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12 Cultural Competency Training in Emergency Medicine

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Background: The Emergency Department is widely regarded as the epicenter of medical care for diverse and largely disparate types of patients. Physicians must be aware of the cultural diversity of the patient population they care for to appropriately address their medical needs. A better understanding of residency-preparedness in cultural competency education can ultimately lead to better training opportunities and patient care.

Objectives: The objective of this study is to assess residency and faculty exposure to formal cultural competency programs and future plans for diversity education.

Methods: A short survey was sent to all 168 ACGME program directors through the Council of Emergency Medicine Residency Directors (CORD) listserv. The survey included drop-down response options in addition to open-ended input. Descriptive and bivariate analyses were used to analyze the data.

Results: The preliminary response rate is 25.0%. Results show that 73.8% of residency programs include cultural competency in residency didactics. Only 12.2% of these programs include residency education on all topics of interest, including race and ethnicity, gender identity and sexual orientation, patients with limited English proficiency (LEP), and social determinants of health. 40.5% of programs have training for faculty, primarily utilizing lectures or didactics. 95.2% of programs are interested in a universal open-source cultural competency curriculum.

Conclusions: Most programs have made efforts to better resident education in regards to cultural competency. Some faculty members also receive cultural competency instruction through didactics or lectures. There are gaps, however, in types of cultural competency training and many programs have expressed interest in a universal open-source tool to improve cultural competency for Emergency Medicine residents.

13 Current Practice In The Transitions Of Care For Patients Discharged From The Emergency Department

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Background: Emergency physicians (EP) and primary care physicians (PCP) believe that the transition of care to the outpatient setting is important. However, limited data exist discussing transitions of care from the emergency department (ED) to the primary care setting (PCS).

Objectives: To characterize the current practices in the transition of care of patients from the ED to the PCS.

Methods: This was a prospective survey based on literature review and modified Delphi technique. A pilot survey was initially created to evaluate for face and content validity. This survey was then administered at 8 different clinical sites. A total of 52 EP and 49 PCP were surveyed in a variety of clinical settings. A qualitative analysis was performed by 2 independent coders who classified answers by pre-defined themes (IRR > 80%). Participant's answers could cross several pre-defined themes within a given question. If a discrepancy occurred, the reviewers discussed to achieve consensus. Chi-square was performed between the two groups.

Results: Seventy five percent of ED and PCP felt the most important reason for communication was to establish follow up (44/52 EP vs 28/49 PCP, P = 0.002), followed by 46% who felt communication was necessary to assist with management of the patient's condition and disposition (31/52 EP vs 16/49 PCP, P = 0.006). Similarly, 92% of respondents reported improved patient care as the most important reason for EP to communicate with PCP. Fifty-seven percent of PCP felt they should be notified by the ED > 80% of the time, whereas 87% of EP reported notifying the PCP < 20% of the time. When discussing barriers to effective communication, 50% of participants stated communication logistics (34/52 EP vs 17/49 PCP, P = 0.002), followed by 47% who felt setting/environmental constraints (28/52 EP; 20/49 PCP, P = 0.19), and 31% who stated suboptimal electronic medical records (11/52 EP vs 21/49 PCP, P = 0.019).

Conclusions: PCP and EP were congruent when asked about the circumstances and the importance for communicating follow up after a patient had visited the ED. The majority of PCP felt they should receive communication from the ED for follow up, however the vast majority of EP reported they did not. Communication logistics was the most frequent barrier cited by both EP and PCP. Further research should focus on overcoming barriers to communicating between EP and PCP.

14 Defining Emergency Medicine Residency Training Outcomes Using Delphi Method

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