

Title: Retreats (REST educate Time away Restore eats (share a meal together)

Date: 4/22/2018 Time: 10:50 AM-12:00 PM Track: New Programs and Leaders

Running a Residency 560

CORD 2018

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Tweets: (DUE 3/23)

Want 35+ new activity ideas for your next residency retreat? Come listen to a talk on residency retreats! #CORDAA18

Learn how to plan your FIRST residency retreat! #CORDAA18

Hear what residents want to do at their retreat. #CORDAA18

Learn what current EM faculty feel are the most successful residency retreat activities!

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Stop burnout! Do a residency retreat! #CORDAA18

Why is it important to do a residency retreat? Come learn WHY at our residency retreat talk!

#CORDAA18

Presentation Outline/Handout: (DUE 3/23)

1. Set a date.

Remember to pick a date far enough in advance that your faculty can request off. Most programs are able to include some, but not all, of the faculty at their retreat. This is expected considering the difficulties of keeping the emergency department fully staffed. If the program has the finances and/or is able to have clinical faculty cover the ED, it is best to have the entire cohort of clinical faculty attend. This means that the clinical director of the department should schedule the faculty off and cover them as much as possible with clinical faculty.

When picking a date consider the weather in your area for that time of year. The weather will affect your ability to do your outdoor activities and drive to your destination. Consider doing your retreat during a mild weather month (ex. fall or spring) so you can get outdoors without too much heat or cold and avoid adverse travel conditions. Most programs do a yearly, day-long retreat. Approximately 1/3 of residency programs hold one to three-day retreats. This offers the luxury of more time to travel to a serene destination and provides plenty of time for activities.

2. Determine your budget.

The majority of programs estimate spending \$25-100 per resident on their retreat. Your budget will play a big part in deciding the location of your retreat and what activities you will plan. Some programs spend over two hundred dollars per person which allows for overnight/multiple day trips. Lodging is costly but this can easily be reduced for overnight events with some research and innovative planning. Look into camping or booking a large lake

or beach house venue. Ask the attending physicians at your hospital if they own a lake house they would be willing to let your program borrow.

If your program is new, your budget may be low or nonexistent. However, there are multiple options for conducting an excellent retreat at a low cost. For example, you may have a cookout at a park or one of the faculty's homes followed by a free activity such as a hike or a game of dodgeball. If you are partnered with a management company consider asking for help with a meal or activity. Many management companies are happy to host a social event for your residents like bowling or a baseball game. You could make this event the "fun" part of the retreat and do the wellness and small group activities earlier in the day. Other sources of funding may include an alumni fund, the program director and faculty, your departmental budget and your hospital's foundation.

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3. Choose a location.

Ideally this is outside the hospital! Finding a beautiful place with nature to look at and places to do outdoor activities is ideal. Being in and around natural beauty sets the tone for reflection and relaxation. One idea could be booking a conference room at a state park. You could do your small group activities inside with access to media equipment and tables and chairs. Likely you could cater the meal there and then you can also take breaks and go hiking outdoors.

Other options would be one of the faculty's homes, a lake or beach house, a park, or a campground. Really you just need a place where you can all spend some time together talking and then spreading out into small groups. Likely you won't need this reserved the whole day as you will be doing other activities as well.

If going a distance away is not an option, explore local spots. These might include small conference rooms at Hotels, Bed and Breakfast locations, or small meeting venues that are in the same city, but removed from the Hospital and/or University.

4. Plan your activities.

When planning your retreat activities keep in mind the purposes of the retreat. Retreats give us space and time to reflect. We all need this chance to explore the meaning in our jobs, discuss the stresses involved and offer each other a sounding board. Residents desire the opportunity to talk openly and honestly about their frustrations, insecurities and opinions. Consider doing small group discussions related to issues regarding medicine and residency. [At the same time, retreats need structure if anything of great substance is to be accomplished. This could be as simple as a SWOT Analysis for critical topic areas.](#) There is an excellent list of questions to choose from in the resource section below created by Dr. Mark Clark for CORD in 2015 titled "Residency Retreats." When planning my own retreat I did two small group sessions.

The first session focused on everyone's strengths and joys while the second focused on challenges and frustrations about our job.

The other important purpose of a residency retreat is to foster team building within a program. The emergency department is a team environment and works at its best when we have a sense of camaraderie with each other. To increase the sense of community and bonding among your residents, consider incorporating a team building or competition activity.

It works well to break up the day into segments. It helps keep people's attention to alternate between the more reflective discussion times and the "fun stuff." We created a list of activity ideas to help you plan your own retreat. These are taken from a survey in which we asked current emergency medicine residency leaders what they felt were the most successful activities from their past retreats.

Wellness activities

1. Talk/guest talk from alumni.
2. Book author come speak on wellness.
3. Letters of support from friends & families.
4. Feedback to program leadership on education.
5. Largely, the opportunity to talk about issues with multiple classes in the same room in a relaxed setting is always highly valued
6. Reflection & goal setting. Sealed in envelope and reopened annually at retreat.
7. Breakout sessions into small groups to discuss strengths of residency & ways to cope. small group discussions where 3 suggested recommendations were given for improvement.
8. Discussion of issues—fatigue, schedule, etc.
9. We have started to include significant others & families at a dinner at conclusion.
10. Parody songs about issues that frustrate us at the hospital.
11. Journaling.
12. Seniors giving their "Pearls" (advice) to the rest of the residents.

Fun activities (if marked this activity contains a team building aspect)**

1. Movies (Code Black, The Martian, Wit, etc.)
2. Zoo
3. Art museum
4. Day trip to beach
5. Day trip to lake house or beach house
6. Paintball
7. Boating
8. Hiking
9. Canoeing
10. River rafting or floating
11. Party boat cruise
12. Sur La Table Cooking school**
13. Paddleboarding

14. Climbing
15. Attend a baseball game
16. Safari
17. Pool resort
18. Ropes course**
19. Park day
20. Camping
21. Bowling
22. Brunch
23. Escape Room**
24. Kickball tournament
25. Fishing
26. Cookout at PD's house
27. Paintball**
28. Dodgeball
29. Pizza Making Competition**
30. Simwars**
31. Team based obstacle Course**
32. Treasure Hunt**
33. Marshmallow/Spaghetti challenge** (you can easily find instructions for this on internet)
34. Games (Pictionary, Charades, Taboo, Bingo...can even do medical theme)
35. Procedural relay race** (built models of different procedures & teams of residents raced to finish them all)**
36. Disaster drill simulation**
37. Theme based competition in teams with a theme** (see description below)

One specific activity I would like to recommend is letters from the residents' loved ones. I saw this idea on Dr. Mark Clark's retreat list of ideas and it was listed as a highly successful activity by current EM faculty as well. This idea involves secretly sending letters to each resident's loved one explaining you would like them to write a letter of encouragement and support to open at the retreat. I had our program coordinator ask each resident for their emergency contact and I used these addresses to elicit their help. I was quite surprised at the willingness of each resident's family and friends to participate in this activity. Some residents received more than 10 letters a piece. They were deeply moved when they opened these at the retreat. I gave them a block of quiet time to open these and read them. You can see an example of Dr. Clark's letter in his document under my reference section.

Another activity I included at our retreat this year was a chance for each resident to sit down and write out a letter to themselves' to open at next year's retreat. I actually had them answer two questions about their hopes for the future with the intent of setting a few goals for the next year. I wanted this to be both inspiring and reflective.

An idea that sounds like a lot of fun is a team-based competition with a theme. One faculty member described this idea to me and said her residents have a great time dividing into teams of 8-10, dressing up according to a theme and participating in a friendly competition. Their retreat committee picks a theme and reveals it along with the team assignments about a week prior to

the retreat. The residents are divided into teams made of varying classes (so they can get to know each other.) Past themes include TV shows (one team had several pregnant residents and dressed as *Teen Mom* while another group chose *Tron*) and *The Amazing Race* in which teams picked a color to wear. The big activity for their retreat includes some sort of competition in their teams. For example, *The Amazing Race* theme required the residents to solve clues to find different stations that were overseen and judged by faculty (walking to an ice cream shop to do an ice cream tasting, doing a slip 'n slide or a tricycle race.) The winners got medals to wear.

There are so many wonderful options to do at your retreat! However, please remember the goal of providing time to reflect. Give the residents “down time” so they can be still and just think, rest, and soak up some beautiful scenery. Plan time to let the residents talk with each other and “chill out.” The retreat should not leave everyone exhausted by all the activities you plan, but should actually renew and rejuvenate their spirits and minds.

5. Create an agenda.

Once you decide on which combination of activities to include in your retreat, you can type out an agenda. I think it is nice to map out the day in time segments. Of course this should not be rigid, but it helps ensure you have time for the things you would like to accomplish during the retreat. You can also include the logistical information the residents need to know such as location addresses, what to wear, start time, and anything they may need to bring with them. A sample agenda is included in Dr. Mark Clark’s retreat document listed in my references. I recommend giving out your agenda a few days in advance so everyone can review the plans and prepare.

You may also want to include some questions for reflection on your agenda document. I planned 2-3 questions out that I wanted to discuss during our small group sessions and I put these on the agenda. That way the residents and faculty could take time to thoughtfully make a few notes and answer these questions. It can be hard to come up with meaningful answers to deep questions on the spot. I included a copy of our program’s retreat agenda as a resource at the end of this document.

6. Plan your meals.

Eating together is an activity everyone enjoys doing and typically bonds us together. Since your group will be large it is important to think through your meal plans. Again, this is a part of the retreat where you need to consider your budget and location. If you rent a room in a facility you may be required to use a caterer and plan your menu well in advance. If your retreat is at a park or faculty’s home then you have any option you choose.

Consider involving your residents in choosing the food. Any opportunity you have to get them invested will increase their buy-in for the retreat.

You may even use the meal as part of your activities. One program recommended a Sur La Table cooking class as a highly successful bonding time. Another program does pizza cooking competitions.

Make sure to consider special dietary needs of all involved.

7. Make last minute preparations and then have fun!

The week before your retreat be sure and double check things are in order. Call and double check any reservations you have made for a room or food. Remind everyone of the time and place. Pick up any prizes for games (gift cards, candy, pens are popular). Review any media presentations you may be using (make sure the movie or music is downloaded, that any presentation works), handouts are ready, and letters from home are organized.

Enjoy your retreat!

8. Get feedback.

After the retreat make sure and get feedback from your residents on what they liked or did not like. This will help guide your future plans and let them know you value their input.

9. Ask for help if needed.

Developing a retreat is a big undertaking, almost like planning a huge party! It is extremely helpful to get feedback about your ideas and plans from someone with experience in this area. You may find yourself being the sole planner of this event and feel overwhelmed. If your program has never done a retreat it may be difficult to figure out what to do and how to get everyone invested. I found myself in this exact scenario and wished I knew who to ask. When we surveyed CORD multiple faculty volunteered to be contacts for anyone who would like to ask them questions about planning a retreat. We will add a list of contacts as a resource at the end of this document.

References:

1. www.rishiprograms.org (Remen Institute for the Study of Health and Illness at Wright State University Boonshoft School of Medicine)

2. Personal Interview with Evangeline Andarsio, M.D.

Web sources of publications regarding residency retreats:

3.

https://www.cordem.org/files/DOCUMENTLIBRARY/2015%20AA/BP%20Handouts/CORD_560_Residency_Retreats.pdf (written for CORD 2015 by Dr. Mark Clark)

4. www.im.org/d/do/3931

List of EM faculty you may contact regarding retreats
(all granted me permission to pass on their information)

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Sample Retreat Agenda #1

NORMAN REGIONAL EM RESIDENCY RETREAT February 22, 2018

- Leave hospital 7 am. Please try to carpool to Roman Nose State Park in Watonga, Oklahoma. It is a 90 minute drive so you can use this time to do some of your reflective questions. Plug this address into your GPS (3236 S Hwy 8A, Watonga, OK 73772).
- Arrive at the Roman Nose Lodge about 8:30 and get settled. We have a private room.
- 9:00-9:15 Introduction (Dr. Carrick)
- 9:15-9:45 Check-In. It consists of a simple sharing of how the year is going so far, ups and downs, and what is going on. Everyone shares for 2-3 minutes.
- 9:45-10:45 Small Group Discussions. Please prepare for this time by reflecting on the questions below and jotting down some thoughts/answers about these.
- 10:45-12 Hike/Read/Rest
- 12:00-1:00 Lunch
- 1:00-2:00 Small Group Discussions (see questions below...please read in advance and jot down thoughts.)
- 2:00-2:45 Special activity planned.
- 2:45-3:30 Summary, Closing Points.
- 3:30 pm to head back to OKC. Can go change, freshen up if need to.
- 6 p.m Meet at The Dust Bowl (421 NW 10th St, OKC, OK 73103) downtown for evening fun event sponsored by USACS....we have a private room with 4 of our own lanes to bowl!!

Dress: Please wear comfortable clothes for the morning because I hope we can hike...which includes hiking shoes and any warm layers you may need. For the bowling you can wear anything you want.

Food: Breakfast is on your own. We are not technically allowed to bring food to the Lodge room at Roman Nose. I ordered lunch for all of us at the Park...sandwiches/chips/fruit (vegan meals for those who need it). Dinner & drinks will be at The Dust Bowl and you can review their menu.

Questions for reflection: The retreat is meant to be a reflective day away from the hospital completely. This is about yourself and learning to see both the great things about our job and the challenging aspects of our job. I want to deeply think on this and prepare you emotionally for the future. We have a challenging job and we must learn how to deal with the ups and downs. Please take time to read these questions and write some answers to them so you can help yourself and likely help others around you on your team.

1. What am I most proud of regarding my performance during residency?
2. What do I enjoy the most in any given day in the ER?
3. What gives me the greatest sense of appreciation, awe or exhilaration?
4. What aspects of EM do I find the most difficult or challenging?
5. Do I like my work environment? If not, what about it would I like to change?

Sample Agenda #2 (for overnight camping trip)

Retreat Itinerary:

Friday, Sept 9, 2011

17:00 Residents start to assemble at camp

18:30 Dinner – Grilling out potluck/ fish fry at campsite

20:00 Activities –“Introductions” – “Who am I?”
Residents fill out questionnaire ahead of time

21:00: campfire, pool, drums, etc.

Saturday, Sept 10, 2011

09:00 Breakfast

09:30 Lecture: Resident Wellness Lecture

10:30 Lecture: Sleep/Fatigue Management

11:30 Relay Race

13:00 Lunch

13:30 Fear in a Hat (Chief Residents)

Sample Retreat Agenda #3

Resident Fall Retreat Agenda

9/15-9/16/17

Camp Y-Koda

Friday Night:

Arrive for set-up 4pm

Food, grills, etc

Getting to Know You (approx. 8:30pm)

Read survey results of two truths and a lie

Saturday:

Breakfast (8am set-up and 8:45am service)

Bob Leschke "Core Values of a Health Care Provider" (9:00a-11am)

Team Building Activity (11a-1p)

Activity #1: Blindfolded syringe cup fill up (fastest to complete task gets 30 points, then 20, then 10, then none)- syringes, cup for head, emesis basins

Activity #2: Archery LP (points per space per arrow)- cloth with LP landmarks

Activity #3: Team based "Make the Diagnosis", clues at each completed station to reach the final diagnosis (Jeremiah, NS, AP)

Lunch/Discussion (1pm QDoba)

Something I learned over this last year/What I would tell myself 1 year ago?

For interns, what is one thing I want to learn from my senior residents?

Johnsonville Lodge:

44 bunks

4pm on the 15th till 2pm on 16th

Camping (with 8 person cabin): \$50 per night (2 campsites)

Cost of Lodge is \$585 (deposit of \$100 paid)

Cost of activity is \$25 per resident (less!)

Sample Retreat Agenda #4

MCW Emergency Medicine
Mid-year Resident Retreat
3/8/2010
9am-2pm

1. Check-In Session and Breakfast (9am-10:00am)

Moderated by Trina Daniels and Heidi Ludtke

Objectives

-Review last eight months of residency

Questions to ask the group:

1. What is something that exceeded your expectations in the last eight months of residency?
2. What is something that disappointed you in the last eight months of residency?
3. Have you encountered any issues with your off-service rotations?
4. Have you encountered any issues while working in the ED?

-Discuss any issues that may have arisen

-List solutions to prevent future problems

2. Team Building and Communication: Laser Tag Adventure (10:00am-12:30pm)

Group Event

3. Future Transitions and Lunch (12:30-2:00pm)

Moderated by Heidi Ludtke and Trina Daniels

Objectives:

-Define upcoming transitions for each residency class

1. 1st years to Blue Team
2. 2nd years to Red Team
3. 3rd year graduation and new jobs

-Describe suggestions to help with transitions

-Review upcoming Wellness Committee plans

1. Recruitment (video/slideshow, website)
2. September retreat

Sample Retreat Game #1

Visual Diagnosis Answer Key

1. lightning strike/ lichtenberg sign
2. septal hematoma
3. maisonneuve fx
4. traumatic asphyxia/perthes syndrome
5. hyphema
6. SAH
7. splinter hemorrhage
8. meningococemia
9. secondary syphilis
10. herpes zoster ophthalmicus
11. pulmonary edema
12. ruptured bicep tendon
13. ludwig's angina
14. herpetic whitlow
15. fluid in morrison's pouch
16. aortic dissection
17. orbital cellulitis
18. pericardial effusion
19. fournier's gangrene
20. osborne waves
21. chicken pox, varicella
22. mallet finger
23. hemotympanum
24. peritonsillar abscess
25. otitis externa
26. hyperkalemia
27. corneal ulcer
28. Bell's palsy
29. free air
30. scleral icterus/jaundice
31. auricular hematoma
32. acute cholecystitis

Team1: Katy W, Matt L., Kari H., Craig B., Siarhei, Kelly B.,

Team 2: John S, Catherine F, Molly P., Max N., Jamie A., Jake P., Chase D.

Team 3: Lexi G, Nate B., Christina Y., Shanna P., Saada Z., Shannon M., Taylor S.

Team 4: Kathleen W, Tim T., Stevie D., Diana D., Brett M., Matt Laudon

Visual Diagnosis and Knee Immobilizer Race

Visual Dx: 1 pt for each correct answer
(Team 1 v 2)

Knee Immobilizer: Each team starts by putting on the KI on the dominant leg, uses crutches to get to other side of team. Team member removes KI and then person who just ran must apply to next runner. First team to finish wins 10 points
(Team 3 v 4)

THEN SWITCH

Sterile Emesis Basin and Abscess pop

Sterile Emesis: Team starts with gown, mask, gloves, hat and full emesis basin on one side. First runner gowns up and must run with emesis basin to opposite side. Pour liquid to next emesis basin and other team member must gown up. First team to win 5 points, Most fluid retained wins 5 points
(Team 1 v 4)

Abscess pop: Each team takes turn throwing 1 dart at target. Each popped abscess is 2 points.
(Team 2 v 3)

THEN SWITCH

Sample Retreat Game #2

Guess the diagnosis! (5 minutes)

1. Using charades, each team member must take turns acting out the diagnosis listed on the card and the remaining team members must guess the diagnosis. Once the team guesses the diagnosis, the next team member selects another card and acts out what is listed on the card. There is a 5 minute time limit, so try and guess as many as possible. You may pass on a diagnosis and come back to it later if time permits. Charades rules apply (no talking, no making sounds, no drawing letters in the air, no mouthing words). Points for the most correct diagnoses and 3 additional points for the team who finishes first with all correct diagnoses!

1. Hyperkalemia
2. Dislocated Hip
3. Pancreatitis
4. Meniere's Disease
5. Cyclic Vomiting Syndrome
6. Lupus
7. Urinary tract infection
8. Tension Pneumothorax
9. Chicken Pox
10. Baker's cyst
11. Bell's Palsy
12. Rocky Mountain Spotted Fever
13. Parkinson's Disease
14. Pre-eclampsia
15. Inferior Shoulder Dislocation

Sample Retreat Game #3

Relay Race Breakdown

Moderated by: Pilarski

Faculty Support: Worman, Pace, Crowe, Liu, Callahan

Team 1: Trina D., Heidi L., Erik A., Joe H., Bob R., Lexi G.

Team 2: Marcie N., Cole, O., Matt B., John M., Catherine F., Tim T.

Team 3: Kat S., Eric H., Chris M., Carrie F., John S., Katy W.

Team 4: Andy S., Sarah B., Abi P., Nate B., Matt L., Kathleen W.

Order of events:

1. Backwards intubation/Blind Splinting (simultaneous)
2. Bedpan Race/Canoe Race (simultaneous)
3. Core Competency Challenge

Backwards Intubation:

Faculty support: *Pace and Liu*

Teams 1 and 2 simultaneous, then Teams 3 and 4 simultaneous

Time: 10 minutes

Supplies: 2 intubating mannequins, 2 Mac blades with handles, 2 stylets, 2 syringes, 2 tubes

Each team will need to break into pairs with their teammates

One person uses the Mac blade in their RIGHT hand to gain visualization, while the other person uses their LEFT hand to pass the tube. Once the tube is passed, the pair switches roles. After a pair completes the task, the next pair repeats the challenge.

Goal: Try to get as many successful intubations as possible with each team member in under 10 minutes

Faculty: Confirm tube placement and keep score of each team's successful intubations

Each Successful Intubation= 1 point

Blind Splinting:

Faculty support: *Crowe and Worman*

Teams 3 and 4 simultaneous, then Teams 1 and 2 simultaneous

Time: 10 minutes

Supplies: 6 buckets with water, 3 various sized ace wrap rolls, cotton roll, 5 plaster sheets per pair

Each team will need to break into pairs with their teammates (different pairs from previous event if applicable)

One person chooses to be the blind splint applicator, while the other is the instructor and will have the splint applied to their right arm.

Instructor cannot use their left arm to help the splint applicator, only communication!

Once timer begins, instructor blindfolds the splint applicator. In the remaining time, it will be the job of the pair to successfully apply a RIGHT ULNAR gutter splint to the instructor.

Goal: Successful placement of a Right Ulnar gutter splint

Faculty: Confirm adequate splint placement and keep score for each team

Successful Splint= 1 point

Bedpan Race

Faculty Support: *Worman and Crowe*

Teams 1 and 2 simultaneous, then Teams 3 and 4 simultaneous

Time: 10 minutes

Supplies: 2 bedpans, 2 urinals, 2 Liters of water

Teams divide in half and are on either end of the beach.

The team will transfer the bedpan filled with water back and forth to each team member as many times as possible in 10 minutes without spilling the liquid. Before 10 minutes is up, the team needs to fill the urinal with the remaining liquid.

Goal: As many successful transfers as possible with the most amount of liquid remaining in the urinal at the end of 10 minutes

Faculty: count the number of transfers per team, and determine final amount of liquid in the urinal at the end of the race

Each Transfer= 1 point

Amount of liquid at the end of the race in the urinal: every 100 cc=1 point

Canoe Race

Faculty Support: *Pace, Liu*

Teams 3 and 4 simultaneous, then Teams 1 and 2 simultaneous

Time: 10 minutes

Supplies: 2 canoes, 4-6 lifejackets, rows

Each team chooses 2-3 representatives to canoe around designated areas on the lake. The team must complete the course within 10 minutes and be on the beach before the timer ends.

Goal: Successful completion of the canoe course in under 10 minutes

Faculty: watch for fallen rowers ;-), determine 1st and 2nd place winners

1st place=10 points

2nd place= 5 points

Core Competency Challenge

Faculty Support: *Callahan*

All teams participate at once

Time: 5 minutes

Supplies: pens and paper

Each team needs to list the 6 core competencies as enforced by the ACGME. Each team will list the competencies on a piece of paper and hand it in to the faculty judge

Goal: Successful listing of all 6 core competencies

Faculty: review answers and determine score per team

Each core competency listed= 1 point

The Team that receives the most points WINS!

Following the Relay Race, there will be a debriefing session moderated by Pilarski