

## 45 National Assessment of Residency Wellness Initiatives: Assessment, Barriers, and Opportunities

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**Learning Objectives:** This study aimed to survey Emergency Medicine residency programs to identify what wellness initiatives they have in place or plan to implement, as well as what barriers to implementation they faced and what resources were utilized.

**Background:** “Well-being” is mentioned 33 times in the Accreditation Council for Graduate Medical Education (ACGME) Emergency Medicine (EM) Core Requirements. Despite the recognition that wellness is an important component of graduate medical education, a clear plan of how to implement wellness initiatives is lacking. This study aimed to survey EM residency programs to identify what wellness initiatives they have in place, as well as barriers to implementation and resources utilized.

**Methods:** This was a cross-sectional survey study performed from November 2019 through January 2020.

A literature search identified existing published wellness interventions and existing barriers. The interventions and barriers were compiled to create a survey, which was piloted among five program directors and assistant program directors with feedback directly incorporated into the survey. The survey was sent to program leadership at all 223 ACGME-accredited EM residency programs in the United States.

**Results:** Of programs surveyed, 95 programs were included. The most common wellness interventions reported were resident retreats (91%), group events (90%), formal mentorship (74%) and wellness committees (66%). The majority of the programs reported at least a moderate overall resident wellness improvement as a result of implementing the wellness interventions. Reported factors that contributed to the successful implementation of wellness interventions were faculty involvement (78%), resident involvement (78%), department chair support (51%), institutional support (44%) and financial support (36%). In contrast, financial support (65%) and limited time (62%) were the most commonly reported barriers that prevented the implementation of wellness interventions.

**Conclusions:** Resident wellness is an important aspect of residency training. The use of wellness interventions showed an overall resident wellness improvement. Successful programs have financial, institutional, and chair support.

## 46 Outcome Assessment of Medical Education Fellowships in Emergency Medicine

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**Learning Objectives:** To assess career outcomes of medical education fellowship graduates.

**Background:** Post graduate medical education fellowships in emergency medicine provide training in education theory, instructional techniques, program administration, leadership, and scholarship. The longitudinal impact of this training is unknown.

**Objectives:** To assess career outcomes of medical education fellowship graduates.

**Methods:** We analyzed curriculum vitae (CV) of medical education fellowship graduates in the United States. Graduates were identified through program records and invited to participate by email. We developed and piloted a data abstraction form prior to use. Outcomes included training characteristics, academic appointments, leadership, teaching, and scholarship.

**Results:** 71/91 (78%) of graduates submitted CVs. Thirty-two (45.1%) completed a one-year fellowship and 39 (54.9%) completed a 2-year fellowship. The median graduation year was 2016 (range 1997-2020). Nineteen (26.8%) completed an advanced degree during fellowship. Most (88.7%) are currently working in academics. Current employment characteristics of graduates are shown in Table 1. Graduate outcomes are summarized in Table 2.

**Conclusions:** Medical education fellowship graduates are successful in teaching, leadership, and scholarship.

**Table 1.** Employment Characteristics of Medical Education Graduates

	N (%)
Current position*	
Program director	6 (8.5)
Assistant/Associate Program Director	27 (38.0)
Clerkship director	3 (4.2)
Assistant/Associate Clerkship Director	4 (5.6)
Medical Education Fellowship Director	8 (11.3)
Director of Simulation	3 (4.2)
Vice Chair of Education	2 (2.8)
Assistant/Associate Dean	2 (2.8)
Core faculty	9 (12.7)
Other	23 (32.4)
Currently working in academics	
Yes	63(88.7)
No	8 (11.3)
Region of practice	
West	37 (52.1)
Midwest	14 (19.7)
South	3 (4.2)
Northeast	15 (21.1)
Other/Unknown	2 (2.8)
Current academic rank	
Clinical Instructor	3 (4.2)
Assistant Professor	42 (59.2)
Associate Professor	8 (11.3)
Professor	3 (4.2)
Other/unknown	14 (19.7)

\*An individual may hold more than one position.

**Table 2.** Career outcomes of education fellowship graduates.

	N (%)
Local leadership positions	
Continuing medical education	
Vice Chair of Education	6 (8.5)
Other	12 (16.9)
Graduate medical education	
Residency Program Director	8 (11.3)
Assistant/Associate Residency Program Director	39 (54.9)
Medical Education Fellowship Director	9 (12.7)
Assistant/Associate Medical Education Fellowship Director	2 (2.8)
Other	8 (11.3)
Undergraduate medical education	
Clerkship Director	14 (19.7)
Assistant/Associate Clerkship Director	9 (12.7)
Assistant Dean	1 (1.4)
Associate Dean	1 (1.4)
Medical school course director	11 (15.5)
Other	6 (8.5)
National leadership positions in medical education	
Chair of a national committee	18 (25.4)
Member of professional society board of directors	5 (7.0)
Other	8 (11.3)
Committee service in medical education	
National	48 (67.6)
Regional	12 (16.9)
Local	57 (80.3)
Awards in medical education (mean ± SD)	
National	1.27 ± 2.03
Regional	0.27 ± 1.07
Local	2.61 ± 3.76
Medical education presentations (mean ± SD)	
National	7.63 ± 10.83
Regional	1.89 ± 5.15
External grand rounds	1.38 ± 4.14
Non-medical education presentations (mean ± SD)	
National	8.59 ± 28.06
Regional	2.08 ± 4.49
External grand rounds	1.49 ± 3.77
Journal editorial board member	10 (14.1)
Journal reviewer	34 (47.9)
Medical education publications (mean ± SD)	
Research, peer-reviewed	4.99 ± 6.17
Non-research, peer-reviewed	0.96 ± 2.38
Non-peer-reviewed publications	0.39 ± 1.11
Digital scholarship	1.65 ± 4.31
Non-medical education publications (mean ± SD)	

intervention. Participants completed a pre-intervention online survey to identify comfort with performing and teaching AFOI. Following a 25-minute didactic session reviewing the indications and logistics of the procedure, participants practiced the procedure and attempted to teach the procedure to their colleague. An institutionally approved checklist for AFOI was used to assess participants. A two-sample T test assuming unequal variance was used to compare self-perceived efficacy before and after the peer-coaching intervention.

**Results:** A total of 15 faculty participated in the study. All participants showed ability to perform AFOI by successful completion of the procedural checklist’s ten critical actions (15/15, 100%). There was a significant increase of self-perceived efficacy in performing ( $p < 0.01$ , CI 1.34-3.06) and teaching AFOI ( $p < 0.01$ , CI 1.56-3.05). All participants felt more likely to attempt AFOI after a single peer coaching session and most were more likely to teach AFOI (14/15, 93.3%). Participants identified peer-coaching as more effective at instilling confidence to perform and teach this skill compared to other CME activities they have experienced.

**Conclusions:** This study demonstrates peer-coaching as an attractive modality to increase faculty ability to perform and teach low-frequency, high-complexity procedures.

## 48 Preparing Students for Uncertainty in Clinical Practice: Recommendations for Emergency Medicine Clerkships

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**Learning Objectives:** To provide pedagogical recommendations for emergency medicine clerkship design that better prepares medical students for uncertainty in clinical practice.

**Background:** EM is replete with situations of uncertainty in clinical practice. How can EM clerkships then better prepare students for the clinical uncertainty that lies ahead?

**Objectives:** We sought to: 1) describe perceived comfort with uncertainty encountered across clerkships; 2) identify curricular elements that best prepares students for these situations. We hypothesize certain training components will correlate with clinical uncertainty comfort and themes will emerge to guide clerkship design.

**Methods:** This is an observational cross-sectional study of 289 students in an urban medical school surveyed following core clerkships (including EM). Items included Self-Efficacy (SE), Intolerance to Uncertainty (IUS), rating of perceived adaptive traits related to clinical uncertainty, and ratings of training components for preparation.

Spearman’s correlation coefficient, Chi-Square, and ANOVA were used to assess GSE, IUS, clinical, and

## 47 Peer Coaching Increases Emergency Medicine Faculty Ability to Perform and Teach Awake Fiberoptic Intubation

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**Learning Objectives:** Our study sought to evaluate the effect of peer coaching as a continuing medical education (CME) modality to improve faculty performance and teaching of awake fiberoptic intubation (AFOI).

**Background:** Once training is complete, physicians must continue growing their procedural skills while still developing their learners. High acuity, low opportunity procedures, such as awake fiberoptic intubation (AFOI), are challenging for both novel skill acquisition and teaching to learners.

**Objective:** Our study sought to evaluate the effect of peer coaching as a continuing medical education (CME) modality to improve faculty performance and teaching of AFOI.

**Methods:** Academic emergency medicine faculty at a single tertiary-care center participated in a prospective pre/post-interventional assessment of a peer coaching educational