Submission Id: 4300

Title

Applying Illness Scripts Theory to Climate Health Equity: Pilot Evaluation of a Multi-Residency Educational Symposium

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

Pareena Kaur, MD, MPH, Rachel Abbott, MD, Payam Sazegar, MD

Abstract

CONTEXT: Climate change is a public health crisis that disproportionately affects vulnerable populations. A 2021 joint statement from the editors of 230 healthcare journals summoned health professionals to champion a “sustainable, fairer, resilient, and healthier world”. Despite calls for integrating climate change into medical education, few resources exist to guide curricular development. Illness scripts are an educational tool known to improve clinical reasoning and the application of new knowledge.

OBJECTIVE: A series of interactive workshop sessions was developed by a multi-institutional working group in San Diego, CA using the 'illness scripts' framework to better educate Family Medicine residents about common medical conditions adversely impacted by extreme weather conditions.

STUDY DESIGN: Multi-institutional survey study.

POPULATION STUDIED: Residents in all 4 Family Medicine residency programs in San Diego, CA.

INTERVENTION: An inaugural multi-residency 3.5 hour educational symposium, held in April 2022, consisted of breakout sessions on updating climate-centric 'illness scripts' and plenary sessions about advocacy and plant forward nutrition.

OUTCOME MEASURES: Participants were asked to complete a brief survey with a QR code on their mobile devices and were asked questions about demographics, career plans, and self-reported confidence (answered on a 7-point Likert scale) in climate-focused patient counseling for common medical scenarios. Data was analyzed using the Kruskal-Wallis test by ranks analysis.

RESULTS: 77 residents attended the symposium, of which 60% (46/79) completed the pretest and 38% (29/77) completed the posttest. Mean survey scores (pre;post) measuring participants' self-confidence in undertaking advocacy efforts (2.78;5.07) and discussing health impacts of extreme weather on cardiac (2.13;5.17), respiratory (2.47;5.41), psychiatric (2.50;5.17) and obstetric (2.13;5.41) conditions were all statistically significant at $p<0.001$. Residents were also asked “During times of extreme weather how

often do you anticipate discussing medication dose adjustments" with 90% responding '<10% of the time' on the pretest but 40% responding '>50% of the time' on the posttest.

CONCLUSION: A multi-residency symposium leveraging the collective expertise of local resources and application of illness scripts theory is a promising strategy for improving education and care delivery for common medical conditions adversely affected by climate change.