

Quick Start Guide for Residency Retreats
CORD Phoenix 2015
Mark Clark

The following includes some information and tools to help you get a retreat program up and running at your residency or to enhance the one you already have.

Mission: Every EM residency training program should have a funded, well-planned, informed retreat program as part of a comprehensive approach to resident wellness.

Why have a retreat program? What are the benefits of residency retreats?

A well-run retreat program will:

- Enhance resident wellness
- Inspire by re-connecting with meaning of the work
- Promote sense of the honorable nature of a life in medicine
- Build positive regard for one another and the program
- Build team-spirit, camaraderie and community
- Re-energize residents and faculty for academic and clinical mission
- Build resilience and mitigate burnout
- Promote Clarification and commitment to individual goals
- Provide tools for stress reduction
- Provide practical strategies for day to day ED challenges
- Provide wellness and substance use education

A brief history of retreats:

The idea of retreats arises mainly from the great spiritual traditions of the world. It conveys the idea of getting away from what is familiar in order to gain access to a higher way of looking at things and to gain insight into one's situation and inspiration for the forward path. Retreats from ancient times often involved going into the wilderness, desert or other remote place and fasting, meditating, or practicing other ascetic techniques in order to heighten awareness or access to the Divine. While largely religious in context, retreats have been practiced by many without reference to, or reliance on, any particular religious or spiritual notion. What they all have in common is the idea of getting away, resting, and reflecting on what has happened in order to return more focused and inspired. Modern day "corporate retreats," while well-intentioned perhaps, often have resulted in a parody of a true reflective experience because they lack depth.

What a retreat is not:

We tend to call any break from the normal day to day a retreat but let's be clear: A social event is a social event—not a retreat. A work event with business as usual is still a work event even if it's in an different setting or under a different name—and that also goes for a lecture or conference as well. So, taking the residents bowling, or to a ball-game or picnic may be fun and a great thing to do, but it is not a retreat in the sense we are describing here. In order to gain the benefits described above the planned retreat ought to have the core elements of rest and reflection, foster insight, and constitute a clear break from "business as usual."

Tips for successful retreats:

“Buy in”: It may take time to gain faculty and chairman support for a retreat program. The more solid the planning, organization and execution, the more likely you will have a successful retreat and be able to convince other faculty that this is a valuable and worthwhile enterprise. After you begin to gain momentum with a few successful retreats, departmental support will grow.

Location: The location is extremely important. With a little research you can find an ideal and probably fairly inexpensive site which will best serve the purposes of your retreat. Once you have a location, you can return there for future retreats. Keep in mind the principle that a change in setting will facilitate a change in thinking. The more beautiful and inspiring the site the better. Whenever possible, get away from the hospital! Maximize exposure to nature and whatever natural beauty is accessible. Actual retreat centers are often great because they are usually set in beautiful locations and provide generous meeting spaces with easy indoor and outdoor access. Noisy or crowded public venues like parks, museums or restaurants are nice for outings but are problematic for most of the retreat activities. We often host retreats at faculty homes—especially those near to lakes or hiking trails. This saves on expenses and can provide a warm and personal atmosphere.

Team: Your retreat team is typically made up of volunteer faculty. The team should not just be the PD and APD. Residents need and want to hear from other faculty members. We include resident directors who’ve signed on for this role at the beginning of the year. (We call this role “Resident Director of Professional Development” and it actually goes on their CV.) The role of the team is to facilitate discussion and promote resident participation but not to “take over” the discussions.

Activities: It is useful to alternate physical and non-physical activities throughout the retreat day. For example, a discussion session may be followed by an active team-building exercise followed by a period of quiet time etc. This provides a balance of active or strenuous activities with time sitting in groups. (See sample agenda’s below)

Sample Activities:

Non-Physical Activities:

- Discussion sessions
 - Check-In. This is the best way to start any retreat—gets everyone on the same page. It consists of a simple sharing of how the year is going so far, ups and downs, and what is going on today. Everyone shares for 2-3 minutes.
 - Theme-based discussions. Facilitators spark dialogue or begin with some pearls to pass along and then promote discussion. The idea is always to get the residents to share their own ideas, face the reality of the challenges in the ED and come up with possible strategies to face them. Some sample topics:
 - “Medicine-honorable profession or just another job”
 - “Everyday challenges in the ED”
 - “What I wish I’d been told when I was an intern”
 - “What I wish I’d been told before I finished residency”
 - “Work-life balance strategies”
 - “Emergency Medicine: the good, the bad, the ugly”
- Writing Exercises. We give the residents some specific questions designed to help them identify what has worked in their training so far and what they would like to change. They

write their answers and then sit in groups of two or three to share their answers with each other. Sharing their insights and intentions with each other builds mutual support.

- **Films.** We have used a variety of films and multimedia successfully in our retreats. This modality can be used to tackle difficult or emotional topics and are useful to spark dialogue. For example we show the film “Wit” with Emma Thompson on our overnight 2nd year retreat which brings up a variety important topics including dealing with death, compassion, professionalism, and regarding patients as full human beings. Another film we’ve shown is “Healing by Killing” which is a documentary on physician involvement in torture and genocide of Hitler’s Germany. This film outlines the realities of what can happen when physicians lose their sense of humanity. We have also viewed a variety of TED talks covering topics from medical errors to the doctor-patient relationship. Films are followed by discussion and sharing.
- **Journal keeping and sharing.** This exercise is extremely powerful for helping residents process their experiences as ED doctors in training. While sometimes reluctant to begin, residents almost uniformly tell us they appreciate the experience and find it valuable. One to two months prior to the retreat, we email the residents the assignment. They are to keep a daily journal, preferably writing for 20 minutes or so after every ED shift. They can write whatever they want. We tell them they will not necessarily have to share the writing with anyone, but that we will check to make sure it was done. They are instructed to bring their journals to the retreat. During the Journal sharing session each resident has the opportunity to read a passage or two from their writing of the previous month. The results are always amazing, often sad or humorous—and always meaningful. This exercise bonds the residents to one another by sharing their honest impressions of the successes and failures and in general their journey through residency. Many residents are so moved by the exercise or find it so useful once they have tried it, that they continue journaling after the exercise is over.
- **Silent Time and “Questions for Reflection.”** Every retreat we have at SLR includes a period of silence. This is usually one hour but can be more or less. We stress the importance of honoring the process to both resident participants and retreat facilitators. The silent period begins with laying down the ground rules—that is you can read the questions for reflection, you can walk around and explore the grounds, you can nap if you like—BUT NO TALKING. Honoring the silence promotes an atmosphere of reflection, recollection and going inward. It contributes to the overall gravitas of the day and allows for the rare opportunity to be still and connect with one’s self. The “Questions for Reflection” are distinct for each class. They are an option but not mandatory. (See appendix)

Physical Activities. Our main physical activity is hiking. It gets the blood moving, allows everyone to take in some nature and is something pretty much everyone can do. We have chosen both easy and rigorous hiking trails. It is important to have a guide that has done the hike before especially if getting lost is a possibility. (This almost happened to us once to do poor planning on my part—I was trying to imagine how I would explain it to my chairman...) Hiking also allows for people to pair off and have discussions along the way which builds community. A rigorous hike, especially one that culminates in a great view provides a real sense of accomplishment. After the adrenaline rush and the physical exertion, everyone is much more open, it seems to some real discussions about important topics. In recent years we’ve started making the hike optional. We use a buddy system to make sure everyone gets back although we try to stay all together.

Other physical activities we use include lake swimming, out-door run around games provided by the resident directors—usually some take variation on tag that somehow incorporates an ED theme. We have used high and low ropes courses, rock climbing, various traditional team building exercises that are easily found on the Web. The resident directors are responsible to come up with the games we will use and bring the supplies needed. We reimburse them any cost. At our last retreat we included a vigorous yoga class which was well-received.

Letters of Support. While this component takes some effort and planning, it is well worth it. Months prior to the EM-2 retreat date, our planning team contacts family and friends of each resident via the emergency contact we have on file in the residency office. It works like this: We contact the residents emergency contact person—making sure NOT to alarm them. If leaving a message we say we are planning a surprise to support resident X on an upcoming retreat. When we actually get to speak to the emergency contact person we enlist them to help us gather email or hard copy letter of support for resident X from people important in their life. If the emergency contact is not willing to serve as the point person, we ask them who might be. The call is followed up with an informative summary email. (See appendix) The letters are collected and stored. At a key moment during the retreat, usually quiet time, the packets are distributed to each resident. The results are significant. In general the residents feel supported and encouraged to reach their highest potential and to continue applying themselves to their training. We include letters from faculty. Resident participants are instructed to keep this experience as one of the “secrets of the retreat” so as not to ruin the surprise for next year’s class. The rationale for this effort is the acknowledgement that training is intense and we wish to encourage residents to continue to strive to reach their potential, to remember why they chose this path and to be reminded also of those who support and love them as they work to meet their goals.

Talent show or Open Mike. A fun element to the EM-2 overnight retreat-- residents are encouraged a month in advance to bring something to perform. This is always hilarious and a great way to end the evening.

Alcohol. While we have allowed some alcohol, we have tended to discourage it because of its risk of impeding the focus of the retreat. On the overnight retreat nothing can prevent success on day 2 as much as a group of residents (or faculty) with hangovers.

Maslach Burnout Inventory. We have our resident complete the Maslach Burnout Inventory (MBI) on line before and after each retreat. It’s a quick and validated assessment of burnout and compassion fatigue for health professionals. It can be accessed and you can purchase tests at www.mindgarden.com You have to purchase each inventory for each resident and they provide a report of the results on line. This is a useful way to identify residents seriously at risk prior to the retreat, identify those that may need therapy or extra measures and track progress.

Scheduling. We have found it most useful to separate the retreats by year of training and to strategically place them during the calendar year. This is helpful since each year of training brings predictable issues at typical times. For example the interns usually nadir around half way through the year, so we schedule their retreat in January. We schedule the rising EM-3 retreat just prior to the taking on of the senior role in June before senior year and we schedule the major overnight retreat exactly half way through residency training which in our 3 year program is in the fall of the EM-2 year.

Appendix A
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Reflection questions

Professional relationships

- Do I care what my colleagues think of me?
- Do I take care in my communication with them?

Communication style and skill—with patients, with staff, with colleagues

- Am I honest?
- Reliability (do what I say I will do?)
- Follow through?
- Present, interested and focused in the ED?
- Thorough, accurate sign outs?

Do I show up to work focused, rested, groomed with a positive attitude?

Education

- Do I study regularly?
- Do I make a concerted effort to improve my knowledge base on a regular basis?
- Do I follow up on patients?
- Do I identify my weakness in and make an attempt to improve?
- Do I take personal responsibility for my own ongoing education?

Financial

- Have I accumulated more debt than is necessary?
- Do I find it difficult to meet my expenses?
- Do I have anxiety over expenses?
- Have I saved anything?

Health

- Do eat, sleep and exercise regularly?
- When is the last time I went for a check up at the doctor or the dentist?

Mental Health

- How often and how much do I drink alcohol?
- Do I drink alone?
- Do I come to work hung over?
- Do I need alcohol to have a good time or to calm down?
- Do I use ambien or Benadryl to get to sleep?

Relationships—rate the health of these relationships.

- Significant other
- Family
- Friends
- Colleagues
- Pets
- Other

Spirituality

- Rate your sense of wonder and appreciation for the world, nature, life.
- What feeds my soul?
- Do I take advantage of any of the wisdom traditions?
- Do I find time for silence to hear what my heart is saying to me about my life?

Appendix B

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Goal Clarification Writing Exercise: Envision and write about your ideal picture for your life in the following areas at one and three years from now. Think about what will be required of you now to make those dreams and desires a reality.

1 year and 3 years: The Ideal Picture

Work Life. The ideal job. Where, what, schedule, environment, colleagues

Relationships. SO, Friends, family, colleagues, other

Financial. How much money do I have. What do I have to show for myself financially?

Health and fitness:

Travel/world exploration

Professional development, areas of interest,

Personal creativity, (avocations—music, flying planes, art, writing, comedy, food)

Service to the world, humanity, your neighbor.

Relationship with your parents

Relationship with your spouse

Amount and quality of free time

What activity gives me the greatest sense of freedom and happiness or joy?

What talent or skill is uniquely mine to offer?

What in me is begging to be developed and cultivated?

What gives me the greatest sense of appreciation, awe or exhilaration?

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EM-2 Overnight Retreat
Questions for Reflection

The following questions are for your consideration and maybe for discussion. Please take some quiet time alone to think over these questions. When we meet you may choose to share some of your thoughts with the group but you don't have to.

1. What am I most proud of regarding my performance during my first year and ½ of residency?
2. What would I do differently if I could do it all over?
3. Am I happy about my choice of EM and medicine in general?
4. What aspects of EM do I find the most difficult or challenging?
5. How do I feel about the prospect of doing this job for the next 10 or 20 years?
6. Do I connect with my patients, see them as people? Do they interest me?
7. Am I already a little frustrated by the unending flow of patient demands?
8. What do I enjoy the most in any given day in the ER?
9. Do I separate my patients into those who deserve my care and those who do not?
10. What inspires me? Who inspires me?
11. How can I make my work and education more meaningful?
12. Have I already become a cynic?
13. When I look around is there anyone whose professional behavior inspires me?
14. Do I like my work environment? If not, what about it would I like to change?
15. What do I enjoy most in my life? When do I feel most relaxed and at peace?
16. Do I feel comfortable talking about any of this with my peers, my RD's?
17. What are three things I can commit to doing in the year to come to increase chances of having the fullest, most balanced and healthy life possible?
18. What are three things I can commit to doing in the year to come to achieve true excellence in my professional skills?
19. What area of my professional life needs my attention most?
20. What can I do in the upcoming year to increase my humanity?
21. What can I do to deepen my enjoyment of my life?
22. Have I neglected important relationships in my life?
23. Do I use alcohol or substances to self-medicate?
24. Do I have the sense that life will only begin after I finish training?
25. What can I do to improve my work environment?
26. What can I do to improve my residency program?
27. Do I sleep, exercise and eat well so that I'm at my best for my life and training?
28. Do I offer support and encouragement to my colleagues?
29. Do I cause harm by gossiping about others?
30. What do I want my life to look like in 5 or 10 years?

Appendix D
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Sample email to EM-2's prior to EM-2 Retreat

Dear EM-2's,

Please read this email to the end! Your overnight retreat takes place on **September 17-18** about an hour and 1/2 north of here in the Hudson Valley in Garrison NY. Your retreat facilitators and I are looking forward to spending this time with you. It will be a relaxing and energizing experience. Some important points:

- All of you have been cleared of clinical responsibilities from Tuesday night at 11 through Friday Morning.
- You should begin to organize who can drive and organize carpools to get up to Garrison, leaving Wednesday morning at 7 am. If you need to rent a zip car you will be reimbursed.
- The retreat will include indoor and outdoor activities and a vigorous hike/bouldering trip so bring appropriate layered clothes and footwear. Prepare for warm or cold weather.
- Come prepared to share something at the "Open Mike/ Talent Show" on Wednesday night. This can be whatever you want but everyone will be expected to do something. Whether your talent is snake charming or opera singing, serious or funny, come prepared to share it.
- **Prior to the retreat you are each expected to keep a journal for at least 3 weeks.** Please write in your journal after every shift or clinical day you work for 15-30 minutes. What you write is completely up to you but putting down your thoughts and impressions of your day in no particular order is a great start. You do not have to share your journal writing but I will be checking to make sure everyone did this assignment. Please let me know if you have questions about the journaling assignment.

In addition you are each expected to go to the following link, fill in your chpnet email address and proceed to take the Maslach Burnout Inventory this week. Please take this seriously and take your time. (It takes 15 minutes or so) The inventory uses the word "recipients" rather than patients.

<http://transform.mindgarden.com/rsvp/15343>

- Final thoughts: This is a crucial time in your professional and personal development. Let's make the most of it.
- PLEASE CONFIRM THAT YOU HAVE RECEIVED AND READ THIS EMAIL.

Appendix E
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Sample letter to emergency contact for letters of support for EM-2 Retreat

Dear _____,

I am _____, the program director for the EM Residency at _____, where _____ is training in emergency medicine.

I am writing to ask your confidential participation in an important and fun surprise experience we have planned for _____.

It is essential that _____ NOT know that I have contacted you.

At _____, the EM residency is committed to producing graduate emergency physicians of the highest caliber. We are convinced that training should emphasize the humanistic values of compassion and patient-centered care on an equal footing with intellectual and clinical expertise. We are committed to the health and well-being of our residents as they progress through the often grueling process of residency. To that end we have created a retreat program that focuses on self-care, cultivation of humanism and compassion in the practice of medicine, and professionalism.

As you are aware, _____ is already nearly halfway through the training program. This has been an intense and demanding period of professional development and personal growth. _____ will be attending the 2-day second year retreat this October. I know you are aware of how hard _____ has worked to get to residency and the effort he/she continues to make to learn and excel.

What you need to do:

- Write a letter of encouragement and support for _____.
- Ask his/her other friends and loved ones to also write letters.
- Collect the letters and send addressed to _____ c/o me at address below no later than October 10th 2012.
- Make certain that you and your letter writers keep this confidential.

The purpose of the letters:

To remind _____ of the people who support and love him/her as they progress through the challenges of training.

To encourage him/her to continue to strive to train to be the best physician they can be.

To remind him/her of the importance of compassion and true caring which are at the heart of doctoring.

To provide a moment to convey any message YOU think they may need to hear at this point.

A few more important points about the letters:

- You, who know _____ best, have this opportunity to remind him/her of why they chose this path and to remind them that it is an honorable and worthwhile choice.

- During a quiet time on the retreat each resident will receive a packet of the letters from their loved ones.
- I can tell you from experience that these letters are very important and have a big impact.
- No one will read the letters except _____.

If you agree to participate I would ask you to CONFIDENTIALLY collect letters from friends and loved ones and send them addressed to _____

.

Or email them to me at _____.

Thank you in advance for your participation! I look forward to meeting you one of these days. If you have any questions please reach me at (212) 523-6752 or (917) 566-7460.

Warmest Regards,

Program Director, EM Residency

Appendix F
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SAMPLE R-2 Retreat Agenda

St. Luke's Roosevelt
Emergency Medicine Residency Program
EM-2 Retreat
September 17-18, 2014
Garrison Institute, Garrison New York

Agenda

September 17 (Day One)

7:00 am	Depart 515 W. 59 st.
8:00-8:30	Registration/Settle into rooms
8:30-9:15	Breakfast, Cafeteria
9:30-10:30	Session One: Intro/Expectations-Mark Touching Base—Check In (All, Appalachian Room)
10:30-11:30	Team Building (Tommy and Resident Directors, outside --Blind Maze, Hoop)
11:30-12:30	Session Two: Discussion Life in the ER; The good, the bad and the ugly. (Team, Appalachian Room—or outside)
12:30 -1:15	Lunch Cafeteria
1:30-4:30	Hike at Breakneck Ridge (learn someone's story)
4:30-5:00	Free time/Shower
5:00-6:00 pm:	Evaluations** Quiet Time Appalachian Room
6:00-7:00	Dinner (Cafeteria) (Tell someone's Story)
7:00-9:00	Film and Discussion (Appalachian Room)
9:00	Open Mike (Cafeteria)

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Sample EM-2 Retreat Agenda page 2

September 18 (day two)

8:00-8:45	Breakfast
9:00-9:45	Wellness/Burnout discussion Strategies for Success (Appalachian Room, Team)
10:00-11:15	Mindfulness (Restorative Yoga) (Chapman)
11:30-12:30	Team Feedback (Appalachian Room, team)
12:30-1:15	Lunch
1:15-2:15	Free Time
2:15-3:00	TEAM BUILDING: ORANGE GROVE (Outside, Resident Directors)
3:15-4:15	QUIET TIME/REFLECTION
4:30-5:45	Sign out (Appalachian Room, resident directors)
6:00-7:00	Wrap-UP Session and Dinner (Mark, team, cafeteria)
7:00 pm:	Depart for NYC

Appendix G
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Sample Intern (single day) retreat agenda

SLR EM Residency
Intern Retreat January 7, 2015
Agenda

- 7:00 am: Meet in Front of 515 W 59 St. (7:00 am departure in carpools)
- 8:00 am: Arrive 87 River Road, Grand View New York
- 8:00 am: FAMOUS Banana Pancake Breakfast
...and Check In—"Intern Year so Far..."
- 9:30 am: Session 1: "What I Wish I'd Been Told When I was an Intern." (Team)
- 10:30 am: Hike Tallman or Hook Mountain
- 12:00 pm: Lunch with Discussion: Intern Journals
- 1:00 pm: Writing Exercise/Goal Setting (Mark)
- 1:30 pm: Quiet Reflection/BREAK (Questions—Mark)
- 2:30 pm: Session 2: Strategies for Success in the ED (Team)
difficult/abusive patients
being rushed/overwhelmed
emotionally charged cases
making mistakes
difficult consultants
dealing with your senior/being a junior
asking for and getting helpful feedback
asking for and getting teaching
- 3:30 pm: Team building Exercise (Max)
- 4:30 pm: Session 3: Future Directions and Goals (Team)
Taking ownership over your own education
Authenticity, and integrity in professional life
Cultivating professionalism
Balance, and healthy living
- 5:45 pm: Free Time. Pizza and Salad
- 6:30 pm: Depart 87 River Road (est. arrival 515 W 59th Street 7:30 pm)