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How a Social Justice Curriculum is Impacting the Next Generation of Emergency Medicine Professionals - The University of Vermont Experience

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Table. Foundations III course topics.

Critical Care	Acute RV Failure
	Unstable Intubations
	The Critically Ill Vented Patient
	Cardiogenic Shock (LV)
	Advanced ACLS
Clinical Skills	Workplace Violence and Disaster Management
	Rural EM and EMTALA
	Patient Centered Communication and Breaking Bad News
	Pediatric NAT and Guardianship
Non-Clinical Skills	Team Leadership and Conflict Resolution
	Residents as Teachers
	Billing and Efficient Documentation, Handoffs
	Bias in Medicine
Ethics	AMA and Capacity
	End of Life Care and Surrogacy
Personal Development	Physician Wellness I (Burnout, Resilience and Mindfulness)
	Physician Mental Health Emergencies
	The Job Hunt I (Practice Environments, CV and cover letters)
	The Job Hunt II (Interviews and Contracts)
	Personal Finance I (Saving, Investing, Buying)
	Personal Finance II (Insurance and Student Loans)
	Physician Errors and Second Victim

29 Holistic Review and #Match2021: Aligning Screening with Institutional Mission, Vision, and Values

Al'ai Alvarez; Holly Caretta-Weyer, MD, MHPE; Moises Gallegos, MD, MPH; Jennifer Kanapicki, MD; Ashley Rider, MD; Luz Silverio, MD; Alfredo Urdaneta, MD; Bianca Velasquez; Tamara Washington, MD; Sara Krzyzaniak, MD

Learning Objectives: To develop and assess the feasibility of a structured residency interview selection process that intentionally aligns with the department’s mission, vision, and values for a more authentic holistic application review aimed toward advancing diversity, equity, and inclusion in residency recruitment.

Abstract:

Introduction: Bias has persistent downstream effects on residency recruitment and applicant selection. The COVID-19 pandemic has contributed to disparities by reducing access to away rotations and, therefore, electronic standardized letters of evaluations (eSLOEs). It has also affected applicants without home emergency medicine (EM) programs, many of which are also Historically Black Colleges and Universities (HBCU). EM programs review an average of 969 applications annually, limiting the ability to perform a holistic review of each application. Many programs use bottleneck criteria such as the United States Medical Licensing Examinations (USMLE) Steps 1 and 2 scores, which further introduce bias. Currently, there is no agreed-upon standardized approach to holistic review.

Design: The Stanford EM Residency Program leadership reviewed its application screening metrics and used available evidence regarding bias. The group reallocated each metric’s weight accordingly, including USMLE Step 1 as Pass/Fail. AOA membership status no longer confers additional points, as its selection criteria are heterogeneous and have been shown to have a racial bias. HBCU applicants receive added points commensurate with applicants from the top 25 schools for research or primary care. The group developed specific criteria allocating points for alignment with published departmental mission, vision, and values (MVV): success or sustained effort in the domains of innovation, research, service, leadership, and advocacy.

Effectiveness: A structured screening process that eschews test scores and other traditional metrics for factors aligned with the department’s MVV provides a blueprint for authentic holistic review while mitigating bias. By implementing this process, the interview offers for underrepresented students in medicine increased from 14.8% last year to 26.1% this year without impacting the application review’s duration and intensity, indicating our process is feasible and acceptable.

30 How a Social Justice Curriculum is Impacting the Next Generation of Emergency Medicine Professionals - The University of Vermont Experience

Nikkole Turgeon, BS; Anna Corbalan, BS; Michael Lawler, BS; Naira Gouskasian, BS; Katie Wells, MD, MPH

Learning Objectives: To train the next generation of emergency medicine professionals to be better prepared to advocate for more culturally informed, inclusive care when working with diverse communities.

Abstract:

Background: There is ample evidence demonstrating health disparities in historically excluded communities. The Division of Emergency Medicine at the University of Vermont (UVMEM) has developed a curriculum focusing on the inequities impacting the health of the surrounding community. By increasing cultural competency of UVMEM, we aim to improve the health outcomes of marginalized populations, specifically by encouraging their direct participation in the curriculum. Educational Objectives: Residents and medical students will: 1. Foster more equitable and collaborative partnerships with local communities. 2. Screen patients for social determinants of health (SDH) and identify potential risk factors and barriers to care. 3. Advocate for culturally informed health care within diverse constituencies. Curricular Design: Over the course of six months UVMEM developed a curriculum with the central pillar of creating curricular content directly informed by community needs. A multidisciplinary team of healthcare professionals identified educational gaps and developed trusting relationships with community partners. There are five working groups curating

culturally informed content: anti-racism, gender inequities, LGBTQ+ issues, new Americans, and the non-domiciled population. The content is divided among four 1-hour didactic sessions and two months of journal club. Impact: The initiative has been well received by community partners and is garnering interest from other divisions. The curriculum is being integrated into the Larner College of Medicine's longitudinal social medicine curriculum allowing for students to engage with this material from the inception of their medical training. Residents and medical students are learning to be leaders who support collaborative practices as well as the importance of respecting and understanding unique cultural differences when working with diverse communities. Other institutions, even on an international level, can utilize this model.

31 Implementation of a Monthly Individualized Learning Plan with Emergency Medicine Residents

Leila Getto, MD; Joshua Drake, MD; Alyssa Young, RN; Jenna Fredette, MD

Learning Objectives: We describe a pilot study to create and assess an ILP program for a group of PGY1 EM residents. We explore development in self-assessment skills, goal generation as well as gauge attitudes towards the program.

Abstract:

Introduction/Background: Self-assessment and self-directed learning are integral to developing competent physicians who are lifelong learners. Individualized learning plans (ILPs) are tools to formalize this process and allow for mentors to guide residents in developing these skills. Pediatric residencies have adopted the ILP process and have demonstrated improvement in resident self-directed learning behavior, but to date there have been no EM residencies to adopt the ILP process into resident education.

Educational Objectives: We describe a pilot study to create and assess an ILP program for a group of PGY1 EM residents. We explore development in self-assessment skills, goal generation as well as gauge attitudes towards the program.

Curricular Design: The ILP program was designed around three key elements: 1) resident performance of self-assessment, 2) a collaborative conversation about learning needs and goals and 3) a shared development of implementation strategies. The program was implemented with 12 PGY1 EM residents in the 2019 academic year. Following an introduction to ILPs during orientation, residents met monthly with program leadership to create and reflect on ILPs. At the conclusion of the academic year, residents were surveyed about their attitude toward the ILP process and self-directed learning.

Impact/Effectiveness: A total of 9 residents completed

the post implementation survey. Prior to implementing the ILP program, residents universally reported that they had little to no experience with generating an ILP. Following implementation, 55% of residents described themselves as strong independent learners and 89% wanted to continue the program into their second year. Overall, residents felt that the ILP program helped to focus their goals, monitor their progress, and allowed them to develop a relationship with program leadership. One barrier identified was the logistics of scheduling around busy faculty and resident schedules.

32 In Situ Interprofessional Pediatric Simulation Study in the Emergency Department

Lynn McGowan, DO; Jessica Riley, MD; Lorie Piccoli, MD; Duane Patterson, PhD

Learning Objectives: Improve medical knowledge of emergency department (ED) staff pertaining to critical pediatric emergencies

Improve crew-resource management skills among staff by implementing educational interventions in the clinical environment

Familiarize staff with pediatric resources in a community, academic ED

Abstract:

An educational collaboration among multiple departments, termed interprofessional education is essential to deliver the most efficient, safe and advanced patient care within an Emergency Department (ED). New protocols and technologies are essential to compensate for increasing patient volume and acuity. Without support, even innovative solutions may propagate knowledge gaps and miscommunication that can be detrimental to patient care, especially among pediatric resuscitations.

A monthly in situ pediatric simulation study, which emulated five common pediatric pathologies, was initiated at Wellspan York Hospital, a community, academic center. Simulations involved an attending physician, resident physician, two nurses, and when appropriate, the pharmacy, respiratory therapy, and neonatal intensive care unit teams. A pediatric, high fidelity model with correlating resuscitation equipment was stationed in the ED. Each case lasted 20 minutes followed by a 10 minute debrief to review closed loop communication, clinical knowledge and protocols. An anonymous electronic survey was completed within one week to assess the simulations.

Over 75 personnel have been enrolled and completed at least one simulation, of which 40 completed the electronic survey (53%). These participants (100%) reported that the exercise was beneficial and should be maintained as a core element of continuing education. On a scale from 1-10, participants felt that the simulation mimicked a true patient encounter with an average score of 7.6. Finally, self-reported competency with medical knowledge and communication before and after showed