Transition to Practice (TTP): A Pilot Pgy-4 Private Practice Clinical Simulation Designed to Refine and Assess ACGME Core Competencies**

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<u>Purpose</u>

Residency programs have frequently been criticized for inadequate practice-relevant education. A 3-month clinical TTP rotation was designed to better prepare and evaluate senior residents for independent practice and mastery of the ACGME Core Competencies.

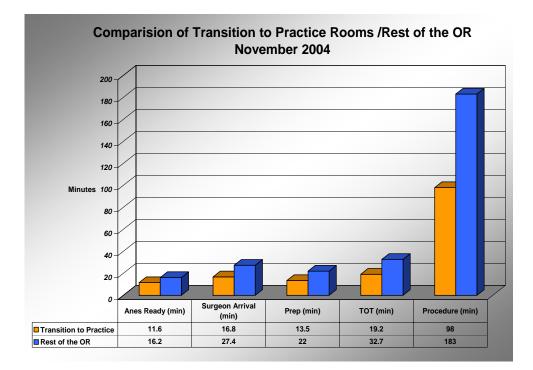
Methodology

After RRC approval, five senior residents and one CRNA were formed into a "private-practice" group. Four of the groups are assigned to operating rooms by one resident who acts as manager, and one group member is either on vacation or post-call. The manager's responsibilities include scheduling, preoperative preparation, clinically assisting as needed and postoperative care. The TTP group has specially assigned nurses, surgeons and ancillary staff. The program director selects rooms with a community case mix. One faculty member is responsible for supervision of all four TTP rooms. Resident-driven lectures, journal clubs and case discussions cover billing/coding, leadership, organizational behavior and finance. Patient care is evaluated via assessment and implementation of management plans, performance of procedures, and teamwork. Practice-based learning is facilitated by data-driven self-analysis and improvement of group performance. Other competencies are judged by 360° evaluations completed by faculty, peers, OR personnel and management.

Results

Two groups have completed this rotation. Objective data and post-rotation questionnaires demonstrate the TTP rotation improves resident efficiency (graph), consultative and interpersonal skills, and confidence.

Conclusions: The TTP rotation improves resident confidence, proficiency and practice-based knowledge. Post-graduation follow up surveys will further provide assessment of this rotation.



**This rotation may not be implemented in other institutions without prior RRC approval.