

evaluated by follow-up assessments, including rates of rapid response team activation and patient safety incident reporting across our clinical enterprise.

Engaging, immersive, innovative, simulation-based group experiences like FNOC may reduce the variability seen in incoming interns and instill aspirational institutional norms—generating a culture of safety and providing a framework for effective onboarding strategies for novice health care providers.

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# How to Make It Real: Disparities of Care Experiential Learning Workshop

## Setting and Problem

According to the Clinical Learning Environment Review (CLER) National Report of Findings, disparities of care is an area in need of more development. Only 30% of clinical learning environments had some type of training in cultural competency that was tailored to the population being served. Across most clinical learning environments, education in the areas of health care disparities and cultural competency was largely generic, often did not address the specific populations served by the institution, and occurred in an ad hoc manner. In our 2016 CLER site visit report, the site reviewer commented, “The [organization] does not appear to have a systematic approach to identifying variability in the care provided to or the clinical outcomes of their known vulnerable patient populations.” To address this gap in training, our graduate medical education office intervened with the Disparities of Care Experiential Workshop. Every resident from our organization’s training programs (emergency medicine, family medicine, internal medicine, obstetrics and gynecology, podiatric medicine and surgery, and psychiatry) attended the workshop.

## Intervention

The workshop objectives were to identify disparities of care (eg, health insurance, transportation, health literacy, care transitions) specific to our population. Prior to the workshop, a work group investigated and identified the region’s health care disparities, and the organizations that could act as a bridge to address that disparity. Collaboration was initiated with the local Women, Infants, and Children offices, the Federally Qualified Health Center clinic, durable medical equipment store, compounding pharmacy, Commission on Aging, and the local bus system. The residents electronically signed up to evenly distribute themselves among the locations. On the day of the workshop, the CLER Pathways and report were

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reviewed, highlighting the lack and meaning of disparities training. Site-specific scenarios of real patients were provided to the residents, who traveled to the community sites. Prepped representatives at each location met the residents, who learned the following:

- How incomplete forms from the physician could require a patient to return to the clinic;
- Limitations of Medicare medical equipment coverage;
- Medication that a child would refuse could be turned into candy at the compounding pharmacy, but the cost would not be covered by insurance; and
- Buses in the city transportation system are not timely and are confusing to navigate.

After the workshop, residents reported their experiences and findings with the group and discussed solutions. These interdisciplinary resident workshops will become part of the Graduate Medical Education Workshop Curriculum, which will rotate every 3 years to ensure all residents receive this training.

### Outcomes to Date

Residents discussed several solutions during the event, including keeping bus passes in the emergency department and clinic for patients who may not have a way to get home and creating an area on the organization's intranet so residents can find instructions for correctly filling out forms and contact information for the various resources.

The postworkshop survey a month later revealed resident changes in clinical habits and attitudes, including:

- An understanding of the background and limitations facing patients that affect their understanding and compliance with the treatment plan;
- An inclination to tap into community resources for social and medical support; and
- Better understanding of those who rely on public transportation.

This workshop not only addressed the Disparities of Care CLER Pathways, but also increased residents' knowledge of local health disparities, and led to identification of areas for personal and institutional change. The experiential activity provided an innovative and realistic understanding of disparities that had practical meaning to the residents. This hands-on, off-site educational format has garnered positive

responses from residents and successfully guided other experiential activities in our workshop series.

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## Utilizing Employee Assistance Programs for Resident Wellness

### Setting and Problem

Residency is a stressful time, with residents facing professional, financial, and personal demands. Our institution has a robust Employee Assistance Program (EAP) for all employees. This program provides free, confidential, short-term mental health services for the individual and family, referrals for more extensive treatment, as well as other services such as classes on stress management and team building. We noted that our residents mainly use EAP as a result of a referral from a program director or colleague, not on a voluntary basis.

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