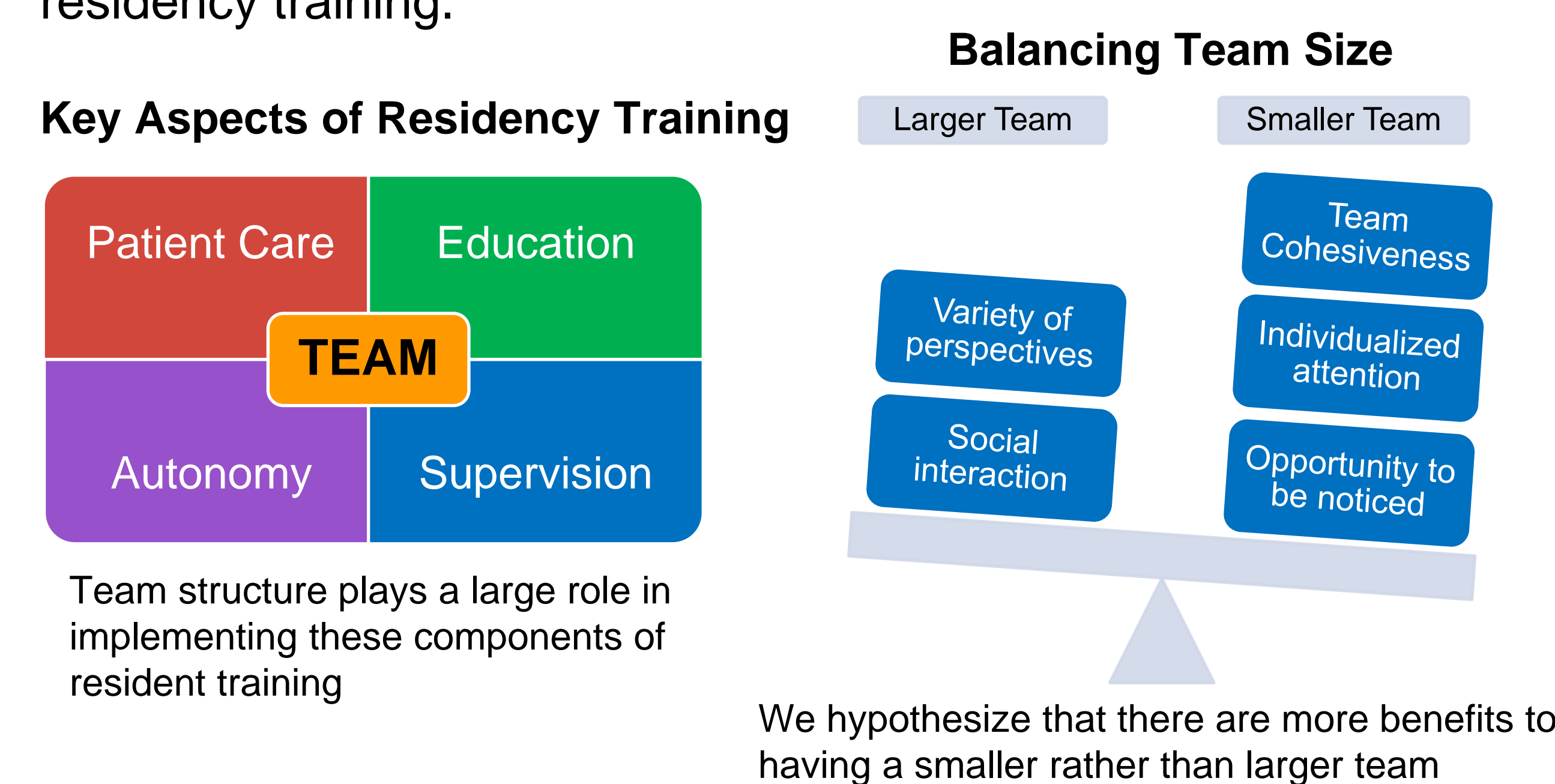


## BACKGROUND

On general inpatient pediatric teams, there are often a variety of learners, and the number of learners can vary greatly across different hospitals. Little is known about the number and composition of learners that best facilitates resident education. However, studies which assess team structure and size with regards to problem solving, often demonstrate negative correlations between team size and efficiency.

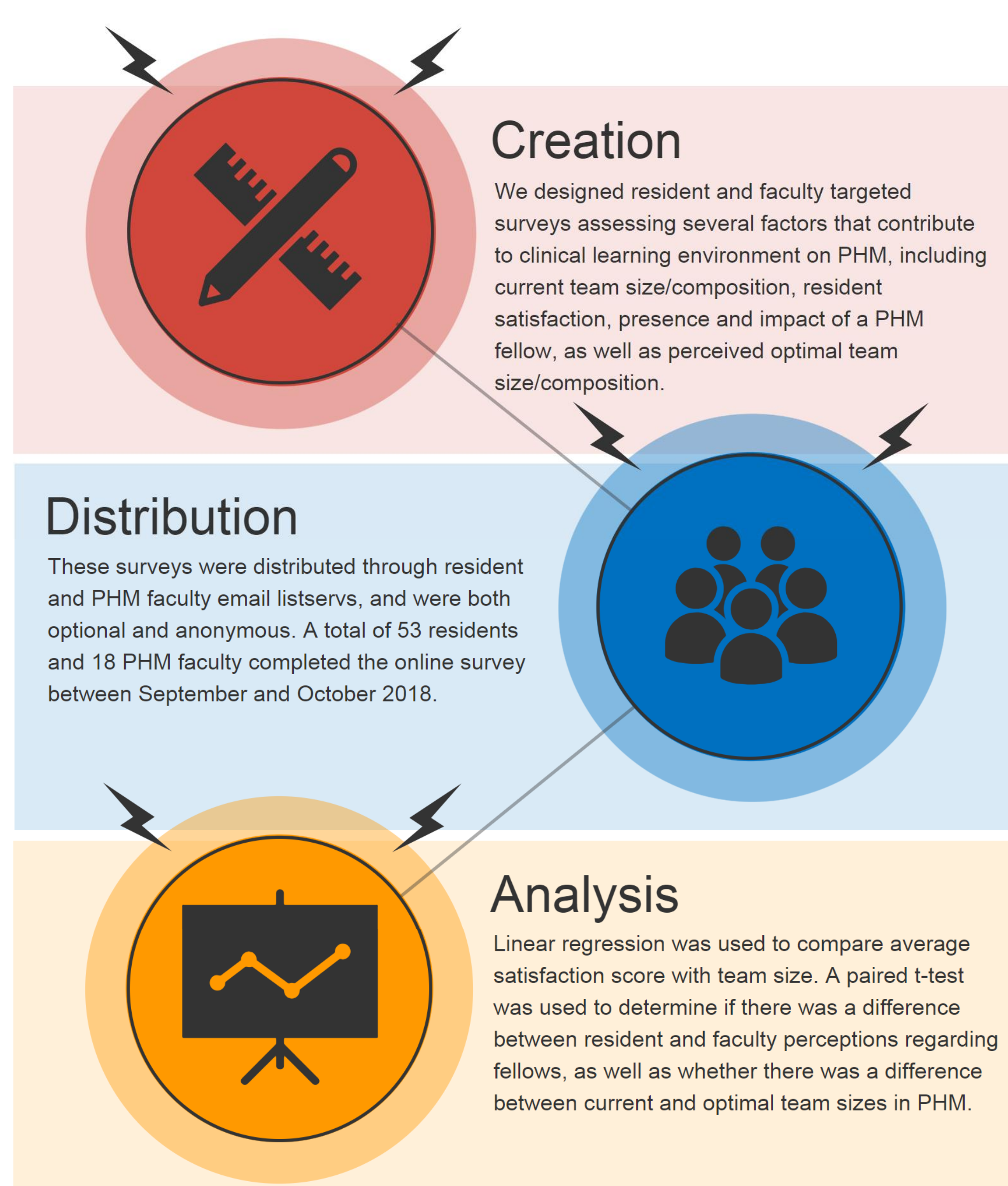
As pediatric hospital medicine (PHM) fellowships have continued to develop, fellows are also playing a larger role in resident education. Multiple studies have demonstrated negative surgical residents' perceptions towards fellows. Studies also demonstrated discrepancies between faculty and resident perception of surgical fellows. Little is known about non-surgical fellowships' impact on residency training.



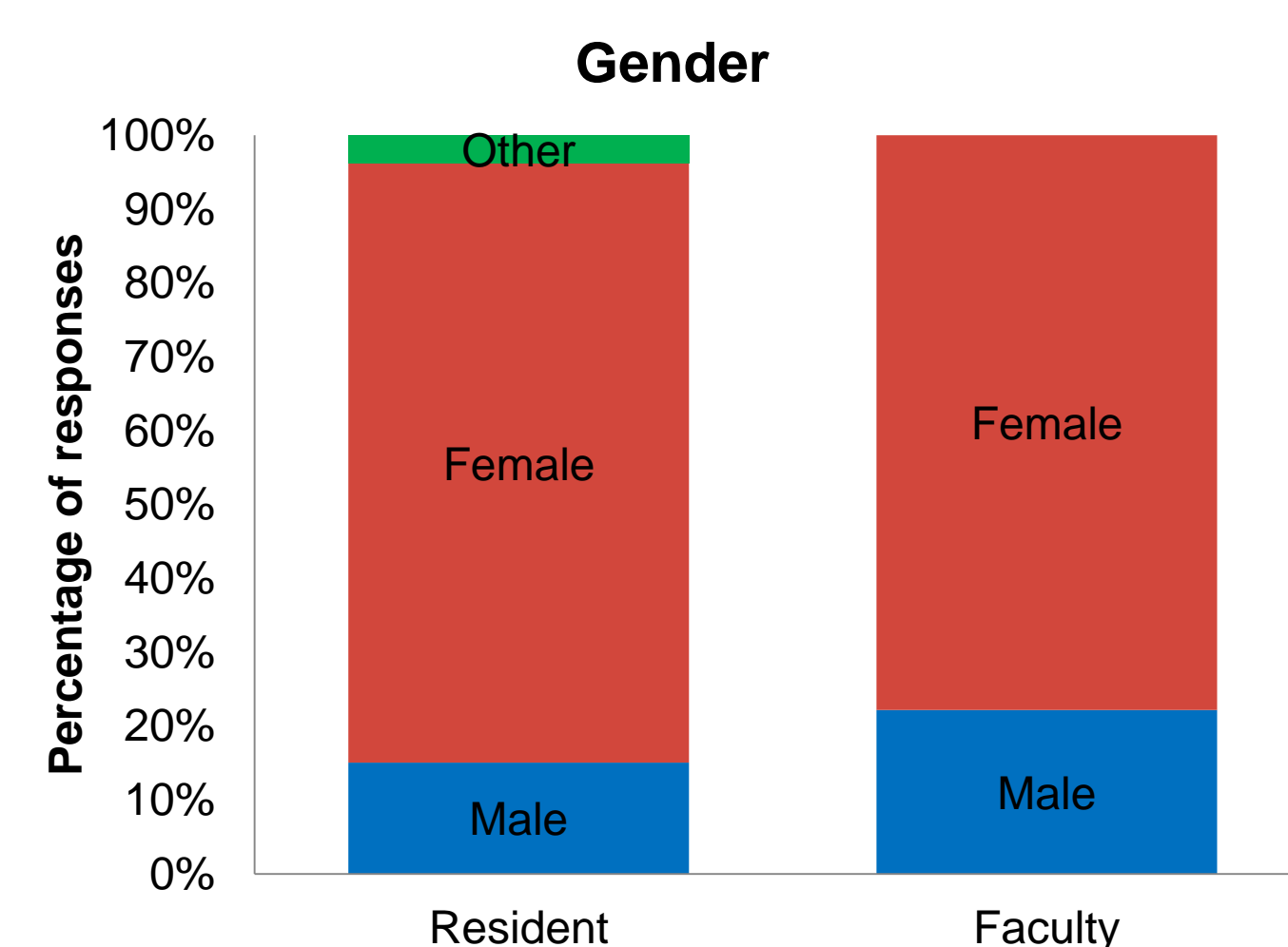
## OBJECTIVES

- To identify the optimal number and composition of learners on PHM teams
- To assess resident and faculty perceptions of the impact of a PHM fellow on resident learning

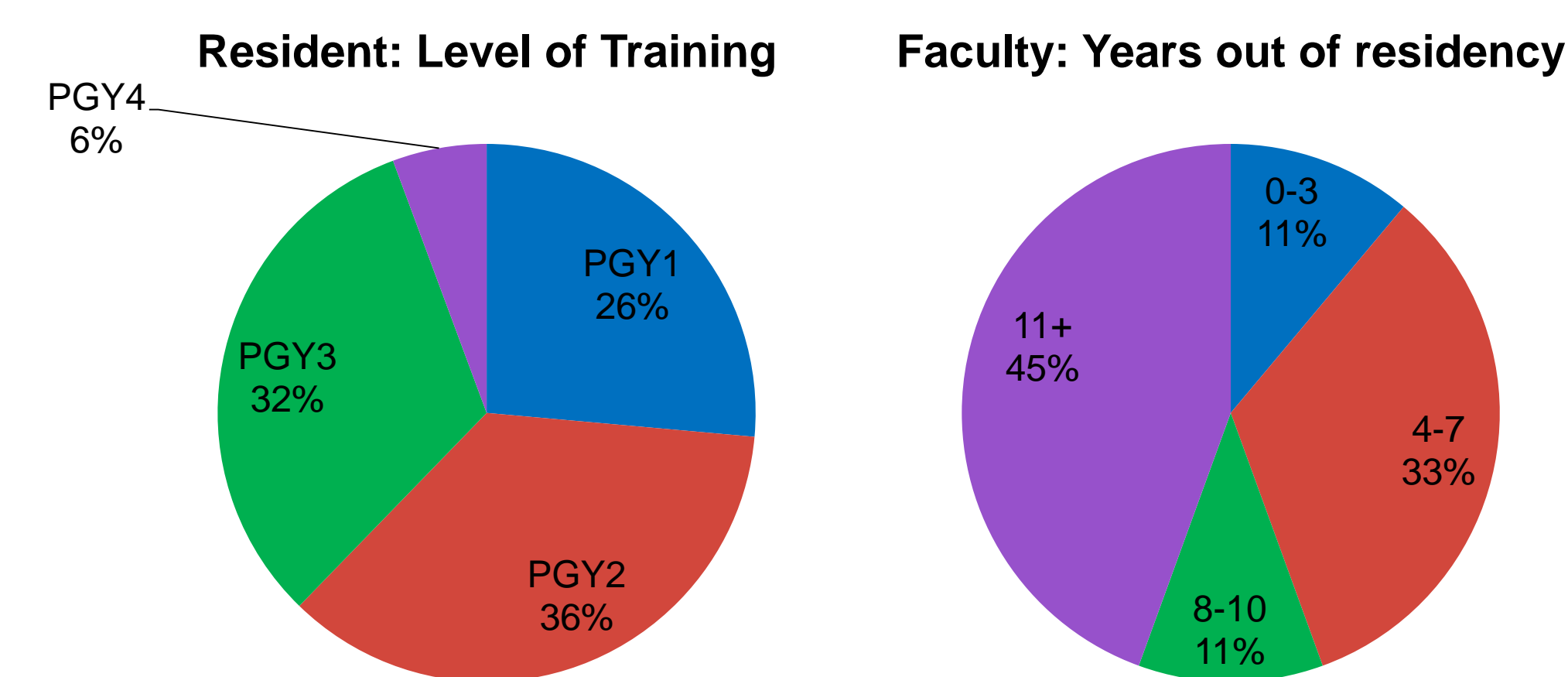
## METHODS



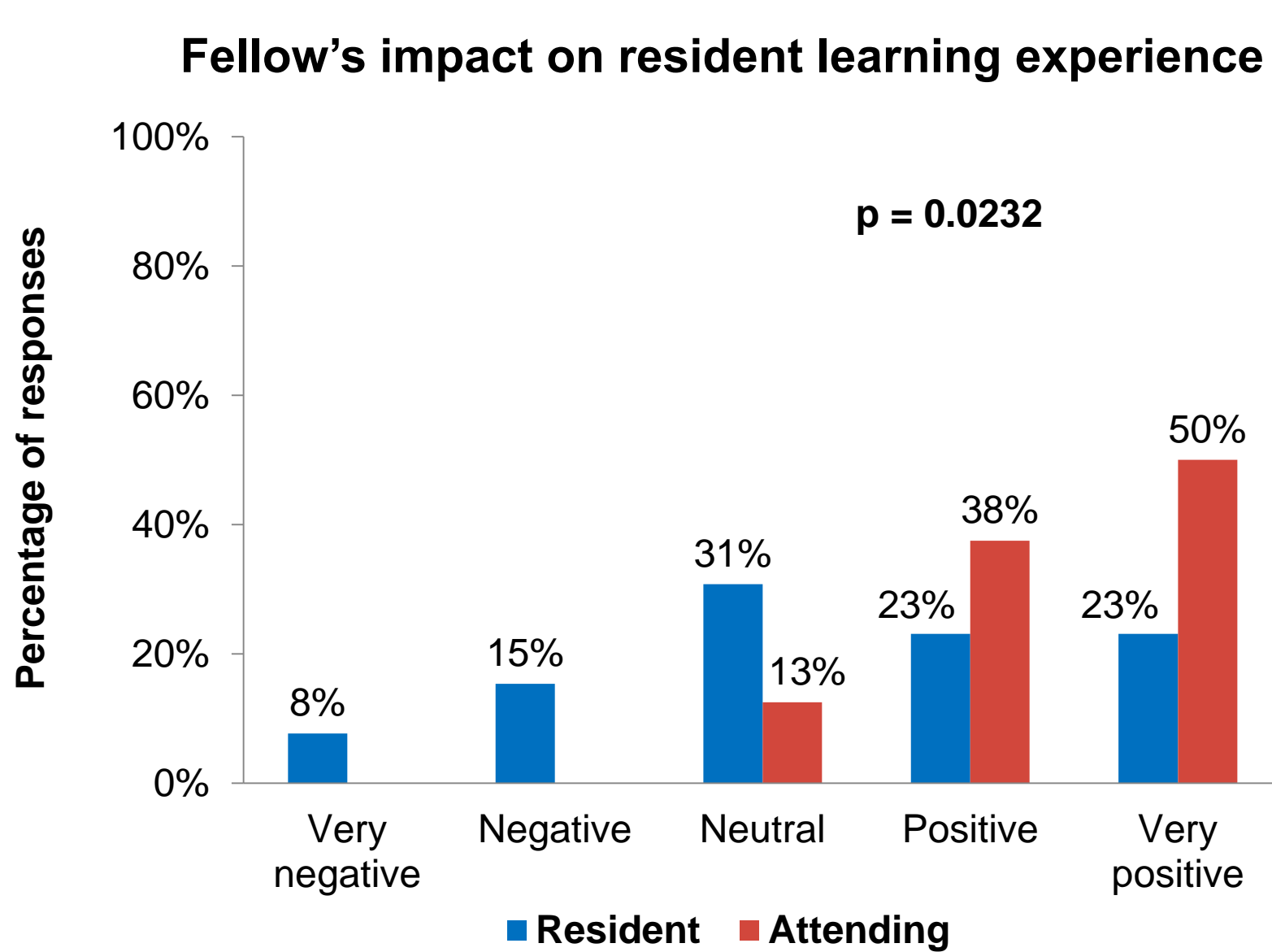
## RESULTS



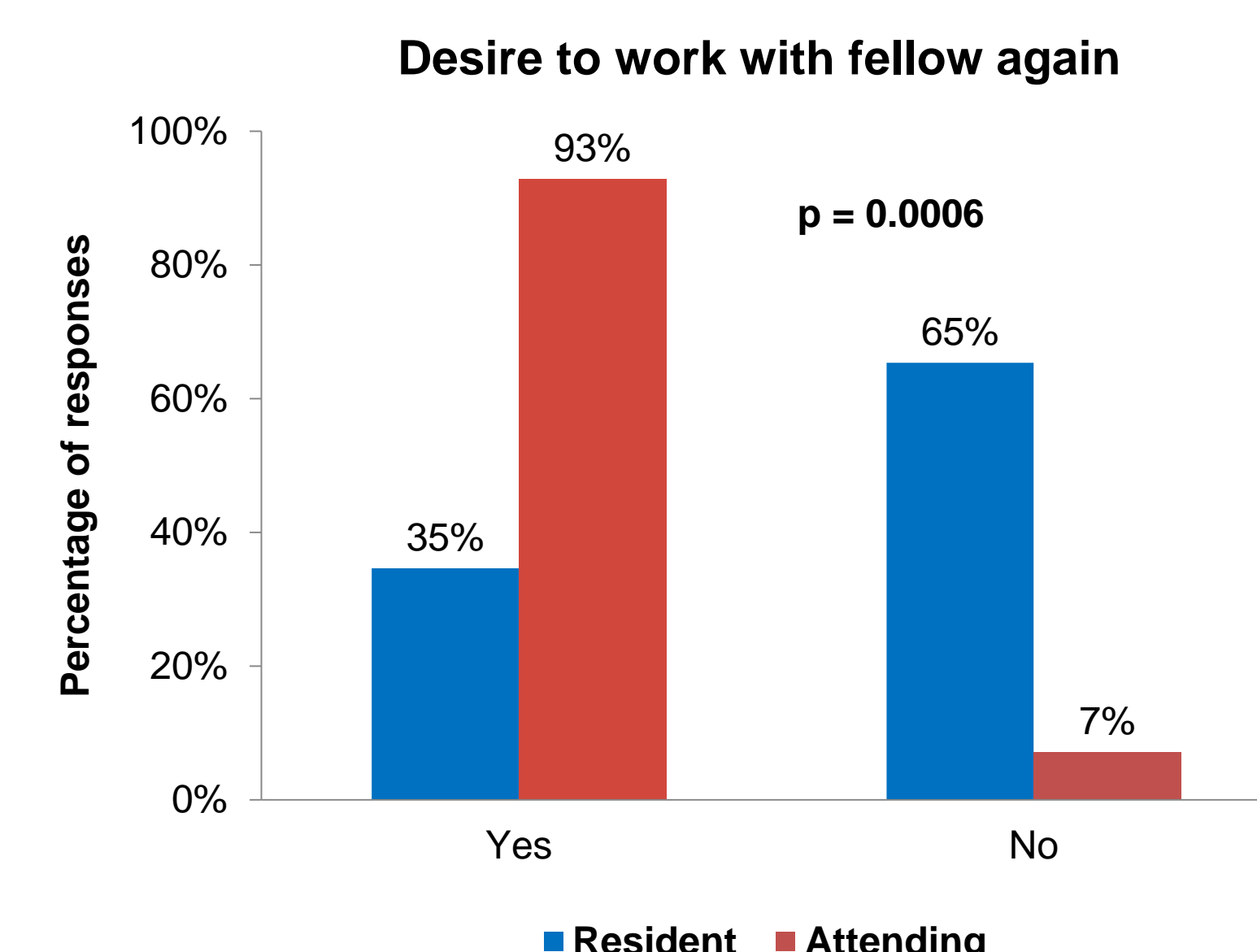
Graph 1: Study participants predominantly identified as female.



Graph 2: Study participants represented a varied distribution of level of training (residents) and years out of residency (attending).



Graph 3: There was a significant difference between resident and attending perspective on fellows' impact.



Graph 4: There was a significant difference between resident and attending desire to work with a fellow again.

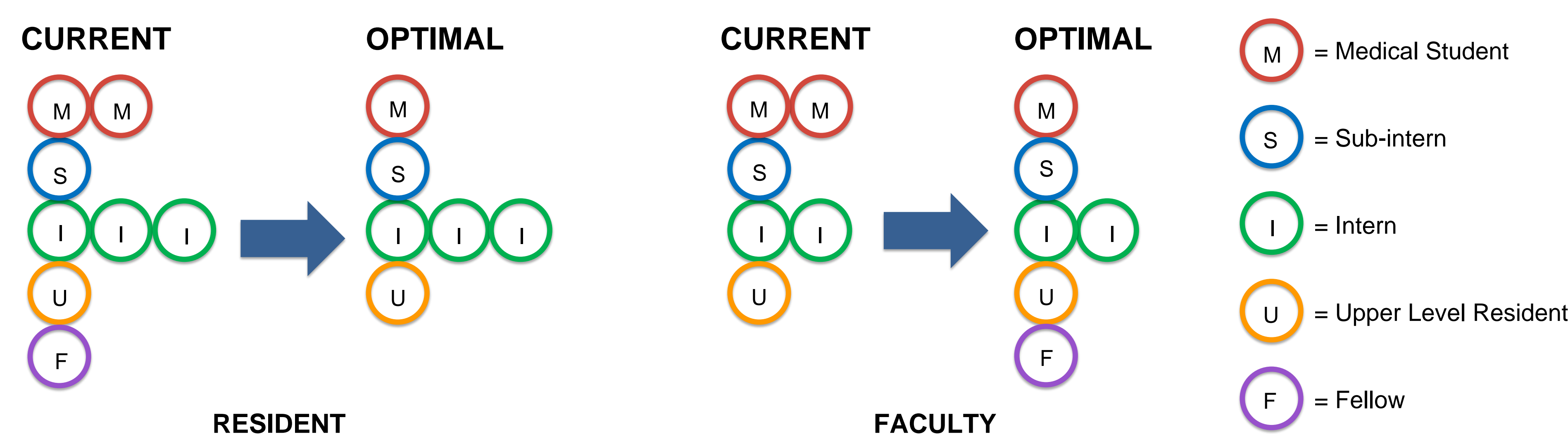
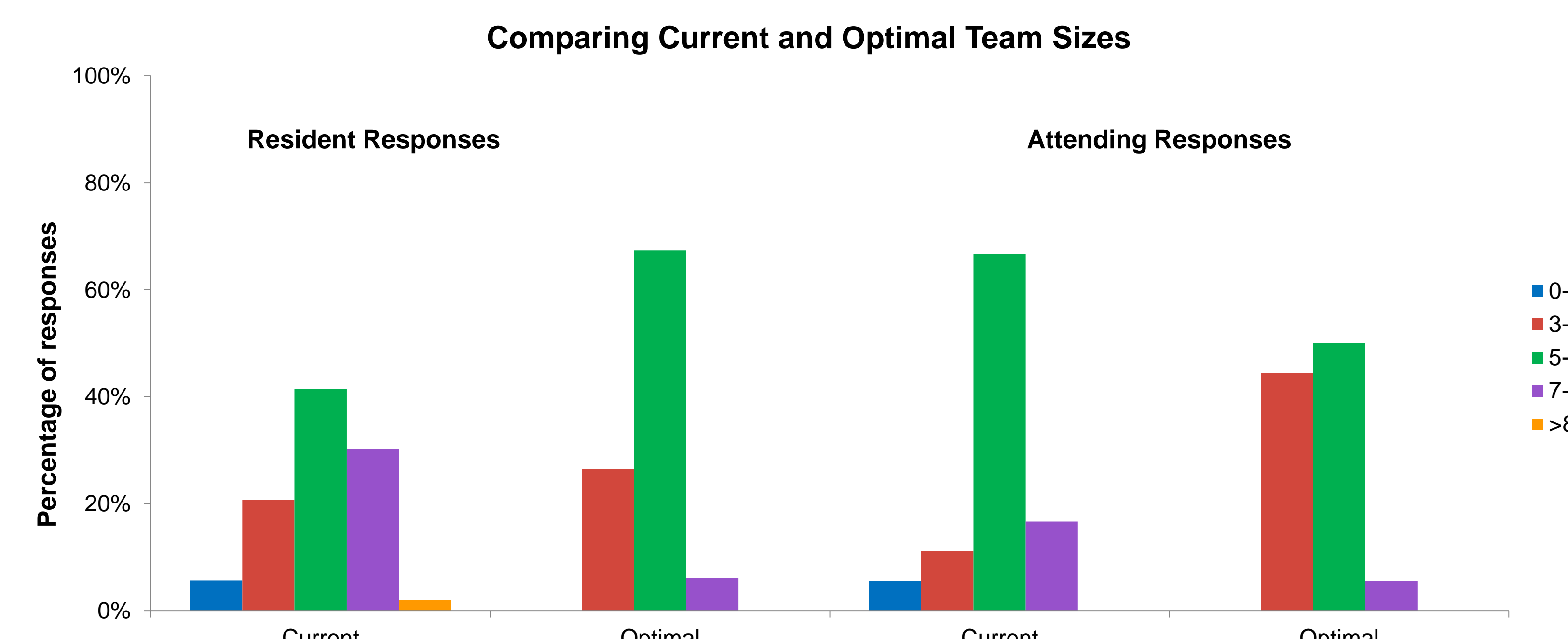
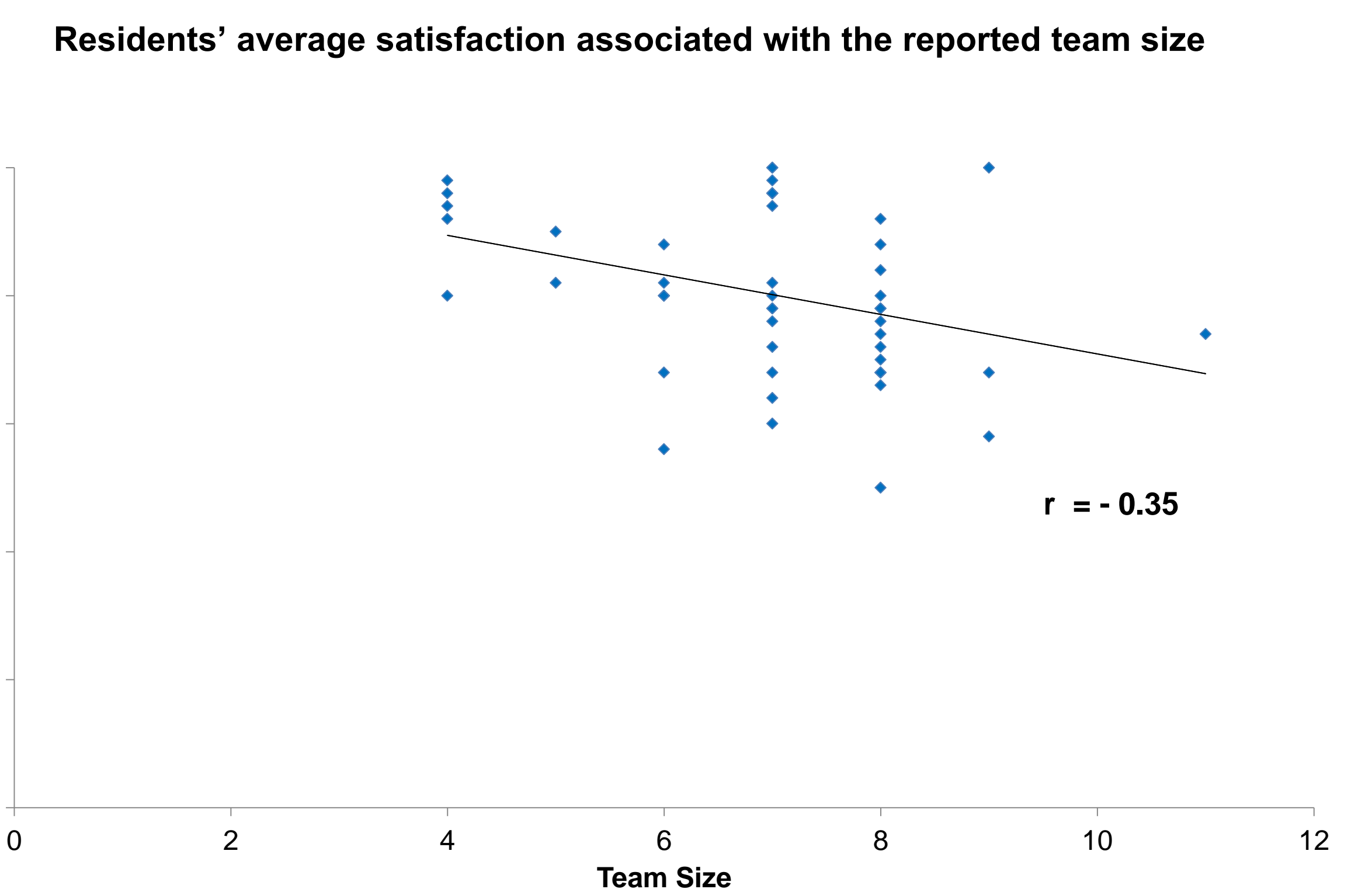


Figure 1: Average team size and composition as reported by residents and faculty, in comparison to the average optimal team size and comparison



Graph 5: For residents as well as attendings, there was a significant difference in scores for current team size ( $M_{resident}=7.0$ ,  $M_{attending}=6.3$ ) and optimal team size ( $M_{resident}=5.2$ ,  $M_{attending}=4.8$ ) ( $p_{resident}<.0001$ ,  $p_{attending}=0.003$ ).

## RESULTS

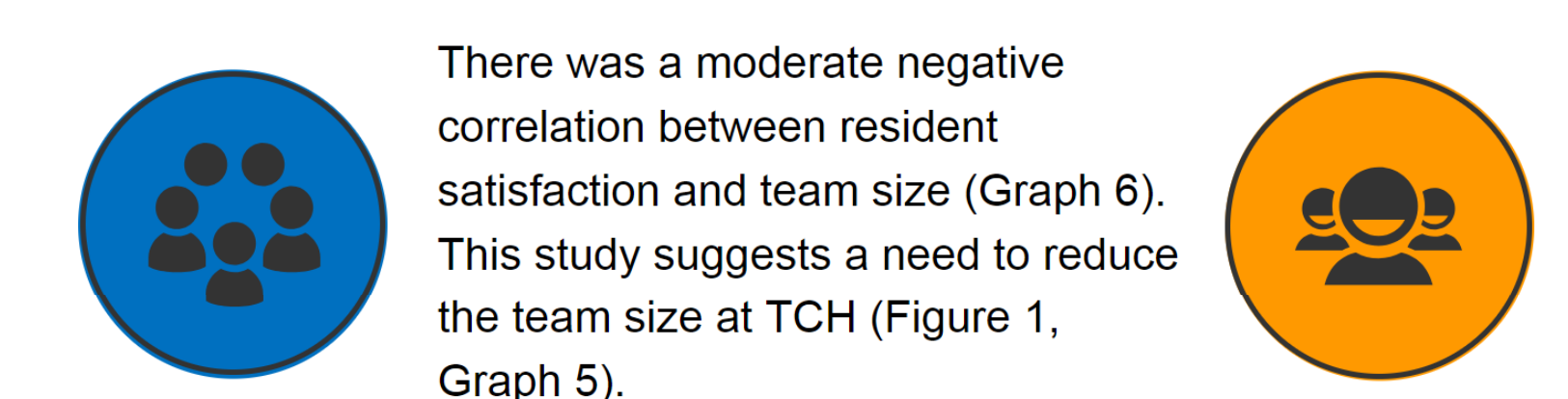
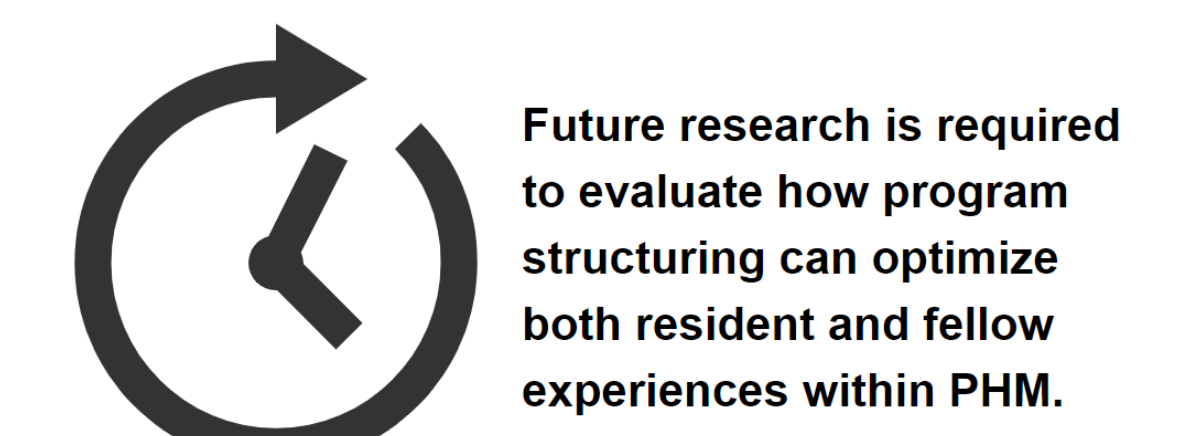
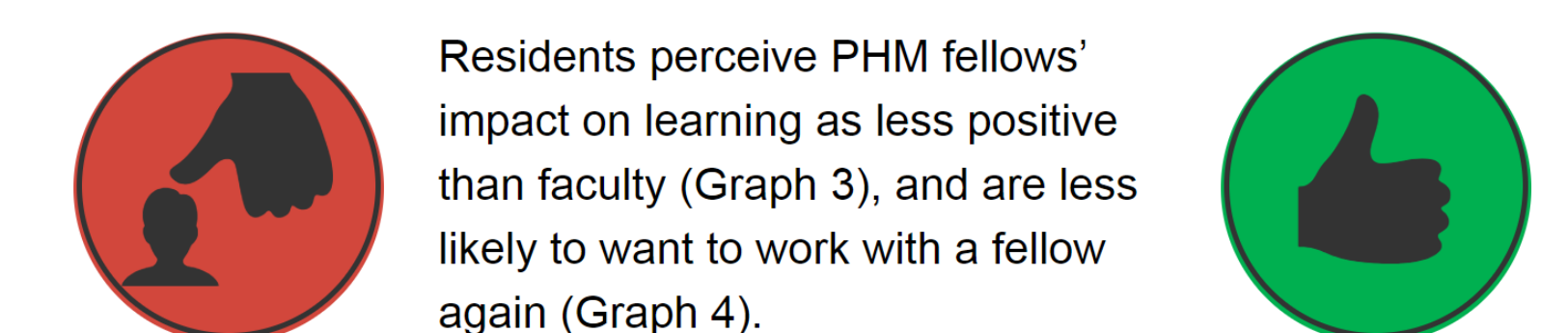


Graph 6: Average satisfaction scores were calculated based on Likert scales for satisfaction in the following domains: receiving feedback, amount of time spent on teaching, amount of time spent with attending, level appropriate teaching, ability to ask questions, meeting the learning objectives, personal engagement during rounds, time for personal reflection, efficiency of rounds, and personally managing a sufficient number of patients.

Satisfaction score can be predicted by  $5.10 - 0.156 * \text{Team Size}$ .

## CONCLUSIONS

### PERCEPTION OF FELLOWS



### OPTIMAL TEAM SIZE

## LIMITATIONS

- Limited by sample size and reporting bias in an optional survey
- Cannot predict effect of intentionally decreasing team size, and barriers to implementation exist

## FUTURE DIRECTIONS

- National distribution to other comparable institutions to compare and contrast resident experiences and perspectives with TCH
- Qualitative data collection to identify factors driving these trends

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