

INTRO TO CODE BLUE: COMBINING RESIDENT-AS-TEACHERS WITH ACUTE CARE SIMULATION TRAINING FOR MEDICAL STUDENTS

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Objective: Hands-on practice with CPR and managing code situations is currently absent from the University of Calgary pre-clerkship curriculum. Additionally, there is no formal pre-clerkship curriculum that primarily recruits residents-as-teachers. ITCB's goals were to (1) increase resident-teaching experience with multiple teaching modalities and (2) establish an effective student educational model for acute care learning.

Methods: Seventy-eight students were divided into groups of maximum four. One facilitator (from nineteen residents and one staff) was assigned to each group. Facilitators delivered a thirty-minute lecture on an approach to code blues and select clinical presentations (acute coronary syndrome, anaphylaxis, tension pneumothorax, and upper gastrointestinal bleeding). Four Simulation OSCEs were run on the same topics, where learners took turns as team leader. Unchecked items on OSCE checklists were the foundation of constructive feedback and discussion. Participants filled pre- and post-program surveys, where they rated their confidence in various domains. Students also completed an examination, comprised of thirty-seven questions (multiple-choice and short-answer), both pre-program and post-program (one hour to forty-three days afterwards).

Results: Confidence of learners (N=42) increased in all questioned domains ($p < 0.001$ for all), including team leading/participating, managing acute care presentations, and CPR/BVM skills. Average examination scores (N=42) increased from 63% to 92% ($p < 0.001$). Facilitators (N=6) made gains in confidence across all questioned domains ($p < 0.05$ for all) including conducting lectures, teaching approaches, running simulations, and facilitating debriefs.

Conclusion: ITCB, as an educational model, enhances the self-efficacy of resident-as-teachers and simultaneously improves students' knowledge and self-efficacy in managing acute care situations.