Spring 2020

Frequency and Perceived Authenticity of Social Determinants of Health Discussion by Medical Trainees

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Introduction

- Social Determinants of Health (SDOH) are non-medical factors that affect individual/community health such as conditions in which people live, learn, and work.[1]
- SDOH influence risk factors for disease and access to healthcare and thus health inequities.[2 3]
- Despite their significance, SDOH are often neglected by healthcare providers,[3] many of whom report being unsure how to discuss SDOH.[4]
- Increased emphasis on patient-centered care requires that medical educators understand what makes a physician-patient interaction about SDOH seem genuine and authentic.
- Examining how healthcare trainees discuss SDOH with patients can identify opportunities to better integrate social context into care.

Purpose

Our goals for this project included:

- Determining whether and how SDOH are integrated into healthcare conversations
- Exploring authenticity in patient conversations to identify how students can better express interest in a patient

Methods

- We analyzed new patient histories taken by rising third year medical students with standardized patients establishing primary care.
- Patient encounters (n=41) were randomly sampled from 139 video recordings from 2017.
- Discussions around SDOH categories (compiled from CDC and healthypeople.gov) were coded for content, patient response, and student interest.
- Themes from perceived authenticity coding were summarized from qualitative conversation data.
- The UofL IRB approved this study.

Results

Figure 1: Frequency SDOH Were Addressed

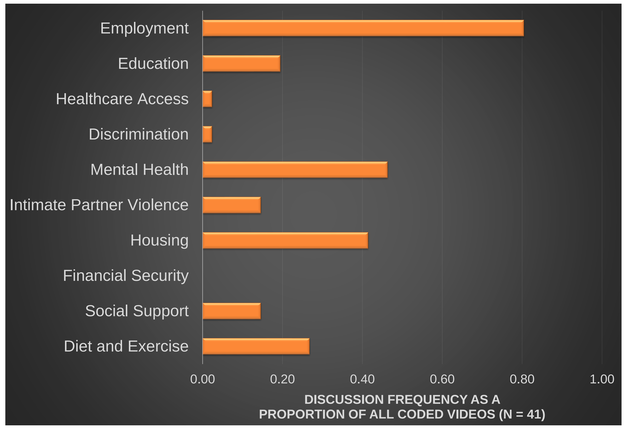

Figure 2: Perceived authenticity of SDOH Conversations

Table 1: Characteristics of Authenticity in SDOH Conversations

Signs of Disinterest	Signs of Interest
Student brushes past concerning SDOH details without investing time to truly provide a solution	Student asks sufficient questions to understand patient's perspective and determine the root cause of problems
Student does not use the patient's response in any way	Student incorporates patient's answers on SDOH topics into the treatment plan
Abrupt transitions from one topic to another	Conversation flows naturally – Questions are asked in a logical/organized way and they do not seem forced
Patient interactions limited to asking a question on the checklist (feels like patient is being interrogated)	Student establishes personal connection by sharing elements of their own life
Student is overly serious and formal	Student smiles and sounds excited to be there
No expression of empathy (just silence, or an "ok")	Student empathizes and provides reassurance
Questions are rushed and disorganized	Steady pacing through SDOH conversations

Table 2: Comparisons of example SDOH conversations

Examples of Disinterest	Examples of Interest
Patient says they eat unhealthy and the student's only response is "ok, try to eat more fruits and veggies."	If patient's diet is unhealthy, student investigates if this is because the patient cannot afford healthy food, they don't have time to cook, or they lack the motivation.
Student asks "where do you work" and then immediately moves on to a different topic. The employment information is not brought up again during the encounter.	When the patient said they're a librarian, the student smiled and shared their own experience as a librarian in undergrad, which established a deeper connection with patient and the conversation felt more casual and friendly.

Discussion

- Fewer than half of encounters discussed each SDOH except employment (80% of encounters, Fig. 1)
- Financial security was never discussed. Healthcare access and discrimination were among the least discussed SDOH, although when these discussions occurred they were perceived to be authentic (Fig. 2)
- Trainees appeared more engaged and interested when they empathized with patients, provided reassurance, established personal connections, and displayed an organized flow of thought (Tables 2-3)
- SDOH discussions can be used to get to know the patient holistically and foster strong doctor-patient relationships, which are crucial communication skills assessed by licensing exams
- Emphasis on SDOH in medical education along with practice on incorporating patients' answers about SDOH into the health management plan could help trainees improve these clinical skills

Future Study

Future studies will examine SDOH conversations:

- Among standardized patients with different identities who portray the same health history
- Within complaint-driven standardized patient encounters rather than a new patient history

Acknowledgements

Our project was funded by University of Louisville College of Arts & Sciences through the Medical Education Research Award (MERA). We thank Dr. M. Ann Shaw, Vice Dean for Undergraduate Medical Education, and the Standardized Patient Program at the University of Louisville School of Medicine for their support with this research.

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