

during which residents were educated on loan repayment, budgeting, and retirement planning. Subsequent didactic sessions addressed other financial topics including savings, taxes, retirement planning, investing, insurance, health savings and flexible spending accounts, and home buying. The curriculum concluded with a session for graduating residents focused on financial strategies for attendinghood such as tax preparedness, contract review, and disability insurance. Based on feedback, the curriculum was modified to span a four-year residency program with topics and case studies targeted to each residency class based on the financial decisions and actions that may be relevant to that year of residency.

Impact/Effectiveness: Sixty residents participated in the curriculum annually. Data were collected over two years. Thirty-two residents completed post-curriculum surveys: Of all respondents, 100% of residents felt more prepared to make financial decisions after the financial curriculum.

59 Implementation Of Civic Health and Community Engagement Education Through Voter Registration In The Emergency Department

Claire Abramoff, Jacqueline Dash

Introduction/Background: Lack of civic participation is linked to “poor self-rated health, independent of both income inequality and median household income” (Bakely et al, 2001). In a policy statement from June 2022, the AMA “supports measures to facilitate and equitable access... [and] acknowledges voting is a social determinant of health”. Our hospital has been using the tools provided by Vot-ER (a national nonpartisan organization) for some time, but it had been an informal, word-of-mouth initiative that only a few faculty utilized. We aimed to standardize the education and implementation of provider-assisted voter registration, with the ultimate goal of increasing the number of registered voters in our community. By providing our patients with the tools they need to register to vote, healthcare providers can help create a non-partisan, inclusive democracy for our learners, faculty, institution, and patients.

Educational Objectives: To increase emergency medicine resident and faculty awareness of voting as a social determinant of health, and provide tangible resources and methods for helping patients register to vote while in the emergency department.

Curricular Design: Faculty members participating in the Vot-ER Civic Health fellowship organized a didactic session that introduced the history and research surrounding voting as a social determinant of health. It specifically covered the voting history of the population surrounding our hospital. The session then divided into small groups to role play patient encounters and brainstorm techniques to incorporate voter registration questions into the patient interview.

Impact/Effectiveness: During the session, we were able to provide 60 residents and faculty members with Vot-ER registration tools, as well as practical tips and resources to help register patients. We saw a significant increase in the number of patients registered at our institution after our educational efforts.

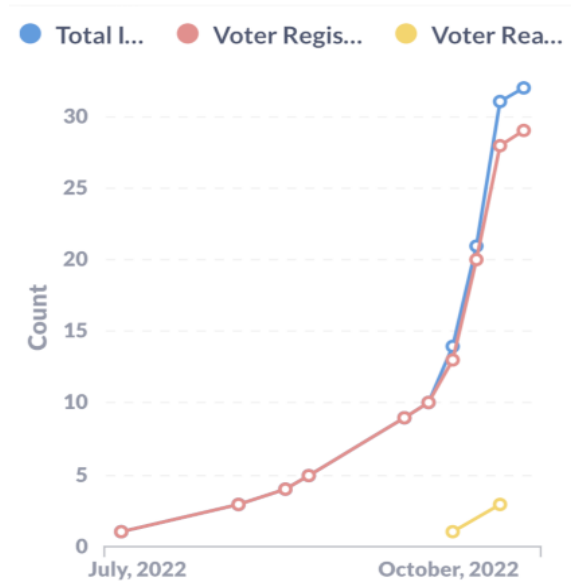


Figure.

60 Navigating Uncertainty in Clinical Practice: A Workshop to Prepare Medical Students to Problem-Solve During Complex Clinical Challenges

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Background: Uncertainty is abundant in clinical practice. Curricula to prepare trainees to navigate uncertainty in clinical practice have been cited in the literature, yet few interventions prepare trainees to appraise the uncertainty faced and to problem-solve accordingly. We designed and implemented a workshop that equips learners with a taxonomy to categorize the types of uncertainty and a framework to apply problem-solving strategies when navigating uncertainty in complex clinical encounters.

Objectives: After the workshop, students will be able to appraise the types of uncertainty they encounter in clinical practice, apply a sense-making framework to diagnose clinical challenges using principles informed by Health Systems Science (HSS), and reflect on strategies to apply when navigating uncertainty.