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Talk It Out: A Novel Use of Training Groups with Emergency Medicine Residents

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Authors

Carroll, M
Chung, A

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This pilot has demonstrated that SSOF can be incorporated into an EM simulation curriculum to engage observers and can be beneficial to simulation participants by facilitating peer feedback. The SSOF can be applied more broadly to both graduate and undergraduate simulation curricula to leverage the observer role for benefit of observers and participants alike.

Student Simulation Observer Form

Was there a clear team leader in the group?

Did team members communicate effectively
 With each other?
 With the patient?
 With consultants?
 With the nurse?

List 2 things that the team did very well:

List 2 things that the team could have improved on:

List 5 items in your differential diagnosis for this patient:

- 1.
- 2.
- 3.
- 4.
- 5.

List at least 2 questions that you have regarding clinical management for this particular patient:

13 Talk It Out: A Novel Use of Training Groups with Emergency Medicine Residents

Carroll M, Chung A /Ichan School of Medicine at Mount Sinai, New York, New York

Background: In response to the alarming rates of physician burnout, in July 2016 the ACGME updated the Common Program Requirements and now mandate residency programs provide services and resources to support resident well-being. To address this requirement, we developed training group sessions for Emergency Medicine (EM) residents to mitigate burnout and enhance resilience. Training groups are small groups in which participants learn through their interaction with each other while processing mutual experiences. Training groups have traditionally been used in Psychiatry residency

programs to help residents process secondary traumatic experiences and emotions. To the best of our knowledge, this is the first use of training groups for EM residents.

Educational Objectives:

- Provide a confidential and safe environment to discuss stressors
- Reduce burnout through normalization and shared experience
- Enhance resilience by learning and practicing coping techniques

Curricular Design: We collaborated with the Department of Psychiatry to design 12 60-minute sessions over the academic year during weekly resident conference. Residents are divided into groups by PGY level. Each training group is led by one psychiatrist and one psychologist who remain with that group for the entire year. All discussions are confidential and no information is shared with the residency leadership unless a risk of harm is identified. The faculty pair initiate each session and then 1) continue discussion from prior sessions, 2) prompt new discussion, or 3) allow residents to determine the content. Through targeted discussion grounded in the fundamentals of cognitive behavioral theory, faculty help residents to identify stressors and sources of burnout specific to each class year’s specific needs. Once stressors are identified, the group works to develop approaches that build resilience. We will assess the effectiveness of the training groups by using two validated tools, single item-measures of emotional exhaustion and depersonalization to measure burnout and the Connor-Davidson Resilience Scale.

Impact/Effectiveness: Integrating training groups into an EM resident curriculum has not previously been described in the literature. This innovation allows EM residents, under the guidance of trained psychiatrists and psychologists, to fight burnout and to develop resilience to stressors during residency training.

14 Teaching the Art of a Great Hand Off in the Emergency Department

Bright L, /Johns Hopkins Medical Institute, Baltimore, Maryland

Background: Transfer of patient care, “sign-outs,” is recognized as an area within medical practice where errors occur and patient safety is at risk. As with all medical practice, the act of transfer of patient care, or “sign-out,” should be taught to residents to ensure their competency, and thus help to decrease errors during training and beyond. A sign-out curriculum and retention of this skill has been identified as a priority and requirement in resident training by the ACGME. Unfortunately there is no established curriculum or validated method to guide teaching this skill in Emergency Medicine. Using IPASS as a guide, we developed a curriculum that addresses this lack of training and can be easily integrated into