

the difficult conversation, followed by debriefing with the larger group.

Impact/Effectiveness: This session occurred three times in a 2.5-hour period averaging ten trainees per session. Trainees generated conversations about suspected interpersonal violence, informed consent, consultant interactions, protected time negotiation, colleague substance abuse, goals of care, unrealistic family demands, and power differentials. Common themes were influence, recognizing limits, knowledge of resources, and time pressure in the Emergency Department. The gaming aspect adding random complications brought positive energy to the group interactions and an effective counterbalance to the heavier topics discussed. Spontaneous trainee feedback during the sessions and formal conference evaluation data was very positive. The raw materials created for this session are readily available for re-use by other faculty and will, by nature of its design, create different difficult situations each time.

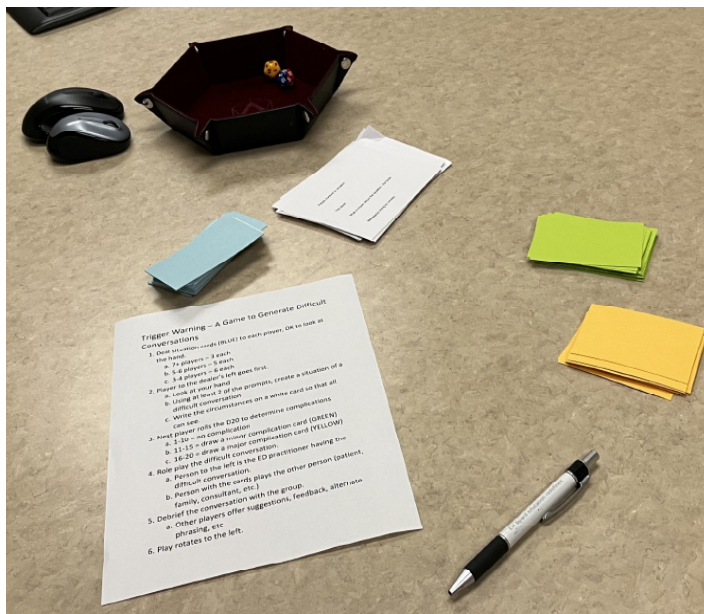


Figure.

70 Understanding Resources in Our Community to Understand and Help the Patients We Serve

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Background: Many ED patients present with complaints due to insecurity of food, clothing, shelter, inadequate access to medical or mental healthcare, and issues with addictive behaviors. These issues often result in frequent ED visits

trying to seek help.

Educational Objective: Introducing our new EM residents to resources in our community will increase their awareness and understanding of our patients’ potential insecurities and give them the ability to provide appropriate education to access these resources. The ultimate goal is to reduce overall patient insecurities and decrease repeat ED visits.

Curricular Design: During the first week of their orientation block, PG1 residents went on a tour of our catchment area which included educational sessions in a City Health Center, Local Nursing Home, Opioid Use Treatment Center, and a Local Shelter. Community resources were noted during the tour including food banks, WIC office, Methadone clinic, local schools, medical clinics, shelters, and other important sites. Surveys were completed pre-and post-tour asking the same questions. Results obtained anonymously from 2 consecutive classes of 15 interns are shown in the attached graph.

Impact: Our residents found the tour of our community resources gave them awareness of potential insecurities that our patients may experience and understanding of

Y-axis – Likert Scale

- 1=Strongly Disagree
- 2=Disagree
- 3=Neutral
- 4=Agree
- 5=Strongly Agree

X-axis - Questions

- 1. I feel confident in my ability to direct patients with food insecurity to local resources.
- 2. I feel confident in my ability to direct patients with housing insecurity to local resources.
- 3. I feel confident in my ability to identify patients with limited access to medical care.
- 4. I am aware of local resources available to uninsured patients for routine medical care.
- 5. I am aware of local resources available to uninsured patients for specialty care.
- 6. I feel confident in my ability to educate patients with limited access to medical care about local resources.
- 7. I feel confident educating patients with opioid use disorders about local treatment options.
- 8. I have a good understanding of services available to patients in a nursing home.
- 9. I have good understanding of services available in a rehab facility.
- 10. Increasing my knowledge of local resources will improve my ability to provide comprehensive care for my patients.

Figure 1.

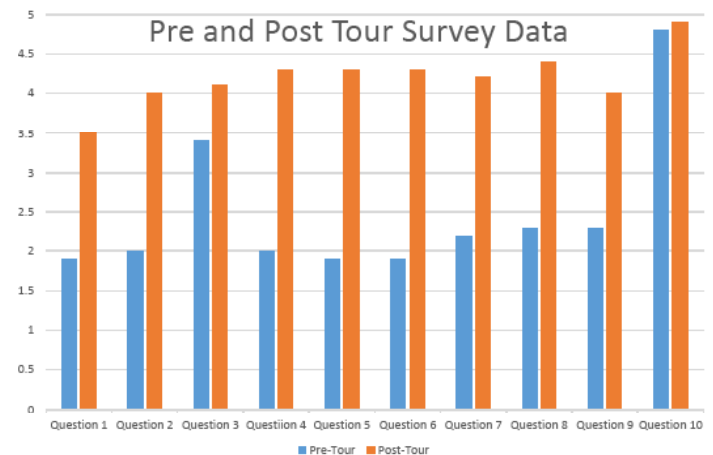


Figure 2. Pre- and post- tour survey data.