

2021-22 Transformational Ideas Initiative Project

ACCESS Better Care Through Social Determinants of Health Training



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Project Background

Most medical students come from households with stable food, housing and security whereas a significant number of our patients do not. Currently, for our students at MCW, there is opportunity to expand formal teaching on social determinants of health (SDH), provide a safe space to practice crucial SDH assessments, and increase exposure to vulnerable patient populations and community resources in the preclinical years. Recently, virtual platforms have become widespread, enhancing opportunities to engage with vulnerable populations and community-based resources.

Project Plan

We propose a five-session curriculum for pre-clinical students to provide tools to effectively and holistically care for vulnerable patients using simulation, narrative and visualization complemented with a one-session training on providing effective feedback for residents and attending physicians. We will provide a safe space for students to practice and receive feedback on interview skills, engage with persons who have undergone housing, food or security crises, and “see” places in the community where these needs are addressed.

Key steps will be to 1.) partner with key educational stakeholders at MCW and leaders with shared goals; 2.) administer a needs assessment of students including baseline knowledge of SDH, personal familiarity with vulnerable groups, and familiarity with hospital and community-based resources; 3.) finalize cases to practice SDH assessment; 4.) finalize community partners, such as advocates and persons who have the life experience of housing, food or safety insecurity; 5.) develop a high yield training session on providing effective feedback on SDH assessment skills; and 6.) recruit faculty and resident advocates to assess SDH simulation as well as student's final project in small groups.

Our goal is to help students **ACCESS** better care by enhancing **Awareness** of the importance of SDH to biologic health outcomes; **Competence** and **Comfort** interviewing patients on SDH, **Empathy** for vulnerable patient groups experiencing housing, food, or security crises through personal encounters; and **Social Services** awareness and referrals.