# UC Irvine

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### Title

Beyond the Bedside: Exploring Social Determinants of Health through the Eyes of Emergency Medicine Clerkship Students

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programs were more likely to provide PL information on their websites [$\chi^2(1, N = 285) = 5.91$, $p = 0.015$; $\chi^2(1, N = 285) = 5.95$, $p = 0.015$)]. We found no significant association between PD gender, program length, or program region and the presence of PL information.

**Conclusions:** Our findings reveal substantial gaps in parental leave and pregnancy accommodation information on EM and GME websites, highlighting the need for greater transparency to support prospective residents who may hesitate to ask about these policies during interviews.

## 6 Beyond the Bedside: Exploring Social Determinants of Health through the Eyes of Emergency Medicine Clerkship Students

*Mark Olaf, Keith Willner, Devon Bremer, Jennifer Spinozzi*

**Background:** Social Determinants of Health (SDH) are critical elements in the effective delivery of value-based care. The ED presents a unique opportunity for medical students to understand the impact of SDH on the delivery of care. Published curricula exist to address SDH undergraduate education in the ED but may be resource intensive.

**Educational Objectives:** We aimed to develop clinically based, EM-centered, constructive learning opportunity to emphasize and teach students about SDH principles and to assess its efficacy through a qualitative approach.

**Curricular Design:** Using a constructivist learning theory framework, we instituted a SDH shift into our clinical curriculum and asked students to reflect on their experiences. Students identified a patient in the ED whose visit was related to SDH factors, interviewed the patient, and worked with a social worker or care manager to address those needs during that visit. Students then submitted reflections about SDH factors and resources based on these experiences. We then performed a qualitative analysis using a constructivist learning theory framework using phenomenological methods adapted to the reflections provided by this experience.

**Impact/Effectiveness:** 115 students completed the exercise and all responses were analyzed. Identified themes included the effects of poverty including housing instability identification, access to healthcare, financial constraints, and cultural and language barriers to the delivery of care; stigma around substance use and mental health conditions; as well as the impact of location on care rendered. The development of this curricular content appears to have generated thoughtful insight into elements of SDH in the clinical environment. Future work should focus on integrating these experiences with SDH principles learned elsewhere in their medical school curricula, and to further develop undergraduate curricula that incorporate SDH principles and experience while measuring patient centered outcomes based on such curricula.

## 7 From Data to Development: Formative Feedback via Electronic Health Record-Derived Metrics

*Ashley Rider, Josh Hughes, Loretta Matheson, Luke Morris, Sara Krzyzaniak*

**Introduction:** Residents benefit from diverse feedback sources to guide their clinical progression. Traditionally, feedback comes from a convenience sample of attendings after a given shift, which can introduce bias and subjectivity. In contrast, Electronic Health Record (EHR)-derived clinical metrics provide longitudinal, quantitative performance data based on thousands of data points.

**Objectives:** 1. Provide supplementary feedback on resident efficiency and breadth of exposure. 2. Familiarize residents with clinical metrics they may encounter as attendings. 3. Extract and deliver data in a responsible and psychologically safe manner.

**Curricular Design:** Metrics were selected based on literature, industry standards, and stakeholder input. The metrics

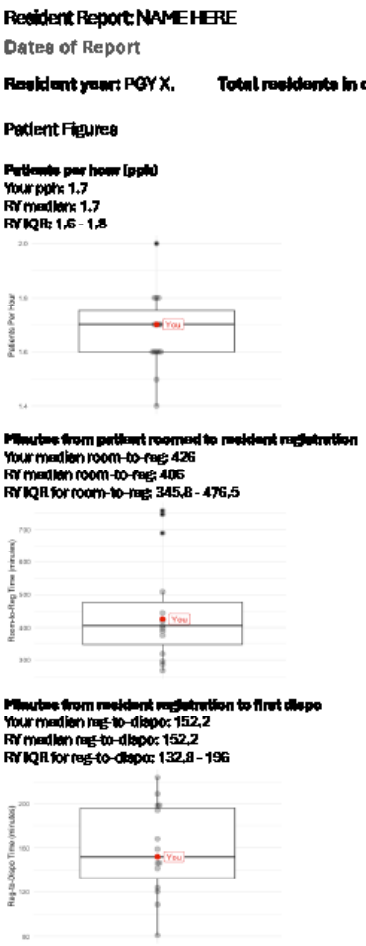



**Image 1.** Example of a Partial Metrics Report (acuity, procedures, consults, total patients, total hours, and 72-hour return visits not included).