



Resident-driven peer simulation curriculum

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Purpose: High-fidelity simulation has increasingly become an important part of medical education. In postgraduate training, simulation provides a safe and valuable way for residents to learn collaboratively and take leadership roles during acute clinical scenarios. Memorial University has opened a new high-fidelity simulation centre. A barrier to incorporating greater simulation in the academic curriculum of the Internal Medicine program has been a lack of engaged and experienced faculty with expertise in it. MUN residents, already routinely engaged in direct peer teaching activities, were recruited to design and facilitate novel simulation scenarios and to lead debriefing exercises. Now in its second year, this project aims to make high-fidelity simulation an established component of the MUN Internal Medicine training program. **Methods:** Internal Medicine residents were scheduled in small groups to attend two half-days of simulation and to participate in a new scenario. These sessions were scheduled in addition to the existing academic half-day curriculum. As in the previous year, resident-facilitators designed these scenarios. They also led the debriefing exercises and presented relevant background material. In all scenarios, high-fidelity human patient simulators required residents to identify, assess, and manage unstable patients and review ACLS algorithms. Comprehensive standardized simulation evaluations were completed by each of the participating residents. **Results:** Resident participants commented that their comfort in managing acute medical situations while on call improved after their completion of simulation sessions. The pairing of junior and senior residents in small groups was seen as facilitating a well-supported learning environment. The difficulty of balancing the significant time commitment and existing clinical duties was seen as a potential barrier to full participation. **Conclusions:** Simulation training has been established as a productive and valuable training tool for MUN Internal Medicine residents. Attendance and feedback indicate that the residents believe in the value of simulation training. The next phase of this project will be creating a mechanism to ensure that simulation is a part of our training for years to come. Building a simulation case library and recruiting residents to take on the responsibilities of organizing simulation half-days will be important parts of securing the future of the simulation program.