

In-Person Orientation as a Pathway to Enhanced Trainee Comfort and Confidence with Regional Anesthesia

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Introduction

- We created a brief, in-person orientation with a goal of enhancing residents’ perceived support, comfort, and confidence in preparing for procedures so they can better focus on learning the practice of regional anesthesiology.
- Historically, there was no formal orientation for oncoming residents for their core experience in regional anesthesiology at UCLA.
- Verbal feedback from residents endorsed a desire for more support with acquiring regional skills.
- A lack of situational familiarity may promote trainees feeling less confident or unsupported in a novel environment and less able to gain traction with intended learning objectives [2].
- It has been demonstrated previously that rotation-specific orientation can significantly enhance trainee confidence with procedural skills and management of disease processes [3].

Materials and Methods

- The orientation focused on location of supplies, common phone/pager numbers, documentation, consent process, and miscellaneous workflow details. Trainees were provided with an online reference manual for this material.
- Trainees practiced finding common ultrasonographic anatomical targets using a model.
- To assess residents’ comfort and confidence with facets encompassing regional anesthesia, pre and post orientation survey data was collected.
- Survey data was compared using a paired samples t-test.

Question

Pre-Orientation
Average Score

Post-Orientation
Average Score

P-value
(p<0.05)

1. I know who to contact to express interest in doing a block.

3.56

4.56

0.028*

2. I understand the workflow of performing nerve blocks.

3.56

4.67

0.021*

3. I feel comfortable finding block equipment and setting up for a nerve block.

3.56

4.89

0.004*

4. I feel comfortable diluting local anesthetics.

3.22

4.44

0.016*

5. I feel comfortable with documentation for nerve blocks.

3.56

4.44

0.021*

6. I know where to find quality resources pertaining to regional anesthesia

4.33

4.56

0.512

Table 1. Survey questions with average scores on a scale of 1-5 using a likert scale (1 - strongly disagree, 2 - disagree, 3 - neutral, 4 - agree, 5 - strongly agree) and associated p-values.

**Statistically significant*

Results

- 10 residents completed the orientation over a span of 2 months; 9 completed the survey (90% response rate).
- The residents ranged from PGY2 to PGY4.
- Post-orientation data demonstrated significant improvement in the residents’ comfort and knowledge with communication norms, rotation workflows, managing supplies and equipment, diluting medications, and documentation.
- There was no significant difference with resident knowledge of how to find resources pertaining to regional anesthesiology following the orientation.

Discussion

- Here we demonstrate that a brief, in-person orientation is an effective mechanism to improve trainee comfort and knowledge with starting a regional anesthesiology rotation.
- Specifically, this effort demonstrates one easy path to enhance trainee experience and perceived support.
- Efforts like this are worthy of future investigation to identify and promote feasible avenues to enhance trainee experience and foster supportive learning environments, for both the mission-critical endeavors of enhancing trainee well-being and trainee clinical education

References

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- 2.Dyrbye LN, Lipscomb W, Thibault G. Redesigning the Learning Environment to Promote Learner Well-Being and Professional Development. Acad Med. 2020;95(5):674-678. doi:10.1097/acm.0000000000003094
- 3.Mank VMF, Wiggins A, Lowe D, Breighner C. Evaluation of an Education-based Training Orientation for Resident Physicians in an Intensive Care Unit in Hawai'i. Hawaii J Health Soc Welf. 2022 Aug;81(8):223-227. PMID: 35923384; PMCID: PMC9344538.