reviewed, highlighting the lack and meaning of disparities training. Site-specific scenarios of real patients were provided to the residents, who traveled to the community sites. Prepped representatives at each location met the residents, who learned the following:

- How incomplete forms from the physician could require a patient to return to the clinic;
- Limitations of Medicare medical equipment coverage;
- Medication that a child would refuse could be turned into candy at the compounding pharmacy, but the cost would not be covered by insurance; and
- Buses in the city transportation system are not timely and are confusing to navigate.

After the workshop, residents reported their experiences and findings with the group and discussed solutions. These interdisciplinary resident workshops will become part of the Graduate Medical Education Workshop Curriculum, which will rotate every 3 years to ensure all residents receive this training.

Outcomes to Date

Residents discussed several solutions during the event, including keeping bus passes in the emergency department and clinic for patients who may not have a way to get home and creating an area on the organization's intranet so residents can find instructions for correctly filling out forms and contact information for the various resources.

The postworkshop survey a month later revealed resident changes in clinical habits and attitudes, including:

- An understanding of the background and limitations facing patients that affect their understanding and compliance with the treatment plan;
- An inclination to tap into community resources for social and medical support; and
- Better understanding of those who rely on public transportation.

This workshop not only addressed the Disparities of Care CLER Pathways, but also increased residents' knowledge of local health disparities, and led to identification of areas for personal and institutional change. The experiential activity provided an innovative and realistic understanding of disparities that had practical meaning to the residents. This hands-on, off-site educational format has garnered positive responses from residents and successfully guided other experiential activities in our workshop series.

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NEW IDEAS

Utilizing Employee Assistance Programs for Resident Wellness

Setting and Problem

Residency is a stressful time, with residents facing professional, financial, and personal demands. Our institution has a robust Employee Assistance Program (EAP) for all employees. This program provides free, confidential, short-term mental health services for the individual and family, referrals for more extensive treatment, as well as other services such as classes on stress management and team building. We noted that our residents mainly use EAP as a result of a referral from a program director or colleague, not on a voluntary basis.

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In an effort to improve wellness services for our residents, the Graduate Medical Education Committee teamed with the Employee Assistance Department to increase outreach. We hypothesized reasons for low utilization, including lack of familiarity with services, stigma, financial concerns, and lack of knowledge of how to make contact. Our goals were to provide early support from EAP for postgraduate year 1 (PGY-1) residents and familiarize residents with the services available to them, with the ultimate goal of increasing utilization of EAP services.

Intervention

Group meetings with EAP were scheduled with all PGY-1 residents within the first 6 months of training. Meetings were scheduled by the chief residents of each program so residents were in a group of their peers, with 1 or 2 PGY-2 residents present to help facilitate discussion. No faculty, chief residents, or program directors were present. An EAP counselor facilitated the discussion. Topics such as dealing with the transition from student to physician, imposter syndrome, and personal wellness were discussed.

The goals were to destigmatize use of the EAP, and to familiarize residents with the services and offerings of the program as well as to help them realize they are not alone in their journey as a resident. We felt that increased familiarity would increase the likelihood of a resident reaching out for help if needed. We also placed the EAP telephone number on the backs of all call room doors to ensure contact information was readily accessible.

Outcomes to Date

Seven support sessions were held for PGY-1 residents in the first half of the 2016–2017 academic year. They were so popular that an additional 3 sessions were added at the residents' request. In the first quarter of the 2017–2018 academic year, 20 sessions have been scheduled, with 11 sessions for PGY-2 and higher residents. There has been increased interest in scheduling repeat meetings and meetings for upper-level residents and fellows. Resident acceptance of the sessions has been excellent.

We also noted an impressive upturn in the number of individual counseling sessions. During 2016, 25 individual counseling sessions were scheduled by residents. This increased to 64 for 2017 (data through October 31, 2017). This represents an increase of more than 250% over the prior year. By the end of 2017, we should see a 3- to 4-fold increase. Due to confidentiality, we are unable to track the characteristics of the residents who sought services. At the same time, there have been no other events or interventions that might explain the increase in EAP use. We believe this early interaction has increased their comfort with the EAP staff. Residents experiencing difficulties are more apt to reach out for help and be directed to appropriate resources before a crisis occurs. This intervention utilized already existing services and infrastructure, and did not require any additional expenditures. Most programs chose to incorporate it into their normal conference time, and it allowed flexibility for different specialty needs.

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NEW IDEAS

A Case-Based Method for New Resident Orientation

Setting and Problem

Onboarding new residents at the beginning of the academic year requires orientation to a wide variety of general employment, accreditation-related, and specialty-specific educational program policies and procedures. Due to the volume of information to be presented, and the abstract nature absent relevant context (residents are unsure how content may apply to

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