

Resident-led Wellness: Fostering the skills Emergency Medicine Residents need to thrive using a longitudinal mentorship model & an innovative Residency House system.

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Background and Objectives:

Burnout is a syndrome caused by unmanaged workplace stress and manifests as exhaustion, feelings of negativism or cynicism, and reduced professional efficacy. Physician burnout causes higher healthcare costs, more medical errors and decreased empathy towards peers and patients alike. Incidence of burnout symptoms is reported to be as high as 76% amongst emergency medicine residents. By providing residents with the tools to build resilience, find mentorship and community support, and create a sense of autonomy, residency programs can help prevent burnout. Unfortunately, it is difficult for program leadership to provide these skills in a consistent manner to all residents.

Our study evaluates whether the implementation of a resident-led wellness initiative to create “residency houses” that foster resident leadership, autonomy, mentorship and professional fulfillment can improve wellness and reduce professional burnout in our residency program. We hypothesize that this initiative will improve overall resident well-being as well as improving resident autonomy, resilience, sense of community and mentorship skills.

Methods:

This is a six-month mixed-methods retrospective study that involves 27 EM residents in a community EM residency. All residents were divided into three houses. The majority of core and clinical faculty were also assigned to houses and given guidance on mentorship. Each house was given an “identity” (i.e. Administrators, Advocates and Ambassadors) and an area of House “responsibility.” Houses elected resident leaders who were responsible for monthly house “committee” meetings and reported directly to the chief residents. A point system was implemented to provide positive feedback and public recognition for things like: “Good catches,” “Great Teaching,” “Facilitated/performed XYZ procedure,” or other team achievements. The points system was self-regulated by the houses. All residents, faculty, and Emergency Care Center staff have access to the recognition platform that allows participants to acknowledge the residents and faculty for their achievements through praise on a public forum and the provision of points that are awarded to Residency Houses.

Results: Residents were individually interviewed/surveyed by peers before the Residency House System was implemented and responses were analyzed using mixed methods analysis. Additional descriptive data are presented as mean with standard deviation and percentages with 95% confidence intervals (95% CIs) where appropriate.

Conclusion: Although residents in the pilot program for this model, score high on the wellness and resiliency scales prior to implementation, this platform has already improved resident perceptions of autonomy, community support and mentorship structure. Residents expressed higher engagement and excitement to be able to participate in the Residency House structure. We hope to show that the creation of resident-led Residency Houses and a points-based public peer recognition and positive feedback system improves resident physician well-being and can easily be adopted in residency programs across the nation to help build a culture of wellness.

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