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Assessment of an Opt-Out Employee Assistance Program Assessment to Mitigate Burnout and Reduce Barriers to Seeking Mental Health Care In Emergency Medicine Residents

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35 A Personal Crisis Management Plan for Residents

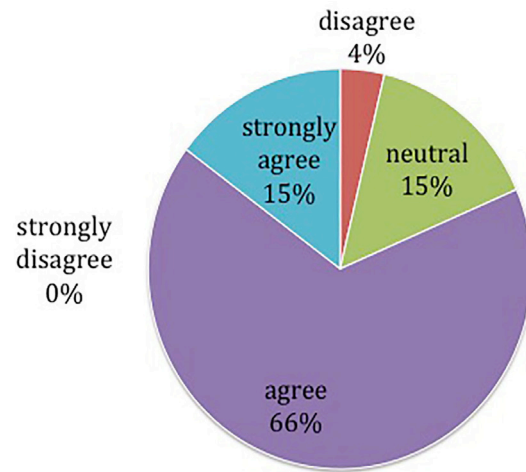
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Background: Studies have shown that approximately 30% of residents are depressed and 10% have had suicidal ideation, yet few tools have been developed for residents to address this professional risk.

Educational Objectives: We aimed to develop a tool that can be used for identification and resources for mental health issues, and to design a session in which a personal crisis management plan can be introduced to residents early in the training curriculum.

Curricular Design: Using a template similar to safety plans used by psychiatrists in suicidal patients, we created a personal crisis management plan given to interns during orientation. Interns were asked to identify warning signs that might indicate they were headed toward crisis and to create an individualized list of coping strategies and resources to use once they identified an impending crisis. They were also invited to give examples of triggers and coping mechanisms. The goal of introducing residents to this tool early in training was to make them aware of the potential for emotional crisis during the high-risk period of training, as well as to decrease the perceived social stigma of discussing mental health in medicine. We assessed the usefulness of the tool by surveying interns three months into their intern year to measure their perception of the likelihood of developing suicide ideation in their training, how useful they felt the personal crisis management plan would be if they found themselves in crisis, and whether or not they had used the tool. Feedback from interns indicated that an electronic version of the plan would be a useful modification as it would be more accessible than the paper version originally used.

Impact/Effectiveness: A survey of the intern class with a response rate of 88% (21 out of 25) showed the following: 40.9% of interns felt they were “likely or “very likely” to become depressed or suicidal in residency; 40.9% and 27.3% agreed and strongly agreed that the personal crisis management tool would help them identify a crisis; 59.1% and 18.2% agreed and strongly agreed that the personal crisis management tool would help manage a crisis; and 31.8% of respondents indicated that they had used their personal plan in the preceding three months. Initial results indicate that interns recognize the high risk to mental health that residency training confers, and a majority feel that a personal crisis management tool would be useful in identifying and managing a personal crisis.



36 Assessment of an Opt-Out Employee Assistance Program Assessment to Mitigate Burnout and Reduce Barriers to Seeking Mental Health Care In Emergency Medicine Residents

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Background: Burnout has been found to affect nearly 70% of emergency physicians and up to 76% of emergency medicine (EM) residents. Of the 28% of residents who screen positive for depression or depressive symptoms, only 20-40% actually seek treatment. Some barriers include time, confidentiality, and stigma. A study of internal medicine residents who attended an opt-out, universal well-being assessment at the employee assistance program (EAP) reported increased likelihood of using EAP in the future.

Educational Objectives: Our primary objective was to determine if attending an appointment as part of an opt-out EAP assessment program would increase postgraduate year (PGY)-1 EM residents' reported likelihood of future EAP use.

Curricular Design: Participants included 47 EM PGY-1s from three geographically diverse EM residencies. They were scheduled for a one-hour EAP appointment during protected non-clinical hours, with the ability to opt-out if desired. Prior to the appointment, participants completed the Maslach Burnout Inventory (MBI-HSS) and COPE Inventory. Each EAP session included review of EAP resources, proactive tools to mitigate burnout, and discussion of individual MBI and COPE results. Surveys and semi-structured interviews were conducted following the intervention. PGY-2, 3, and 4 residents completed a similar survey as a comparison group

Impact/Effectiveness: EAP appointments are nearly complete at one site; zero residents opted-out. Of those surveyed, 100% felt the program should be continued in future years. Ratings for “how likely would you be to attend EAP in the future if needed” were 5.17 +/- 1.68 before and 7.14 +/- 0.99 after the appointment, with a PGY-2+ rating of 4.38 +/- 1.93 (1 = not likely, 9 = very likely). These preliminary results suggest that this intervention may be effective in increasing the likelihood of future EAP use for residents who attend an appointment compared to those who do not. We plan to have additional data from the other participating sites by the 2019 CORD Academic Assembly.

37 Does an Educational Interactive Airway Lab Change Residents Choice of Airway Device and Comfort Level?

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Background: Securing a difficult airway is a critical skill in emergency medicine (EM). Practicing these skills, improving confidence, and knowing backup techniques during residency training are critical.

Educational Objectives: We aimed to assess the impact of an interactive airway lab on resident’s comfort with and choice of different airway devices.

Curricular Design: EM faculty developed a two-part, three-hour interactive course for medical students, EM residents, and pediatric emergency fellows (PEMF) to improve airway management skills. The first part was a 30-minute faculty led discussion on approaching the difficult airway with difficult airway algorithms. The second part included eight hands-on stations employing direct laryngoscopy (DL), video laryngoscopy, laryngeal mask airway (LMA), bougie use, fiberoptic laryngoscopy, retrograde wire-guided intubation, pediatric airway, and cricothyrotomy. Learners circulated in 15-minute intervals to each skills station in small groups learning with various simulation mannequins using the latest equipment under direction of faculty preceptors and equipment vendors. Additional material was provided via social media and online teaching modules. Participants were surveyed before and immediately after the session to assess their primary and back-up airway preferences and comfort with each type of airway device covered in the session.

Impact/Effectiveness: A total of 46 participants took part in this course including 11 MS4, 11 PGY-1, 11 PGY-2, 8 PGY-3, and 5 PEMF. Prior to the course, learners stated their initial airway preference as follows: 20 DL, 20 Glidescope, and one LMA. After the course, 18 chose DL, 23 Glidescope, and one LMA. For rescue airway choice before the course, learners stated 5 DL, 14 Glidescope, and 11 LMA; after the course the choices were 6 DL, 12 Glidescope, and 8 LMA. Overall,

learners reported a significant improvement in comfort for each airway modality after the course. This level and change in comfort level varied with level of training. An interactive airway course improves learners’ confidence and skill with difficult airways, but may not significantly impact their choice of device used. This effect is strongest for junior-level trainees.

Table 1. Mean comfort level with each airway device on VAS (10 point) for participants before and after course.

Airway type	Mean Comfort Level Before Course (95%CI)	Mean Comfort Level After Course (95%CI)
Direct Laryngoscopy	5.2 (4.5-5.9)	7 (6.5-7.5)
Glidescope	5.5 (4.7-6.3)	7.5 (6.9-8.1)
Laryngeal Mask Airway	5.6 (4.8-6.4)	7.3 (6.7-7.9)
C-Mac	3.8 (3.1-4.5)	6.8 (6.3-7.3)
Bougie	3.6 (3.0-4.2)	6.2 (5.7-6.7)
Fiberoptic Assisted Airway	2.7 (2.1-3.3)	5.9 (5.3-6.5)
Cricothyrotomy	1.9 (1.3-2.5)	5.3(4.7-5.9)
Retrograde Wire Intubation	1.5 (1.0-2.0)	5.1(4.4-5.8)
Pediatric Airway/Needle Cric.	3.3 (2.6-4.1)	6.2 (5.6-6.8)

Table 2. Mean comfort level on VAS (10 point) stratified by experience level for different airway devices before and after airway course.

Airway Device	MS4			PGY1			PGY2			PGY3			PEMF		
	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff	Pre	Post	Diff
Direct Laryngoscopy	3.1	5.3	2.2	5.4	7.4	2	5.5	6.5	1	6.9	6.9	0	6.2	8	1.8
Glidescope	4.9	7.1	2.2	4.7	7.2	2.5	4.2	6.2	2	5.9	7.3	1.4	8.2	8.5	0.3
Laryngeal Mask Airway	4.2	6.7	2.5	6.7	7.5	0.8	5.1	6.7	1.6	5.2	7.2	2	6.6	7.4	0.8
C-Mac	3.5	6.2	2.7	3.2	6.6	3.4	2.7	6.4	3.7	4.1	6.2	2.1	5.9	8.2	2.3
Bougie	3.5	5.9	2.4	3.1	5.9	2.8	2.7	5.6	2.9	3.5	6	2.5	5.9	6.3	0.4
Fiberoptic Assisted Airway	2.8	5.7	2.9	1.7	5.1	3.4	1.8	5.7	3.9	2.6	5.4	2.8	5	7.4	2.4
Cricothyrotomy	1.6	4.8	3.2	1.1	4.4	3.3	1.9	5.1	3.2	1.8	5.6	3.8	3	5.8	2.8
Retrograde Wire Intubation	1.6	4.7	3.1	0.8	4.1	3.3	1.3	5.2	3.9	1.6	5.4	3.8	2.4	5.4	3
Pediatric Airway/Needle Cric	2.2	5.1	2.9	3.8	5.9	2.1	2.8	6.2	3.4	3	6.2	3.2	5.5	6.4	0.9

38 Foundations EKG I and EKG II: Open-Access Flipped-Classroom Critical EKG Curricula

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