



DEVELOPMENT OF A COMMUNITY SERVICE CURRICULUM IN A FAMILY MEDICINE RESIDENCY PROGRAM, ASCENSION PROVIDENCE ROCHESTER HOSPITAL/WSUGME

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Introduction/Background

The Family Medicine (FM) residency program at Ascension Providence Rochester Hospital (APRH) has well established resident participation in street medicine and outreach at multiple community sites in the Detroit area. Our NI IX initiative expands on such training and experiences and provides a preliminary mechanism for gauging outcomes. FM is using the NI IX initiative as a pilot for developing a **formal community service curriculum**. The WSU IRB Office has granted this project exempt status.

“When the fabric of communities upon which health depends is torn, then healers are called to mend it.”

– Donald M. Berwick, MD, “The Moral Determinants of Health,”
JAMA Viewpoint, July 2020

Objectives

This project will provide FM residents with curricular opportunities to learn more about the **social and moral determinants of health** (SMDH). We anticipate increases in resident knowledge of SMDH and its impacts on patient outcomes as well as improved wellness and meaning-in-work ratings. By sharing outcomes with all our residencies, WSUGME hopes that other programs may enhance their community engagement opportunities. We seek to equip our graduates with the experience and knowledge to provide and advocate for responsive, culturally competent healthcare for diverse patient populations in a variety of clinical settings.

Alignment with Institution’s Values

Our NI IX project aligns well with the **WSU School of Medicine’s (WSUSOM) mission** to “educate a diverse student body in an urban setting and within a culture of inclusion, through high quality education, clinical excellence, [and] local investment in our community” to prepare physicians to “achieve health and wellness for our society.” Further, WSUSOM seeks to “transform the promise of equal health into a reality for all.”

Methods: Intervention

The population is all FM residents at APRH (*n* = 27). FM seeks to increase trainee understanding of SMDH by engaging in **narrative medicine**, whereby *reflective writing* modes are used to enhance their listening and observational skills to expand a perspective of patients as more than their medical histories. Narrative medicine can foster greater empathy and cultural humility as well as reveal unexamined biases; reflective writing can provide a “safe space” for ameliorating stress and thus contribute to improved wellness and finding renewed meaning in work and connection to patients and communities.

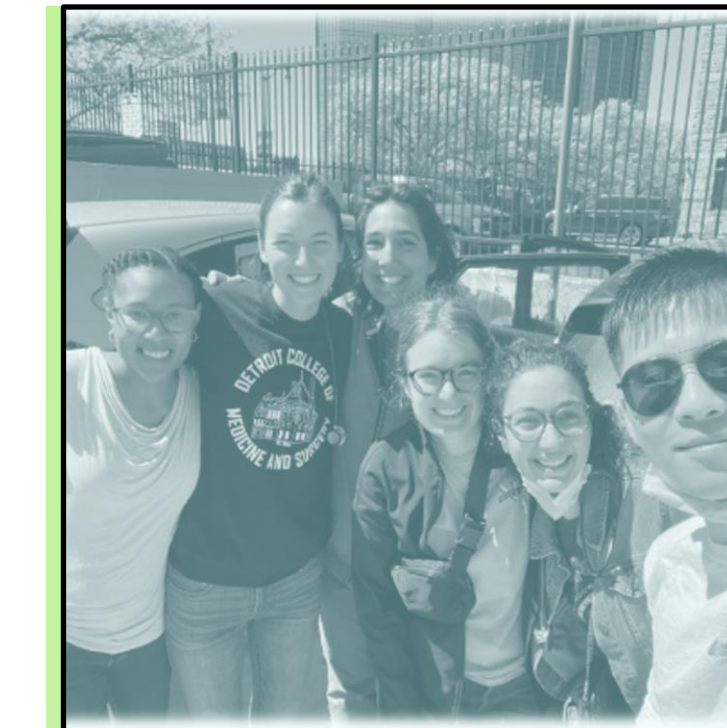
FM residents witness the impacts of inequity on community health via **Street Medicine Detroit** and WSUSOM’s **Student-Run Free Clinic**, providing care to those experiencing homelessness and exclusion from the US healthcare system. Residents also work in **community outreach sites**, such as the Neighborhood House of Rochester and Samaritas Senior Living, among others.

At monthly didactics, the Program Director discusses the goals of narrative medicine and **efficacy of reflective writing genres**. In fall 2023, residents collected patient narratives, and in spring 2024 engaged in reflective writing. For 2024-25, APRH/GME may shift to a case study approach, soliciting reflective documents from a cohort of FM residents to unpack the complexity of the provider/patient relation and impacts of SMDH on health outcomes via more detailed textual explorations.

Methods: Measures

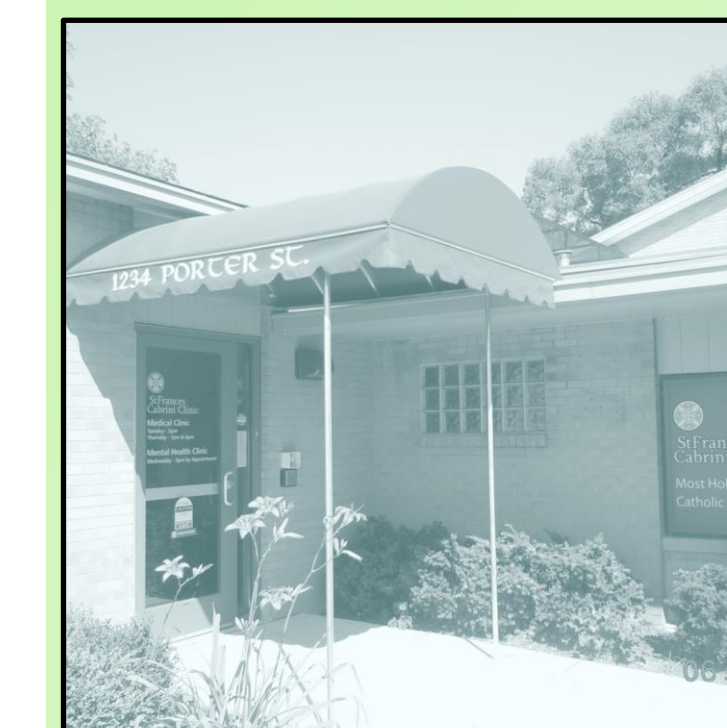
APRH/GME is using **mixed methods**, combining qualitative analysis of patient narratives and reflection documents with quantitative analysis of survey responses (GME’s Resident Wellness Survey, ACGME survey). These measure resident knowledge of SMDH and provide ratings for wellness, meaning and connection to work, and community involvement and engagement. At the end of 2023-24 AY, FM will also administer a survey to residents and at the APRH orientation in July 2024 will distribute a baseline survey on SMDH to incoming interns.

Preliminary Data: Resident Reflections



“As time has passed, I do realize, most of the time, that *I am enough*. Even if others don’t see it or if the system is broken, it doesn’t define the kind of doctor I am and the amount that I can help my patients.”

“Time mocks me. The notion that I cannot re-board the educational train that runs smoothly from undergrad to medical school to residency haunts me.”



“The journey through medicine is really the culmination of a multitude of failures, presenting in different ways. Success in medicine is learning to accept failure.”

Barriers & Strategies

Although APRH/GME anticipated challenges in maintaining sufficient resident engagement in reflection activities since their primary commitment is to clinical care and training requirements, this has proven less of a barrier. One reason may be that FM dedicates a **block of time in the monthly didactics schedule** for discussion of narrative medicine and writing sessions rather than asking residents to devote time outside of training to composing reflection documents. In addition, FM participates in **MIDOCs**, a state program addressing physician shortages in underserved areas, which tends to attract those with a strong commitment to community health service.

NI IX Meeting #2: April 5-6, 2024 Tucson, Arizona