The Positive Impact of a Resident Exposure to Nursing and Administration (RETNA) Curriculum

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Objective

Patients admitted from the emergency department to a Clinical competence is an essential component of the practice of emergency medicine (EM), but a well-rounded physician must gain appreciation and understanding of the many non-clinical aspects of EM. Emergency department (ED) administration encompasses many of the non-clinical aspects of EM, including ED throughput, operational metrics, financial principles, policies and procedures, interaction with nursing, and patient experience. While most residency programs including an administrative component, the majority are during the final year of training. We designed and piloted the Resident Exposure to Nursing and Administration (RETNA) curriculum for post-graduate year one (PGY1) residents during their orientation. The curriculum included a lecture, departmental tour with operational focus, and nurse shadowing experience. We hypothesized that residents would view this favorable and advocate for formal adoption of the RETNA curriculum in future orientations.

Methods

The three-component RETNA curriculum was piloted at an urban, academic center to 28 PGY1 residents over a two-year period. Prior to their first clinical shift, EM interns completed a one hour introduction to ED administration lecture with senior EM faculty, a one hour operations focused tour of the ED and a three hour nurse shadowing experience. Surveys were used to assess the resident experience with the new curriculum. Quantitative survey results were compared year over year using a paired t-test. Qualitative comments were also recorded.

Results

The survey response rate was 82%. There was no statistically significant difference between the responses recorded in 2019 vs. 2020 (p<0.05). All PGY1s, with one exception, agreed or strongly agreed that a similar session should be included in future orientations. Of the respondents, 88% thought that the flow lecture was educational and 91% agreed that the nurse shadowing shift was a valuable learning experience. The overwhelming positive feedback we received on this curriculum has led to the adoption of the RETNA curriculum as a core component for future EM orientations at the study institution. Introducing trainees to ED administration and nursing early in residency has few drawbacks and many potential benefits. As such, we advocate for further study and adoption of similar curricula to enhance and supplement existing postgraduate EM resident education.

Conclusions

The overwhelming positive feedback we received on this curriculum has led to the adoption of the RETNA curriculum as a core component for future EM orientations at the study institution. Introducing trainees to ED administration and nursing early in residency has few drawbacks and many potential benefits. As such, we advocate for further study and adoption of similar curricula to enhance and supplement existing postgraduate EM resident education.