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Explicit instruction in social determinants of health in the Emergency Department: a new resident curriculum

Rebecca Raven, Department of Emergency Medicine; School of Medicine; Oregon Health and Science University

Keywords

Emergency Medicine; Social Determinants of Health; Internship and Residency; Racism; Curriculum; Emergency Medicine; Social Justice;

Abstract

The Emergency Department is the safety net of the American healthcare system. The problems that come through our doors are not only medical, but also social, often with complex interactions between the two. The medical community has increased its acknowledgment of SDOH, with its importance highlighted by bodies such as the WHO, the CDC, and the AMA. Additionally, ACGME has added education surrounding social determinants and population health as a Common Program Requirement (Byrne and Nasca 2019). And while the Emergency Department is uniquely exposed to many of the social inequities in society (for example, though representing <50% of the physician workforce, providing >50% of acute care administered to uninsured patients (Pitts et al, 2010)), many Emergency Medicine residency programs, including the program at OHSU, do not have formalized, longitudinal education directed specifically at the social determinants. While it has been integrated to some of the more classic medical teaching (such as including a slide on social determinants in a Morbidity and Mortality Conference), there is no explicit, dedicated instruction on identifying and intervening upon the social determinants that impact our patients' health.

The proposed curriculum is an 18-month curriculum (repeated twice during a 3 year residency) designed to be implemented during resident conference, covering multiple aspects of social determinants that can be seen in the ER. Sample topics include the built environment (food/healthcare deserts, transportation, pollution, green space access), disabilities, immigration and language justice, interaction with police/patients in custody, and racism (both explicit and implicit). A variety of educational methods are employed including group work, case studies, simulation, and community engagement. Following the curriculum, EM residents will be prepared to explain the importance of SDOH, identify social determinants at play in a given patient interaction, and engage appropriate resources to mitigate their impact. Following this presentation, other departments should feel empowered to modify this curriculum to best fit the presentations of social determinants with which their specialty interacts and to then increase the explicit instruction provided to their trainees on social determinants of health.

References

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