best practices” templates outlining efficient pre-rounding techniques. Senior residents on electives were then paired with interns new to an inpatient ward or critical care service to pre-round for the first two days of the rotation. This provided a supportive environment for teaching how to implement the efficient techniques. This Peer Assisted Learning (PAL) provides opportunity for much needed one-on-one training for new interns without placing an undue burden on the rest of the team.



Graphs demonstrate the percentage of intern physicians that rate perceptions of their comfort, efficiency and quality of pre-rounding before and after the intervention.

Results

Post-intervention voluntary questionnaires showed the majority of interns felt slightly or very uncomfortable with the pre-rounding experience before the intervention. After participation in the PAL program all interns felt comfortable with pre-rounding process, with an average 40 percent improvement on a 5-point Likert scale (figure A). A similar pattern was seen with interns' perceptions of efficiency, whereby after the intervention, 100 percent of interns rated themselves as either efficient or very efficient, also reflecting a 40 percent increase on a 5-point Likert scale (figure B). Before the intervention, all interns rated their pre-rounding quality as either average or below. Post-intervention, 75 percent of interns rate their pre-rounding quality as average or below. After the intervention, there was a shift of the perceived pre-rounding quality to above average (figure C). Another area of specific improvement was reflected in intern understanding of the EMR. Before the PAL intervention, 75 percent of interns described their familiarity with the EMR as below average, but after one-on-one training with a peer, all interns described their understanding of the EMR as average or above with 50 percent considering their familiarity as above average or high quality, representing a 20-40 percent overall improvement (figure D).

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Conclusions

Utilizing upper level resident physicians to provide one-on-one guidance during the initial days of challenging rotations improves intern confidence, perceived efficiency and familiarity with the EMR. It generally takes several months to gain a good understanding of a new hospital system. By providing this training early, we hope that interns can more quickly learn how to utilize the EMR to efficiently care for their patients.

Discussion

Though efficiency and the use of EMR are topics addressed in our intern orientation, it is difficult to retain this information without being able to immediately utilize or implement the new material. The busy nature of the inpatient ward teams can make it difficult for senior residents to provide detailed guidance for interns regarding best practices to maximize efficiency. By utilizing house staff on elective rotations, the PAL project is able to provide additional focused support to all interns starting an unfamiliar rotation, resulting in improved intern confidence. The active educator experience and mentorship is an additional benefit for the senior residents.

Future Directions

Respondents have recommended that the project be more widely implemented at the beginning of next year, and current interns who participated in the pilot project have stated they hope to serve as future mentors in the PAL program.

Participant Comments

- “Great program, really helpful for me to learn the VA system”
- “I think the biggest benefit was in seeing how to efficiently find things in the EMR. A lot of time can be lost looking for simple pieces of information without this knowledge. The 2 day format is really good too. This way, the senior resident can show the intern where to find things one day and then the intern can have a chance to practice the process while having someone there for back-up to answer any questions...”
- “The efficient pre-rounding handout is pretty helpful and nice to have to refer to ...I'm more of a visual learner so having the sheet typed up next to me was nice”