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.*