PLEASE NOTE: THIS RESOLUTION WILL BE DEBATED AT THE CORD23 REPRESENTATIVE COUNCIL MEETING.
RESOLUTIONS ARE NOT OFFICIAL UNTIL ADOPTED BY THE REPRESENTATIVE COUNCIL AND THE BOARD OF
DIRECTORS (AS APPLICABLE).



2 3 **EMERGENCY MEDICINE RESIDENTS' ASSOCIATION** 4 5 Resolution: S'23 - 4 6 Improving Overall Wellness among Emergency Medicine Residents 7 Authors: Nancy Mikati and David Ruehlmann 8 9 10 Whereas resident physicians working in the ED are susceptible to burnout¹, with few 11 effective interventions that are common across all programs to reduce burn out and improve resident wellness2; and 12

- Whereas emergency medicine residents continue to stay for longer times in the emergency department after the end of their shift to work on documentation; and
- Whereas residents have reported a lack of reward for their work, including non-financial rewards, resulting in feelings of underappreciation and a rise in burnout²; and
- Whereas resident retreats involving mindfulness training significantly reduced perceived stress while working in the ED³; and
- Whereas resident retreats focusing on specific elements for each post-graduate year are sustainable and lead to increased reported enthusiasm for training⁴; and
- Whereas team debriefing after simulated cardiac arrest led to enhanced clinical practice and psychological well-being⁵. Therefore, be it

Resolved EMRA:

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- Advocates for clinical shifts that include a 1-hour overlap with oncoming residents to reduce time spent wrapping up clinical work in the ED after shifts end.
- Recommends all emergency medicine programs adopt a "Kudos" (or similar) system, where impressive performances in the ED are shared with the department on a monthly basis to encourage hard work and reduce feelings of resident under-appreciation.
- Encourages residency programs to organize at least one annual retreat outside
 of the hospital setting, where EM residents engage in team building activities,
 mindfulness stress-reduction training, in addition to socializing with co-residents.
- Advocates for 60-minute debrief sessions once monthly during dedicated conference hours, with the goal of shared reflection and discussion of distressing events encountered in the ED (e.g.: end of life decisions, traumatic resuscitations,

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EMRA Policy: no relevant policy

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