

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%).

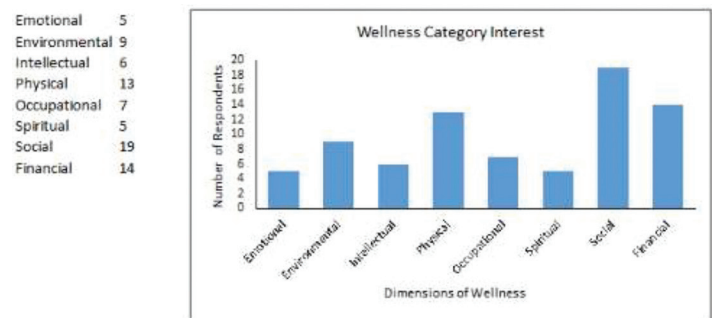


Image 1

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