

that they liked the presentation because it was “engaging” and “interactive with a lot of participation.” It can be easily implemented, used in an array of group sizes, and can be adapted to cover a plentitude of topics in medical education.



Image 1

33 Preparing Tomorrow’s Leaders: A Novel Approach to an Emergency Medicine Administration Rotation

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Introduction: The ACGME does not clearly define how programs should prepare residents for future administrative roles and responsibilities. The 2013 CORD Model Curriculum includes specific topics in “Emergency Department (ED) Administration”, however it does not recommend an ideal approach (i.e. didactics vs. dedicated rotation). Our residency curriculum includes a month-long ED administration rotation. However it was largely unstructured and dependent upon the engagement of our ED leadership. This resulted in a widely variable experience for our residents.

Learning Objective:

- 1) Prepare residents for basic administrative duties in community or academic practice
- 2) Expose residents to advanced administrative roles in preparation for future leadership roles
- 3) Empower residents to develop leadership skills within education, hospital administration and pre-hospital setting

Design: Our curricular design utilizes a humanist approach that emphasizes an individual’s values and interests to promote autonomy and foster intrinsic motivation (self-determination theory). Residents are required to complete 15 mandatory and 5 selective activities (Table 1). The mandatory activities were chosen to provide a broad overview of EM leadership and administration. Learners choose 5 selective activities they feel are most important to their professional development. By encouraging autonomy in designing their specific rotation, we promoted internalization of motivation. Engagement was tracked using a sign-in sheet that was required for successful completion of the rotation.

Impact: The structure of this curriculum and the autonomy granted by allowing residents to select rotation components improved engagement. Our residents participated in a wide variety of selective opportunities (Table 2), reflecting the diverse interests of today’s EM residents. Of the 51 selectives chosen, 49% were educational, 12% were EMS, 6% were research-related, and 33% were outside of these categories.

Table 1. Mandatory and Selective Activities for Advanced EM Leadership Rotation.

University of Illinois College of Medicine Peoria/OSF Healthcare
Emergency Medicine Residency

Mandatory Activities:		
Department Administration	Residency Administration	Clinical Leadership
<input type="checkbox"/> ED Dept Mtg <input type="checkbox"/> ED Executive Committee <input type="checkbox"/> ED Advisory Council <input type="checkbox"/> Pediatric ED Quality Meeting <input type="checkbox"/> Quality & Safety Committee <input type="checkbox"/> ED Leadership Meeting <input type="checkbox"/> Trauma Committee M&M <input type="checkbox"/> Unit Council <input type="checkbox"/> Professional Peer Review	<input type="checkbox"/> EM Residency M&M presentation <input type="checkbox"/> Journal club preparation <input type="checkbox"/> Review ED deaths/bouncebacks <input type="checkbox"/> Rotator orientation <input type="checkbox"/> Personal Chart Review	<input type="checkbox"/> Coding/billing review

Selective activities (choose any 5)		
Education	EMS	Research/Ultrasound
<input type="checkbox"/> Student teaching shift (4 hours) <input type="checkbox"/> EBM shift (4 hours) <input type="checkbox"/> M3 simulation <input type="checkbox"/> M4 simulation <input type="checkbox"/> M4 orientation <input type="checkbox"/> EMIG activity <input type="checkbox"/> UICOMP EM website blog post <input type="checkbox"/> Student ultrasound shift (4 hour) <input type="checkbox"/> Faculty meeting <input type="checkbox"/> Program director roundtable (<input type="checkbox"/> Meet with ED Chair to discuss academic department administration <input type="checkbox"/> Other	<input type="checkbox"/> Flight shift <input type="checkbox"/> Ground shift <input type="checkbox"/> EMS administration <input type="checkbox"/> EMS region 2 advisory council <input type="checkbox"/> Instructional activity with pre-hospital crew <input type="checkbox"/> Ride along with EMS director for scene response/EMS QI <input type="checkbox"/> FEMA/NIMS online training <input type="checkbox"/> Other (per EMS director)	<input type="checkbox"/> Time spent on research must be approved by program director (may receive more than 1 credit, depending on project) <input type="checkbox"/> Scanning shifts and QI with Ultrasound Director

ED: Emergency Department, M&M: Morbidity & Mortality, EBM: evidence-based medicine, M3: third year medical student, M4: fourth year medical student, EMIG: emergency medicine interest group, UICOMP: University of Illinois College of Medicine Peoria, EMS: emergency medical services, QI: quality improvement, FEMA/NIMS: Federal emergency Management Agency/National Incident Management System

Table 2. Selective Activities.

Education	
Faculty meeting	(n=6)
Talk for pre-medicine students	(n=1)
Intern orientation	(n=1)
M3 simulation	(n=2)
M4 simulation	(n=2)
M4 orientation	(n=3)
Program Director's roundtable	(n=1)
EMIG social event	(n=1)
EMIG skills night	(n=3)
Medical student teaching shift	(n=1)
Medical student intern prep course	(n=1)
Residency fair	(n=1)
Chair meeting	(n=2)
EMS	
FEMA/NIMS course	(n=2)
EMS lecture for pre-hospital providers	(n=1)
Departmental disaster drill	(n=1)
EMS ride along	(n=2)
Research/Ultrasound	
QI project poster presentation	(n=1)
Ultrasound scan shift	(n=1)
Research project	(n=1)
Other	
Safety Saves (hospital QI meeting)	(n=1)
PFCCS course	(n=2)
Departmental sepsis meeting	(n=2)
Pediatric ED/Children's hospital meeting	(n=2)
Sick call coverage	(n=2)
Interview day tours	(n=8)

ED: Emergency Department, M3: third year medical student, M4: fourth year medical student, EMIG: emergency medicine interest group, EMS: emergency medical services, QI: quality improvement, FEMA/NIMA: Federal emergency Management Agency/National incident Management System, PFCCS: Pediatric Fundamental Critical Care Support

determine areas of greatest interest. Monthly activities will be planned based on the indicated preferences, and a post-survey will be assessed at the end of the implementation period.

Impact/Effectiveness: Based on preliminary survey results, the majority of residents (57%) indicated that their home and work happiness are directly correlated. At the beginning of implementing resident families, participants revealed they felt supported at work (100%) and outside of work (77%) by fellow residents and 98% felt supported by attending physicians. Of respondents, 57% stated having a resident family has had a positive impact on their adjustment to life. The dimensions of wellness most interesting to residents are social (90.5%), physical (66.6%), and financial (61.9%).

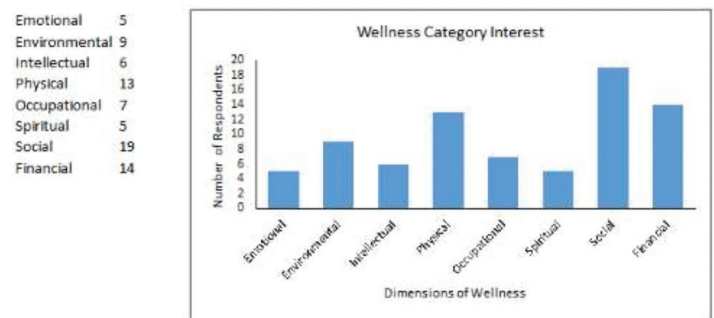


Image 1

34 Resident Families: Improving Resident Wellness and Camaraderie: A Pilot Study

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Introduction/Background: Burnout is a work-related syndrome involving depersonalization, detachment, and a reduced sense of personal accomplishment. Wellness curricula during residency is aimed at providing physicians with the tools to create a sustainable work-life balance. Physician burnout (50%) ranks higher than many other professions. Emergency medicine reported one of the highest burnout rates at 48%. Therefore, it is critical to provide wellness support to physicians.

Learning Objective: To improve overall resident wellness, foster healthy coping skills, and improve peer support networks and camaraderie within an emergency medicine residency program.

Curricular Design: Residency families, modeled after undergraduate mentorship programs, were formed at the beginning of the academic year. Each consisted of one resident per class, one core faculty, and one clinical faculty member. Families were encouraged to meet outside of clinical duties. Additionally, residency wide wellness activities were arranged at least monthly. A ten question survey was distributed to measure resident wellness, assess the preliminary opinions of resident families, gauge interest in future activities, and

35 Resident-Led Health Equity Curriculum

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Introduction: Resident physicians encounter many forms of discrimination directed towards patients and providers throughout their training. Resident-led initiatives to educate peers about health equity, implicit bias and microaggressions can increase awareness and skills for addressing these forms of discrimination, while creating peer support networks.

Learning Objective: This resident-led longitudinal health equity curriculum aims to 1) raise awareness of race- and gender-based inequities in resident and patient experience, and 2) build residents' skills in addressing inequities and microaggressions.

Curricular Design: Senior residents led a longitudinal five-session series (Health Equity Rounds) incorporated into the residency's yearlong didactic curriculum. Senior residents performed literature review and solicited resident-submitted experiences of diversity in our practice environment to teach residents and faculty about health equity, race as a social construct, forms of racism including implicit bias and microaggressions, and provided strategies for addressing