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Resident-Led Wellness: Fostering the Skills Emergency Medicine Residents Need to Thrive Using An Innovative Longitudinal Mentorship Model

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recognition of activities that previously may have gone unacknowledged.

Curricular Design: A catalog of 80 different ways to accrue Research and Scholarly (RSA) Points was created and distributed to trainees. Under faculty mentorship, residents collect RSA points continuously throughout their training with a graduation target of 100 points. Accrued activity and points are cataloged via a live online platform where residents propose RSA points for credit which are later approved by faculty after verification. The points system aims to convert a daunting task into a quest toward continuous self-improvement while introducing residents to basic principles of research and productivity in academia.

Impact/ Effectiveness: Since its implementation, the RSA Points System has created more awareness of creative ways in which to produce scholarly activity. The project has been met with enthusiasm and has been reported to promote confidence and new career satisfaction. It serves as a novel way for training programs to augment their academic productivity particularly if experiencing stagnation, while rewarding those most eager to produce, and motivating the underachiever to “level up.”

33 Resident and Population Centered Approach to Social Emergency Medicine Curriculum

Rajitha Reddy, Benino Navarro

Introduction/ Background: Social Determinants of Health (SDH) affect health outcomes more than clinical care. With the unique access Emergency Medicine (EM) has to all populations, there is a need to make SDH curriculum a standard component of EM education. Our residency developed a longitudinal curriculum centered on understanding local SDH and implementing these topics into clinical practice.

Curricular Design: Residents collaborated with program leadership to create a resident-run lecture series emphasizing SDH. Lectures are 30-minute sessions twice per quarter during weekly conferences. Residents are invited to opt-in to the track. Topics were selected using prior examples of curricula and topics that were considered most relevant to our patient population. Residents were able to select the topics they were most interested in and had independence to decide on the educational approach for each topic. Each session required providing actionable ways to apply the topic into clinical practice. For example, the topic of health literacy was presented in a small group format with sample cases in which miscommunication between a physician and patient resulted in poor outcomes. Presenters worked with each small group to develop solutions toward preventing similar scenarios, and new

system changes were proposed. Residents then received a list of local resources that promote health literacy.

Impact/ Effectiveness: A survey was administered to all participating residents and initial feedback has been overwhelmingly positive. Residents reported our curriculum has started to change their approach to the patient encounter. When asked to rate on a 1-10 scale how informed residents felt regarding SDH before and after curriculum implementation, 58.3% rated a 6 or higher before versus 100% rated 6+ after. Similarly, when asked how prepared residents feel in dealing with SDH-related challenges, 37.5% rated a 6 or higher before vs 83.4% after. We believe this approach to SDH can be replicated at other programs and help standardize curriculum.

34 Resident-Led Wellness: Fostering the Skills Emergency Medicine Residents Need to Thrive Using An Innovative Longitudinal Mentorship Model

Erica Warkus, Steve Kamm, Phil Bonar, Joel Gerber

Introduction/ Background: Incidence of burnout is high in emergency medicine (EM) residents. Residency programs can prevent burnout by providing residents with the tools to build resilience and mentorship/community support. Unfortunately, it is difficult for programs to provide these tools in a consistent manner to all their residents. Graduate medical education lacks solutions that facilitate individual resident wellness and academic success through longitudinal mentorship and resident-run initiatives and innovations. This abstract describes a resident-led wellness initiative in which “residency houses” were created to foster resident leadership, peer mentorship and professional fulfillment in a three-year Emergency Medicine residency program at a community hospital.

Educational Objectives: The resident class of 2023 collectively outlined the changes they would like to leave as a legacy within their program, namely: increase mentorship activities, promote clinical teaching, enable continuity of projects/progress made by residents, and improve communication channels.

Curricular Design: The creation of a longitudinal residency “houses” system was chosen to meet all four objectives. A points system (Figure 1) was implemented to provide positive feedback, public recognition and allow friendly competition. All residents and attendings were placed into one of three houses. Each house has an “identity” and an area of House “responsibility” (i.e., Administrators, Advocates and Ambassadors; Figure 2).

Impact/Effectiveness: The success was judged by resident participation in group activities, individual feedback and the overall number of earned points by residents and by

houses. A total of 267 activities have been logged. Residents expressed higher engagement and excitement at the chance to participate in the Residency House structure.

3. POINT VALUES

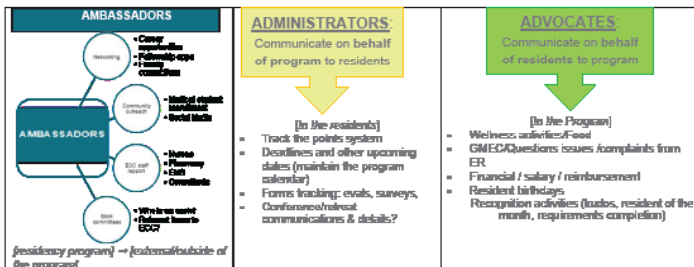
	Time = < 1 hour	Time = 1-2 hours	Time = 3-5 hours (or rare)	Time = 10-20 hours
	10 points	25 points	50 points	100 points
PROCEDURES	US IV	Nerve block	Lumbar puncture	ECC delivery
	Laceration repair (easy) (does not include staples)	Intubation incl. nasal/awake	Chest Tube/Thoracentesis	Cricothyrotomy
	Easy IJ	Central line/dialysis Cath	Transvenous pacer	Pericardiocentesis
	Paracentesis	Cardioversion	Lateral canthotomy	Resuscitative C section
	TVUS	Laceration repair (hard) - <10 y/o; > 8 cm; > 15 sutures		Trauma thoracotomy
	Arterial line	Joint aspiration/reduction		
KUDOS	Great job with clinical management **	Good catch (prevented bad outcome) **		
	Kudos from ECC staff/peers/attendings **	Per resident participating in recruitment /outreach		
	Great job teaching (faculty or resident) **	Patient writes nice letter about you		
TEAM ACTIVITIES	Points per resident who attended wellness events	Winning trivia in lecture	Winning larger team competition	Kickoff celebration at KPOK house
	Create a social media post	Resident mentorship meeting.	Hosts a group wellness event (for all residents)	
ACADEMICS	Every member passed monthly quiz	SMH committee involvement	Highest % passed quizzes for entire year	Present at national conference
	Submit case for positive QI	Submit case for case Presentation	Present at a regional conference	High score on ITE (each class)
		Lecture/EBM Presentation documented	Published case report in peer reviewed journal	Published peer reviewed research
FORMS	All members documented sim procedures	All forms for month turned in by all members.	First team to reach US goals for year	
	All sedation forms correct	All hours logged by all team members.	Highest new procedure totals per month	

Overall objectives
 document procedures (complete forms)
 demonstrate clinical proficiency
 promote resident involvement/community
 create a system to publicly acknowledge people
 ** = (Must be approved)

Figure 1. A proposed points structure for the residency houses. Starred items (**) require approval by leadership. The example given is based on the ACGME requirements for an emergency medicine resident. Colors indicate the objective that each item fulfills. The estimated cumulative annual points per house for required items in a three-year program with nine residents per class is greater than 5,000 points per year.

Incentivize the things that matter. Identify the things that make the program successful and make them fun. Facilitate engagement through public recognition. Reward any efforts that represent the program well (publications, committee involvement), competency, staff relations, community building. ECG, emergency care center; US, ultrasounds; IV, intravenous.

- Option A: Logistical / Systems based: Designed to clearly define structure of where to go for a desired action.



- **AMBASSADORS** – career/networking, outreach, community involvement, hospital committees, medical student recruitment, social media
- **ADMINISTRATORS** – forms/program business, residency interviews
- **ADVOCATES** – Resident advocates, wellness activities

Figure 2. Options for house divisions/responsibilities.

35 Simulation Relay Is an Effective Educational Modality to Engage Multiple Resident Learners

Lauren Cooke-Spring, Andrew Mastanduono, Daniel Frank, Debby Yanes

Introduction/ Background: Simulation is an effective educational tool that allows learners to practice medicine in a container that is psychologically and physically safe. One disadvantage of simulation is the limited number of learners that can participate. A solution is to have a few learners participate while others observe. However, the pressure of peer observation may negatively impact some learners. To overcome this issue, we developed a novel educational modality, Simulation Relay.

Objectives: Simulation relay aims to improve resident engagement, knowledge retention, and comfort in managing critically ill patients. Our goal was to maximize resident involvement and psychological safety by allowing residents to manage a simulated patient encounter in teams. At specific checkpoints, the residents “passed the baton” to the next team who assumed care of the patient.

Curriculum: A pilot case, “peripartum cardiomyopathy,” was designed based on learning objectives of resident conference. 4 teams of 2 residents were asked to participate in the simulation relay, while the remainder observed. A manikin was utilized as the patient, and a resident was embedded into the case as a standardized family member. Labs and imaging were projected via Microsoft Powerpoint. Vital signs were projected by virtual monitor. Upon completion of specific checkpoints, care was transitioned to the next resident team until all critical actions were met. Participants and observers were debriefed after the case by simulation-trained faculty.

Impact: A post-intervention survey revealed all residents felt improved comfort in managing pathology encountered in the case after the simulation. 100% of residents prefer simulation relay to traditional lecture. Learners stated the relay was engaging and provided a safe learning container as both participants and observers. 100% of residents would like to continue with simulation relay. Simulation relay is a fun and engaging way to involve multiple resident learners.

36 Social Determinants of Health Curriculum for Fourth-Year Medical Students Rotating in an Urban, Safety-Net Emergency Department

Rashimi Koul, Kelly Mayo, Andy Kim

Introduction/ Background: Social determinants of health (SDOH) have a profound impact on patients in the emergency department (ED). Interviewing patients on SDOH and working with ED teams to provide holistic care is an