

Thirty-six percent of students completed the entire question bank. The mean NBME ACE exam was 81.5 (standard deviation 6.2) vs the national fourth-year mean of 77.8.

20 Just Checking In: A Peer Mentor Program for Emergency Medicine Residents

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Background: Approximately half of resident physicians report symptoms of burnout and depression. Burnout and depression not only have deleterious effects on resident well-being, but also carry consequences directly affecting patient care. Despite efforts by residency programs across the country to implement programs to improve resident well-being, there is little existing evidence that any of these initiatives are significantly effective. Existing efforts may be limited by residents' hesitancy to seek support.

Educational Objectives: Just Checking In (JCI) is a peer-to-peer mentoring program characterized by regular contact with all residents, not just those who are showing clear signs of distress. The program is intended to foster a sense of community, provide support, and act as a screening tool for any burgeoning issues.

Curricular Design: Peer mentors are recruited through a combination of peer selection and volunteering. All residents are assigned one peer mentor from the resident class immediately senior to their own. A fellow and nonadministrative faculty member are chosen as mentors for the fourth-year residents. Each mentor works with approximately 5-8 resident mentees. Every month, the mentors send text message "check-ins" to their designated resident mentees to inquire about their well-being with additional resources for mental health provided on an as-needed basis. All mentors receive training on good mentoring habits, available mental health resources, and the limits of confidentiality. Specific pathways for resident depression, suicidality, substance abuse, domestic violence, sexual assault, and bullying are discussed. This training is adapted from Stanford's Peer Support Program and is delivered with the oversight of a psychiatry faculty member. Bimonthly mentor meetings are held during the program to provide support and address any issues that have arisen with program implementation.

Impact/Effectiveness: All 64 residents in our program are included in this intervention. The efficacy of JCI is being assessed (pre/post) using validated inventories for burnout and depression. Use is assessed by tracking total number of text messages between mentors/ mentees as well as by the number of referrals provided. Anonymous surveys using open-ended

questions will be administered to assess resident satisfaction with JCI. Post data will be collected this spring.

21 Residency Families: The Development of a Peer Mentoring Program in an Emergency Medicine Residency

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Background: Promoting wellness and resilience is important to combat the high rate of burnout in emergency medicine (EM). Mentoring can potentially ease the demands and stressors of residency. Senior residents may be the ideal mentors for junior residents as they most recently progressed through their junior residency years. Although effective peer mentoring may decrease resident burnout, little has been published on creating effective mentoring relationships.

Educational Objectives: At the end of the education intervention, EM residents will have improved wellness/resiliency as measured by the Professional Quality of Life Scale (ProQOL) and Major Depression Inventory (MDI), and they will have Improved understanding of the value of mentorship families as evaluated by a short survey.

Curricular Design: Beaumont Health's EM residency program has a resident-faculty mentoring program; however, no formal peer mentoring program exists. Faculty may not be able to effectively advise residents on the day-to-day realities of being a resident, how to thrive on specific rotations, or the nuances of managing current residents' scheduling. Thus, it is valuable to have a peer mentor who can offer this guidance. This type of mentoring can simplify the transition from medical school while providing valuable insight into post-residency plans and goals. The peer mentoring program will involve voluntarily placing each resident into a resident family. Each family will consist of a postgraduate year (PGY) 1, 2, and 3 resident. Residents were surveyed to assess their preferences in a peer mentor. Factors used to assign resident families included gender, home address, future interests, hobbies, and availability. The ProQOL and MDI will be used to assess resident well-being following the one-year intervention. Additionally, a structured questionnaire will further evaluate the effectiveness of the peer mentoring program.

Impact/Effectiveness: Almost 80% of the PGY-1 and 2 residents and 60% of the PGY-3 residents completed the survey and were matched to a family. Three PGY-3 residents were each assigned to two families due to a larger number of interested junior residents. Moving forward, we will plan to have families that consist of one member from

each training class. We will use data collected from our survey to provide a model that other programs may follow to create and implement a peer mentoring program.

22 Implementation of a “Family Orientation” as Part of New Resident Orientation

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Background: Despite recent research, there is a paucity of data describing the effects of personal relationships (familial, romantic, platonic) on resident wellness. We explored the literature for existing curricula addressing the personal relationships of emergency medicine (EM) residents but found no family-focused orientations. Residency orientation is an important onboarding opportunity and an ideal time to implement a wellness initiative to include individuals on whom residents rely for support.

Educational Objectives: We developed a family orientation for new interns and their support networks with three objectives: to discuss the effect of residency on personal relationships in a confidential and non-judgmental setting; to connect family members to add support for non-residents; and to establish a community of residents and their support networks for social events during the year.

Curricular Design: Participants included 15 interns and nine family members within one EM residency. Family members were identified by interns as sources of support and invited by the organizers. Family orientation was scheduled during the general orientation for the interns in June 2018. The session was three hours in length followed by a social activity off-site. Family orientation was led by three residents, their partners, and one faculty member, who have interest in the wellness of personal relationships during residency. Orientation opened with a survey for residents and their families. Each group received a similar survey that explored topics such as expectations of time with family, ability to balance work and home, and comfort discussing work. This was followed by a facilitated, large-group discussion about logistics of resident life, burnout, families’ roles in residency, self-care, and home-life expectations. Attendees were then split into two small groups: residents were led by senior residents, and families were led by the partners. A post-orientation social event followed, which was the first in a series of monthly events open to all residents and their support networks.

Impact/Effectiveness: We plan to implement a midyear survey to follow up the questions asked before the orientation to assess the utility and impact of this orientation and subsequent regular social events on both resident wellness and family inclusivity in resident life. The results of this survey will be available at the CORD Academic Assembly.

23 A Novel Approach to Remediating Communication Skills in “At-Risk” Residents Using Professional Coaching

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Background: Interpersonal and communication skills (IPC) are critical ACGME core competencies that are difficult to objectively assess and remediate. A resident struggling to effectively communicate with patients and colleagues affects his or her ability to establish rapport, obtain an accurate history, and work in teams. These deficits result in poor evaluations and patient complaints, creating a need to deploy comprehensive remediation plans, which are difficult to create and implement.

Educational Objectives: We identified residents with poor IPCs early in their training in order to implement a novel remediation plan that provides competency-focused feedback and individualized strategies to improve performance.

Curricular Design: When a resident falls below a minimum threshold in IPCs, our program contracts with a patient- and family-centered communication coach to shadow the resident in the clinical setting, and evaluate strengths and weaknesses in communication. A comprehensive micro-skills checklist is used over multiple patient encounters to evaluate behaviors related to 1) ability to develop initial rapport; 2) gathering of pertinent information; 3) building relationships; 4) explaining / planning; and 5) closing the session. After the shadowing, the coach and resident debrief with specific suggestions for improvement. Feedback is given to the program for incorporation into the resident’s individualized learning plan. The resident’s partnership with the coach is critical to the success of this innovation.

Impact/Effectiveness: Without specific feedback, it can be challenging to correct subjective impressions of “poor communication.” Our approach allows for early detection, objective data collection, and a specific plan for remediation and evaluation. While all programs may not have access to a professional coach, a trained observer using the micro-skills checklist can help remediate deficiencies. Over the past four years, we have used this intervention with multiple residents, and mitigated the need for formal remediation or probation.

24 The “EM in 5” Curriculum: Learner and Presenter Perceptions

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Background: There has been a push by medical educators and learners away from lectures and toward the use of active learning strategies and non-traditional teaching sessions. Emergency medicine (EM) residents rate non-