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National Assessment of Residency Wellness Initiatives: Assessment, Barriers, and Opportunities

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## 45 National Assessment of Residency Wellness Initiatives: Assessment, Barriers, and Opportunities

Melissa Parsons, MD; Matthew Zuckerman, MD; Sonia Twigg, MBBS, FACEM; Carmen J Martinez Martinez, MD MSMEd; Michael Gottlieb, MD

**Learning Objectives:** This study aimed to survey Emergency Medicine residency programs to identify what wellness initiatives they have in place or plan to implement, as well as what barriers to implementation they faced and what resources were utilized.

**Background:** “Well-being” is mentioned 33 times in the Accreditation Council for Graduate Medical Education (ACGME) Emergency Medicine (EM) Core Requirements. Despite the recognition that wellness is an important component of graduate medical education, a clear plan of how to implement wellness initiatives is lacking. This study aimed to survey EM residency programs to identify what wellness initiatives they have in place, as well as barriers to implementation and resources utilized.

**Methods:** This was a cross-sectional survey study performed from November 2019 through January 2020.

A literature search identified existing published wellness interventions and existing barriers. The interventions and barriers were compiled to create a survey, which was piloted among five program directors and assistant program directors with feedback directly incorporated into the survey. The survey was sent to program leadership at all 223 ACGME-accredited EM residency programs in the United States.

**Results:** Of programs surveyed, 95 programs were included. The most common wellness interventions reported were resident retreats (91%), group events (90%), formal mentorship (74%) and wellness committees (66%). The majority of the programs reported at least a moderate overall resident wellness improvement as a result of implementing the wellness interventions. Reported factors that contributed to the successful implementation of wellness interventions were faculty involvement (78%), resident involvement (78%), department chair support (51%), institutional support (44%) and financial support (36%). In contrast, financial support (65%) and limited time (62%) were the most commonly reported barriers that prevented the implementation of wellness interventions.

**Conclusions:** Resident wellness is an important aspect of residency training. The use of wellness interventions showed an overall resident wellness improvement. Successful programs have financial, institutional, and chair support.

## 46 Outcome Assessment of Medical Education Fellowships in Emergency Medicine

Jaime Jordan, MD, MAEd; James Ahn, MD; David Diller, MD; Jeff Riddell, MD; Ryan Pedigo, MD; Mike Gisondi, MD

**Learning Objectives:** To assess career outcomes of medical education fellowship graduates.

**Background:** Post graduate medical education fellowships in emergency medicine provide training in education theory, instructional techniques, program administration, leadership, and scholarship. The longitudinal impact of this training is unknown.

**Objectives:** To assess career outcomes of medical education fellowship graduates.

**Methods:** We analyzed curriculum vitae (CV) of medical education fellowship graduates in the United States. Graduates were identified through program records and invited to participate by email. We developed and piloted a data abstraction form prior to use. Outcomes included training characteristics, academic appointments, leadership, teaching, and scholarship.

**Results:** 71/91 (78%) of graduates submitted CVs. Thirty-two (45.1%) completed a one-year fellowship and 39 (54.9%) completed a 2-year fellowship. The median graduation year was 2016 (range 1997-2020). Nineteen (26.8%) completed an advanced degree during fellowship. Most (88.7%) are currently working in academics. Current employment characteristics of graduates are shown in Table 1. Graduate outcomes are summarized in Table 2.

**Conclusions:** Medical education fellowship graduates are successful in teaching, leadership, and scholarship.

**Table 1.** Employment Characteristics of Medical Education Graduates

	N (%)
Current position*	
Program director	6 (8.5)
Assistant/Associate Program Director	27 (38.0)
Clerkship director	3 (4.2)
Assistant/Associate Clerkship Director	4 (5.6)
Medical Education Fellowship Director	8 (11.3)
Director of Simulation	3 (4.2)
Vice Chair of Education	2 (2.8)
Assistant/Associate Dean	2 (2.8)
Core faculty	9 (12.7)
Other	23 (32.4)
Currently working in academics	
Yes	63(88.7)
No	8 (11.3)
Region of practice	
West	37 (52.1)
Midwest	14 (19.7)
South	3 (4.2)
Northeast	15 (21.1)
Other/Unknown	2 (2.8)
Current academic rank	
Clinical Instructor	3 (4.2)
Assistant Professor	42 (59.2)
Associate Professor	8 (11.3)
Professor	3 (4.2)
Other/unknown	14 (19.7)

\*An individual may hold more than one position.