

Perceptions on Family Medicine Residency Training in the Social Determinants of Health

Morgan Beatty MD MPH, Matthew Rudolph MD, Leslie Smebak MD, Thomas Kim MD MPH, Amber Alencar MD MPH, John Hertenstein-Perez MPH

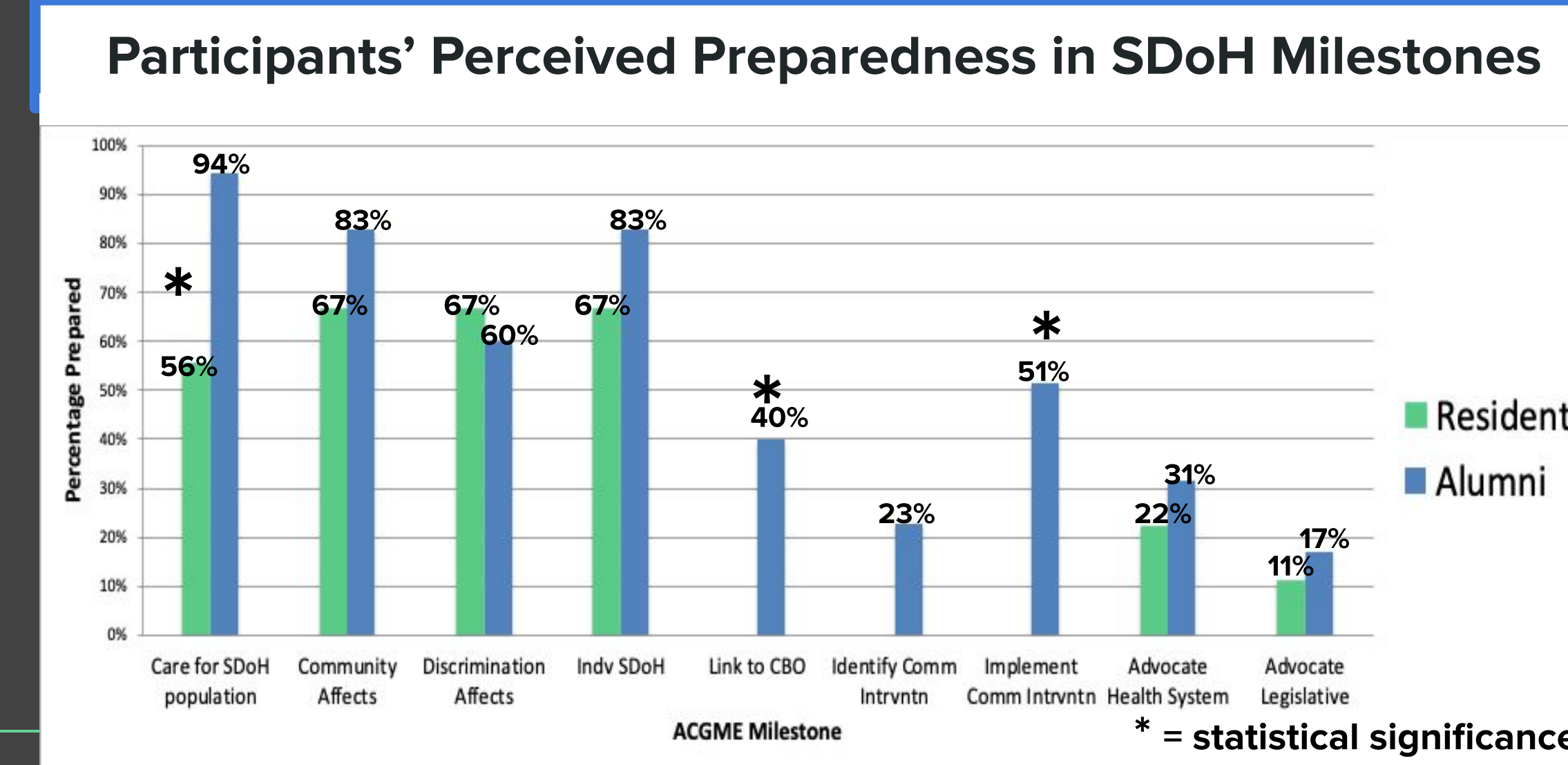
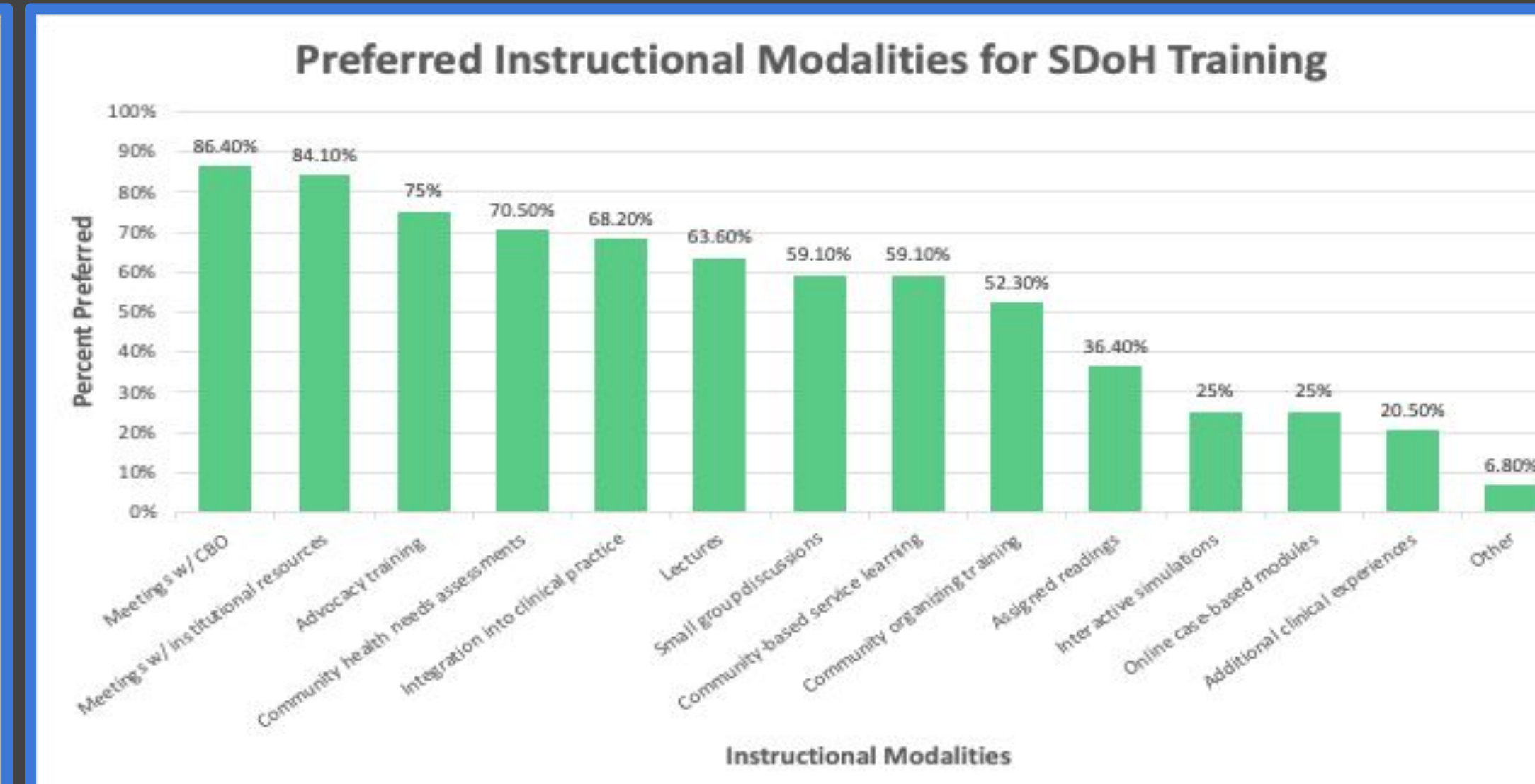
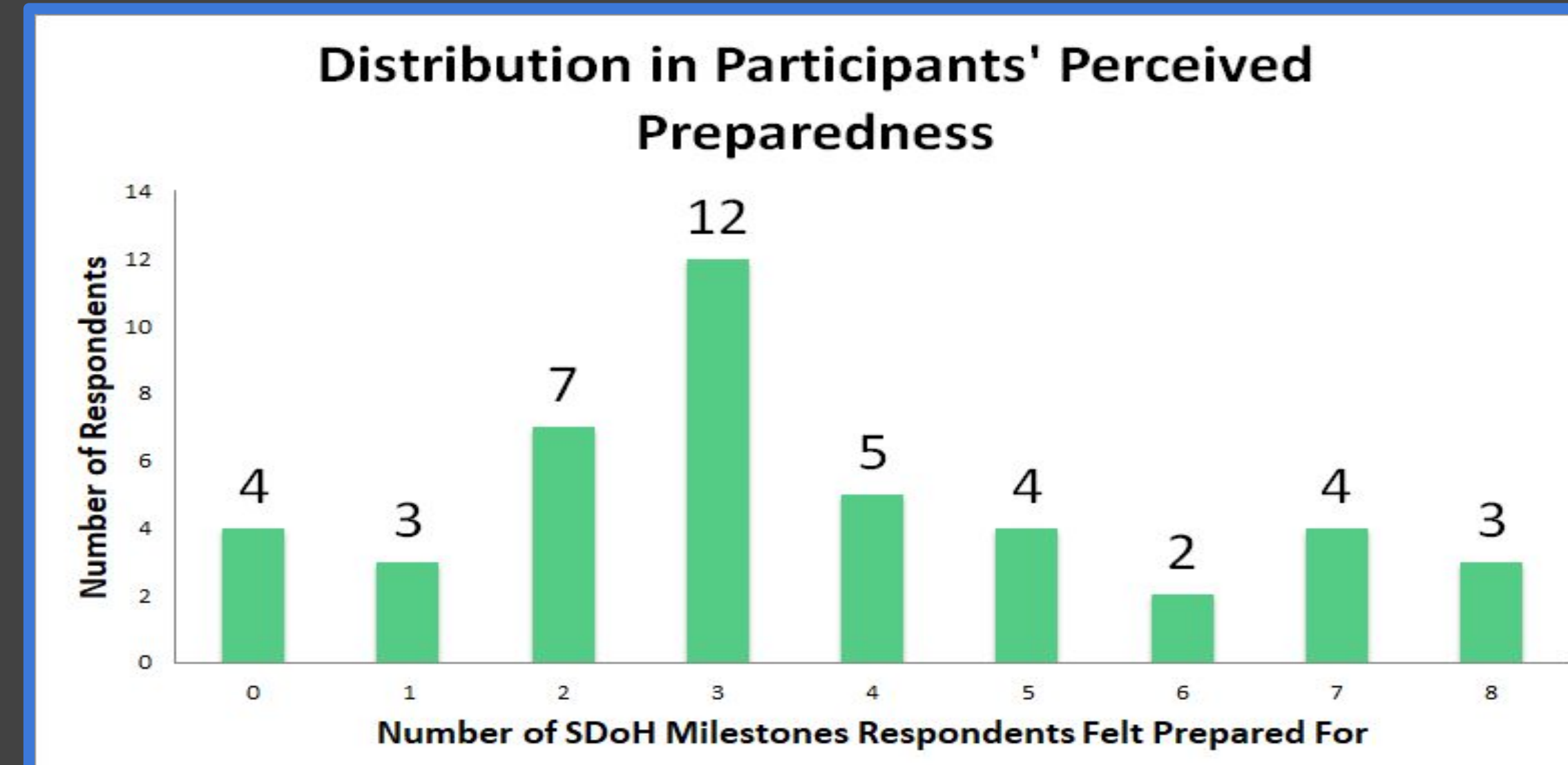
Background

- Family physicians are well-situated to address the social determinants of health (SDoH), but often feel underprepared to do so.
- This study aimed to characterize the perceived preparedness of current residents and recent graduates of an urban community-based family medicine residency program to address SDoH.

Methods

- Participants:** Current senior residents and alumni of the past 10 years
- Tool:** Mixed-methods, online survey disseminated Summer 2020
 - Participant demographics
 - Perceived preparedness in SDoH-related competencies outlined in the 2015 ACGME Family Medicine Milestones (“Milestones”)
 - Open-ended curricular feedback
- Data Analysis:**
 - Quantitative:** Descriptive statistics, Chi-square tests, odds ratios, and Mann-Whitney-U tests
 - Qualitative:** Thematic analysis

Results



0% of all participants	89% of residents and 69% of alumni	41% of all participants	37%* of alumni and 11%* of residents
Attribute preparedness to curriculum exposure only	Attribute preparedness to clinical exposure only	Attribute some preparedness to outside work/volunteer experience	Attribute some preparedness to outside educational experience

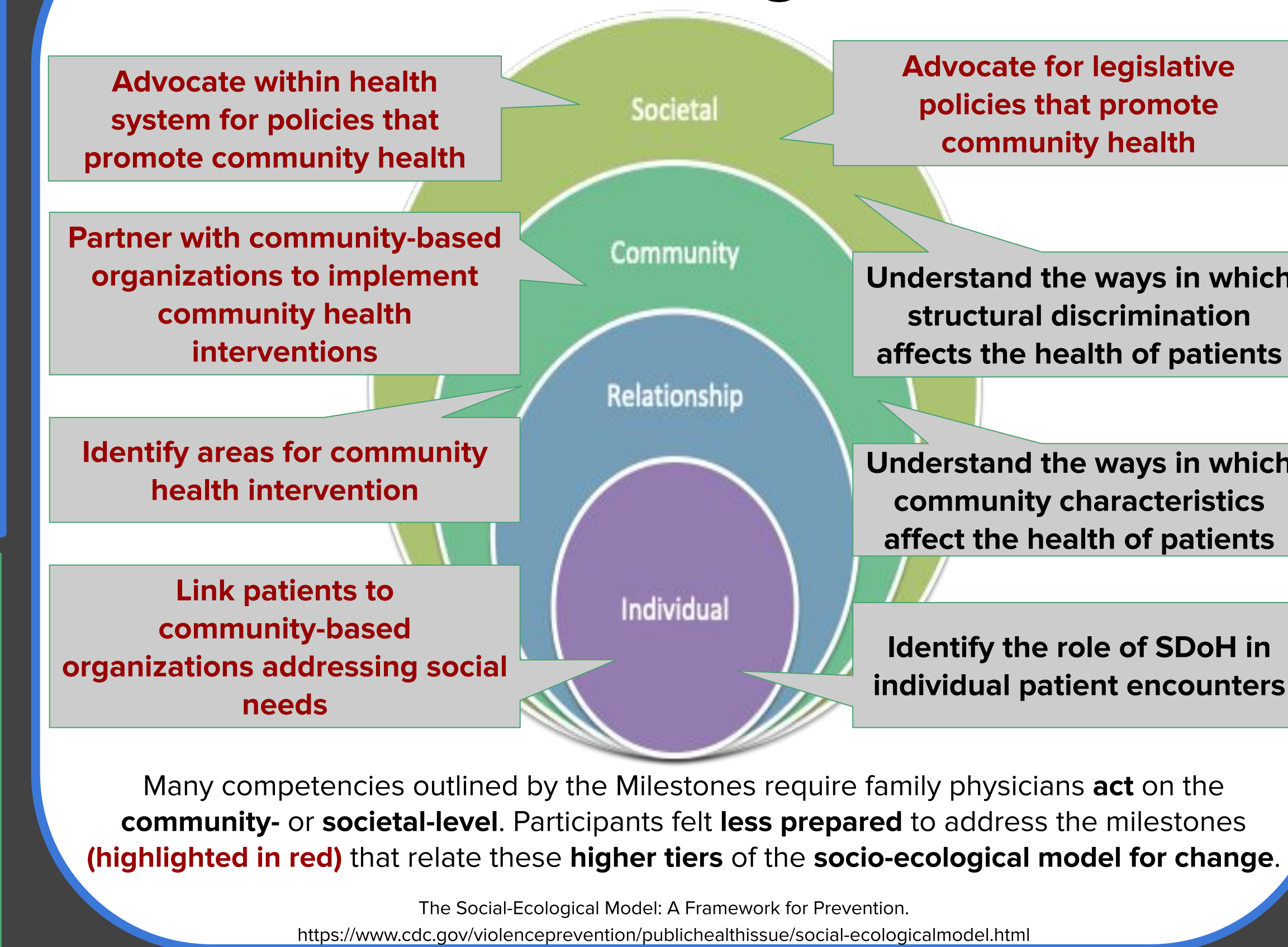
* indicates statistically significant difference

- Preparedness was **greatest** in domains of **SDoH knowledge** and **individual patient care**.
- A majority **attributed** their preparedness to **clinical** as opposed to curricular **exposures**.
- Individual factors conferred greater odds of preparedness** in some domains:
 - Alumni** were more likely to report preparedness in **community-level** milestones (p<0.05)*.
 - Those who **attributed preparedness to residency curriculum exposures** had greater odds of preparedness in **community-level** milestones (OR 4.4, p=0.01; OR 7.0, p=0.01)*.
 - Those who **attributed preparedness to educational experiences outside of residency** had greater odds of preparedness in **societal-level** milestones (OR 10.0, p=0.03; OR 12.6, p=0.04)*.
 - Those who **identified with** one or more **demographic factors of the patient population** had greater odds of preparedness in **community-level** milestones (race: OR 83.0, p<0.01; SES: OR 45.0, p=0.01)*.

*some but not all community- or societal-level milestones

Discussion

The Social-Ecological Model



Conclusions

- Curricular interventions that teach **community- and societal-level engagement** may lead to **improved preparedness** to address SDoH.
- Adequate training to address SDoH requires **both clinical exposure and formal curriculum**; the latter may have an important role in filling residency training gaps.

Future Directions

- Implement curricular interventions on the community and societal levels
- Design tool to assess provider competence in addressing SDoH
- Improve recruitment of residents that identify with our patient population
- Contact:** morganbeatty11@gmail.com, mattrudolph91@gmail.com

Adapted ACGME Milestone	Abbreviation
“Care for a population that is negatively impacted by SDoH”	Care for SDOH Population
“Understand the ways in which community characteristics affect the health of patients”	Community Affects
“Understand the ways in which structural discrimination affects the health of patients”	Discrimination Affects

Adapted ACGME Milestone	Abbreviation
“Identify the role of SDoH in individual patient encounters”	Indv SDOH
“Link patients to local community-based organizations that provide services addressing social needs”	Link to CBO
“Identify areas for community health intervention”	Identify Comm Intervention

Adapted ACGME Milestone	Abbreviation
“Partner with local community-based organizations to implement community health interventions”	Implement Comm Intervention
“Advocate within health system for policies that promote community health”	Advocate Health System
“Advocate for legislative policies that promote community health at the local, state, and federal levels”	Advocate Legislative