

UC Irvine

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

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Permalink

<https://escholarship.org/uc/item/9cf5m181>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 24(3.1)

ISSN

1936-900X

Authors

Reddy, Rajitha
Navarro, Benino

Publication Date

2023

DOI

10.5811/westjem.61030

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recognition of activities that previously may have gone unacknowledged.

Curricular Design: A catalog of 80 different ways to accrue Research and Scholarly (RSA) Points was created and distributed to trainees. Under faculty mentorship, residents collect RSA points continuously throughout their training with a graduation target of 100 points. Accrued activity and points are cataloged via a live online platform where residents propose RSA points for credit which are later approved by faculty after verification. The points system aims to convert a daunting task into a quest toward continuous self-improvement while introducing residents to basic principles of research and productivity in academia.

Impact/ Effectiveness: Since its implementation, the RSA Points System has created more awareness of creative ways in which to produce scholarly activity. The project has been met with enthusiasm and has been reported to promote confidence and new career satisfaction. It serves as a novel way for training programs to augment their academic productivity particularly if experiencing stagnation, while rewarding those most eager to produce, and motivating the underachiever to “level up.”

33 Resident and Population Centered Approach to Social Emergency Medicine Curriculum

Rajitha Reddy, Benino Navarro

Introduction/ Background: Social Determinants of Health (SDH) affect health outcomes more than clinical care. With the unique access Emergency Medicine (EM) has to all populations, there is a need to make SDH curriculum a standard component of EM education. Our residency developed a longitudinal curriculum centered on understanding local SDH and implementing these topics into clinical practice.

Curricular Design: Residents collaborated with program leadership to create a resident-run lecture series emphasizing SDH. Lectures are 30-minute sessions twice per quarter during weekly conferences. Residents are invited to opt-in to the track. Topics were selected using prior examples of curricula and topics that were considered most relevant to our patient population. Residents were able to select the topics they were most interested in and had independence to decide on the educational approach for each topic. Each session required providing actionable ways to apply the topic into clinical practice. For example, the topic of health literacy was presented in a small group format with sample cases in which miscommunication between a physician and patient resulted in poor outcomes. Presenters worked with each small group to develop solutions toward preventing similar scenarios, and new

system changes were proposed. Residents then received a list of local resources that promote health literacy.

Impact/ Effectiveness: A survey was administered to all participating residents and initial feedback has been overwhelmingly positive. Residents reported our curriculum has started to change their approach to the patient encounter. When asked to rate on a 1-10 scale how informed residents felt regarding SDH before and after curriculum implementation, 58.3% rated a 6 or higher before versus 100% rated 6+ after. Similarly, when asked how prepared residents feel in dealing with SDH-related challenges, 37.5% rated a 6 or higher before vs 83.4% after. We believe this approach to SDH can be replicated at other programs and help standardize curriculum.

34 Resident-Led Wellness: Fostering the Skills Emergency Medicine Residents Need to Thrive Using An Innovative Longitudinal Mentorship Model

Erica Warkus, Steve Kamm, Phil Bonar, Joel Gerber

Introduction/ Background: Incidence of burnout is high in emergency medicine (EM) residents. Residency programs can prevent burnout by providing residents with the tools to build resilience and mentorship/community support. Unfortunately, it is difficult for programs to provide these tools in a consistent manner to all their residents. Graduate medical education lacks solutions that facilitate individual resident wellness and academic success through longitudinal mentorship and resident-run initiatives and innovations. This abstract describes a resident-led wellness initiative in which “residency houses” were created to foster resident leadership, peer mentorship and professional fulfillment in a three-year Emergency Medicine residency program at a community hospital.

Educational Objectives: The resident class of 2023 collectively outlined the changes they would like to leave as a legacy within their program, namely: increase mentorship activities, promote clinical teaching, enable continuity of projects/progress made by residents, and improve communication channels.

Curricular Design: The creation of a longitudinal residency “houses” system was chosen to meet all four objectives. A points system (Figure 1) was implemented to provide positive feedback, public recognition and allow friendly competition. All residents and attendings were placed into one of three houses. Each house has an “identity” and an area of House “responsibility” (i.e., Administrators, Advocates and Ambassadors; Figure 2).

Impact/Effectiveness: The success was judged by resident participation in group activities, individual feedback and the overall number of earned points by residents and by