

# Expanding the Scope of Residency Training in Primary Care: A Novel ‘Caring for the Underserved’ Program

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## Background

Social factors and consequent disparities inform the value of healthcare delivery and receipt.<sup>1,2</sup> These factors include race, gender, socioeconomic status, education, and social support networks, and have been shown in a recent meta analysis to play a role in over a third of deaths each year in the United States.<sup>3,4</sup> At the same time, current medical student and resident education does little to train future physicians to identify and address social disparities. New physicians leave residency with little formal training to prepare them to meet the unique needs of these populations.

To address this gap in education, the Department of Medicine at Dartmouth-Hitchcock Medical Center, in conjunction with the Good Neighbor Health Clinic (a local clinic providing free medical and dental care to low-income adults in the Upper Valley), and the Department of Pediatrics developed a supplemental curriculum to expand the scope of residency training in these traditionally under-represented areas of medical education.

## Description of Innovation

A five-part theme-based discussion series was created to explore social determinants of health and community resources. Pre-and post-test surveys were used to assess changes in resident understanding. Dinner meetings were held once a month at the Good Neighbor Health Clinic, and were open to primary care track residents, pediatric residents, and their partners. The pre-test survey was distributed to residents in July 2016, followed by five monthly sessions, with a post-test survey performed in January 2017.

Each session was held from 6 pm to 8 pm, and included an informal presentation followed by group discussion facilitated by physicians trained in internal medicine, family medicine, and pediatrics, in addition to social workers and case managers. Supplemental reading materials were provided via email prior to each session.

An online resource library—available to all participants in perpetuity—was developed over the course of the series, with ongoing updates and additions; that includes additional articles, videos, and websites related to social determinants of health.

July 2016	Pre-test survey
August 2016	Social Determinants of Health
September 2016	The Social History: Barriers and Strategies
October 2016	Community Resources for the Underserved
November 2016	Bias and Culture
December 2016	Money Flow in Healthcare Systems
January 2017	Post-test survey

## Results

Residents reported increased knowledge levels and confidence in caring for underserved populations following completion of the sessions. They reported increased confidence:

- engaging patients and families in discussions regarding housing conditions
- discussing public benefits
- reviewing food security
- addressing domestic violence
- understanding social determinants of health, social health systems and public health insurance

## Conclusions

Residents in both the Internal Medicine Primary Care Track and Pediatric Program at Dartmouth-Hitchcock Medical Center reported minimal prior training to identify and address social determinants of health, and pursued elective training sessions to address these gaps in residency education. After completion of an innovative, voluntary, multi-disciplinary, discussion-based series that involved primary care and pediatric residents and their partners, residents reported increased satisfaction in their level of training, and demonstrated improved knowledge of social determinants of health.

The multi-disciplinary approach of our program resonates with the need to design cooperative solutions to address social disparities in healthcare. While other programs have worked to improve resident training in social determinants of health in a variety of ways—for example, by integrating community health workers and civil legal services lawyers into their clinic experiences<sup>5,6</sup>—this program’s approach was unique in several ways: it integrated primary care and pediatrics residents, involved providers from a variety of backgrounds, and included development of a resource library which will remain available to residents long-term.

## Future Work

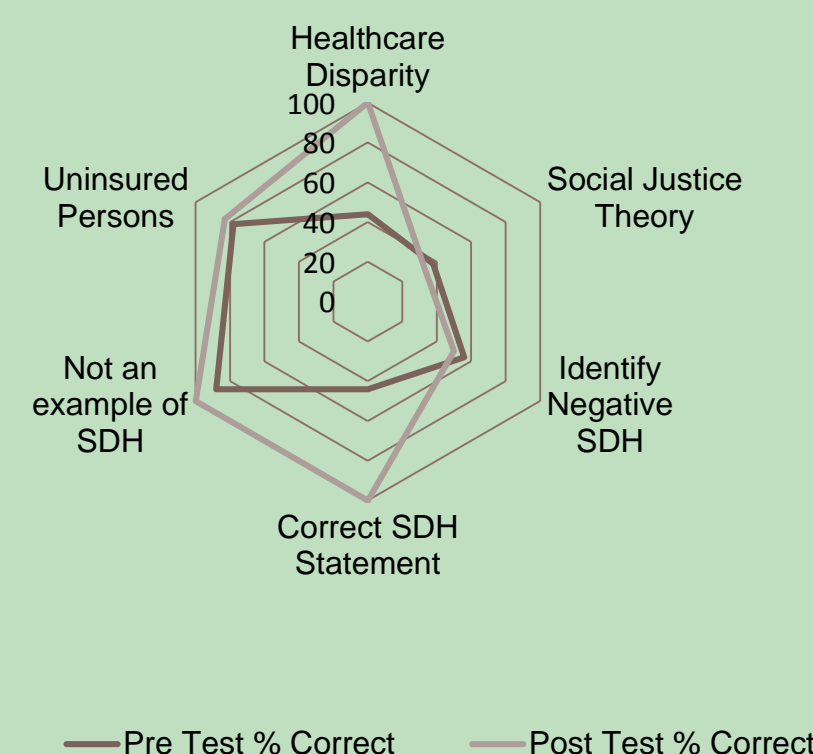
This program will become a permanent feature of the primary care track curriculum, with continued expansion of the online database and seminar topics.

## References

1. CDC Health Disparities and Inequalities Report. 2011.
2. World Health Organization: Final Report of the Commission on Social Determinants of Health. 2008.
3. Marmot et al., *The Lancet*. 2008. 372 (9650): 1661–69.
4. Galea et al., *Am. J of Public Health*. 2011. 101 (8):1456–65
5. McCalmont et al., *Fam Med*. 2016. 48(4):260-64.
6. Paul et al., *Acad Med* 2017. 92(3):292-98.

We would like to thank Donald Kollisch, MD and Rachel DiStefano, MS for their leadership and tireless efforts to make this project a reality.

**Testing on Social Determinants of Health**



**Average Index of Confidence\* (Scale 1-5)**



\*Self-reported degree of confidence residents had in their ability to provide resources and referrals to patients with identified social hardships.