

designed to address resident burn-out, implement positive psychology reflection after shifts, enhance the quality and quantity of feedback received by residents, to reflect on learning pearls, and to make goals moving forward into the next shift.

Curricular Design: The debrief checklist with the “REPS” mnemonic (Reflect, Evaluate, Pearl, next Steps) (see Figure 1) was designed and posted in the emergency department. Residents were educated on the process and invited to participate in the debrief after each shift. The debrief was performed after hand-off and with the team the resident was working on including a senior resident, intern, medical students, and their attending physician. Pearls were written on post-its and collected on a poster board to be shared with other

Emergency Medicine residency training is a requirement established by the Accreditation Council of Graduate Medical Education (ACGME). There is an ongoing debate regarding how to best promote productivity amongst trainees who are expected to participate in scholarship. Residents often express consternation and reluctance when it comes to scholarly activity which is often viewed as one of the most daunting obstacles in training.

Educational Objectives: We created a comprehensive points system to demystify the scholarly activity requirement. The ultimate objective was to make this process less intimidating while allowing residents to achieve and expand their goals. Applied game mechanics like points systems, badges, or rewards can be used to optimize motivation, engage learners, facilitate portfolio development, and promote

Get your REPS in!

Reflect

- What went well today?
 - What is something you did today that you couldn't do 6 months/1 year ago?
 - Did you have a patient encounter that made you smile today?
- Did you have any difficult cases?

Evaluate

- Ask for feedback from your team and attending.
 - Did you meet your goals from your last shift or start of shift?
 - What is something you did well? What is something you could improve on?

Pearl

- What is one learning point or pearl you learned today?
- Write this on a Post-it to share with other residents at conference!

next Steps

- What is a gap in knowledge that was discovered today for you to improve on for your next shift?
- What areas do you need to work on?
- What is your goal for your next shift?

Figure 1.

residents at conference.

Impact: A study is ongoing to determine if this intervention will improve residents’ quality and quantity of feedback, job satisfaction, levels of burn-out, and perceived learning on shift.

32 Research and Scholarly Activity (RSA) Point System to Enhance Resident Productivity

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Introduction/ Background: Scholarly activity during

Table.

| | Resident Name | Points |
|--|---------------|--------|
| Traditional Research or Well-Designed Quality Improvement Project - Must be at NYPQ or Inter-institutional | | |
| Preparation of research proposal/presentation with acceptance by the Research Committee at the research meeting | | 15 |
| Preparation of research proposal/presentation with/OUT acceptance by the Research Committee at the research meeting - project does not progress | | 5 |
| Completion of a Specific Aims page for a research project | | 10 |
| Completion and submission of IRB proposal - clinical research or quality improvement project | | 15 |
| Acceptance of IRB proposal - clinical research or quality improvement project | | 10 |
| Acquisition of relevant background for research project / literature search - at faculty mentor's discretion | | 10 |
| Data collection - must be actively tracked - at faculty mentor's discretion | | 10 |
| Data analysis with minimal statistical analysis - at faculty mentor's discretion | | 10 |
| Data analysis with significant statistical analysis - at faculty mentor's discretion | | 20 |
| Completion of manuscript with submission to medical journal / website | | 50 |
| Completion of abstract with submission to medical journal / website | | 25 |
| Submission of a grant for intramural or extramural funding (with IRB approval) | | 120 |
| Publications | | |
| Publication of a research manuscript to a medical journal | | 60 |
| Publication of a research abstract to a medical journal | | 30 |
| Publication of a case report or case report series as a manuscript in a medical journal | | 30 |
| Publication of a case report or case report series as an abstract in a medical journal | | 20 |
| Presentations | | |
| Oral presentation of your clinical research project or quality improvement project at a regional, national, or international conference | | 30 |
| Oral presentation of another individual's clinical research project or quality improvement project at a regional, national, or international conference | | 10 |
| Submission of oral presentation at a regional, national, or international conference - without acceptance | | 5 |
| Oral presentation of CPC at CORD - Preliminary Rounds | | 20 |
| Oral presentation of CPC at CORD - Final Round | | 20 |
| Oral presentation of CPC at CORD - First Place Winner | | 30 |
| Submission of CPC case without acceptance | | 5 |
| Posters | | |
| Poster presentation of your clinical research project or quality improvement project at a regional, national, or international conference - Moderated | | 25 |
| Poster presentation of your clinical research project or quality improvement project at a regional, national, or international conference - Non-moderated | | 20 |
| Poster presentation of another individual's clinical research project or quality improvement project at a regional, national, or international conference - Moderated | | 15 |
| Poster presentation of your case report or case report series at regional, national, or international conference - Moderated | | 20 |
| Poster presentation of your case report or case report series at regional, national, or international conference - Non-moderated | | 15 |
| Poster presentation of another individual's case report or case report series at regional, national, or international conference - Moderated | | 10 |
| Submission without acceptance of a presentation at a regional, national, or international medical conference | | 5 |
| Originals/Textbooks | | |
| Writing a chapter approved by the Program Director (Paper/Digital/Electronic) | | 25 |
| Writing a textbook approved by the Program Director (Paper/Digital/Electronic) - Points assigned at PD/faculty mentor's discretion - 100 maximum | | 100 |
| Newsletters / Website Articles | | |
| Publications for the lay public, such as newspaper articles, on medical topics | | 10 |
| Sore Wars / Sim Wars | | |
| Participation on Sore Wars Team | | 5 |
| Participation on Sore Wars Team - Winning Team | | 10 |
| Participation on Sim Wars Team | | 5 |
| Participation on Sim Wars Team - Winning Team | | 10 |
| Simulation | | |
| Design and write-up of an original simulation case | | 5 |
| Design and write-up of an original simulation case with submission to journal, online portal, or website | | 10 |
| Design and write-up of an original simulation case with submission to journal, online portal, or website with acceptance for publication | | 20 |
| Design and implement task trainer/sim model | | 10 |
| Design and implement task trainer/sim model (with associated poster, presentation, or publication - see above) | | N/A |
| Lectures / Labs / Sim Sessions - Medical Students or Interns Orientation | | |
| Lecture - virtual or live - at least 45 minutes | | 5 |
| Procedure Lab - virtual or live - at least 45 minutes | | 5 |
| Simulation Session - virtual or live - at least 45 minutes | | 5 |
| Blog Posts | | |
| RAMER blog post - must be officially posted on our NYPQ EM blog | | 5 |
| Other NYPQ EM blog post - must be officially posted on our NYPQ EM blog | | 5 |
| Sim/Workshop blog post - must be officially posted on our NYPQ EM blog | | 5 |
| Sports Medicine / Ortho blog post - must be officially posted on our NYPQ EM blog | | 5 |
| External blog post - at discretion of PD - minimum 35 points - Less reputable | | 10 |
| External blog post - at discretion of PD - minimum 25 points - Reputable | | 20 |
| Social Media | | |
| Social media at their own board - must be an original submission - must regularly post - points per year | | 10 |
| International / Global Health / Community Outreach | | |
| International Elective - 4 weeks - Each rotation - approved by PD and/or Dr. Christine Chan - must involve delivery of medical care to underserved | | 25 |
| International Elective - 2 weeks - Each rotation - approved by PD and/or Dr. Christine Chan - must involve delivery of medical care to underserved | | 15 |
| International Elective - 4 weeks - Each rotation - approved by PD and/or Dr. Christine Chan - must involve teaching/educating international junior faculty or students | | 20 |
| International Elective - 2 weeks - Each rotation - approved by PD and/or Dr. Christine Chan - must involve teaching/educating international junior faculty or students | | 10 |
| Other Global Health Project - Points at discretion of PD and/or Dr. Chan | | 5 |
| Community Outreach Project - Points at discretion of PD and/or Dr. Chan | | 5 |
| Event Medicine - Points at discretion of PD and/or Dr. Huang - likely 5 points per event | | 5 |
| Representations and Volunteer | | |
| GME Representative - Per Year | | 5 |
| HQSC Representative - Per Year | | 5 |
| GME Subcommittee Representative - Per Year | | 5 |
| CGRI Representative - Per Year | | 5 |
| EMRA - Representative - Per Year | | 5 |
| NYACP - Representative - Per Year | | 5 |
| Program Evaluation Committee - Per Year | | 5 |
| Other Representative/Volunteer Position - at the discretion of PD - likely 5 points | | 5 |
| Administration | | |
| Completion of well-executed quality assurance / process improvement project - at the discretion of admin faculty or program director | | 10 |

recognition of activities that previously may have gone unacknowledged.

Curricular Design: A catalog of 80 different ways to accrue Research and Scholarly (RSA) Points was created and distributed to trainees. Under faculty mentorship, residents collect RSA points continuously throughout their training with a graduation target of 100 points. Accrued activity and points are cataloged via a live online platform where residents propose RSA points for credit which are later approved by faculty after verification. The points system aims to convert a daunting task into a quest toward continuous self-improvement while introducing residents to basic principles of research and productivity in academia.

Impact/ Effectiveness: Since its implementation, the RSA Points System has created more awareness of creative ways in which to produce scholarly activity. The project has been met with enthusiasm and has been reported to promote confidence and new career satisfaction. It serves as a novel way for training programs to augment their academic productivity particularly if experiencing stagnation, while rewarding those most eager to produce, and motivating the underachiever to “level up.”

33 Resident and Population Centered Approach to Social Emergency Medicine Curriculum

Rajitha Reddy, Benino Navarro

Introduction/ Background: Social Determinants of Health (SDH) affect health outcomes more than clinical care. With the unique access Emergency Medicine (EM) has to all populations, there is a need to make SDH curriculum a standard component of EM education. Our residency developed a longitudinal curriculum centered on understanding local SDH and implementing these topics into clinical practice.

Curricular Design: Residents collaborated with program leadership to create a resident-run lecture series emphasizing SDH. Lectures are 30-minute sessions twice per quarter during weekly conferences. Residents are invited to opt-in to the track. Topics were selected using prior examples of curricula and topics that were considered most relevant to our patient population. Residents were able to select the topics they were most interested in and had independence to decide on the educational approach for each topic. Each session required providing actionable ways to apply the topic into clinical practice. For example, the topic of health literacy was presented in a small group format with sample cases in which miscommunication between a physician and patient resulted in poor outcomes. Presenters worked with each small group to develop solutions toward preventing similar scenarios, and new

system changes were proposed. Residents then received a list of local resources that promote health literacy.

Impact/ Effectiveness: A survey was administered to all participating residents and initial feedback has been overwhelmingly positive. Residents reported our curriculum has started to change their approach to the patient encounter. When asked to rate on a 1-10 scale how informed residents felt regarding SDH before and after curriculum implementation, 58.3% rated a 6 or higher before versus 100% rated 6+ after. Similarly, when asked how prepared residents feel in dealing with SDH-related challenges, 37.5% rated a 6 or higher before vs 83.4% after. We believe this approach to SDH can be replicated at other programs and help standardize curriculum.

34 Resident-Led Wellness: Fostering the Skills Emergency Medicine Residents Need to Thrive Using An Innovative Longitudinal Mentorship Model

Erica Warkus, Steve Kamm, Phil Bonar, Joel Gerber

Introduction/ Background: Incidence of burnout is high in emergency medicine (EM) residents. Residency programs can prevent burnout by providing residents with the tools to build resilience and mentorship/community support. Unfortunately, it is difficult for programs to provide these tools in a consistent manner to all their residents. Graduate medical education lacks solutions that facilitate individual resident wellness and academic success through longitudinal mentorship and resident-run initiatives and innovations. This abstract describes a resident-led wellness initiative in which “residency houses” were created to foster resident leadership, peer mentorship and professional fulfillment in a three-year Emergency Medicine residency program at a community hospital.

Educational Objectives: The resident class of 2023 collectively outlined the changes they would like to leave as a legacy within their program, namely: increase mentorship activities, promote clinical teaching, enable continuity of projects/progress made by residents, and improve communication channels.

Curricular Design: The creation of a longitudinal residency “houses” system was chosen to meet all four objectives. A points system (Figure 1) was implemented to provide positive feedback, public recognition and allow friendly competition. All residents and attendings were placed into one of three houses. Each house has an “identity” and an area of House “responsibility” (i.e., Administrators, Advocates and Ambassadors; Figure 2).

Impact/Effectiveness: The success was judged by resident participation in group activities, individual feedback and the overall number of earned points by residents and by