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### Title

Just Checking In: A Peer Mentor Program for Emergency Medicine Residents

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### Authors

McPartlin, A  
Dehon, E  
McParlane, J  
[et al.](#)

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Thirty-six percent of students completed the entire question bank. The mean NBME ACE exam was 81.5 (standard deviation 6.2) vs the national fourth-year mean of 77.8.

## 20 Just Checking In: A Peer Mentor Program for Emergency Medicine Residents

*McPartlin A, Dehon E, McParlane J, Birnbaumer D / Harbor UCLA Medical Center, Torrance, California; University of Mississippi Medical Center, Jackson, Mississippi; Beaumont Hospital, Farmington Hills, Michigan; Harbor UCLA Medical Center, Torrance, California*

**Background:** Approximately half of resident physicians report symptoms of burnout and depression. Burnout and depression not only have deleterious effects on resident well-being, but also carry consequences directly affecting patient care. Despite efforts by residency programs across the country to implement programs to improve resident well-being, there is little existing evidence that any of these initiatives are significantly effective. Existing efforts may be limited by residents' hesitancy to seek support.

**Educational Objectives:** Just Checking In (JCI) is a peer-to-peer mentoring program characterized by regular contact with all residents, not just those who are showing clear signs of distress. The program is intended to foster a sense of community, provide support, and act as a screening tool for any burgeoning issues.

**Curricular Design:** Peer mentors are recruited through a combination of peer selection and volunteering. All residents are assigned one peer mentor from the resident class immediately senior to their own. A fellow and nonadministrative faculty member are chosen as mentors for the fourth-year residents. Each mentor works with approximately 5-8 resident mentees. Every month, the mentors send text message "check-ins" to their designated resident mentees to inquire about their well-being with additional resources for mental health provided on an as-needed basis. All mentors receive training on good mentoring habits, available mental health resources, and the limits of confidentiality. Specific pathways for resident depression, suicidality, substance abuse, domestic violence, sexual assault, and bullying are discussed. This training is adapted from Stanford's Peer Support Program and is delivered with the oversight of a psychiatry faculty member. Bimonthly mentor meetings are held during the program to provide support and address any issues that have arisen with program implementation.

**Impact/Effectiveness:** All 64 residents in our program are included in this intervention. The efficacy of JCI is being assessed (pre/post) using validated inventories for burnout and depression. Use is assessed by tracking total number of text messages between mentors/ mentees as well as by the number of referrals provided. Anonymous surveys using open-ended

questions will be administered to assess resident satisfaction with JCI. Post data will be collected this spring.

## 21 Residency Families: The Development of a Peer Mentoring Program in an Emergency Medicine Residency

*Tausch K, Grock A, Weichenthal L, Kahale K, Turner-Lawrence D / Beaumont Health, Royal Oak, Michigan; UCLA, Los Angeles, California; UCSF Fresno, Fresno, California*

**Background:** Promoting wellness and resilience is important to combat the high rate of burnout in emergency medicine (EM). Mentoring can potentially ease the demands and stressors of residency. Senior residents may be the ideal mentors for junior residents as they most recently progressed through their junior residency years. Although effective peer mentoring may decrease resident burnout, little has been published on creating effective mentoring relationships.

**Educational Objectives:** At the end of the education intervention, EM residents will have improved wellness/resiliency as measured by the Professional Quality of Life Scale (ProQOL) and Major Depression Inventory (MDI), and they will have Improved understanding of the value of mentorship families as evaluated by a short survey.

**Curricular Design:** Beaumont Health's EM residency program has a resident-faculty mentoring program; however, no formal peer mentoring program exists. Faculty may not be able to effectively advise residents on the day-to-day realities of being a resident, how to thrive on specific rotations, or the nuances of managing current residents' scheduling. Thus, it is valuable to have a peer mentor who can offer this guidance. This type of mentoring can simplify the transition from medical school while providing valuable insight into post-residency plans and goals. The peer mentoring program will involve voluntarily placing each resident into a resident family. Each family will consist of a postgraduate year (PGY) 1, 2, and 3 resident. Residents were surveyed to assess their preferences in a peer mentor. Factors used to assign resident families included gender, home address, future interests, hobbies, and availability. The ProQOL and MDI will be used to assess resident well-being following the one-year intervention. Additionally, a structured questionnaire will further evaluate the effectiveness of the peer mentoring program.

**Impact/Effectiveness:** Almost 80% of the PGY-1 and 2 residents and 60% of the PGY-3 residents completed the survey and were matched to a family. Three PGY-3 residents were each assigned to two families due to a larger number of interested junior residents. Moving forward, we will plan to have families that consist of one member from