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PHM Triage Curriculum Enhances Residents' Skills and Comfort of Leading Triage Calls

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Abstract

Background: Though hospital triage is typically considered a role of hospitalists, these skills are important for any pediatric subspecialty. Additionally, these skills are addressed in the Accreditation Council for Graduate Medical Education's Pediatric Milestones and the American Board of Pediatrics' Entrustable Professional Activities. Currently, the pediatric residents at our program do not participate in hospital triage, leaving this as a large gap in their education. **Objective:** To evaluate how a Pediatric Hospital Medicine Triage Curriculum enhances pediatric residents' knowledge, skills, and attitudes pertaining to hospital triage. **Method:** After developing learning goals and objectives, we implemented a 2-week rotation for third- or fourth-year pediatric residents to lead supervised hospital triage phone calls. Asynchronous self-study materials included a triage guide and handoff checklist, and learning occurred through the Experiential Learning Cycle. The curriculum was evaluated through a case study-mixed methods explanatory sequential design with a quantitative retrospective post-pre survey assessing self-perceived knowledge and skills and a qualitative post-rotation interview. Results to date have been reviewed with descriptive statistics and a general qualitative approach. **Results:** 12 residents have completed the rotation with a 10/12 (83%) response rate. 10/10 (100%) residents agreed or strongly agreed that it is important to learn skills of triage hospital medicine and stated that they are comfortable leading triage calls much more or somewhat more than before. Themes identified in the qualitative interview include increased comfort in leading triage calls; improved assessment of patients over the phone to determine disposition and level of care; and applicability to their future careers. **Conclusions:** All residents had perceived improvements in knowledge and skills pertaining to triage medicine, and they recognized the utility of these skills for their future careers. We will continue to address the logistical and systemic barriers to resident and faculty engagement in the curriculum.

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