23 Effectiveness and Utilization of Hospital-Directed Wellness Initiatives during the COVID-19 Pandemic

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Learning Objectives: Given the ongoing pandemic, the authors hope to determine which of the commonly implemented COVID-19 hospital-directed wellness initiatives were most effective for physicians, enabling tailored recommendations for future wellness plans.

Background: The COVID-19 pandemic has placed an unprecedented burden on healthcare workers. Many hospitals have instituted wellness initiatives. The optimal hospital-directed wellness initiatives during a pandemic are currently unknown.

Objectives: The authors hope to determine which of the commonly implemented COVID-19 hospital-directed wellness initiatives were most effective for physicians, enabling tailored recommendations for future wellness plans. The hypothesis is that some hospital-directed wellness initiatives are significantly more effective than others.

Methods: This cross-sectional survey was distributed via EM specific online email listservs and message boards, including ACEP, CORD, and SAEM/RAMS. Emergency Medicine physicians practicing in the USA were recruited; sample size was determined via convenience sample. Survey questions included practice setting, geographic location within the US, and pandemic-specific wellness initiatives implemented at institutions. Likert scale (1-5) responses were assessed for self reported effectiveness of each of the specified hospital wellness initiatives. Results were analyzed using descriptive statistics.

Results: There were 527 responses eligible for inclusion. Morale at the time of the survey was significantly worse than morale at peak (4.36 v 4.57, p = 0.02). The most effective interventions were direct payment, informal debriefing sessions among staff, free food and community Thank You cards. The least effective was the use of a victory song. The most common intervention was free food. The least common was direct payment. Among effective interventions, only free food was offered a majority of the time.

Conclusions: Hospital-directed wellness plans should focus resources on more effective interventions such as direct payments, free food, informal debriefing sessions, and community Thank You cards. Wellness plans should continue even after COVID-19 cases lessen.

		Effectiveness (1-5)	
Intervention	**Frequency (%)**	**Median**	**Mean (SD)**
Direct Payment/Hazard Pay	53 (10.06%)	4	3.605 (1.120)
Informal debriefing sessions among staff	127 (24.10%)	4	3.507 (1.153)
Free food at work, including from the community	350 (66.41%)	3	3.344 (1.140)
Display of Thank You cards from the community	254 (48.20%)	3	3.215 (1.106)
Public acknowledgement/displays (daily applause for hospital staff, military jets overhead, EMS/Fire Department/Police display of lights and sirens, etc)	231 (43.83%)	3	2.952 (1.245)
Daily email updates from hospital administration or whoever else might send them	266 (50.47%)	3	2.891 (1.250)
Displaying support signs	301 (57.12%)	3	2.867 (1.138)
Public celebration of successful COVID-19 discharges	92 (17.46%)	3	2.859 (1.228)
Psychiatric/Psychological services	189 (35.86%)	3	2.549 (1.127)
Victory Song playing overhead	100 (18.98%)	2	2.086 (1.123)
No support	24 (4.55%)	N/A	N/A

Figure.

24 Effectiveness of low fidelity in situ simulation for medical resuscitation team leadership development among emergency medicine residents

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Learning Objectives: Our objective was to assess the effectiveness of an ultra-low fidelity simulation model to improve PGY-1 resident resuscitation competence and confidence. A secondary objective was to assess content retention over time.

Background: Our emergency medicine (EM) residency program evaluation committee identified the transition of EM interns to the post-graduate year PGY-2 and PGY-3 medical resuscitation team leader role as a program gap. Key areas for development included cognitive component mastery and confidence.

Methods: The study was implemented one hour per month during scheduled conference time. All 26 EM residents were encouraged to participate. Three one-hour simulations were performed from August to November 2020. Pre- and postintervention cognitive and confidence outcomes were measured. Topics from previous simulations were implemented into all simulations as a spaced repetition component. We report descriptive statistics.

Results: Twenty-two resident assessments and surveys were recorded over 3 months. The mean PGY-1 resident cognitive component assessment score increased from 26% pre-intervention to 64% post-intervention while the mean PGY-2 and PGY-3 resident score increased from 44% preintervention to 83% postintervention for all 3 simulations combined. Data from the first simulation was tracked for content retention over three months. The mean PGY-1 resident score was 86% on review assessment and the mean PGY-2 and PGY-3 resident score was 71% at the three-month time point. 100% of residents reported that they perceived improved cognitive ability and confidence in leading medical resuscitations following the intervention and believed it was an appropriate use of conference time.