

13 Developing a Longitudinal Cultural Competency Curriculum

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Learning Objectives: Enhance EM resident cultural competence through the acquisition of knowledge, skills, and attitudes to effectively care for all patients. Objectives were developed using Bloom's taxonomy for each module within the curriculum.

Background: Training has been found to improve knowledge of cultural and behavioral aspects of healthcare and build effective communication skills. To the best of our knowledge, this is the first longitudinal cultural competency curriculum to be studied in EM residents.

Objectives: Enhance EM resident cultural competence through the acquisition of knowledge, skills, and attitudes to effectively care for all patients. Objectives were developed using Bloom's taxonomy for each module within the curriculum.

Curricular Design: Learners are 18 EM interns at a single urban 3-year program. Our 12-month curriculum was developed using Kern's 6-step model. A general needs assessment was conducted via literature search and consultation with experts in the field. A targeted needs assessment was performed using the validated Clinical Cultural Competency Questionnaire. Based on these results, 12 sessions were created: implicit bias; social determinants of health, race and antiracism; microaggressions; obtaining a culturally sensitive history; using interpreters; advocacy for undocumented immigrants; LGBTQ patients; ED management of sexual assault; gender disparities; social workers in the ED; and palliative care. Educational methods include lectures, simulation, facilitated discussions, problem-based learning, and journal club readings. Impact will be assessed through quarterly administration of the Tool for Assessing Cultural Competency Training (TACCT), a tool created by the AAMC. Further evaluation will be conducted through satisfaction surveys and the Program Evaluation Committee.

Impact: 3 initial sessions for the 2021-2022 year have successfully fulfilled several domains identified by the TACCT. Sessions were well received by learners. 94% of learners described the first session "Using Interpreters" as helpful, 100% recommended it for future orientations, and 72% reported learning new skills that they planned to incorporate in future patient encounters.

14 Of the Women, for the Women and by the Women: A Resident-Led Curriculum

Asma Hashim, Jennifer Lee, Tarlan Hedayati

Learning Objectives: To identify gender-specific needs

among female EM residents and develop a curriculum to recognize these challenges and discuss strategies to overcome barriers to equality.

Introduction/Background: Women were first admitted to medical school in 1849, yet the discrepancies and disparities experienced by female physicians still persist. The challenges facing women in medicine begin early in the education and training process. A resident-driven "Women in Emergency Medicine" curriculum was established at Cook County's Emergency Medicine Residency Program to address these issues, promote mentorship and foster professional growth.

Educational Objectives: The objective of the curriculum was to unveil specific inequities experienced by a cohort of female EM residents and create a resident-led curriculum to address these challenges. The curriculum promoted safe spaces for focused discussions, provided directed mentorship and culminated in an educational retreat featuring speakers and activities based on surveyed needs.

Curricular Design: In August 2020, using the Kern model, a needs assessment survey was created and distributed among the 20 female EM residents, with the goal of identifying common obstacles faced by this cohort. Small group discussions were implemented over 7 weeks to address these topics. Based on the initial survey and discussions, the first annual Women in EM Residency Retreat was held in June 2021. The educational retreat included faculty presentations on resident wellness, mentorship, combating micro/macroaggressions, women in leadership, resilience and resume building. Anonymous pre- and post-retreat surveys were distributed for session feedback and evaluation of efficacy.

Impact/Effectiveness: The findings demonstrated that 100% of participants felt that a female directed curriculum was crucial for professional and personal development. Interestingly, while 100% of residents felt they had female faculty mentors to support them, only 46% felt similarly about male faculty mentors. This data presents an obligation for department leaders to address allyship needs by male faculty towards female trainees.

15 Prescribing Solutions: Development of a Community-Centered Approach to Teaching the Social Determinants of Health in the ED

Emily Craft, Matthew Stull

Learning Objectives: Following this session, learners will be able to recognize specific challenges facing their ED patient population, select community partners for patient referral based on personal experience, and be empowered to use local resources to prescribe social solutions from the ED.

Introduction: Patients are increasingly affected by societal and structural factors that impact their health. EM physicians must understand their community’s unique needs and leverage the social determinants of health (SDH) to provide efficient, comprehensive care. SDH are traditionally taught in a classroom-based setting providing little guidance in translating this knowledge into clinical practice. This leads to dissatisfaction and burnout as trainees become aware of health disparities without potential solutions. We developed a community-centered experiential approach that introduces SDH to EM residents, providing tangible ways to intervene and prescribe solutions to ED patients facing SDH barriers.

Curricular Design: SDH in CLE Day was implemented during the orientation block for 12 EM PGY-1 residents. Over 5 hours, residents were introduced to the local community through population-based small group discussions. Residents toured two community centers to learn about accessible resources for patients in the ED. While traveling between sites, resident groups led by faculty facilitators discussed personal experiences with SDH as well as ED-based patient scenarios where SDH could be leveraged to optimize patient outcomes.

Impact: Twelve first-year residents (100%) completed post-orientation evaluations. The session was highly successful in enhancing interns’ understanding of the local population with 92% agreement. Additionally, 83% agreed they felt empowered to intervene on SDH challenges in the ED as a result of the session. Residents described the day as “eye-opening,” “valuable,” and “humbling.” Overall, a community-centered experiential approach to teaching SDH is effective in empowering EM residents to recognize and intervene on SDH facing their patients. Future directions include increasing the number of participating community sites and incorporating activities to better introduce concepts of power and privilege to trainees.

16 The Impact of an Experiential Social Medicine Curriculum in a County Emergency Medicine Residency Training Program

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Learning Objectives: To evaluate the effect of an Experiential Social Medicine Curriculum on residents’ attitudes, perceived responsibility and competence towards vulnerable populations.

Introduction: Social Medicine (SM) is an emerging field that includes the study of the social determinants of health. Despite widespread acknowledgement of its influence in patient care, SM is underemphasized in graduate medical education. Attempts to incorporate SM into residency curricula have shown promising results, though the impact of SM curricula on emergency medicine (EM) residents remains unclear.

Objective: We developed a experiential SM elective for residents and evaluated the impact of the curriculum on residents’ attitudes toward and care of vulnerable populations.

Curricular Design: In 2018-2019, all residents at our EM Residency Program were invited to participate in a two-week SM experiential elective focused on patients experiencing substance use disorders, experiencing homelessness, seen at the border health clinic, seeking asylum, facing primary care access barriers, involved in the Violence Intervention Program (VIP) at our hospital, or involved with the carceral system. Experiences and didactic material were coordinated with community-based organizations. Results: Residents were invited to complete a voluntary, anonymous post-rotation electronic survey exploring changes in their attitudes and competence. Of the thirty-eight residents who participated, twenty-two responded to the survey (58%). No responses were submitted for the elective involving patients experiencing substance use disorders. Overall, participants reported increased understanding and empathy, perceived responsibility, and perceived competence towards working with vulnerable populations after their elective (Table 1).

Impact: Our experiential SM Curriculum positively impacted residents’ attitudes and informed their care of vulnerable populations. Given the pervasive impact of the social determinants of health in the practice of emergency medicine, it may be useful for residency program leaders to integrate experiential electives into existing residency curricula.

Table 1. Aggregate post-elective experience survey scores by domain.

Attitude Domain #1 (N=22)					
Compared to how you felt prior to this elective, how would you rate your:	1 = Strongly Decreased	2 = Decreased	3 = Unchanged	4 = Increased	5 = Strongly Increased
Understanding of healthcare challenges faced by *?	0 (0%)	0 (0%)	0 (0%)	12 (54.5%)	10 (45.5%)
Ability to empathize with *?	0 (0%)	0 (0%)	0 (0%)	9 (40.9%)	13 (59.1%)
Sense of satisfaction when treating *?	0 (0%)	0 (0%)	0 (0%)	9 (40.9%)	13 (59.1%)
*Sense of frustration when treating *?	0 (0%)	6 (27.2%)	9 (40.9%)	3 (13.6%)	4 (18.1%)

Attitude Domain #2 (N=22)					
Compared to how you felt prior to this elective, how would you rate your level of agreement with the following statement:	1 = Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
Emergency physicians are responsible for identifying and intervening on social determinants of health for *.	0 (0%)	1 (4.5%)	1 (4.5%)	6 (27.2%)	14 (63.6%)
There is a LOT that I can do to help * in the emergency department.	0 (0%)	1 (4.5%)	4 (18.1%)	10 (45.5%)	7 (31.8%)

Competence Domain (N=21)					
Compared to how you felt prior to this elective, how would you rate your:	1 = Strongly Decreased	2 = Decreased	3 = Unchanged	4 = Increased	5 = Strongly Increased
Knowledge of the social support services and/or resources available to * at our institution?	0 (0%)	0 (0%)	5 (23.8%)	10 (47.6%)	6 (28.6%)
Ability to identify the social determinants of health that are contributing to a(n) * presentation?	0 (0%)	0 (0%)	2 (9.5%)	13 (61.9%)	6 (28.6%)
Ability to establish a therapeutic alliance with *?	0 (0%)	0 (0%)	3 (14.3%)	11 (52.4%)	7 (33.3%)
Ability to intervene on the social issues that are contributing to a(n) * presentation?	0 (0%)	1 (4.8%)	5 (23.8%)	11 (52.4%)	4 (19.0%)

Data are reported n(%). *Patients experiencing substance use disorders, experiencing homelessness, seen at the border health clinic, seeking asylum, facing primary care access barriers, involved in the Violence Intervention Program (VIP) at our hospital, or involved with the carceral system.