

# Learning Social Determinants through Longitudinal Preclinical Patient Relationships

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## Introduction / Purpose

### Context

- Bronx disproportionately poor, with significant health disparities & provider shortages
- Few preclinical longitudinal patient experiences exist in U.S. medical schools, including Einstein
- Einstein curricular gaps

Inadequate (%)	National	Einstein
Continuity of care	17.8	27.9
Health determinants	16.2	21.2
Behavioral science	7.7	27.6
Ambulatory care	10.5	16.4

(2013 AAMC Graduation Questionnaire)

- Constructivist theory: provide scaffolding for learning in Bronx context through longitudinal exposure with student reflection & application

### Program Goals for Students

- Understand experience of chronically ill Bronx patients
- Develop attitudes & skills required to care for underserved patients
- Develop understanding of evolving primary care models

### Program Goals for Patients

- Better understand their chronic illness
- Actively engage in their treatment plan
- Develop self-advocacy skills for navigating healthcare and social systems

### Program Evaluation Goals

- Define reasons students and patients joined program
- Assess student and patient perception of program impact
- Explore program successes and challenges

### Program History

- 2 first-year students envisioned in late 2011
- Formed student organization
  - Pilot: spring 2012
  - Full years: 2012-2013, 2013-2014, 2014-2015
- Evenings / weekends (outside curricular time)
- Helped launch Office of Community-Based Service Learning at Einstein

## Methods (2012-2013)

### Program Participants

- 19 Patients; chronic disease, complex social situation, interest in teaching
- 38 Students; selected through brief essay about motivation; pre-clinical medical students in pairs; each pair connected to one patient
- 3 Faculty mentors (+1 other provider) at 2 FQHCs

### Students with Patients

- 18-month longitudinal relationship by phone and in-person(home visit, doctor’s appointment, etc.)
- Explore patient chronic illness context
- Elicit & pursue patient-generated goals

### Students with Mentors

- Patient info communicated via EMR
- Bi-monthly group reflection / case discussion meetings in 3 mentor cohorts
- Bi-monthly skill-building workshops
  - Defining roles and boundaries / safety

- Introduction to patients / goal setting
- Building a patient narrative
- Social determinants of health history
- EMR training

### Evaluation Respondents

	Students	Patients
n	23→21/38	11/19
Age (mean)	23	62
Race / Ethnicity	11 White 10 Asian	4 Afro-Am 7 Latino
Education	College+	7 H.S. 4 < H.S.
Income	2/3 parents earn > \$100k	8 Unable to work 3 retired

### Evaluation Structure / Delivery

- Annual summer survey (some open-ended items)
- Conducted by 2 students
- Student: pre- (n=23) and post- (n=21); 30 items online; included empathy and self-reflection scales, t-test and chi-square for changes
- Patient: end of year; 28 items by phone or in person; included self-rated health, patient activation

## Results / Lessons Learned

### Student Survey

- Main reasons for joining:
  - Better understand social determinants of health
  - Develop an appreciation for the perspectives of individuals w/ chronic illness
- Program helped them meet their objectives
- 2 hours / week in program
- Contacted patients every: 3 weeks by phone; 7 weeks in person
- Attending a doctor’s appointment most often seen as useful to students
- Small group discussion most helpful for self-reflection
- Familiarity w/ social services stayed low or declined; desired further training
- Confidence in skills: flat; declined for 2 items (generating written plan for patient health goals; educating patient about appropriate physical exercises)
- Average scores on self-reflection and modified empathy scales flat
- Identified program challenges
  - Time, role ambiguity, frustration of inefficacy
  - Providing patient info about social services (50%); patient phone communication (45%)
- Percentage of students Intending to

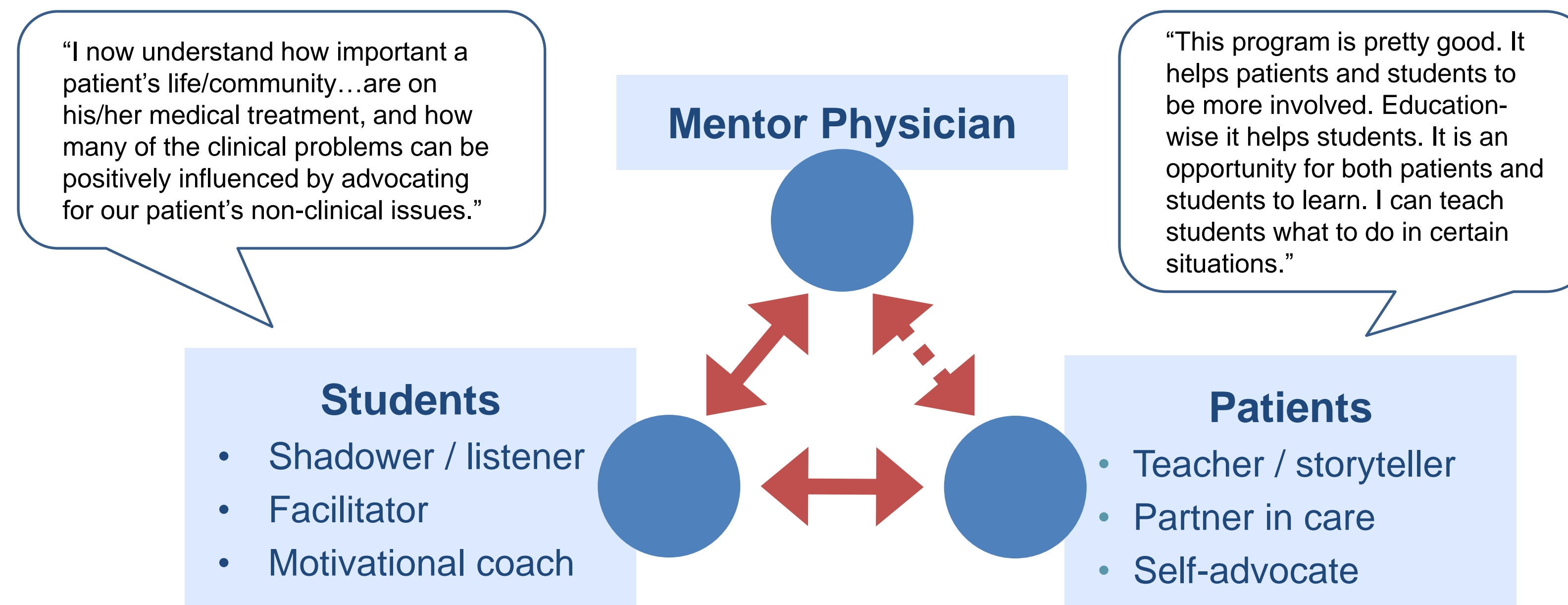
- pursue primary care flat (~40%)
- Intent to care for underserved populations declined after one year (65→47%), not statistically significant (p=0.25)

### Patient Survey

- 8 reported fair or poor health
- Main reasons for joining:
  - Want help with lifestyle changes
  - Want to learn how to deal better with health problems
- 8 felt PACT helped them achieve the goals they chose
- Activities most valued by patients included home visits, then doctor appointments & phone calls; additional desired future activities: going to service agencies, exercise facilities, parks, and grocery store
- Patients rated student communication highly with 8 rating students ≥60/75

### Program Coordinator Input

- Limited time in students’ schedule for training
- EMR access complications
- Measurement of a small program
- Building confidence in order to maintain enthusiasm for working with underserved



## Discussion / Conclusions

- Patients: clear need; feel students / program helpful; want healthy activity accompaniment
- Students: appreciate program; time constraints; possibly overwhelmed by needs of patients; desire more specific social service training
- Further evaluation: track student empathy / underserved commitment / primary care interest; track patient activation / social isolation; add in-depth interviews; reflection thematic analysis
- Program future: secure curricular time; better integrate students into clinical teams; explore dedicated cell phones for patients