

All Aboard! Sail the Seas of Resident Onboarding

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Background: Onboarding is defined "as the act or process of orienting and training a new employee or familiarizing a new customer with one's services." When applied to residency, onboarding encompasses administrative tasks, training modules, credentialing, and institutional requirements. Onboarding is also an opportunity to define and develop professional identity, wellness, mentoring opportunities, and to set clinical and professionalism expectations for the academic year. A literature search on PubMed yielded very little residency specific guidance about onboarding. The LCME requires courses pertaining to the transition from medical school to residency, however they are inconsistent, incomplete, and often lacking in usability [1]. As a result, interns are thrown into the waters of residency on their first day. Thus, there is a great need for research about robust, comprehensive onboarding curriculums to alleviate these challenges, while also addressing ACGME milestones.

Objectives: To address the significant need for formalized onboarding programs, this poster will discuss a comprehensive approach to the onboarding curriculum.

Methods: This study was based on a systematic review of the available literature. Literature searches were conducted in PubMed. A total of 3711 papers were generated and only 12 met inclusion criteria. Ten additional papers were identified by Google.

Results: 22 papers were analyzed. 10 articles showed that simulation technology, online onboarding, mentorship and building confidence were high yield topics. Furthermore, 5 articles suggested that onboarding may be used to engage senior residents in the teaching process, to identify individual professional development needs and to promote bonding. Principles of coaching, including Strengths, Weaknesses, Opportunities, Threat analyses and goals that are specific, measurable, achievable, relevant, and timely can be useful in this process in medical education. 1 article suggested other topics include: wellness, interpersonal communication skills and learning plan development. Finally, 1 article that surveyed medical students on the transition to residency process showed interest in establishing a residency program community, identifying relocation resources, tools to address racism and bias, connecting with

peers, and more proactive intentional touchpoints from program leadership. The remaining 5 papers were used to establish a working definition and implementation of an onboarding curriculum.

Conclusion: Resident onboarding should be a collaborative process between program leadership, faculty, staff, and residents as they wade into the waters of medicine. Formalizing the steps of resident onboarding with a purposeful plan will empower program leadership to be more prepared in setting up the incoming interns for success. In addition, this process, fosters a growth mindset, peer bonding, and it can proactively prevent burnout. This study provides a review of evidence-based studies for implementing effective onboarding into new residents' curriculums. By disseminating this research, we will address the gap in the literature regarding formalized onboarding programs for incoming residents.

References

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