

educational intervention whereby residents could review curated Free Open Access Medical Education (FOAM) resources covering both core content and innovation while meeting III aims of oversight, evaluation, and monitoring.

**Curricular Design:** An educational series providing III using FOAM resources was created by pairing monthly core content with the Academic Life in Emergency Medicine (ALiEM) Approved Instructional Resources (AIR) series. A subset of resources addressing 1-2 specific topics requiring 1-2 hours of review was selected. During a 50-minute session, residents were divided into teams with representation across academic years to complete an individual, and then group, quiz following Team-based Learning (TBL) methodology. Quiz questions were faculty-developed and from ALiEM materials. During team activities, quiz questions were discussed and each team’s consensus answer was presented to the room. Faculty led a guided discussion based on resident responses; prepared lectures were not required as guided conversation covered planned content. Use of cumulative scoring over the academic year encouraged adequate resident preparation. III sessions are incorporated into the traditional didactic calendar, preventing conflict with clinical and other educational activities.

**Impact/Effectiveness:** This III series has been well-received by residents and appears to have increased engagement with core content material. Group discussion and TBL quizzes provide opportunities for senior residents to teach junior colleagues during monitored didactic sessions. Although formal evaluation of intervention efficacy has not been conducted, resident qualitative feedback has been positive including the following comments: ‘very engaging,’ ‘I found myself reading beyond the assigned topics,’ and ‘it’s great working collaboratively with the upper level residents.’ Future evaluation of this flipped format’s efficacy is warranted.

## 28 Healthcare Disparities

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**Background:** Healthcare Disparities refers to differences between population groups as related to health insurance coverage, access to and use of care, and quality of care. Emergency medicine providers encounter healthcare disparities on a daily basis, therefore it is necessary for Emergency Residents to receive formal education on this topic.

**Educational Objectives:** As healthcare disparities are difficult to identify, define and approach, we sought to create a multi-faceted didactic curriculum. Overall objectives include increasing the comfort level of our Emergency Medicine Residents’ when faced with healthcare disparities, increasing the Residents’ ability to deal with healthcare disparities when encountered, increasing knowledge of healthcare disparities and

its effects on patient care, and recognizing how we can improve our interactions with certain population groups. We aim to create interventions and enact these interventions to reduce disparities and bias, therefore producing higher quality patient interactions, experiences, and outcomes. Lastly, this lecture series aims to be sustainable and reproducible, such that it can be shared and implemented in other emergency medicine residency programs.

**Curricular Design:** We developed seven one hour interactive informative sessions. Topics include introduction to healthcare disparities, social determinants of health, the clinical encounter, provider factors contributing to disparities, an expert speaker session, implicit bias and cultural competency, and strategies and interventions for improvement (please see supplemental figure).

**Impact/Effectiveness:** After each lecture, residents anonymously evaluate the lecture and provide comments. These lectures have been met with incredibly positive feedback from the residents, consistently rated in the top quarter of lectures delivered during weekly education conference. After completion of the curriculum, a focused questionnaire will be completed by the residents to gage the full impact of the curriculum. The questionnaire will focus on increased knowledge and ability to identify healthcare disparities, as well as comfort in dealing with healthcare disparities.

### Supplemental Figure.

<b>Lecture 1: Introduction to Healthcare Disparities</b>
<i>Defining the social determinants of health</i>
<i>Defining different terms in healthcare disparities</i>
<i>Identifying levels of healthcare disparities</i>
<i>Why are disparities important</i>
<i>Identifying the healthcare vulnerable groups</i>
<i>Examples of disparities</i>
<b>Lecture 2: Social Determinants of Health</b>
<i>Identifying social determinants of health</i>
<i>Economic stability</i>
<i>Environment</i>
<i>Education</i>
<i>Food</i>
<i>Community and social context</i>
<i>Healthcare System</i>
<b>Lecture 3: The Clinical Encounter</b>
<i>Patient factors</i>
<i>Patient mistrust</i>
<i>Patient compliance</i>
<i>Patient preference</i>
<i>Individual factors</i>
<i>What influences the HPI</i>
<b>Lecture 4: Provider factors that contribute to disparities</b>
<i>Medical education</i>
<i>Provider demographics</i>
<i>Provider experience</i>
<i>Provider comfort</i>
<b>Lecture 5: Health group expert speaker</b>
<b>Lecture 6: Implicit bias and cultural competency</b>
<i>Identifying individual bias</i>
<i>Physician Bias</i>
<i>Patient Bias</i>
<i>How to troubleshoot bias</i>
<i>Defining cultural competency</i>
<b>Lecture 7: Strategies and Interventions</b>