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Introduction:

- EVMS UME curriculum includes high-value care (HVC) but has not included skill set regarding HVC patient-provider communication skills in the preclerkship phase
- Needs assessments demonstrated that students sought out additional opportunities to practice communication skills prior to clerkships
- HVC initiatives are well received within clinical skills curriculum at other institutions and shown to contribute substantial educational impact on resource stewardship.^{1,2}

Objective: This initiative allowed first-year medical students (M1) to apply Choosing Wisely(CW) recommendations into clinical reasoning and communication skills during a standardized patient encounter

Methods:

Goal: M1 will engage SP in shared decision making and decision making about high value diagnostic testing.



- HVC principles added to pre-existing SP case on knee pain: SP's asked students about additional, but medically unnecessary, imaging studies.

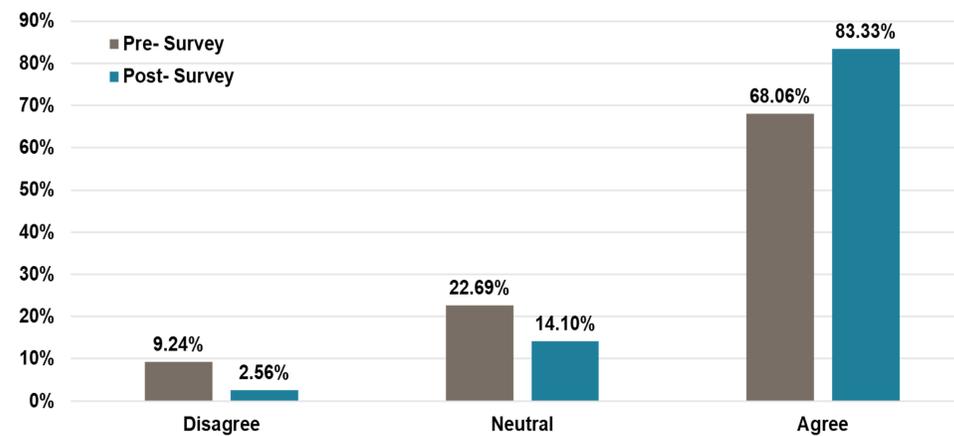
"Do you think I should get an MRI just to be safe? My friend had one. Don't you think that would give you the best idea to see what's going on?"

- Pre- (n=119) and post-surveys (n=78) to assess effectiveness of the HVC component of the SP case were completed by M1s.

Results:

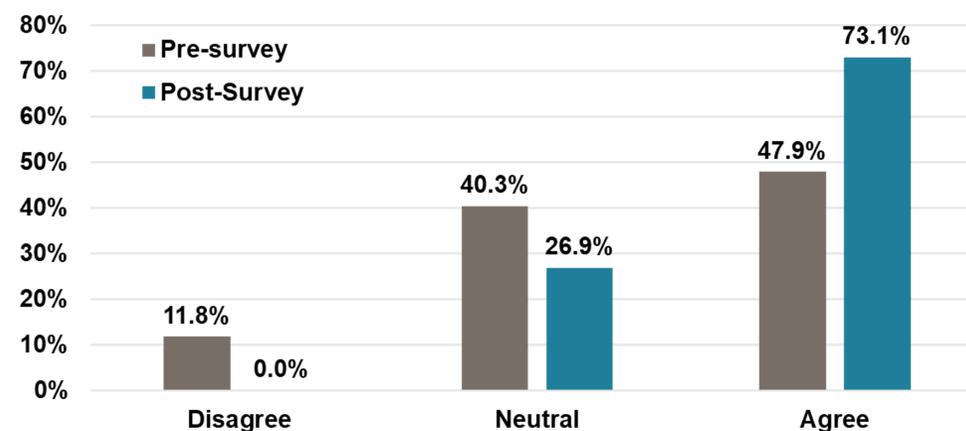
Graph 1: Student Confidence in Knowledge of HVC Principles.

Chi-square analysis revealed a 25.2% increase in student confidence in their knowledge of HVC principles (95% CI 2.74 - 26.26%, p = 0.02) after the encounter.



Graph 2: Student Confidence in Patient Conversations Surrounding HVC

Proportion of students who were confident in their skillset involving conversations surrounding HVC with patients increased by 25% following the encounter (47.9% pre-session vs. 73.1% post-session, difference = 25%, 95% CI 11.24 - 37.47%, p = 0.0005).



87.2% of students agreed that practicing discussions surrounding HVC with simulated patients was a valuable experience.

Future Directions:

Student education:

- Increase opportunities for learners to practice CW skills in a controlled, simulated patient encounter.
- Adopt HVC additions going forward in M1 SP Knee Pain case

Follow Up:

- Survey graduated students each year to measure longer-term effects of curricular changes on value for HVC in GME and beyond
- Survey faculty regarding student clinical application of CW principles

Conclusions:

Integrating HVC communication techniques in an existing M1 SP encounter was feasible and valued by the learners.

Students utilized knowledge and skills around HVC communication techniques in the M1 year, skills applicable to early clinical experience and future clinical rotations.

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References:

