

challenges they encounter during residency training. Our VPSP aimed to enhance residents' comfort engaging in discussions about workplace challenges and foster a sense of community within the residency program.

**Design:** During the 2020-2021 academic year, all residents at our Emergency Medicine Residency Program were invited to attend virtual peer support sessions scheduled during protected educational time. These 90-minute small group sessions were hosted semesterly on a video conferencing platform. To promote psychologically safe discussions, we engaged recent alumni of the program as group facilitators, ensuring that none evaluated residents. Discussions were freeform but guided by prompts generated by the resident wellness committee and distributed to group facilitators. At the conclusion of the sessions, all attendees were invited to complete a voluntary anonymous electronic survey consisting of Likert scale questions. Results are illustrated in Figure 1.

**Impact:** VPSP is a sustainable, low-cost intervention that may augment residents' existing social networks and encourage vulnerable discussions about residency. Program alumni are underutilized, non-evaluatory individuals who can empathize with the challenges of training and may serve as effective group facilitators. Given the importance of social support in promoting resident wellness, it may be useful for residency program leaders to integrate VPSPs into existing residency curricula.

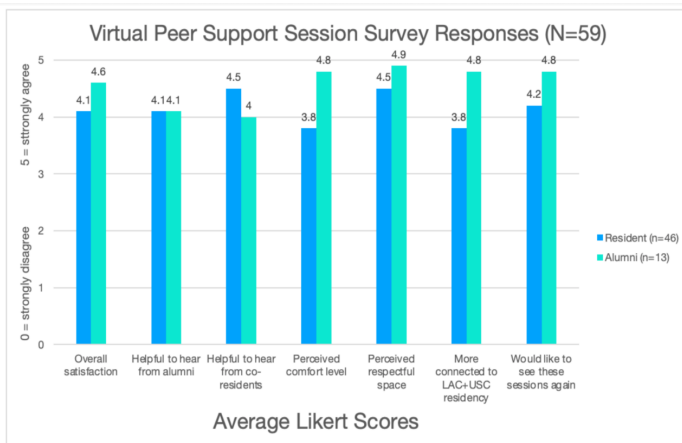


Figure 1. Virtual peer support session survey responses.

## 53 What Is a Wellness Chief?

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**Learning Objectives:** The objective of this project is to develop and distribute a Chief Wellness Resident (CWR) Playbook to clarify the responsibilities of the CWR in order to improve wellness outcomes at both the GME and UME level.

**Introduction:** In 2018, in response to resident suicides and physician burnout, the ACGME implemented wellbeing requirements. Since then, chief wellness residents (CWRs) have become increasingly common, but their responsibilities and purposes remain nebulous.

**Educational Objectives:** Two EM CWRs (Cook County Hospital and the University of Iowa) met to discuss the development of a CWR Playbook with the following objectives: 1) outline the role of the CWR and 2) identify resources that a CWR needs to be successful.

**Curricular Design:** CWR Playbook Sections. 1. Wellbeing Requirements: The ACGME outlines residency program wellness requirements and unwellness mitigation (e.g., depression, suicidal ideation, addictions, fatigue). The CWR can highlight the programmatic requirements, provide resources, and identify appropriate self-surveys. 2. Wellness Frameworks: Few residents receive positive wellbeing training. A CWR can help educate co-residents on various frameworks, skills, and tools to maintain self-wellness. Three previously defined frameworks include: 1) the ACEP wellness wheel, 2) PERMA, and 3) Doty's circle of wellbeing tools. 3. Initiative Development: The CWR Playbook outlines possible wellness initiatives that CWR's may use to help improve peer wellbeing. 4. Peer Assistance: Physicians desire peer discussion on professional issues. A CWR can provide peer assistance and problem-solving strategies when issues arise. 5. Systems Wellness: Systemic issues play a critical role in burnout. A CWR can assist in identifying and advocating for changes. 6. Support: A wellness committee with funding, encouragement, and attending physician champions is important for CWR success.

**Impact/Effectiveness:** A CWR Playbook allows future wellness chiefs to identify and address the most appropriate wellness goals for their programs. While these interventions are currently being implemented at a GME level, many of these ideas may be applied at the UME level.