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Post-Interview Communication Between EM Residency Programs and Applicants

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possible pairwise comparisons, there wasn't a significant difference in the probability of success among the three treatment groups ($p = .58$).

Conclusions: In this study, we found that for novice medical students who underwent SBML instruction in USGPIV placement and achieved MPS on a simulator once, there was no evidence that any extra attempts resulted in a higher probability of successful USGPIV placement in a human volunteer. USGPIV success rates were in line with other studies assessing trained providers. These results support the impact of SBML training on skill translation and question the need to over-train on a simulator if SBML is employed in an era of increasing cost and time consciousness.

Assignment	Valid N	Successfully Placed IV	Odds Ratio (95% CI)	P
0 attempts (reference)	16	8 (50%)	--	--
4 attempts	16	8 (50%)	1.00 (0.22 - 4.50)	.99
8 attempts	16	10 (63%)	1.96 (0.43 - 8.85)	.38

Note: Valid N is the number of cases used to compute the estimate. IV = Intravenous therapy. CI = Confidence interval for the estimate.

33 Participation in an Emergency Medicine Bootcamp Increases Self-Confidence at the Start of Residency

Lewis J, Schoenfeld D, Dubosh N, Ullman E /Beth Israel Deaconess Medical Center, Boston, MA

Background: The transition from medical student to resident physician can be a difficult and stressful period. An emerging trend in medical education is the development of specialty-specific electives or "bootcamps" designed to review critical topics and skills prior to the start of residency. We developed a 4-week bootcamp with over 120 hours of intensive EM specific training including simulation cases, procedural skills sessions and case based lectures, which was offered during the last month of medical school with the goal to increase clinical and procedural experience prior to residency. The effect of participation in an EM bootcamp on participant confidence remains relatively unstudied.

Objectives: The goal of this study was to determine the effect of the EM bootcamp on intern confidence at the start of residency.

Methods: This was a prospective survey-based study of new EM interns who graduated from our affiliated medical school. Surveys were sent to all affiliated students who matched in EM from the classes of 2015 and 2016. Each intern was asked to assess their confidence as compared to their co-residents one month into the start of residency on a 1-5 Likert scale, with "1" being the lowest, "3" average and "5" the highest. Responses were confidential and contained no program or personal identifiers. Results were dichotomized to ≥ 3 or < 3 and a

Fisher's exact test performed.

Results: Our affiliated school matched 23 students into 18 EM residency programs from the classes of 2015 and 2016. Thirteen participated in the EM bootcamp. The survey was completed by 91.3% of graduates. Thirteen participants and 8 non-participants responded. Self-assessed confidence was significantly higher in participants compared to non-participants (13/13 vs 4/8 = 3, $p < 0.02$).

Conclusions: Graduating medical students matching in EM who participate in the bootcamp had higher self-assessed confidence compared to non-participants at the start of residency. Half of non-participants rank their confidence significantly lower than average compared with their peers. Future studies with subsequent graduating EM matched students are needed to assess the effect of the bootcamp on resident confidence in specific domains and ultimately overall performance in residency.

34 Post-Interview Communication Between EM Residency Programs and Applicants

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Background: In August of 2013 the NRMP published the Match Communication Code of Conduct. As part of this code of conduct there is a section on discouraging unnecessary post-interview communication. This section states "Program directors shall not solicit or require post-interview communication from applicants, nor shall program directors engage in post-interview communication that is disingenuous for the purpose of influencing applicants' ranking preferences." There is much variability in interpretation of NRMP Match Communication Code of Conduct.

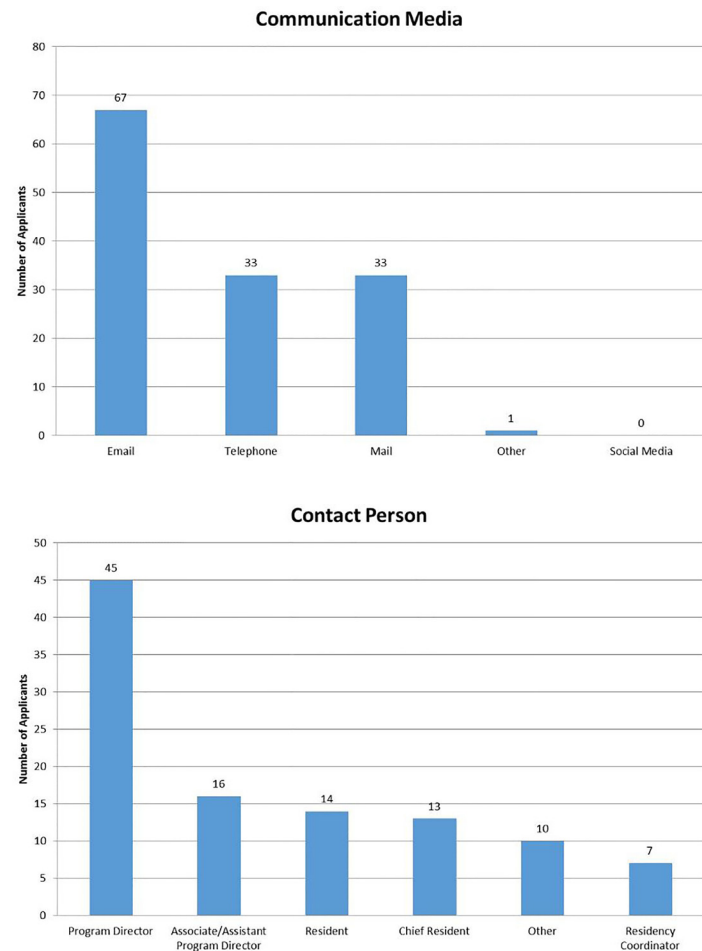
Objectives: This study sought to determine the frequency in which EM programs are communicating with applicants, the communication medium, and the communicator. Our hypothesis is that despite the Match Communication Code of Conduct there are applicants who are contacted by EM program directors.

Methods: We undertook a cross-sectional bi-site study in which applicants to two EM residency programs were surveyed following the 2015-2016 application cycle. An anonymous and voluntary internet-based surveying service was used to collect data. All applicants at the two EM residency programs were invited to participate. This study was deemed IRB exempt.

Results: 81.3% (65/80) of applicants were contacted by EM programs. The majority of applicants were contacted by email, followed by phone and mail. The majority of applicants, 65.2% (45/69) were contacted by the program director.

Conclusions: A majority of applicants surveyed were contacted by EM residency programs, primarily by the program director. Further clarification of this NRMP rule

is needed. Is any type of contact appropriate? If contact is appropriate, what type of contact and by whom is appropriate?



35 Resident Wellness Curricula: What's Out There? And Who's Doing It?

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Background: Physician wellness and burnout are a focus in medicine. Current literature informs us that physicians at all levels are suffering from burnout, from medical students to career faculty physicians.

Objectives: We performed a comprehensive literature review in search of wellness/resilience curricula for residents.

Methods: A PubMed search was executed using the following terms: resident wellness; resident wellness curriculum; resident wellness program; residency wellness curriculum; residency wellness program; residency

wellness; graduate medical education wellness; graduate medical education wellness curriculum; graduate medical education wellness program. These results were sorted by relevance, the first 300 articles were reviewed, and 13 were used for in-depth review. A MedEdPORTAL search was executed with the following search terms: resident wellness; resident resilience; mindfulness; well-being; and wellness curriculum; with the health profession specialties and professional interests filters. The results (393 citations) were sorted by relevance and 8 citations were reviewed in-depth.

Results: There are few published wellness curricula for residents, and none are from Emergency Medicine programs. One curriculum included sessions on developing self-awareness, setting life goals, positive psychology, mindfulness, time management, and balancing personal and professional life. A second curriculum involved residents utilizing a self-study curriculum focusing on mindfulness. Another consisted of 3 workshops focusing on resilience, response to stress, and gratitude. A fourth curriculum involved identification of and reflection on stressful clinical events and resilience-enhancing exercises, including setting realistic goals, managing expectations, letting go after medical errors, and finding gratitude. Other articles proposed an exercise and dietary improvement program and a financial management curriculum for surgical residents.

Conclusions: There are very few published wellness curricula for residents, and little research has been performed on the effectiveness of current curricula. A wellness curriculum designed by the authors is outlined below (Table 1). A comprehensive wellness curriculum may help to foster a resilient resident workforce and combat burnout.

Table 1. Curriculum modules and wellness domains.

Wellness Domain	Modules
Emotional	Change Management; Stress Management; Time Management; Conflict Management and De-escalation; Burnout and Resilience; Emotional Regulation on Shift
Occupational	EM for the Long Haul; Demands of Professionalism: The Job Search; Tips from the Pros; How to Handle a Deposition
Financial	Loan Repayment and Financial Advice; Financial Planning
Physical	Self-care; Shift Preparation and Shift Recovery
Intellectual	National Engagement and Leadership
Social	Positive Coping Strategies
Spiritual	Mindfulness; Reflection

*Many modules overlap in multiple domains but are listed under the primary domain