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Social Determinants of Health Patient Care Reflection in the Emergency Medicine Clerkship

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2/3 of our graduates choosing to pursue fellowship. Medhub was used to collect resident written comments regarding the rotation. Feedback is uniformly positive, with residents stating that “publishing never looked so easy!”

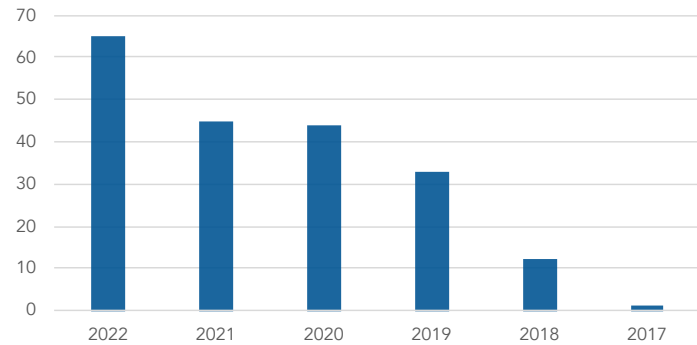


Figure. Number of residency publications by year.

8 Primary Palliative Care Boot Camp Offers Just-in-Skill Building for Emergency Medicine Residents

Julie Cooper

Introduction/Background: Emergency medicine residents routinely care for seriously ill patients. While Hospice and Palliative Medicine is a subspecialty of EM, the term “primary palliative care” is used to describe skills that are used by clinicians caring for seriously ill patients. Previous research has defined the skills most important to EM training but published curricula are lacking. We developed a “just in time” 4-week palliative care boot camp to teach PGY2 residents primary palliative care skills.

Educational Objectives: Learners will be able to: 1) define primary palliative care, identify patients with palliative care needs, initiate hospice evaluation 2) define the language of palliative care, 3) describe trajectories of life limiting illness, 4) describe the role of the interdisciplinary care team, and 5) use a talking map for goals of care conversations.

Curricular Design: Three weeks are a didactic curriculum with a content expert and address immediate questions and allow residents to share their experiences. The fourth week is a skills-based communication session focused on goals of care conversations. Table 1 shows the high yield topic breakdown.

Impact/Effectiveness: 77% residents reported prior communication skills training (at our institution). All learners “agreed” or “strongly agreed” that the objectives were met. For the communication session the majority of learners reported improved self-assessed confidence.

An advantage of this curriculum is that concentrated approach allows for integration of new skills when the skills are most

utilized. Limitations include that residents unable to attend miss the educational opportunity and faculty who have not had this education are not able to reinforce the concepts clinically.

As the role of primary palliative care in EM becomes better defined there will be a need to integrate these skills and concepts into all EM residencies and the boot camp format has proven a valuable educational tool

Table 1.

Hour	Topic	ACGME Milestones	Objectives	Format
1	Intro to Primary Palliative Care in Emergency Medicine	<i>System navigation for patient centered care</i> <i>Physician role in healthcare systems</i>	Define primary palliative care and identify common ED presentations of patients with unmet palliative care needs Define Advance Care Planning, Goals of Care, Code Status and Treatment Limitations and describe how these are codified in legal and medical documents Interpret a POLST form and describe its use in acute care settings	Small Group Lecture
2	Prognosis and Trajectory	<i>Diagnosis Treatment and clinical reasoning</i>	Describe four common trajectories of life limiting illness Define prognosis and describe 2 strategies to assess prognosis in ED patients with serious illness	Case Based Lecture
3	Chaplain Chat	<i>System navigation for patient centered care</i> <i>Interprofessional and team communication</i>	Describe the role of the chaplain in the interdisciplinary care of seriously ill patients in the ED	Guest lecture
4	Non Pain Symptom Management	<i>Pharmacotherapy</i> <i>Diagnosis, treatment and clinical reasoning</i>	Choose appropriate first and second line treatment for seriously ill patients experiencing nausea and vomiting, dyspnea, or constipation (including opiate induced constipation) in the ED	Case based small group learning
5	Ask a Consultant	<i>Interprofessional and team communication</i>	Describe the role of the HPM clinician in the care of seriously ill patients in the hospital Understand the role of HPM consultation in the emergency department	Case based lecture
6	Intro to Hospice	<i>System navigation for patient centered care</i> <i>Physician role in healthcare systems</i>	Describe the scope of hospice services and the settings where it can take place Identify patients who may qualify for hospice and how to initiate a hospice evaluation Provide goal concordant care to patients enrolled in hospice who present to the ED	Guest lecture
7-10	VitalTalk* Mastering Tough Conversations	<i>Patient and family centered communication</i>	Practice using a talking map for goals of care conversations with a simulated patient	Small group skills based practice

*VitalTalk is a nonprofit that teaches serious illness communication skills using nationally trained facilitators.

9 Social Determinants of Health Patient Care Reflection in the Emergency Medicine Clerkship

Gabriel Sudario, Alejandro Aviña-Cadena, Alexa Lucas, Sangeeta Sakaria

Introduction/Background: Curricular interventions in social determinants of health (SDH) are often sporadic,[1]

with steep dropoff in required curriculum at senior academic levels in US medical schools. [2] Additionally, there is concern that simple knowledge-based interventions are inadequate to create meaningful change. [3] With these limits in mind, it was our goal to develop a clinical SDH experience for medical students on their emergency medicine clerkship.

Educational Objectives: By the end of this experience, learners should be able to:

- Screen patients for social risk factors that affect their health.
- Recognize and reflect on barriers to health that patients from diverse socio-economic backgrounds face.
- Collaborate with interdisciplinary teams to formulate a plan to mitigate effects of SDH.

Curricular Design: Kerns' six-step model of curriculum design was used to design and execute this curricular intervention at the UC Irvine School of Medicine. [4] Through adaptation of an existing curriculum by Moffitt, et. al., health equity champions, faculty and students, met over summer 2020 to identify gaps, write objectives and design interventions/assessments. [5] The experience was divided into three components: Patient social history interview; interdisciplinary meeting regarding patient's SDH and reflection essay with novel rubric as assessment tool.

Impact/Effectiveness: Students were emailed a voluntary survey at the end of their clerkship. Of the 257 students completing the clerkship from 2020-2022, 33%

(n=87) students responded. Of those surveyed, 96% (n=84) participants agreed/strongly agreed that it was important to address SDH in patient care. Seventy-seven percent (n=67) of students agreed or strongly agreed that this exercise increased their confidence in identifying SDH in patients. Overall we found this assignment to be a meaningful experience for students and plan to continue similar interventions throughout our senior curriculum.

10 Wildermed - A Novel Curriculum for Resident Wellness and Wilderness Medicine

Grant Nelson, Jessica Vittorelli

Background: Extensive research and effort has focused on how to improve resident physician wellness and numerous studies have shown that exposure to natural environments has a strong correlation with feelings of well-being. Four years ago, we started a gamified wilderness medicine + wellness curriculum in an attempt to merge these two ideas. With increasing popularity of the curriculum, we've developed a custom mobile app for centralized photo sharing, quiz management, and event planning.

Educational Objectives:

- *Improve subjective resident wellness as measured by engagement and burnout surveys
- *Encourage exposure to local natural settings to help improve overall wellness
- *Increase knowledge of wilderness medicine topics and applications
- *Achieve buy-in from majority of residents

Curricular Design: A point-based system was chosen for easy tracking of engagement. A main goal has been to minimize intra-resident competition and instead focus on resident vs. self. Residents can earn points for sharing outdoor activity photos and attending wilderness events, with the opportunity for more points by teaching/presenting topics. For broader engagement, we provide multiple event types to participate in. We have a longitudinal goal for a 1 month rural elective limited to 3 residents and a smaller goal for an overnight PGY-3 retreat open for all. A custom mobile app helps to track scores automatically, allow picture comments, and provide notifications for events and quizzes.

Impact/Effectiveness: Over 4 years, we have increased engagement with the curriculum from 33% to 70%. Recent successful changes focused on sustaining engagement from senior classes. The custom app provides a cohesive experience but requires its own time-consuming maintenance. A similar curriculum could easily be instituted via existing free platforms and help foster wellness at any program, while providing increased exposure to wilderness medicine topics.

I feel it is important to recognize and address the social determinants of health as part of whole patient care.
87 responses

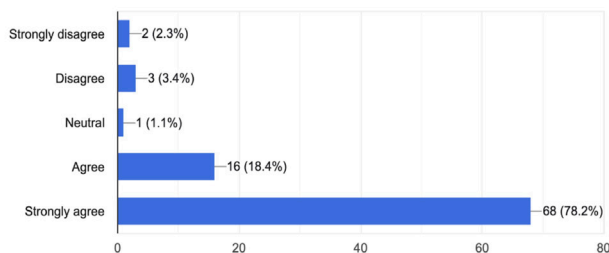


Figure 1.

This exercise made me more confident in identifying social determinants of health in other specialties.
87 responses

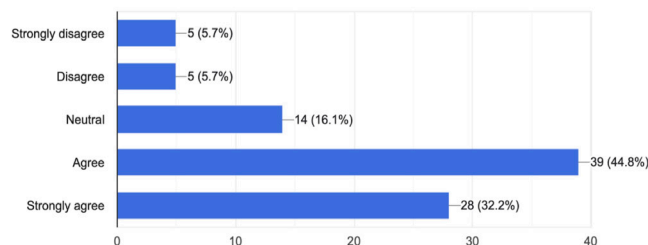


Figure 2.