and poor understanding of the key components of QI. We developed a two-hour course that stresses individual thought and hands-on expert guided experience to empower residents to start their own meaningful QI projects.

Curricular Design: An expert in value based care led two 1-hour sessions to teach our residents components of QI and review key principles of our institutions transition to value based care: Care Variation, Waste in Care, Appropriate Setting of Care, Quality, Access and Advanced Analytics. For the first 1 hour session, key institution wide examples of each focus area were introduced to residents in chart form for 15 minutes. For 30 minutes residents were then separated into groups of 3 and they compiled their own ED specific examples for each focus area. For the final 15 minutes each small group shared their examples with the entire group. Several weeks later a second 1 hour session reviewed key principles in value process mapping. In preparation for the activity, residents were asked to process map some of their original ideas from the first session and send them to the instructor (senior VP and chief quality officer). Our expert reviewed each process map with the group and made suggestions for improvement. Results of both sessions were documented and reviewed with residents during PD led individual meetings regarding QI projects.

Impact/ Effectiveness: These two introductory activities have resulted in increased resident engagement in QI activities with a specific improvement in confidence to develop and implement meaningful QI projects in our department.

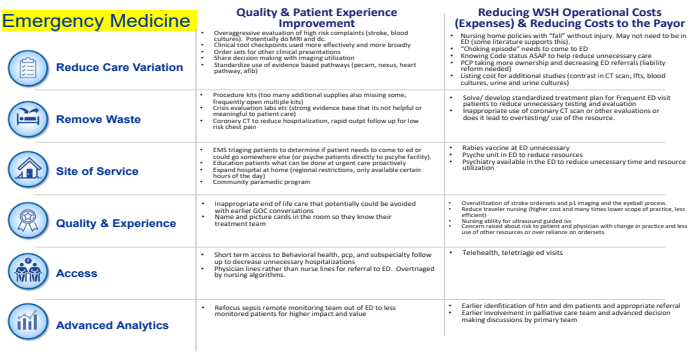

Figure.

49 Implementation of a Dedicated Social Worker/Coach for Emergency Medicine (EM) Residents

Jennie Buchanan, Sarah Meadows, Jason Whitehead, Gannon Sungar, Todd Guth, Barbara Blok, Katie Bakes, Christy Angerhofer, Malorie Millner, Megan Stephens, LaVonne Salazar, Abraham Nussbaum, Bonnie Kaplan

Learning Objectives: The pandemic exposed the mismatch between trainee mental health needs and their access to support services; therefore, the objective of our innovation was to support an opportunity for residents to work with a social worker/coach who could provide coaching on an emergent, urgent, or regular basis.

Introduction/Background: EM training requires sleep-wake disruptions, includes potentially traumatizing encounters, all during the COVID-19 pandemic while many residents relocate away from their customary psychosocial supports for training. The shift-based training model limits access to psychosocial care and services, so trainees need just-in-time resources which can support them before mental health concerns develop.

Educational Objectives: The objective of our innovation was to support an opportunity for our residents to work with a professional social worker who could provide coaching on an emergent, urgent, or regular basis.

Curricular Design: The leadership team identified a clinical social worker and trained coach to provide small group and individual coaching sessions to residents (4-year urban safety-net program with 68 residents) budgeted at an initial cost of $15,000. It was agreed that what was shared in the discussion would not be shared without consent and legal limits to confidentiality were followed.

Impact: From October 1, 2020 when implemented to October 1, 2021 there were 49 group and 73 individual sessions. After implementation in 2021, we compared this rotational mean score as ranked by all residents to all other wellness initiatives. Overall response rate was 80.88%. The overall mean score of the initiative was 2.25 (1-lowest and 4-highest) versus 3.73, the mean of all other wellness initiatives. Summary comments from the residents revealed the innovation was useful but shared concern regarding ability to attend sessions and capacity of social worker to relate with them. If other programs are considering implementation of a similar program recruiting someone with ED/graduate medical education experience or making sure they are oriented is key. Application of a social worker coaching program in an EM residency appears to be a feasible novel wellness intervention with potential to improve well-being, but needs framing to benefit trainees.

50 Improving Physician Well-Being and Reducing Burnout Using a Peer-to-Peer Recognition Program

Jenny Chang, Alexis Cortijo-Brown, Vinay Saggar, Simiao Li-Sauerwine, Katie Rebillot, Michael Jones, Jill Corbo

Learning Objectives: The objective of our study is to utilize a peer-to-peer recognition program to reduce burnout and improve well-being in our residency program by demonstrating a 10% increase in the Stanford

Professional Fulfillment Index (PFI) after participating in this program for 6 months.

Introduction/Background: Physician burnout is a well-known phenomenon and is a work-related syndrome driven by an intricate interplay between healthcare organizational structures, societal influences, and individual level factors. Burnout has been labeled to be a public health crisis and reported to be as high as 70% amongst Emergency Medicine (EM) residents. Given that burnout can lead to an increase in substance abuse, physical/mental health issues, and professional attrition, interventions that can help decrease this phenomenon are imperative. In the traditional workforce, peer-to-peer recognition programs have shown great success in reducing burnout by building a sense of community and camaraderie to create a wellness culture.

Curricular Design: This is a 6-month study that involves 84 EM residents in an urban EM residency. All residents have access to the recognition platform called Bonusly, an intuitive program that allows residents and attending physicians to acknowledge the residents for their achievements through praise on a public forum and the provision of points that can be redeemed as meaningful rewards. Residents were queried with an anonymous voluntary survey before the implementation of the intervention and then will be surveyed again at 6 months. The survey contains the Stanford PFI and 6 additional Likert-style questions assessing well-being and work engagement. The pre-intervention survey answers showed that 86% of the EM residents answered some degree of burnout and only 11 % were happy at work.

Impact: Our intervention aims to reduce the onus of physician self-care on an individual level. Since inception in July 2021, on average each month, 87% of residents are recognized on the platform and 70% of residents gave recognition. Using the Stanford PFI, we hope to show that the implementation of a peer-to-peer recognition program improves physician well-being and if successful, can easily be extended into residency programs across the nation to help build a culture of wellness.

51 Resident-Led Wellness Program

Sean Scott

Learning Objectives: 1) Anonymously survey residents to obtain rates of burnout and identify gaps in resident wellness. 2) Create a resident-led, self-sustaining wellness committee 3) Integrate wellness education into a formal grand rounds curriculum 4)Reduce self-reported resident burnout rates

Introduction/Background: Residents suffer from numerous stressors that lead to poor mental health and significant rates of burnout. The Madigan Army Medical Center Emergency Medicine (EM) residency program had aspects of wellness built into its program but lacked a formal wellness curriculum or internal evaluation system.

Curricular Design: To address the lack of formal wellness resources, anonymous surveys were sent to residents, a formal wellness curriculum developed, and a resident-led wellness committee was formed. Following an introductory wellness lecture, residents were anonymously surveyed to assess knowledge of local wellness resources, rates of burnout, and gaps in resident wellness. This survey will be administered biannually, at the beginning and middle of each academic year. A resident-led wellness committee was formed with the goals of serving as a monitoring group for resident mental health and wellness, serving as a think tank to address identified mental health and wellness gaps, and creating and planning wellness interventions. A wellness curriculum was added into the current grand rounds curriculum, covering burnout, mindfulness, financial planning, professionalism, peer support, local behavioral health resources, sleep hygiene, and faculty experiences on work-life balancing.

Impact/Effectiveness: This innovation will provide an anonymous before and after evaluation of a multi-faceted approach to resident wellness in an EM residency program. Formal reevaluation of resident wellness and burnout rates are pending repeated surveying. The initial survey generated multiple initiatives, which the wellness committee has already addressed such as EM food pantry creation and shift schedule alterations. Anecdotally, residents have responded very positively to these interventions and the renewed focus on resident wellness. Program leadership is supportive of this program and plans are in place to sustain this initiative for the foreseeable future.

52 Virtual Peer Support Program: A Novel Community-Building Platform in an Emergency Medicine Residency Program

Hurnan Vongsachang, Aarti Jain

Learning Objectives: Our Virtual Peer Support Program aimed to enhance residents' comfort engaging in discussions about their workplace challenges and foster a sense of community within the residency program.

Introduction: Burnout is highly prevalent in resident physicians and is associated with depression, substance use, and suicide. While residents' social networks are integral in supporting wellness, the recent pandemic has limited in-person social support, potentially exacerbating residents' existing burnout and increasing barriers to communication. As such, we sought to implement a Virtual Peer Support Program (VPSP) within our residency program to provide a safe space for residents to discuss the work and life