

# A CANADIAN PERSPECTIVE OF SIMULATION-BASED SKILLS ATTAINMENT IN INTERNAL MEDICINE RESIDENCY

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## ABSTRACT: Poster (1G)

**Purpose:** The purpose of this pilot project was to: 1) appraise the status and impact of existing simulation training on procedural skill performance; and, 2) identify factors that might interfere with skill acquisition, consolidation, and transferability.

**Methods:** An electronic bilingual web-based survey was designed and administered through SurveyMonkey. It consisted of a mix of closed-ended, open-ended, and check list questions to examine the attitudes, perceptions, experiences, and feedback of internal medicine (IM) residents. The survey has been piloted locally with a sample of five residents. After making any necessary corrections, it will be distributed via e-mail to the program directors of all Canadian IM residency training programs, then to all residents registered in each program. Participation will be voluntarily and to keep anonymity, there will be no direct contact with residents and survey data will be summarized in an aggregate form. SPSS will be used for data analysis and results will be shared with all participating institutions. The survey results will be used for display and presentation purposes during medical conferences and forums and might be submitted for publication. All data will be stored within the office of internal medicine program at Memorial University for a period of five years. Approval from the Health Research Ethics board (HREB) of Newfoundland and Labrador has been obtained.

**Results:** Residents confirmed having simulation-based training for many of the core clinical skills, although some gaps persist. There was some concern regarding the number of sim sessions, lack of clinical opportunities, competition by other services and lack of bed side supervision. Some residents used internet video to fill their training gaps and/or increase their skill comfort level before performing clinical procedure. Resident feedback included desire for more corrective feedback and more sim sessions per skill (Average 2-4 sessions).

**Conclusion:** This study is anticipated to provide data on current practices for skill development in Canadian IM residency training programs. Information gathered will be used to foster a discourse between training programs including discussion of barriers, sharing of solutions and proposing recommendations for optimal use of simulation in the continuum of procedural skills training.