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each training class. We will use data collected from our survey to provide a model that other programs may follow to create and implement a peer mentoring program.

22 Implementation of a "Family Orientation" as Part of New Resident Orientation

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Background: Despite recent research, there is a paucity of data describing the effects of personal relationships (familial, romantic, platonic) on resident wellness. We explored the literature for existing curricula addressing the personal relationships of emergency medicine (EM) residents but found no family-focused orientations. Residency orientation is an important onboarding opportunity and an ideal time to implement a wellness initiative to include individuals on whom residents rely for support.

Educational Objectives: We developed a family orientation for new interns and their support networks with three objectives: to discuss the effect of residency on personal relationships in a confidential and non-judgmental setting; to connect family members to add support for non-residents; and to establish a community of residents and their support networks for social events during the year.

Curricular Design: Participants included 15 interns and nine family members within one EM residency. Family members were identified by interns as sources of support and invited by the organizers. Family orientation was scheduled during the general orientation for the interns in June 2018. The session was three hours in length followed by a social activity off-site. Family orientation was led by three residents, their partners, and one faculty member, who have interest in the wellness of personal relationships during residency. Orientation opened with a survey for residents and their families. Each group received a similar survey that explored topics such as expectations of time with family, ability to balance work and home, and comfort discussing work. This was followed by a facilitated, large-group discussion about logistics of resident life, burnout, families' roles in residency, self-care, and home-life expectations. Attendees were then split into two small groups: residents were led by senior residents, and families were led by the partners. A post-orientation social event followed, which was the first in a series of monthly events open to all residents and their support networks.

Impact/Effectiveness: We plan to implement a midyear survey to follow up the questions asked before the orientation to assess the utility and impact of this orientation and subsequent regular social events on both resident wellness and family inclusivity in resident life. The results of this survey will be available at the CORD Academic Assembly.

23 A Novel Approach to Remediating Communication Skills in "At-Risk" Residents Using Professional Coaching

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Background: Interpersonal and communication skills (IPC) are critical ACGME core competencies that are difficult to objectively assess and remediate. A resident struggling to effectively communicate with patients and colleagues affects his or her ability to establish rapport, obtain an accurate history, and work in teams. These deficits result in poor evaluations and patient complaints, creating a need to deploy comprehensive remediation plans, which are difficult to create and implement.

Educational Objectives: We identified residents with poor IPCs early in their training in order to implement a novel remediation plan that provides competency-focused feedback and individualized strategies to improve performance.

Curricular Design: When a resident falls below a minimum threshold in IPCs, our program contracts with a patient- and family-centered communication coach to shadow the resident in the clinical setting, and evaluate strengths and weaknesses in communication. A comprehensive micro-skills checklist is used over multiple patient encounters to evaluate behaviors related to 1) ability to develop initial rapport; 2) gathering of pertinent information; 3) building relationships; 4) explaining / planning; and 5) closing the session. After the shadowing, the coach and resident debrief with specific suggestions for improvement. Feedback is given to the program for incorporation into the resident's individualized learning plan. The resident's partnership with the coach is critical to the success of this innovation.

Impact/Effectiveness: Without specific feedback, it can be challenging to correct subjective impressions of "poor communication." Our approach allows for early detection, objective data collection, and a specific plan for remediation and evaluation. While all programs may not have access to a professional coach, a trained observer using the micro-skills checklist can help remediate deficiencies. Over the past four years, we have used this intervention with multiple residents, and mitigated the need for formal remediation or probation.

24 The "EM in 5" Curriculum: Learner and Presenter Perceptions

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Background: There has been a push by medical educators and learners away from lectures and toward the use of active learning strategies and non-traditional teaching sessions. Emergency medicine (EM) residents rate non-