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Teaching Outside the Box: A Health Humanities- Based Curriculum to Teach Social Determinants of Health

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Critical event debriefing forms were adapted from the Debriefing in Situ Conversation after Emergent Resuscitation Now tool described by Mullan et al after a detailed literature review of best practices.

During a critical event debriefing, the interdisciplinary team is prompted to identify what went well in the care of the patient, what could have gone better, whether there was a patient safety threat, and to propose solutions to improve care. Residents work with the ED operations committee to address the action items identified during debriefings.

The first critical event debriefing session was completed in March of 2018 and 38 forms have been completed to date. Debriefing sessions identified issues with equipment (23), communication (9), transitions of care (5), medications (2), procedural skills (2), systems (1), and medical knowledge (1) and created explicit action items with suggested solutions. Many of the third (5/10) and fourth (8/10) year residents have participated in a debriefing session and all residents have been included in discussions on proposed solutions. This project improves patient care, satisfies the ACGME requirement for resident engagement in inter-professional quality improvement, and is easily adaptable to other residency programs.

knowledge to clinical application. The health humanities (HH) may serve as that bridge. While their impact on medical students' empathy and observation skills is widely established, there is limited evaluation of their impact in resident education and potential to promote critical thinking about SDoH.

Learning Objective: The objectives of this curriculum are to:

- 1) Encourage critical thinking about social determinants (SDoH) in EM
- 2) Foster meaningful engagement with patients, families, and communities
- 3) Promote self-reflection on clinical experience
- 4) Translate knowledge of SDoH into patient care

Design: Grounded in narrative medicine and visual thinking strategies, curriculum themes were identified by a consensus group of residents and faculty with HH, education, and social EM expertise, with input from nursing and patient councils. Feedback from 6 pilot sessions informed the format and duration of this 10-session, synchronous and asynchronous year-long curriculum. After an introductory museum-based session to encourage out-of-the-box discussion, subsequent sessions are themed by specific SDoH (addiction, health literacy, built environment, etc) and combine brief lectures with group discussions of thematically-relevant literature and art in both classroom and community settings.

Impact: This innovative approach encourages critical engagement with SDoH in the ED and surrounding community, creating a cognitive bridge between didactics and clinical practice. Over 80% of residents have rated sessions as "excellent". Residents' group discussion participation and evaluation responses demonstrate engagement, nuanced discussion, and critical thinking. We will compare pre- and post-surveys to assess impact on SDoH knowledge and SDoH use in clinical decision-making. Tips for effectiveness are in Table 1.

Figure 1. Critical Event Debriefing Form.

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Introduction: Understanding the impact of social determinants of health (SDoH) is important to EM resident development. Successful SDoH training should bridge classrooms and EDs by providing frameworks for translating

Table 1. Lessons learned for maximizing effectiveness of a health humanities-based SDH curriculum.

- Schedule in-conference activities earlier in the year to encourage attendance at subsequent asynchronous sessions
- Limit any pre-readings to a maximum of two to maximize nuanced discussion
- When possible, incorporate time for reading into sessions themselves to maximize engagement
- Incorporate multiple sources in each session (for instance, combine art, literature, non-fiction, podcasts)
- When possible, involve multidisciplinary stakeholders, such as peer recovery counselors, social workers, and patients, in both curriculum development and instruction
- Move the classroom beyond the walls of the hospital to surrounding communities via community field trips or visits to museums