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“Everybody in this room can understand”: A Qualitative Exploration of Peer Support during Residency Training

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Authors

Jain, Aarti
Tabatabai, Ramin
Schreiber, Jacob
[et al.](#)

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discriminatory for high-performing ED teams. Our qualitative analysis revealed features such as entrustability, energy, and team size are important for effective team dynamics but are not completely captured on current tools. ED-specific assessments of interprofessional entrustment may be useful in optimizing readiness for the clinical setting.

Table 1. Mean score per subcategory of each performance tool.

	N	Minimum	Maximum	Mean	Std. Deviation
R1_TPOT_overall_meanscore	18	4.30	5.00	4.9028	.16669
R2_TPOT_overall_meanscore	18	4.10	5.00	4.5392	.26823
R1_OTTAWA_meanscore	18	4.83	7.00	6.6387	.56077
R2_OTTAWA_meanscore	18	5.00	7.00	6.1389	.54608
R1_TEAM_overall_meanscore	18	3.36	4.00	3.8939	.19285
R2_TEAM_overall_meanscore	18	2.82	4.00	3.5808	.39088

Table 2. Correlations across overall scores by rater for the TPOT 2.0, TEAM, and Ottawa GRS.

	R1_TPOT	R2_TPOT	R1_OTTAWA	R2_OTTAWA	R1_TEAM	R2_TEAM
R1_TPOT_overall_meanscore	1.00					
R2_TPOT_overall_meanscore	0.465	1.00				
R1_OTTAWA_meanscore	0.892	0.35	1.00			
R2_OTTAWA_meanscore	0.437	0.519	0.680	1.00		
R1_TEAM_overall_meanscore	0.717	0.297	0.919	0.698	1.00	
R2_TEAM_overall_meanscore	0.446	0.543	0.659	0.936	0.730	1.00

40 Emergency Medicine provider comfort with Physician Orders for Life Sustaining Treatment (POLST) Advanced Directive

Kaitlin Sweeney, Katherine Briggie, Juan Pagan-Ferrer, Sangil Lee, Mark Graber, Daniel Miller, Hao Wang

Learning Objective: Our study aimed to determine the level of awareness and understanding of the POLST form amongst Emergency Department (ED) providers in the US

and find the specific knowledge gaps so that we can create an educational intervention tailored to those deficiencies and increase use of the form in the ED.

Background: EDs across the US see many patients with advanced disease and in the end of life. The POLST form is becoming a widely used Advanced Directive as it provides detailed instructions regarding end-of-life interventions compared to the vague “Do Not Resuscitate”. Our study aimed to determine the level of awareness and understanding of the POLST form among ED providers and find specific knowledge gaps in order to create an educational intervention tailored to those deficiencies and increase use of the form, thus patient care in the ED.

Methods: Our observational cross-sectional study consisted of sending an anonymous 17-question poll to all residents, attendings, and Advanced Practice Providers (APPs) at two ACGME accredited Emergency Medicine residency programs, The University of Iowa and John Peter Smith Hospital. Four questions were to obtain demographic data and the rest to gauge comfort levels and test the responder’s knowledge of the POLST and related regulations. The poll was created and sent using the online software, Qualtrics, with Likert scale style questions in November 2021 to nearly 150 providers. We are still undergoing further analysis of the data using Statistical Analysis Software (SAS).

Results: Of the 58 respondents, 45% were attendings, 47% residents, and the rest APPs. 53% practiced in Texas, the rest in Iowa. 19% of respondents believe that they have not received any palliative care training to date. 78% were not confident applying the POLST and 72% of respondents did not know where to look in their workplace for it. 91% were not confident applying the form without the family present. 37% of respondents agreed that the POLST supersedes a durable power of attorney.

Conclusion: Our data shows us that there are many ED providers that are unaware of the POLST and do not know how to find, interpret, and apply the form correctly. Next steps are to create an effective educational intervention and resurvey participants to determine our success.

41 “Everybody in this room can understand”: A Qualitative Exploration of Peer Support during Residency Training

Aarti Jain, Ramin Tabatabai, Jacob Schreiber, Anne Vo, Jeff Riddell

Learning Objective: To better understand the nature of support offered through residency peer support programs and to explore trainee perceptions of the benefits, potential harms, and optimal characteristics of peer support.

Background: Though peer support groups are often

utilized during residency training, the dynamics, content, and impact of social support offered through peer support are poorly understood.

Objective: To explore trainee perceptions of the benefits, drawbacks, and optimal membership and facilitation of peer support groups.

Methods: After engaging in a peer support program at an emergency medicine residency program, fifteen residents and four group facilitators participated in four focus groups in 2018. Interview questions explored the dynamics of group interactions, types of support offered, and psychological impacts of participation. The authors conducted a reflexive thematic analysis of data, performing iterative coding and organization of interview transcripts.

Results: Discussions with experienced senior residents and alumni normalized residents' workplace struggles and provided them with insights into the trajectory of their residency experiences. Vulnerable group dialogue was enhanced by the use of "insider" participants, however participants acknowledged the potential contributions of mental health professionals. Though groups occasionally utilized maladaptive coping strategies and lacked actual solutions, they also enhanced residents' sense of belonging, willingness to share personal struggles, and ability to "reset" in the clinical environment. Results of our reflexive thematic analysis are described with representative quotes in Table 1.

Conclusions: Participants offered insights into the benefits and drawbacks of peer support as well as optimal peer group composition and facilitation. Support groups may be more effective if they engage a complementary model of alumni and psychologist facilitators, avoid fatalism, and aim to foster intimate connections among residents. These findings can inform the development of future initiatives aiming to create a safe space for trainees to discuss workplace stressors.

42 Do Residents Living Alone Have Higher Levels of Depression, Anxiety and Stress During the Pandemic?

Brian Walsh, Frederick Fiessler, Kristen Walsh, Veronica Mekaeil

Learning Objective: Understand how residents' living situations and support structure might affect their wellness.

Background: EM residents are known to be high-risk for depression; in all likelihood the Covid-19 pandemic added to this risk. In addition to the understandable work stressors, social isolation caused by the lockdowns likely has affected their support structure.

Objectives: Using validated psychometric testing, we sought to determine the levels of depression, anxiety, and stress in EM residents in a region severely impacted by the pandemic. We hypothesized that residents living alone would have more depression, anxiety and stress than those living with family or other roommates.

Methods: Setting: An EM residency program in the state greatly affected by Covid-19. All EM residents were surveyed a year into the pandemic using the Depression, Anxiety, Stress Scales (DASS). This scale has been validated in the psychology literature across multiple settings. Surveys were anonymous to promote honesty. Residents were also surveyed about their living situations and then separated into two groups based on whether they lived alone or with other people. Levels of depression, anxiety, and stress were determined for each group and compared. Differences between the groups and 95% confidence intervals (CI) were calculated.

Results: 26 of 27 residents (96%) completed the survey. 12 residents lived by themselves and 16 residents lived with others. In terms of depression, the incidence was 58% for those living alone vs. 23% for those living with others (Difference -29%, CI: -69,11). In terms of anxiety, the incidence was 33% for those living alone vs 29% for those living with others (Difference -4%, CI: -43,35). In terms of stress, the incidence was 50% vs. 43% for those living with others (Difference -7%, CI:-49,35).

Conclusion: During the pandemic, the rates of depression, anxiety and stress in emergency residents as measured by the DASS are high overall, but with the small sample size no differences between those who live alone and those that live with others was shown.

Table 1.

Theme	Description	Exemplary Quotation
Theme #1: A More Experienced Other	Discussion of the group dynamic created by the presence of senior residents and alumni facilitators	
Subtheme: Expected trajectory	Alumni facilitators clarified the expected trajectory of the residency training years and characterized life post-residency.	"[The alumnus] gave a lot of insight into what life is like once you finish this, and how things can be, and what she had to do after residency to decompress after 4 years of such high stress.
Subtheme: Encourages vulnerability	Seeing senior individuals demonstrate their own vulnerability encouraged junior residents to share their experiences	"When a senior person starts by opening up and sharing what they've been through...it gives you more confidence- 'alright it's okay to admit that I had this weakness.'" [FG3]
Subtheme: Normalizing struggles	Finding comfort in knowing that senior residents encountered similar struggles during their training years.	Just crucial to know that you're not alone, whether you messed up a procedure and your senior says 'Here is how I messed up this procedure or you're experiencing depression or burnout and when your senior says, 'This is when I felt really low'...' [FG3]
Subtheme: Outing yourself	Fearing that admitting vulnerability in front of senior residents might be mistaken for clinical weakness or ineptitude.	"She's not strong enough to be in this program or she's not bada** enough."
Subtheme: Fosters anxiety	Concern that the pessimistic nature of anticipatory guidance from senior group members might provoke anxiety in junior residents.	"The [PGY] 4's would start talking about how terrible third year was and... the 3's and the 4's were like, 'Oh God I'm so glad second year's over.' And the 1's-I don't think that's helpful for them. I think that just fosters some anxiety that they already have." [FG4]