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# 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**

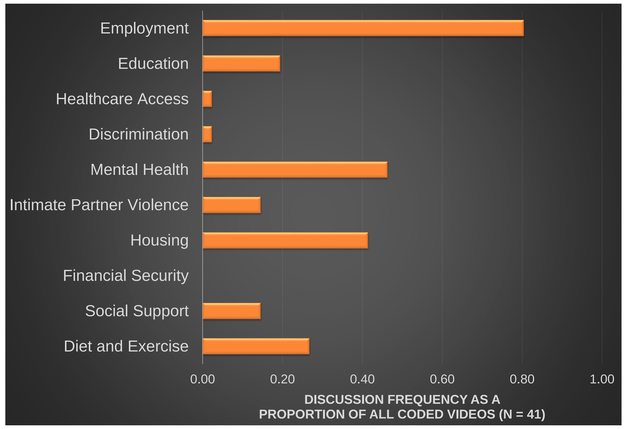


**Figure 2: Perceived authenticity of SDOH Conversations**


**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

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