

Ice cream rounds: The adaptation, implementation, and evaluation of a peer-support wellness rounds in an emergency medicine resident training program

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ABSTRACT

Introduction/Innovation Concept: Emergency medicine (EM) requires physicians to deal with acutely ill patients in a fast-paced and dynamic environment, which creates a barrier to debriefing after critical events. These unique challenges can negatively impact wellness. We sought to adapt and implement a peer-support wellness program called 'Ice Cream Rounds' in an EM residency setting.

Methods: A needs assessment survey was conducted among EM residents at The University of Ottawa to gauge interest and obtain resident input regarding program design. The structure of the sessions was adapted from similar initiatives in Canadian Pediatric Residency programs.

Curriculum, Tool or Material: Confidential peer-support sessions were created and piloted. Residents preferred peer facilitators, rather than staff, so two residents obtained training the Faculty of Medicine's Wellness Program to lead sessions. Attendance at rounds was voluntary; however, overall attendance was recorded along with feedback from pilot sessions. Discussion topics included difficult patient encounters, poor patient outcomes, challenges in residency, and ethical issues. Post implementation feedback demonstrated that Ice Cream Rounds was a helpful forum for residents to discuss important issues with colleagues.

Conclusions: This is the first Canadian EM training program to adapt, implement, and evaluate peer-support wellness rounds for debriefing, and this initiative can be easily adopted by any EM training program.

RÉSUMÉ

Introduction/Concept innovateur: Les cliniciens en médecine d'urgence (MU) doivent traiter des patients en état de mal aigu, dans un milieu où tout se déroule à un rythme soutenu et trépidant, ce qui rend difficile la tenue de séances-bilan après des événements graves. Ces conditions particulières

peuvent se répercuter sur le bien-être des médecins. Aussi l'exercice visait-il à adapter un programme de bien-être par le soutien des pairs, appelé « Ice Cream Rounds » (rencontres crème glacée), et à le mettre sur pied dans le cadre d'un programme de résidence en MU.

Méthode: Une enquête sur l'évaluation des besoins a été menée parmi les résidents en MU à l'Université d'Ottawa afin d'en apprécier le degré d'intérêt et de susciter leur participation à la conception du programme. La structure des séances consistait en une adaptation d'initiatives similaires, organisées dans le cadre de programmes de résidence en pédiatrie au Canada.

Contenu, moyens ou matériel: Des séances confidentielles de soutien par les pairs ont vu le jour et ont fait l'objet d'essais pilotes. Les résidents préféraient avoir des pairs, plutôt que des membres du personnel, comme animateurs; alors, deux résidents ont reçu une formation particulière, offerte dans le cadre du programme de bien-être de la faculté de médecine pour animer les séances. La participation aux rencontres était volontaire, mais la participation générale aux séances pilotes ainsi que les rétroactions sur celles-ci ont été consignées. Les sujets abordés allaient des rencontres difficiles avec des patients aux piètres résultats cliniques, en passant par les difficultés relatives à la résidence et les problèmes d'éthique. D'après les commentaires recueillis suivant la mise sur pied du programme, les rencontres crème glacée se sont révélées un groupe d'échanges utile aux résidents pour discuter de problèmes importants avec des collègues.

Conclusions: Il s'agit de la première initiative du genre dans un programme de formation en MU, au Canada; elle visait à adapter, à mettre en œuvre et à évaluer des séances de bien-être par le soutien des pairs afin de permettre à des résidents de se détresser. La formule peut être facilement adoptée dans tout programme de formation en MU.

Keywords: wellness, burnout, resilience

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BACKGROUND

The specialty of emergency medicine (EM) requires physicians to deal with acutely ill patients in a fast-paced, dynamic environment. Throughout training, EM residents are frequently exposed to challenging cases while on shift. However, the inconsistencies of shift work, combined with patient flow pressures in the emergency department (ED), provide limited opportunities for debriefing after difficult encounters. In addition to work environment stress, residents face pressures inherent to specialty training. All these factors can create stress and burnout.¹⁻⁴ Physicians who experience burnout are more likely to make medical errors, overuse resources, and have less satisfied patients.^{3,6} Feeling unwell can lead to difficulties with academics and relationships and is linked to depression and substance abuse.^{1,7}

PURPOSE/RATIONALE

We sought to adapt and implement a peer-support and debriefing program within a Canadian EM residency training program modelled after an “ice cream rounds” format that has previously been used in Canadian pediatric residency training programs.⁵ Regular peer-support wellness rounds may help to improve resident well-being, by creating an environment in which residents can debrief critical events and address stressors in a healthy way, creating resilience and protection from emotional burnout.⁸⁻¹⁰

A needs assessment survey was conducted to gauge interest and obtain input from residents on the format and frequency of the rounds. Fellow of the Royal College of Physicians of Canada and Canadian College of Family Physicians-EM residents were surveyed using an anonymous online survey. Moreover, 87% (26/31) of the responders identified their co-residents as their main source of support after difficult patient encounters, and 70% (22/31) of the responders identified that current opportunities to debrief after difficult experiences were only “sometimes” or “rarely” adequate. Overall, 84% (25/31) of the responders were interested in a peer-support debriefing program in the form of “ice cream rounds.” These survey results suggested that EM residents at the University of Ottawa needed a more organized and consistent space to debrief and share their experiences. Survey respondents also expressed that they wanted sessions to be voluntary,

confidential, and peer-facilitated (no staff present at sessions).

DESCRIPTION OF INNOVATION

The first ice cream rounds in our program were conducted in 2014. Each one-hour session was semi-structured and peer-led in a private hospital location. Participation and attendance were optional. Sessions were co-led by two residents who had been trained in a one-hour tutorial of peer-support facilitation through the wellness program of the Faculty of Medicine. Ice cream was provided by the residency program. Between 40% and 60% of the residents attended each session.

The ice cream rounds followed a structured format that consisted of four phases: introduction, check-in, discussion, and checkout (Figure 1). Facilitators began sessions by reviewing ground rules and asking a general question to check-in. An example of a check-in statement would be: “Starting a new [postgraduate year] PGY year can bring up many emotions and challenges, how has everyone been feeling during this transitional time?” Following check-in, a free-form discussion began. Residents shared stories, emotions, and coping strategies surrounding challenging clinical or personal experiences that they chose to bring up. Common themes of discussion included imposter syndrome, patient complaints, medical errors, and challenges of transitioning between residency milestones. During discussions, facilitators ensured that dialogue was shared among all residents and encouraged transitions between conversation topics. Facilitators also had potential discussion topics prepared in advance in case conversations faltered; however, these were rarely needed once residents became familiar with the ice cream rounds format. Finally, after approximately 50 minutes, facilitators guided unfinished conversations to a close, summarized key take aways from the discussions, and reminded the group of wellness resources available at our institution.

Between 2014 and 2017, ice cream rounds were conducted during protected academic time, three to four times a year. In 2017, a postimplementation feedback survey showed that 95.0% (19/20) of survey respondents felt that the sessions fostered collegiality and support among residents, and 58.8% (12/20) of respondents felt that they gained an increased awareness of coping strategies for challenges in residency.

ICE CREAM ROUNDS



INGREDIENTS

- 1. Safe Space:** Environment where everyone feels welcomed (i.e.: resident only, in an environment that won't isolate anyone).
- 2. Protected time:** Organize sessions during protected academic time for one-hour.
- 3. Residents:** All residents welcome, attendance and participation optional.
- 4. Facilitators:** Peer leaders to lead discussions.
- 5. Funding:** Residency program provision of an annual stipend to support the cost of running Ice Cream Rounds.
- 6. Ice cream and toppings:** Snacks to encourage a sense of wellness.

DIRECTIONS

1. INTRODUCTION

- Facilitators introduce the session and review ground rules (confidential, participation is voluntary, no staff permitted, what is discussed here, stays here).
- Duration 2-5 minutes



2. CHECK IN

- Facilitators ask a general question to the group to start discussion
- Duration: 5 minutes



3. DISCUSSION

- Free-form discussion surrounding topics brought up by residents.
- Residents share stories, emotions and coping strategies surrounding challenging clinical and personal stories that are brought up.
- Facilitators ensure that dialogue is shared between all residents as well as encourage transitions between conversation topics.
- Duration 30-40 minutes



4. CHECK OUT

- Facilitators guide unfinished conversations to a close, and then summarize the key take aways from the day's discussion(s).
- Thank the group for their participation, invite residents to share any last comments.
- Remind the group of wellness resources available, and they may approach facilitators after the session if further follow up or intervention is required.
- Duration: 5 minutes.

Infographic created by Dr. Shahbaz Syed, MD, FRCPC at the University of Ottawa, Department of Emergency Medicine.

Figure 1. Ingredients and steps to conduct a successful ice cream rounds.

Further, 50.0% (10/20) of respondents felt that the ice cream rounds impacted them mostly by helping them reflect on their clinical practice. Some residents also felt that the rounds decreased their sensation of burnout (4/20), decreased their stress and anxiety (2/20), and changed their clinical management of patients (1/20); others did not feel the rounds changed their practice but were glad that they existed (5/20). Overall, 89% (18/20) of respondents would recommend ice cream rounds to other residents.

DISCUSSION

The adaptation and implementation of ice cream rounds have been successful in addressing a wellness gap in our EM program. We believe that ice cream rounds have created a healthy outlet to address stressors, potentially protecting residents from burnout.⁷ Furthermore, residency program director support for the program has subsequently helped improve the wellness culture in the residency program, by promoting reflection around the challenges of working and training in the ED.⁷⁻⁹ Evaluation of these rounds is limited by being mainly opinion-based self-reported survey data that may result in the over-reporting of bias.

Adaptation and implementation of similar rounds can be achieved by any EM training program. To reproduce the innovation, we recommend conducting a needs assessment and involving residents in the design to help generate resident interest and meet their specific needs. Important elements to the success of ice cream rounds involve having department and program support, creating a safe space during the protected academic time, having a trained facilitator, and serving treats.

SUMMARY

We adapted, implemented, and evaluated a peer-support wellness and debriefing program to address the unique challenges faced by residents in an EM training program. This was the first Canadian initiative to implement such rounds in an EM setting. We believe this template can be easily adopted by other EM training programs and could be part of a national strategy to address resident wellness.

Competing interests: None declared.

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