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Implementation of a Dedicated Social Worker/Coach for Emergency Medicine (EM) Residents

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and poor understanding of the key components of QI. We developed a two-hour course that stresses individual thought and hands-on expert guided experience to empower residents to start their own meaningful QI projects.

Curricular Design: An expert in value based care led two 1-hour sessions to teach our residents components of QI and review key principles of our institutions transition to value based care: Care Variation, Waste in Care, Appropriate Setting of Care, Quality, Access and Advanced Analytics. For the first 1 hour session, key institution wide examples of each focus area were introduced to residents in chart form for 15 minutes. For 30 minutes residents were then separated into groups of 3 and they compiled their own ED specific examples for each focus area. For the final 15 minutes each small group shared their examples with the entire group. Several weeks later a second 1 hour session reviewed key principles in value process mapping. In preparation for the activity, residents were asked to process map some of their original ideas from the first session and send them to the instructor (senior VP and chief quality officer). Our expert reviewed each process map with the group and made suggestions for improvement. Results of both sessions were documented and reviewed with residents during PD led individual meetings regarding QI projects.

Impact/ Effectiveness: These two introductory activities have resulted in increased resident engagement in QI activities with a specific improvement in confidence to develop and implement meaningful QI projects in our department.

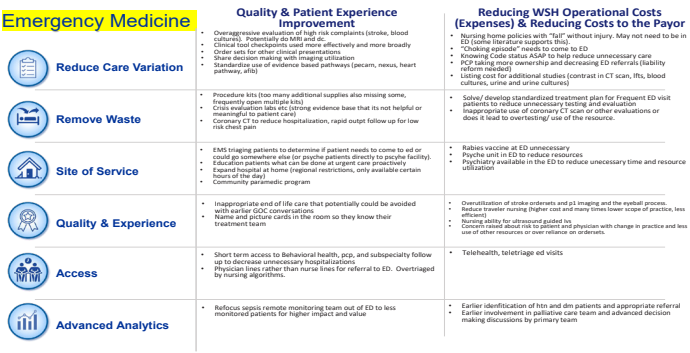

Figure.

49 Implementation of a Dedicated Social Worker/Coach for Emergency Medicine (EM) Residents

Jennie Buchanan, Sarah Meadows, Jason Whitehead, Gannon Sungar, Todd Guth, Barbara Blok, Katie Bakes, Christy Angerhofer, Malorie Millner, Megan Stephens, LaVonne Salazar, Abraham Nussbaum, Bonnie Kaplan

Learning Objectives: The pandemic exposed the mismatch between trainee mental health needs and their access to support services; therefore, the objective of our innovation was to support an opportunity for residents to work with a social worker/coach who could provide coaching on an emergent, urgent, or regular basis.

Introduction/Background: EM training requires sleep-wake disruptions, includes potentially traumatizing encounters, all during the COVID-19 pandemic while many residents relocate away from their customary psychosocial supports for training. The shift-based training model limits access to psychosocial care and services, so trainees need just-in-time resources which can support them before mental health concerns develop.

Educational Objectives: The objective of our innovation was to support an opportunity for our residents to work with a professional social worker who could provide coaching on an emergent, urgent, or regular basis.

Curricular Design: The leadership team identified a clinical social worker and trained coach to provide small group and individual coaching sessions to residents (4-year urban safety-net program with 68 residents) budgeted at an initial cost of $15,000. It was agreed that what was shared in the discussion would not be shared without consent and legal limits to confidentiality were followed.

Impact: From October 1, 2020 when implemented to October 1, 2021 there were 49 group and 73 individual sessions. After implementation in 2021, we compared this rotational mean score as ranked by all residents to all other wellness initiatives. Overall response rate was 80.88%. The overall mean score of the initiative was 2.25 (1-lowest and 4-highest) versus 3.73, the mean of all other wellness initiatives. Summary comments from the residents revealed the innovation was useful but shared concern regarding ability to attend sessions and capacity of social worker to relate with them. If other programs are considering implementation of a similar program recruiting someone with ED/graduate medical education experience or making sure they are oriented is key. Application of a social worker coaching program in an EM residency appears to be a feasible novel wellness intervention with potential to improve well-being, but needs framing to benefit trainees.

50 Improving Physician Well-Being and Reducing Burnout Using a Peer-to-Peer Recognition Program

Jenny Chang, Alexis Cortijo-Brown, Vinay Saggar, Simiao Li-Sauerwine, Katie Rebillot, Michael Jones, Jill Corbo

Learning Objectives: The objective of our study is to utilize a peer-to-peer recognition program to reduce burnout and improve well-being in our residency program by demonstrating a 10% increase in the Stanford