

Intervention

We opted to try a creative approach to improve well-being among residents and fellows grounded in research that shows meaningful connections with others can promote resilience and decrease burnout among physicians. Storytelling and shared vulnerability can foster connectedness, so we decided to host a Story Slam night. This idea was inspired by *The Moth* radio program and a storytelling event held at a member institution that has a well-established narrative medicine program. A planning committee was convened with faculty and residents from a broad sampling of programs and institutions. A popular local brewery was selected as the event site and a call was put out for 750-word stories related to the theme “Connections.” The committee selected which stories would be presented. Residents, fellows, and faculty were invited to attend. Raffle prize donations were solicited from local businesses, focusing on products and services that could contribute to well-being, such as gift certificates for house cleaning, food delivery services, and massages.

Outcomes to Date

The Story Slam had 160 attendees and we had to close registration due to size restrictions at the venue. Eighty-eight percent of those who replied attended the event, which was free of charge for attendees. The event opened with a social hour. We had a mix of 17 residents, fellows, and faculty who shared stories. A faculty member well known in the community for his support of the arts served as emcee. Raffle prizes were awarded during the course of the evening and a drawing for larger prizes for the storytellers was held at the end. The total cost of the event was \$6,500 and was sponsored by the member teaching hospitals.

We received a great deal of spontaneous feedback about the event, which has been universally positive. In a follow-up survey sent to attendees, 82% said they would be extremely likely to attend a future Story Slam event and almost all would recommend it to a colleague. In response to the question, “One goal of the Story Slam was to help create a sense of connectedness among those who attended. How well did the event accomplish that goal?” the mean response was 4.8 of 5, with 5 meaning extremely well. Residents also described the most-valued aspects of their Story Slam experience. One resident said, “The openness of the story tellers was absolutely amazing. The intensity and thoughtfulness of the stories was inspirational.” Another commented, “Presenters’ stories were impassioned, personal, and emotional. People were not afraid to share their true feelings.” Finally, one resident noted that the event

met the goal of building connections: “I loved hearing everyone’s stories and hearing that we are all not alone!”

Given the overwhelmingly enthusiastic response to Story Slam, we have planned to make this an annual community-wide event. In addition, several MMCGME member organizations are hoping to host storytelling events at their own institutions.

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NEW IDEAS

Utilizing QR Codes to Obtain Patient Evaluations

Setting and Problem

Formative evaluations are a critical component of monitoring an individual’s learning and improvement over time. These evaluations provide objective feedback on patient care, interpersonal skills, communication, and professionalism, and must come from multiple sources, such as patients and families. Obtaining patient evaluations that are physician specific can be a challenge, especially with a one-time

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FIGURE
Example of a QR Code

encounter, such as an emergency department or acute care visit.

In the pediatric emergency medicine fellowship program at the University of Alabama at Birmingham School of Medicine, the majority of patient encounters are single visits. In an effort to obtain fellow-specific evaluations, we have traditionally relied on fellows to distribute and collect an established number of their own evaluations (3 per year).

Problems utilizing this method have included selection bias, with fellows self-selecting patients with which they had a positive experience, all fellows obtaining only the minimum requirement of 9 patient evaluations over 3 years, only 28% of these evaluations containing comments, and more than 50% of fellows delaying obtaining their minimum requirement to the final month of their training. These issues combined to negate the formative feedback from the evaluations.

Intervention

Our fellowship program embarked on a project to increase patient evaluations for individual fellows. The goal was to have evaluations completed at the time of discharge from the emergency department, utilizing a fellow-specific QR code. Secondary goals included more timely patient evaluations that had less selection bias and provided more formative feedback. A 10-question patient survey was created within SurveyMonkey. The survey involved 9 yes or no questions and 1 free-text response. Each fellow was linked to a separate QR code (FIGURE), and a flipbook was created with each fellow's picture and QR code.

This project was reviewed by the Institutional Review Board at The University of Alabama at Birmingham and was deemed exempt. The project began with a 1-week trial and used a medical student to collect feedback.

A convenience sample of patients, cared for by fellows, were approached at the end of their visit. Patients or families were asked if they were willing to complete a survey about their care. Information was collected about the number of families approached, if they agreed to complete the survey, if they had a smartphone, and if it had a QR reader downloaded. A departmental tablet was available for survey completion if families did not want to use their smartphones. The flipbook was used to choose their provider and for code scanning.

Outcomes to Date

During the trial, 45 patients and families were approached for 8 fellows (range of 5 to 7 patients per fellow). Forty-one of 45 (91%) completed the evaluation. Thirty-three of 41 (81%) used a smartphone to complete the evaluation, 8 of 41 (20%) used the departmental tablet, and 20 of 41 (49%) provided text responses. For the patients and their families who did not complete the evaluation, reasons included no parent available, patient condition precluded, and family desire to leave.

The high level of response to this simple, cost-free technique has been encouraging. We received more than 50% of the required minimum evaluations during the 1-week trial and increased text responses from 28% to 49%, showing promise for improved feedback.

The next phase of the project will be to embed it into the discharge process. A nurse, clerk, or another individual will offer the departmental tablet and flipbook to obtain a patient evaluation. These results will then be disseminated to the fellows monthly for feedback, which is timelier, without selection bias, and formative. Replication of this process would be simple, of no cost, and could be a way for any program to increase their patient evaluations.

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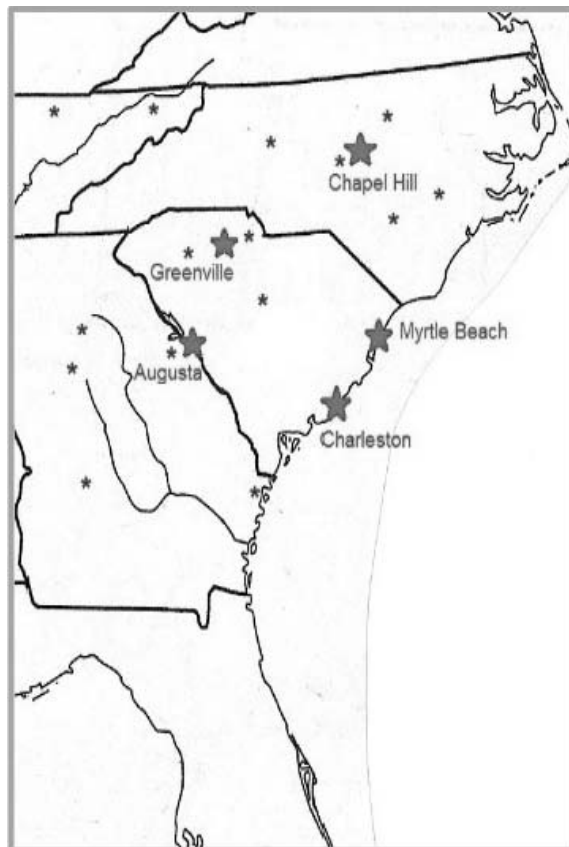


Residency Recruitment Roadshow: An Innovative Approach to Regional Recruitment for a Transitional Year Residency Program

Setting and Problem

Residency recruitment is a costly, complex enterprise with the main financial burden borne by residency applicants. Applicants average over a dozen residency interviews and thousands of dollars in interview costs, with most of these direct costs associated with application fees, travel, and lodging expenses. Indirect costs of the interview process include absenteeism from clinical rotations due to travel, which compromises clinical education. While alternatives such as web-based video conference interviews have been trialed, they have not become widely accepted standards in the residency interview process, and additional creative solutions are needed.

For applicants attempting to secure a Transitional Year residency spot, the financial and logistical challenges are compounded by the need to simultaneously interview for advanced residency positions.



FIGURE

Grand Strand Medical Center and Sites of 2018–2019 Residency Recruitment Roadshow

Note: Regional interview sites are identified by star and name, with asterisks representing locations of medical schools of interviewed applicants.

This problem is particularly challenging for candidates interested in our region, given the paucity of Transitional Year spots. In a 3-state geography (Georgia, North Carolina, and South Carolina), there are 14 medical schools and only 96 Accreditation Council for Graduate Medical Education–accredited Transitional Year residency positions. Our institution, Grand Strand Medical Center, hosts a 12-position Transitional Year residency program, accounting for 13% of the regional and 50% of the statewide spots.

Intervention

We sought to alleviate the cost and travel burden placed on Transitional Year residency applicants in the Southeast by implementing a novel recruitment strategy to fill our residency program positions, which we termed the “Residency Recruitment Roadshow.” We sought to provide applicants with an experience on par with on-campus interviews by drawing on the strengths offered during the in-person interview. We

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