

## **UC Irvine**

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### **Title**

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

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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

Human 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

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.

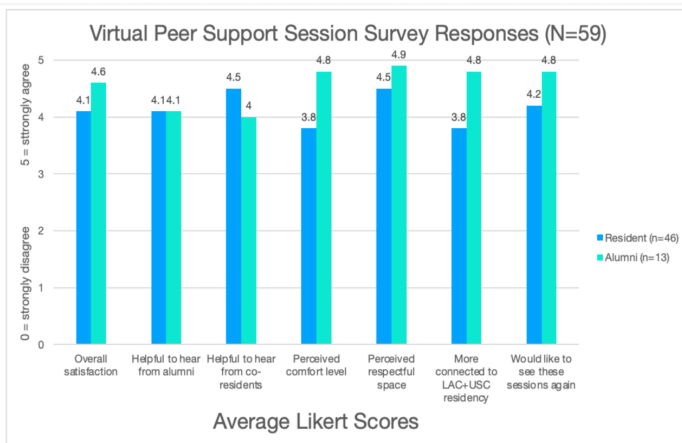


Figure 1. Virtual peer support session survey responses.

## 53 What Is a Wellness Chief?

Larissa Unruh, Benjamin Fitzgerald, Loice Swisher

**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.