

Subthemes appear in Table 1.

Conclusion: Most emergency medicine programs do not have a wellness page on their website. Of the programs that do, important themes are discussed that help applicants identify programs that align with their values.

Table 1. Themes and subthemes identified on EM residency wellness pages and percent of pages that discussed each subtheme.

Community Involvement		Social and Relaxation Activities	
14.3%	National involvement	83.9%	Social events
12.5%	Community service	28.6%	Local amenities
7.1%	Advocacy	23.2%	Relaxation
Growth and Development		Wellness Culture and Environment	
30.4%	Professional development	41.1%	Culture
30.4%	Finance	12.5%	Definition
28.6%	Mentorship	3.6%	Harassment
16.1%	Professional satisfaction	3.6%	Lack of professional fulfillment
10.7%	Coaching	3.6%	Legal concerns
7.1%	Contract negotiations		
3.6%	Leadership skill development	Wellness Curriculum	
3.6%	Personal development	51.8%	Didactics
1.8%	Achievement	7.1%	Scholarship
1.8%	Empathy		
Nutrition and Health		Wellness Structure and Resources	
55.4%	Physical health	53.6%	Institutional structure
48.2%	Food	42.9%	Resident wellness committee
16.1%	Spiritual health	32.1%	Resources
		23.2%	Counseling services
		17.9%	Medical health services
		8.9%	ACGME requirements
Psychological Well-being		Work-Life Integration	
57.1%	Mental health	39.3%	Work-life balance
50.0%	Burnout	16.1%	Family and childcare
41.1%	Resilience and coping	12.5%	Schedule
33.9%	Stress	10.7%	Efficiency
30.4%	Peer support		
19.6%	Depression/suicide		
16.1%	Destructive habits		
14.3%	Self-monitoring		
3.6%	Imposter syndrome		

34 Contemporary Views and Practices on GME Dizziness and HINTS Exam Curricula: A National Survey of Emergency Medicine Residency Program Directors

Mary McLean, Justin Stowens, Ryan Barnicle, Negar Shah, Kaushal Shah

Background: Neurologists and neurology sub-specialists utilize the HINTS exam to rule out posterior stroke, but its diagnostic utility is controversial when used by emergency physicians. Educators lack consensus on best practices for teaching this skill to emergency medicine residents.

Objectives: We aimed to characterize emergency medicine’s HINTS educational practices and to develop a formal needs assessment.

Methods: In this cross-sectional study, a survey was emailed to residency directors, the focuses of which included HINTS education perceptions, practices, resources, and needs. Likert scales, frequency distributions, and descriptive statistics were used.

Results: Of 250 possible programs, 201 (80.4%) responded

and consented. Of active respondents, 148 (77%) believed the HINTS exam is valuable to teach, 125 (65%) reported HINTS conference sessions, and 148 (77%) reported clinical bedside teaching by faculty. Residency graduates were perceived as more comfortable and confident than faculty. Both parties were perceived as more comfortable than they were competent. Most-effective teaching modalities were clinical bedside teaching, online videos, and simulation (see Figure 1). Teaching struggles included head impulse training, test of skew training, and exam application to correct patients. Teaching barriers were faculty lacking expertise, concern for HINTS reproducibility, and lack of simulation models (see Figure 2). Program directors would dedicate a mean of 2.0 hr/yr (standard deviation 1.3 hr/yr) to implementing a standardized HINTS/dizziness curriculum.

Conclusions: This needs assessment can guide development of a formal, standardized curriculum focusing on residency directors’ cited HINTS exam educational struggles, barriers, resources, and perceptions of effective teaching modalities. Limitations include likely non-response bias (49 residency programs did not open or consent to the survey, and no survey item was “required” except consent).

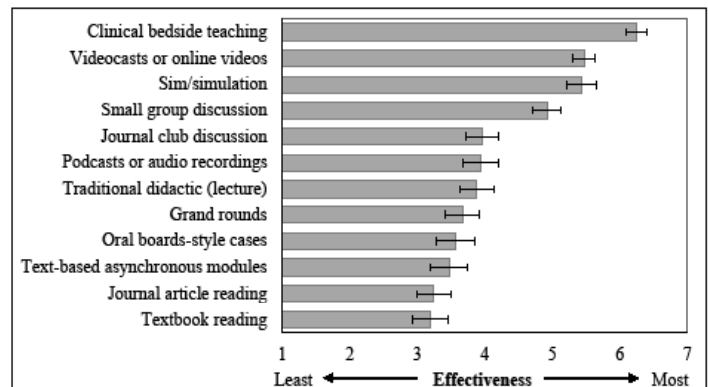


Figure 1. Ranking of educational modalities for teaching the HINTS examination, from most (top) to least (bottom) effective. Effectiveness is based on mean Likert scale ratings and error bars represent the 95% confidence interval of the mean.

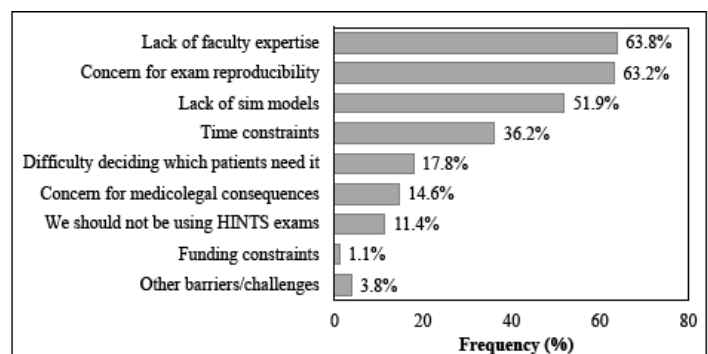


Figure 2. Frequency of residency program director-reported barriers to teaching HINTS examination.