

Figure.

36 Use of a film curriculum in a multidisciplinary setting to further resident understanding of unrepresented communities in the United States

Kathleen Williams, Mary Elizabeth Schroeder, Amber Brandolino, Alicia Pilarski

Introduction/ Background: Cultural competency impacts care by improving physician therapeutic effectiveness, improving patient physiologic response and shortening hospital stays. Educational programming focused on improving empathy and cultural competency is a common need for all specialties. Few opportunities exist for trainees to learn about shared populations across specialties. There is limited literature describing best practices for teaching these principles. While film curriculums have been utilized to teach empathy and communication to students, this educational platform has not been previously described for resident learners.

Educational Objectives: We aimed to further knowledge and understanding of diverse communities served at our institution utilizing a series of documentary films with accompanying panel discussions. These sessions were open to all graduate trainees and students on campus.

Curricular Design: Four films were chosen to highlight underrepresented populations within our community and streamed for resident learners and students for one week. Panel discussions, with representatives from the community, were held to highlight themes of the film and create dialogue about these populations.

Impact/Effectiveness: Surveys were utilized to assess knowledge and comfort approaching the group represented in the film before and after the sessions. Open ended questions were utilized for self-reflection. A delayed survey was conducted to determine sustained impact. After the sessions, trainees reported improvement in comfort (table 1) and knowledge (table 2) approaching the patient populations. On reflection, learner comments focused on themes regarding community mistrust of healthcare systems and ways to improve communication. Delayed survey data revealed this impact was sustained. Future directions include determining ways this curriculum may translate into clinical care provided.

Table 1. Learner self assessment of comfort before and after the sessions.

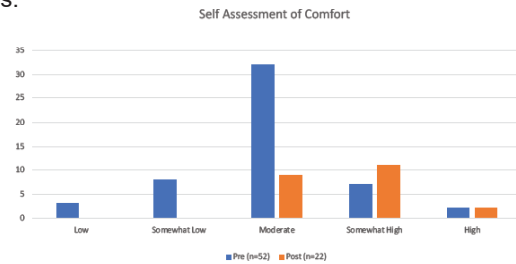
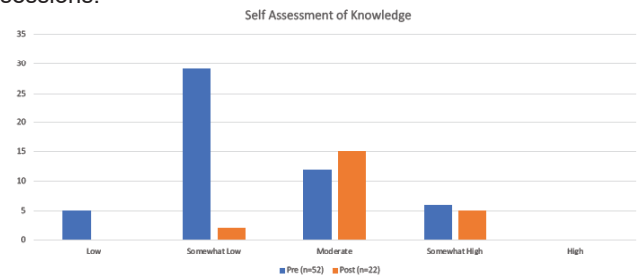


Table 2. Learner self assessment of knowledge before and after the sessions.



37 How Do I Find the Answer? Resident Learning Simulation of the Master Adaptive Learner Planning Phase

April Choi, Jeremiah Ojha, Kathryn Lorenz, Jeremy Branzetti, Laura Hopson, Mike Gisondi, Linda Regan

Introduction/ Background: Emergency medicine (EM) residency programs must strive to teach adaptive