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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: ADV CE SDOH
Submission #: 66
Title: ***Building Effective Patient Advisory Councils: The Northeast Ohio Quality Improvement Hub***

Abstract:
Patient advisory councils are a well-established and widely accepted approach to engaging patients in healthcare. Research has demonstrated that involving patients in their care can lead to improved quality and better health outcomes (1). The AHEAD* collaborative aims to apply quality improvement principles to enhance outcomes and reduce disparities among patients with diabetes.
Engaged patients are often more capable of managing their health conditions effectively. However, sustaining meaningful patient engagement requires dedicated resources and appropriate incentives for participants (2). In this report, we outline a method for engaging patients and present patient feedback from our patient council for the project.

Proposal:

Learning Objectives:
Learning objectives: By the end of the session, participants will be able to:
1. Describe a method to recruit a patient advisory group
2. Define guiding principles of engagement
3. Identify ways to maintain the engagement of a patient advisory group

Methods and Content:
Patients were enrolled from clinical practices that had formally committed to participating in a Medicaid Technical Assistance and Policy Program (MEDTAPP) funded initiative aimed at enhancing health outcomes for Medicaid beneficiaries with diabetes. The College of Medicine's Quality Improvement (QI) hub provided specialized expertise and coaching to support these practices in the design and implementation of QI projects at their respective sites. Eligible participants included English-speaking adults with lived experience of diabetes as well as caregivers of individuals with diabetes. Recruitment was conducted actively at participating practices across Northeast Ohio (NEO). A recruitment flyer—accompanied by suggested talking points—was distributed to practices, providing patients the option to complete either a handwritten or electronic application. Following recruitment, the patient advisory team attended a kickoff event with practice representatives, payers, and the steering committee where the project and their role were introduced as well as obtaining initial patient input into the project. Subsequently, bi-monthly 90-minute hybrid meetings were held with patient advisors. To support in-person attendance, food and transportation were provided. Meeting agendas were collaboratively developed with the patient team co-leads, and a feedback survey was distributed after each session to support continuous improvement. Patient advisors received a stipend of $100 per hour in recognition of their time and expenses incurred to attend meetings.

Findings and Conclusions:

Attendance at the sessions ranged from 67% to 100% and they contributed to several topics including – reasons for no-show rates, the patient toolkit and the data dashboard. The patient advisory team reported that their first-year expectations were met, and initial concerns were alleviated. Their feedback highlighted the value and impact of their involvement:

- "Being a patient advisor is empowering."
- "We value learning new resources and perspectives."
- "It was reassuring and validating to see our feedback incorporated into meaningful change."
- "There's optimism that advocacy efforts can benefit others, and confidence that healthcare teams genuinely care about patient voices."

Patient advisors described their participation in the project was described as both empowering and fulfilling. Demonstrating the positive impact of this experience, all patient advisory members chose to continue their involvement into the second year.

References:

1. Institute for Patient- and Family-Centered Care, Institute for Healthcare Improvement. Partnering with patients and families to design a patient- and family-centered health care system: recommendations and promising practices. http://www.ipfcc.org/pdf/PartneringwithPatientsandFamilies.pdf. Published April 2008. Accessed January 21, 2015.

2. Ref: PFA recruitment guide and onboarding toolkit, American Medical Association and The Johns Hopkins University 2015

* Achieving Health Equity in Diabetes Learning Collaborative

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Status of Presenter: Fellow
Category of Submission: **Poster**
Track and Group: RESQI NT WELL
Submission #: 154
Title: ***Optimizing Nutritional Care in Spinal Cord Injury Patients: A Quality Improvement Initiative Comparing Predictive Equations and Indirect Calorimetry for Resting Energy Expenditure Assessment***

Abstract:
Predictive equations are routinely used for nutritional planning, but may significantly under- or overestimate energy needs, risking both underfeeding and overfeeding. The aim of this project is to enhance the accuracy of energy requirement assessments in SCI patients and improve nutritional outcomes using indirect calorimetry.27 adult patients with SCI underwent Indirect calorimetry (IC),Of 19 patients were able to successfully complete,12 of 19 patients (≈63%) showed an RMR higher than their MSJ estimate, indicating discrepancy. Patient and staff feedback survey on a Likert scale was overwhelmingly positive and barriers for completing IC with proposed solutions were identified.

Proposal:

Learning Objectives:
Determine the magnitude of variation in REE values between indirect calorimetry and predictive equations.
Compare if the dietary recommendation or caloric intake changes after energy assessment by an indirect calorimeter.

Methods and Content:
Setting: Inpatient rehabilitation unit for SCI patients at MetroHealth, Cleveland.
Population: Adults admitted with traumatic or non-traumatic SCI.
Inclusion Criteria:
- Adults with SCI (complete/incomplete, any level)
- Admission to inpatient rehabilitation unit
Exclusion Criteria:
- On full-time ventilatory support
- High oxygen therapy interfering with IC
- Discharged in <1 week
QI Methodology: Plan-Do-Study-Act (PDSA) cycle
Duration: 4months
Intervention / Implementation
- Procured & calibrated IC device for clinical use.
- Collected MSJ and IC-derived REE within the first week of admission & during week of discharge.
- Surveyed clinicians and patients on the IC process.
- Assessed feasibility (e.g., % of eligible patients assessed within timeline, barriers noted if not able to complete or implement IC).
-Data Points & Analysis:
- REE from MSJ vs IC

- Staff and patient satisfaction (4 & 5-point Likert scale)
1. Qualitative Analysis:
- Staff and patient satisfaction via response recorded on feedback forms (5-point Likert scale)
2. Quantitative Analysis:
Comparing REE Values:
% difference between predicted and measured REE mean absolute difference between IC and MS

Findings and Conclusions:

27 adult patients with SCI underwent Indirect calorimetry (IC),Of 19 patients were able to successfully complete,12 of 19 patients (≈63%) showed an RMR higher than their MSJ estimate, indicating discrepancy. Patient and staff feedback survey on a Likert scale was overwhelmingly positive and barriers for completing IC with proposed solutions were identified. This Quality Improvement project demonstrated the value of indirect calorimetry (IC) in assessing caloric requirements in patients with spinal cord injury (SCI) during inpatient rehabilitation. The variability in RMR highlights that a single predictive equation cannot accurately capture the diverse metabolic states and body compositions present within a complex clinical population like SCI. The project achieved positive patient & staff perception, and identified practical but solvable barriers to implementation.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: ADSU DMCC MH
Submission #: 47
Title: ***Chronic Buprenorphine Use and Fracturs in Males Under 65 Years of Age***

Abstract:
Case: We are presenting two cases of adult male patients under the age of 65 with opioid use disorder (OUD) controlled on buprenorphine-naloxone for 10+ years, who both sustained comminuted fractures (high energy olecranon and low energy patellar) repaired with open reduction internal fixation (ORIF). Neither of these patients had significant risk factors for these fractures apart from their long-term use of opiates. This poster will examine the effects of long-term opiate use on bone health, as well as exploring how we can use this information to further improve the quality of care for patients with OUD.

Proposal:

Learning Objectives:
1. Understand the physiological potential of long-term opiate use to affect bone health
2. Recognize less common side effects of OUD treatment
3. Propose treatment modifications for patients exhibiting signs of bone deterioration while undergoing treatment for OUD

Methods and Content:
Methods: This case report examines 2 cases that were encountered in the clinical setting.
Content: This poster will contain background information about the role of opioid use in bone health and fracture risk, imaging of the fractures sustained by both patients, and thoughts regarding these findings.

Findings and Conclusions:
Conclusion: Chronic opioid use influences bone health through endocrinological effects, decreasing bone density and increasing fracture risk. Buprenorphine, used for treatment of OUD, has less documented effects on bone health, but further research is necessary to determine its fracture risk on adult males under 65 years of age.

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Status of Presenter: Other
Category of Submission: **Poster**
Track and Group: WELL GER WPH
Submission #: 97
Title: ***Strengthening Bones to Enhance Care***

Abstract:
Osteoporosis affects one in five women over the age of fifty, oftentimes going undiagnosed leading to broken bones that could have been prevented with early intervention. Dual-energy X-ray absorptiometry (DEXA) screenings are important in the early diagnosis of osteoporosis. This project is a quality improvement project with the goal of increasing the rate of DEXA screenings in a vulnerable rural primary care setting, decreasing preventable health outcomes. Through the implementation of targeted patient outreach led by students under the supervision of the patients' primary care physician.

Proposal:

Learning Objectives:
This poster highlights several important points that participants can take away: The challenges of delivering preventative healthcare in rural settings. The effectiveness of student-led initiatives and how they contribute to healthcare. Effective patient communication strategies and the impact they have on closing care gaps.

Methods and Content:
The first two weeks of the project focused on obtaining current patient medical data. The patient data was obtained from the Salem Regional Medical Center's system using a non-identifying patient ID number under the supervision of Dr. Austin Fredrickson. Using this data, the student researchers identified patients who were overdue for DEXA screening obtaining a baseline DEXA screening rate at this office. The student researchers began the initial outreach to patients overdue for DEXA screenings during the third week and continued until all necessary communications were made. Students had a script to follow during the patient outreach phone calls and students documented the outcomes of the phone call. The script has been reviewed and approved by the supervising physician. Once the calls were completed the students and supervising physician reviewed the outcomes and made necessary changes to the outreach protocol. Then the second round of outreach began, in which students contacted non-responders or patients that requested to be called at a later date. All of the responses will be evaluated at the end of the project evaluating the outcome of increased outreach.

Findings and Conclusions:
This quality improvement project is a structured approach to increasing DEXA screenings in women over the age of 65. Student-led focused patient outreach aims to address gaps in care in order to improve the rate of DEXA screenings. Therefore, decreasing the rate of bone fractures as a result of undiagnosed osteoporosis. The results are still in progress, as some patients are scheduled for upcoming DEXA scans, while others have completed the scans but the reports have not yet been received by the office. The findings as of June 2025 indicated the following; Fifty percent of patients who were contacted agreed to scheduling the DEXA scan while ninety percent of the patients who did undergo the scan were found to have abnormal results.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: MCH REPRO WELL
Submission #: 81
Title: ***IMPLICIT: Improving Multivitamin Use Rates in Prenatal Patients***

Abstract:
Using Interconception Care (ICC) forms during Well Child visits offers an opportunity to identify missed postpartum care needs. Among various risk factors, low multivitamin intervention rates and high risk rates stand out over a six-year period. Possible interventions include recommending, prescribing, or providing multivitamins. This project seeks to identify barriers to delivering multivitamin interventions at an urban clinic and implement strategies to improve these rates. A root cause analysis informed targeted solutions, including enhanced provider and staff training and regular reminders. Effectiveness was assessed by comparing ICC data before and after the interventions to evaluate improvements in multivitamin intervention rates.

Proposal:

Learning Objectives:
1. Implement the IMPLICIT Network model during prenatal and well child visits.
2. Promote prenatal multivitamin use throughout pregnancy and the postpartum period.
3. Leverage well child visits to assess and support maternal health.
4. Apply strategies to increase multivitamin intervention rates in prenatal care.

Methods and Content:
A quality improvement initiative was undertaken to identify and address barriers to completing Interconception Care (ICC) questionnaires during well child visits and to improve intervention rates for birthing persons at risk for prenatal multivitamin non-use. Observation data, root cause analysis, as well as surveys were utilized to systematically assess workflow challenges, provider and staff engagement, and documentation practices. Key barriers identified included inconsistent administration of ICC questionnaires, limited provider awareness regarding the importance of prenatal multivitamin use in the interconception and postpartum periods, and lack of standardized intervention protocols. To address these gaps, a multi-pronged intervention was implemented. This included development and dissemination of targeted training and educational materials for providers on the importance of prenatal multivitamin use and ICC screening. There were also increased reminders for the providers and staff to conduct ICC questionnaires at all eligible well child visits.
The effectiveness of these interventions was evaluated by measuring changes in multivitamin intervention rates using data collected from the ICC questionnaires before and after implementation. Data analysis focused on comparing rates of multivitamin recommendations, prescriptions, and provision among at-risk patients identified through the ICC tool.

Findings and Conclusions:

Data collection is currently ongoing. Preliminary evaluation focuses on changes in prenatal multivitamin intervention rates, as documented through ICC questionnaires following the implementation of targeted interventions. These interventions included provider training, educational materials, and regular staff reminders to complete ICC forms and offer appropriate interventions. The working hypothesis is that increasing provider and staff engagement through structured reminders and training will lead to improved adherence to ICC screening protocols and a corresponding rise in multivitamin interventions among at-risk birthing persons. Final analysis will determine whether these measures are associated with a measurable increase in intervention rates at Downtown Family Medicine (DFM) clinic, thereby supporting the use of well child visits as a strategic touchpoint for maternal health promotion. If effective, this approach may be scalable to clinical settings at other sites with aligned objectives.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: OSTEO NT WPH
Submission #: 9
Title: ***Increasing Osteopathic Manipulative Treatment for People that Struggle with Headaches***

Abstract:
Chronic headaches can be physically, mentally, and emotionally debilitating and have a high prevalence in the population. Utilization of osteopathic manipulative medicine (OMT) can provide a safe and effective non-pharmacologic option for patients that suffer from chronic headaches. Given the potential of OMT to reduce the overall symptom burden of chronic headaches, this study aims to expand the knowledge of OMT for providers and patients to ultimately increase the number of patients who use OMT

Proposal:

Learning Objectives:
Recognize when it is appropriate to refer to OMT
Analyze evidence supporting the use of OMT for headache treatment
Describe the basic principles of OMT and their use in headache treatment

Methods and Content:
Pamphlets with information about OMT as a treatment for headaches will be created and distributed throughout the office for providers to give patients when they complain of headache or have headaches on their problem list. The provider will be placing a referral to OMT after giving the patient the pamphlet. A chart review will be conducted to assess the impact of the pamphlet on OMT referrals for headache treatment. The number of visits in OMT clinic for headache will be analyzed using chart review over a three month period once distribution of pamphlets starts. This review will help evaluate the pamphlet's effectiveness in influencing referrals and increasing OMT as a form of treatment for headaches

Findings and Conclusions:
The primary measurement of this study is to analyze the number of patients that were able to receive OMT as a treatment modality for headaches. I anticipate the number of referrals will significantly increase after the incorporation of the pamphlet as a part of the workflow in the office. I hypothesize that overall, there will be a significant increase in patients that will use OMT as a treatment for headaches. This study aims to emphasize the importance of increasing knowledge and awareness of osteopathic manipulative treatment. By providing basic, concise information regarding the efficacy and safety of OMT, educational tools such as a pamphlet, dot phrase, or basic handout can be an effective way to increase access to OMT.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: RESQI MH WELL
Submission #: 8
Title: ***The Role of Stress Mindset in Burnout and Resilience Among Medical Residents: A Cross-Sectional Study***

Abstract:
Stress is common in medicine, and how individuals perceive it—known as stress mindset—can influence its impact. A positive stress mindset may enhance resilience and reduce burnout. In our cross-sectional study of 85 residents across Wright State University programs, we examined relationships between stress mindset, grit, resilience, and burnout using validated surveys. We found a strong negative association between a positive stress mindset and burnout (OR = 0.779, CI: 0.695–0.866). Each unit increase in stress mindset reduced burnout odds by 22%. These findings suggest fostering a positive stress mindset may protect against burnout and promote well-being in medical training.

Proposal:

Learning Objectives:
By the end of this session, participants will be able to define the concept of stress mindset and distinguish it from coping strategies; explain the relationship between stress mindset and burnout among medical residents; identify the roles of grit, resilience, and adverse childhood experiences (ACEs) in resident well-being; interpret key findings from a cross-sectional survey of residents across multiple specialties; and discuss the potential application of mindset-based interventions to reduce burnout in residency training programs.

Methods and Content:
This session will begin with a brief overview of stress mindset theory, highlighting its distinction from coping mechanisms and its relevance to medical training. Participants will then be introduced to the methodology of a cross-sectional study involving residents from multiple specialties, including Emergency Medicine, Family Medicine, Internal Medicine, and Surgery. The session will review the validated survey instruments used to assess stress mindset, burnout, grit, resilience, and adverse childhood experiences (ACEs). Key findings from the study will be presented using visual data summaries, followed by a facilitated discussion on how these results inform practical strategies for supporting resident well-being. The session will conclude with a group reflection on potential applications of mindset-based interventions in clinical education settings.

Findings and Conclusions:
The study found a significant inverse relationship between stress mindset and burnout among medical residents, indicating that those who viewed stress more positively were less likely to experience high levels of burnout. Specifically, each one-unit increase in stress mindset was associated with a 22% decrease in the odds of higher burnout. Neither grit nor adverse childhood experiences (ACEs) showed a significant association with burnout in this cohort. These findings suggest that stress mindset may be a modifiable factor in promoting resident well-being. The study concludes that integrating mindset-focused interventions into residency training may be a promising approach to reducing burnout and enhancing resilience.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: MH SDOH GH
Submission #: 144
Title: ***Developing Psychoeducational Materials to Help Individuals Understand Mental Health and Mental Health Care: A Focus on Indo-Caribbean Communities***

Abstract:
Guyana has the highest rate of suicide in the western hemisphere. Indo-Caribbeans are at a higher risk for depression symptoms compared to Asian Indians. There is poor mental health literacy and strong stigma against mental health. Psychoeducational tools can provide relevant information about mental health conditions, their causes, and potential treatments in a way that is relevant and relatable to the patient and provider, encouraging treatment engagement. We are developing psychoeducational booklets about mental health symptoms, addressing stress and stigma. This initial stage involves obtaining qualitative information from a community advisory board of Indo-Caribbean individuals to guide the booklet's development

Proposal:

Learning Objectives:
By the end of the session participants will be able to understand and identify barriers Indo-Caribbeans face to seeking mental health support.

Methods and Content:
To tailor materials to Indo-Caribbean communities, we are working with a community advisory board comprised of six English-speaking Indo-Caribbean individuals. We presented a rough draft of the booklet to each participant individual and asked for feedback as well as information about their lived experiences with mental health, mental health care, and associated barriers. Feedback is incorporated into booklet development.
Each interview is conducted by 2-3 interviewers including a trained mental health professional, a masters level graduate student assistant, and a family medicine resident.

Findings and Conclusions:
We have currently completed initial interviews with all members, and second interviews with four members. Qualitative analyses of interviews suggest common themes including constant striving to measure up to the expectations of family members, especially within families who immigrated to the US, turning to religion and spirituality for emotional support, and unhealthy coping mechanisms made commonplace (e.g., use of alcohol). The psychoeducational material, paired with illustrations and direct quotations from participants, can help create conversation and allows people

to connect the material back to their own lives as suggested by qualitative interviews

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: MCH REPRO
Submission #: 46
Title: ***A Case of Fetomaternal Hemorrhage***

Abstract:
Fetomaternal hemorrhage (FMH) is a rare but serious condition in which fetal red blood cells enter the maternal circulation, often without clinical signs during pregnancy or delivery. We present a case of a healthy term infant who developed significant anemia postnatally, with a Kleihauer-Betke (KB) test revealing 7.5% fetal cells, equating to 375 mL of fetal blood loss. Despite uncomplicated labor, the newborn required urgent transfusions and neonatal intensive care. This case highlights the diagnostic challenges of FMH, the limitations of current testing methods, and the importance of early recognition to prevent morbidity and ensure appropriate neonatal management and follow-up.

Proposal:

Learning Objectives:
1. Describe the pathophysiology of fetomaternal hemorrhage (FMH)
2. Identify clinical risk factors and diagnostic challenges associated with FMH, particularly in term pregnancies with no prior complications
3. Interpret and evaluate diagnostic tools
4. Discuss clinical management strategies for FMH including intrauterine transfusion, neonatal resuscitation and postnatal interventions

Methods and Content:
Case Overview
1. The patient was at 39+6 weeks gestation who had an uncomplicated vaginal delivery with no trauma, bleeding, or prenatal complications.
2. Postnatally the newborn developed respiratory distress and was found to have a critically low hemoglobin of 5.6 g/dL.
3. A Kleihauer-Betke (KB) test revealed 7.5% fetal RBCs in maternal circulation, translating to an estimated 375 mL blood loss, an exceptionally large volume.
4. The newborn required two RBC transfusions, stabilization in a special care nursery, and transfer to a tertiary center for further evaluation.

Findings and Conclusions:
1. Massive FMH can occur without overt maternal or fetal symptoms during pregnancy or labor, making early detection difficult.
2. Timely postnatal diagnosis and intervention are critical; in this case, early transfusions restored normal hemoglobin and avoided long-term sequelae.
3. Diagnostic tools like the KB test, while useful, have significant limitations in accuracy and timing interpretation.

4. The case highlights the importance of considering FMH in any newborn with unexplained anemia or signs of hypoxia, even in the absence of intrapartum complications.
Long-term follow-up is essential due to potential effects of fetal anemia and perinatal hypoxia

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: DMCC WELL SDOH
Submission #: 102
Title: ***Implementation of Uncomplicated Hepatitis C Treatment Protocol in a Family Medicine Residency Office***

Abstract:
Untreated cases of hepatitis C can lead to serious complications including hepatocellular carcinoma, cirrhosis, and liver failure. Family physicians are often the first touchpoint with patients as they are screening for hepatitis during wellness exams. By creating an easy-to-follow protocol, family medicine residents are in prime position to treat uncomplicated cases in their own practices. This protocol incorporates an interdisciplinary team of residents, pharmacists, and care coordination. It allows for all preceptors to become familiar with treatment and expected flow of visits. The successful treatment of our patients will decrease overall costs to healthcare systems

Proposal:

Learning Objectives:
- Institute a protocol to treat uncomplicated treatment naïve hepatitis C patients
- Utilize interdisciplinary teams to provide optimal outcomes
- Provide better care to your patients without need for outside referral

Methods and Content:
Patients screening positive for hepatitis C are then determined if they have an active infection by a viral load. Other baseline labs include LFTs, CBC, BMP, hepatitis panels and HIV. Vaccinations for Hepatitis A and B are offered to all qualifying patients. Once active infection is determined, a liver elastography is completed to stage any liver fibrosis present. Once this information is obtained, the clinic pharmacist is then consulted for medication recommendation. Care coordination is also offered to assure patient has access to transportation to visits and any drug or alcohol counseling resources.

Findings and Conclusions:
Family Medicine physicians are uniquely situated to provide care to uncomplicated hepatitis c patients. Providing this care, further builds the trust and allows patients to receive care for their hepatitis that they might not otherwise seek treatment. The use of the interdisciplinary teams of medical residents, clinic pharmacist, and care coordinators allows for optimal outcomes for patients. Those patients deemed to be complicated cases were referred to the appropriate specialty.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: WPH GER ADV
Submission #: 71
Title: ***In Their Chair: Exploring Wheelchair Accessibility and Health Challenges Through Interactive Storytelling***

Abstract:
The built environment significantly impacts health outcomes for individuals with disabilities. Despite existing ADA protocols, many public spaces remain inaccessible, leading to increased burdens on patients, as well as social isolation that negatively affects their mental health. This innovation addresses gaps in awareness and advocacy for disability rights. Participants will engage in an interactive, click-through journey based on our community accessibility audit. Through this experience, users will become more aware of the barriers individuals with disabilities face in daily life and how it impacts their overall health and well-being.

Proposal:

Learning Objectives:
By the end of the session participants will learn about an innovative way to help medical students and trainees experience the limitations experienced by their patients with disabilities, through an interactive story telling tool.

Methods and Content:
This project's intervention design has two major components. First, an accessibility audit of various locations within a community was conducted. This involved the creation of evaluation criteria (e.g. presence of a ramp to enter a building, automated doors, adequate width of aisles, surrounding road/sidewalk conditions, handicapped parking availability, etc.) with numerical scoring to allow for more objective analysis. The locations selected included pharmacies, medical office buildings, grocery stores, salons, restaurants, and other common locations one would navigate on a regular basis.
Second, an interactive simulation was created using Twine software to allow users to learn the decision-making and everyday obstacles that are faced when living in a built environment that is not universally accessible. This activity draws on observations made while conducting the accessibility audit and enables dissemination of data and anecdotal findings to a broader audience.

Findings and Conclusions:
The accessibility audit revealed a lack of external building accessibility (e.g. ramps, automated doors, handicap parking) to be the most common deficiencies. The biggest hurdle was simply entering the building. The interactive simulation will further be evaluated with a post-experience survey to determine how well it provides insight or enhances prior knowledge of accessibility barriers. Limitations include the small sample size of sites visited. Future evaluations should include different community types and consider sharing relevant information with community agencies to promote both awareness and change.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: RESQI SDOH WELL
Submission #: 117
Title: ***Exploring Treatment Seeking Behavior in Low Income Women with Headaches: A Pilot Study***

Abstract:
Headaches are a leading cause of disability among women, yet treatment-seeking behavior in low-income women remains poorly understood. This pilot study surveyed Medicaid-enrolled or uninsured women with recurrent, disruptive headaches. Participants completed an online survey that included an original screening tool to assess headache burden, along with questions on demographics, care-seeking behavior, and barriers to treatment. Findings revealed disparities in insurance coverage by race and ethnicity, perceived seriousness of headaches, and distrust in providers by geography. These preliminary results, along with other observed patterns, highlight the role of social determinants and the need for tailored interventions to improve outcomes.

Proposal:

Learning Objectives:
By the end of the session participants will be able to:
- Identify common barriers to headache care in Medicaid-enrolled or uninsured women, including geographic, economic, and cultural factors.
- Recognize the importance of health literacy, provider trust, and perceived symptom severity in healthcare utilization.
- Consider strategies for developing targeted interventions to reduce disparities and improve headache care access in underserved populations.

Methods and Content:
Medicaid-enrolled or uninsured women in Ohio who experience recurrent, disruptive headaches were surveyed via an online Qualtrics survey. The survey was distributed to various community centers and welfare organizations across Ohio, as well as sent via email to Ohio University students, faculty, and staff. A screening tool with seven questions was developed by our team and used to confirm headache burden. Questions assessing headache burden included how many days per month participants experience headaches, how often headaches disrupt their daily activities, how they would describe their pain, whether they felt that professional help would help manage their symptoms, if they find relief with over-the-counter medications, if their headaches have gotten worse over time, and if they have been able to identify any headache triggers. Eligible participants provided data on zip code (to assess rurality, Appalachian or medically underserved region), education level, health literacy status, race, ethnicity, and age. Participants were then asked if they had or had not sought medical care for their headaches. Those who had sought care were asked about satisfaction and barriers to care; those who had not sought care were asked about specific obstacles such as lack of appointments, pain perception, mistrust in medical providers, insurance coverage, language barriers, social stigma, and transportation barriers.

Findings and Conclusions:

Our survey identified multiple social and demographic factors that influence treatment-seeking behavior among low-income women with headaches. Perceived seriousness of headaches varied significantly by geography ($\chi^2 = 20.57$, $p = .005$), with women in medically underserved areas less likely to consider their headaches serious compared to those in rural or Appalachian regions. Women in rural areas were more likely to feel that their headaches would not be taken seriously by a physician ($\chi^2 = 5.99$, $p = .014$). Financial barriers to care also varied by demographic characteristics. For example, race ($\chi^2 = 20.99$, $p = .021$) and ethnicity ($\chi^2 = 24.15$, $p = .030$) were significantly associated with challenges related to insurance coverage. Higher Headache Screening Scores were significantly associated with increased physician-seeking behavior, $F(2, 153) = 10.95$, $p < .001$, $\eta^2 = .13$. Additionally, a longer duration of experiencing headaches was significantly associated with an increased likelihood of seeking care from a physician ($\chi^2 = 19.28$, $p = .037$). These findings underscore the complex role of geography, race, and chronicity in shaping healthcare access and treatment-seeking decisions. Limitations of our study include challenges with participant recruitment. Future research should include a larger and more diverse sample to validate these findings and inform the development of targeted interventions to improve access and outcomes for underserved women experiencing headaches.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: DMCC ADV SDOH
Submission #: 123
Title: ***Care Gap Mitigation: Outreach Opportunities to Increase Follow Up Rates in Individuals with Type 2 Diabetes Mellitus in Family Practice***

Abstract:
This quality improvement project aimed to decrease the number of Medicaid patients with diabetes who have not been seen within six months by an Akron General Center for Family Medicine (AGCFM) provider and have an HbA1C ≥ 9.0% by utilizing personalized MyChart messages and letters encouraging patients to follow up. Appointment scheduling was compared between patients who read the message and those who did not. While results were not statistically significant, the intervention showed promise in enhancing patient engagement. Findings support future expansion in larger populations of chronic disease management to lessen care gaps and improve health outcomes.

Proposal:

Learning Objectives:
By the end of the session participants will be able to use hotspotting to identify patients in their practice in need of intervention.
By the end of the session participants will be able to utilize messaging campaigns to improve patient follow ups.
By the end of the session participants will be able to explain the criteria used to identify eligible patients for the intervention, including A1c thresholds and recent visit history.

Methods and Content:
Ohio Medicaid provided a list of patients within Akron General Center for Family Medicine (AGCFM) with type II diabetes mellitus (DMII), totaling 1128 patients. A shared patient list was created within Epic (Verona, WI). Patients who were deceased were removed from the patient list, bringing the total to 1098 patients. Patients without an active MyChart account were also removed from the list, bringing the total patient number to 870. Chart review was completed to identify patients who have an A1C ≥ 9.0% and who had not been seen within 6 months. These 23 patients who met all criteria were moved to a separate shared patient list in Epic for the targeted intervention. After initial rollout, an additional four patients were removed due to lack of provider fidelity. A MyChart message campaign was conducted with the 19 patients who met all project criteria. The message highlighted hidden complications of diabetes and were personalized from the AGCFM care team. Patients who had not read the message or scheduled appointments within 10 days were sent a letter to their home address. Chart review was completed to identify how many patients read the message and scheduled appointments. Results were analyzed and interpreted.

Findings and Conclusions:

A total of 23 patients were included for analysis based on this original intervention. Of these, 5 patients opened the MyChart message (read group), while 14 did not (unread group). Among the read group, 2 patients (40.0%) scheduled a follow-up appointment within the follow-up window, and 3 (60.0%) did not. In the unread group, 5 patients (35.7%) scheduled, while 9 (64.3%) did not.

A two-tailed Fisher's exact test yielded a p-value of 0.85, indicating no statistically significant difference in appointment scheduling between patients who read the message and those who did not.

While results were not statistically significant, the intervention did meet project goals and successfully engaged eligible patients at the highest risk of poor health outcomes. As the project expands, proposed next steps include targeting a larger patient panel using a lower A1c threshold to meet current care goals or evaluating other interventions of patient outreach.

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FAMILY MEDICINE
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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC TECH WELL
Submission #: 92
Title: ***CGM: Friend or Foe to a Resident's Clinical Practice***

Abstract:
Resident physicians frequently care for patients with diabetes across inpatient and outpatient settings. Continuous Glucose Monitor (CGM)
training enables residents to understand device function, interpret real-time data, and tailor treatment, leading to improved patient outcomes. This training builds confidence in prescribing and utilizing CGM technology effectively. To measure effectiveness, residents will complete pre- and post-
training surveys, with follow-up assessments at 1, 3, and 6 months to evaluate sustained confidence and proficiency in CGM use. These insights will help determine the long-term effectiveness of the training and its role in advancing diabetes care.

Proposal:

Learning Objectives:
1. Identify baseline levels of CGM device knowledge in primary care residency programs.
2. Evaluate resident confidence and proficiency with CGM devices immediate after a workshop training
3. Track CGM clinical use and knowledge of primary care residents at 1, 3 and 6 months after training
4. Use the collected data to help analyze sustainability CGM education during residency training

Methods and Content:
Study will include residents from United Health Services Family Medicine and Internal Medicine residency programs. Our team will administer a pre- and post- CGM training survey following a 2 hour course training. The post survey will be administered at 0, 1, 3 and 6 months. This will help us interpret the confidence level of residents in prescribing and interpreting CGM data initially after the workshop and throughout time with the addition of clinical exposure. This data will be evaluated and compared to assess the confidence of primary care residents using CGMs in clinical decision making.

Findings and Conclusions:

This is an ongoing project with active data collection through pre- and post-training surveys and follow-up assessments at 0, 1, 3, and 6 months. The goal of this project is to provide comprehensive, hands-on education that equips resident physicians with the knowledge and confidence to effectively apply CGM technology in clinical practice. Findings will allow the team to identify key relationships between prior CGM experience, resident confidence and rates of CGM utilization.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: DMCC ADSU MH
Submission #: 101
Title: ***Serotonin Syndrome Induced by Linezolid for Rare Corynebacterium Glucuronolyticum UTI in a Post-Gastric Sleeve Patient with Psychiatric Polypharmacy***

Abstract:
This case report describes a 60-year-old male with a history of gastric sleeve surgery, depression, anxiety, and chronic fluoxetine and buspirone use, who developed serotonin syndrome after linezolid treatment for a rare Corynebacterium glucuronolyticum urinary tract infection. Despite discontinuing fluoxetine before antibiotic initiation, altered pharmacokinetics due to bariatric surgery prolonged drug wash-out, leaving residual serotonergic effects. Continued buspirone increased serotonin toxicity, causing agitation, inducible clonus, autonomic instability, and hypertension. Prompt cessation of serotonergic medications and supportive benzodiazepine therapy facilitated complete recovery. This highlights the need for individualized medication management and heightened vigilance for serotonin syndrome following bariatric surgery.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to:
1. Identify clinical features and diagnostic criteria for serotonin syndrome.
2. Recognize the increased risk of serotonin syndrome in post-bariatric patients treated with serotonergic agents and monoamine oxidase inhibitors.
3. Understand how rare infections, such as Corynebacterium glucuronolyticum UTI, can lead to high-risk antibiotic use requiring enhanced prescribing vigilance.

Methods and Content:
This case report describes a 60-year-old male with a history of gastric sleeve surgery, major depressive and anxiety disorders, and chronic fluoxetine and buspirone use who developed serotonin syndrome after receiving linezolid for a urinary tract infection caused by Corynebacterium glucuronolyticum, a rare uropathogen. The case was analyzed through clinical documentation, diagnostics, and literature review. Discussion will focus on diagnostic criteria for serotonin syndrome (Hunter), altered pharmacokinetics after bariatric surgery, and the unique risks posed by rare infections requiring MAOI-class antibiotics.

Findings and Conclusions:
The patient developed serotonin syndrome due to a combination of long-acting SSRI use, resumed serotonergic medications during linezolid therapy, and altered drug metabolism following gastric sleeve surgery. Symptoms included agitation, inducible clonus, and hypertension. Management consisted of discontinuing serotonergic agents and administering benzodiazepines, leading to a full recovery. This case underscores the importance of thorough medication reconciliation, patient education, and enhanced coordination between prescribers and psychiatric support in complex patients. Future preventive strategies should include proactive psychiatric planning for anticipated rebound symptoms, EMR-based clinical alerts to identify high-risk medication interactions, and increased pharmacokinetic monitoring in post-bariatric surgery populations.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: ADV SDOH GH
Submission #: 49
Title: ***Uncovering Oral Health Inequities in Latino Communities via Community-Based Outreach***

Abstract:
Background: Latino communities face disproportionately high rates of untreated dental disease due to systemic barriers to care.
Objective: Assess oral health status and dental care access among attendees of a bilingual community health fair offering free dental exams.
Methods: A cross-sectional, IRB-approved survey was administered.
Results: Of 30 participants, 36.7% had a dental visit in the past year; 63.3% lacked a regular dentist; 70.0% rated their oral health as fair or poor. Barriers included cost/insurance (50.0%), limited information (26.6%), and anxiety (23.3%).
Conclusions: Findings underscore the role of culturally tailored health fairs in addressing oral health disparities in Latino populations.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to: (1) Describe oral health disparities affecting Latino communities; (2) Identify structural, financial, and linguistic barriers to preventative dental care; (3) Explain how community-based health fairs, such as Fiesta de la Salud, can serve as a response to unmet needs; and (4) Evaluate community-informed models for improving oral health access through culturally tailored, trust-building outreach.

CONTEXT: Oral health is deeply interconnected with systemic health, influencing outcomes in diabetes, cardiovascular disease, and pregnancy. Despite this, dental care remains siloed within most public health and primary care frameworks—an exclusion that disproportionately harms Latino, immigrant, and low-income communities already facing language barriers, limited insurance coverage, and fear of seeking care (Ramos-Gomez & Kinsler, 2022). Nationwide, Latino adults are over three times more likely than white adults to have never seen a dentist (CareQuest Institute for Oral Health, 2021).

COMMUNITY: Reading, PA exemplifies these disparities, with 69% of its population identifying as Latino, nearly one-third living below the poverty line, and a substantial proportion primarily speaking Spanish (U.S. Census Bureau, 2021). In this context, Fiesta de la Salud (FDLS) was developed to provide free, bilingual health screenings—including for oral health—alongside culturally tailored education and referral services. Community-based health fairs like FDLS have been shown to reduce inequities by embedding care within trusted spaces, building relationships, and empowering underserved populations (Murray et al., 2015). This study formalized the collection of oral health data to evaluate baseline gaps that FDLS is designed to address, affirming the critical role of community health fairs in surfacing unmet needs and guiding future outreach.

Methods and Content:

This IRB-approved study used a bilingual, cross-sectional survey to assess self-perceived oral health and dental care access among adult participants at Fiesta de la Salud, a culturally tailored health fair held in Reading, Pennsylvania. In Reading, in particular—where a large portion of the population is Latino and many residents face structural barriers to care—this event served as a unique setting to evaluate access to dental services. The survey was administered prior to participants receiving services, which included free dental screenings. Questions captured self-reported data on recent dental visits, whether participants had a regular dentist, perceived oral health, dental insurance status, and barriers to accessing oral health care (e.g., cost, language, transportation, fear, lack of knowledge). Respondents could select multiple barriers. All surveys were available in English and Spanish and adapted for clarity and cultural relevance. Quantitative results were analyzed descriptively.

Findings and Conclusions:

Among the 30 surveyed participants at Fiesta de la Salud, only 36.7% had seen a dentist in the past year, and 63.3% indicated they did not have a regular dental provider. Even among insured respondents (n = 21), only 57.1% had dental coverage, underscoring the persistent fragmentation between medical and dental care. Most attendees (70.0%) rated their oral health as fair or poor. When asked to identify barriers to dental care, half of all participants (50.0%) cited cost or lack of insurance, while others reported not knowing where to go for services (26.6%), fear or anxiety about treatment (23.3%), transportation difficulties (20.0%), and language barriers (20.0%). Among those without a regular dentist (n = 19), 57.8% attributed this to lack of insurance, and 36.8% said it was too expensive to afford care.

These findings illustrate that Fiesta de la Salud is successfully reaching those at the sharpest margins of care—residents whose experiences do not align with broader state trends, but rather reflect concentrated disadvantage in oral health access. While 67.7% of adults in Pennsylvania and 60.9% of Hispanic adults statewide report a dental visit in the past year (CDC, 2023), the markedly lower rate among FDLS participants (36.7%) underscores the severity of local unmet needs. While not all of Berks County, PA qualifies as a dental Health Professional Shortage Area (Commonwealth), Reading is home to Berks Community Health Center, a federally designated safety-net clinic with the highest score for dental health need (HRSA). This designation highlights local infrastructure gaps that may not be visible in larger datasets.

As one participant noted, “Hoy fue la primera vez en años que recibo un chequeo” (“Today was the first time in years I’ve received a check-up”); the event created not just a clinical opportunity, but a moment of relief, trust, and reentry into preventive care. These results affirm the value of culturally grounded community health fairs in identifying and addressing hyperlocal disparities.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: DMCC GER
Submission #: 80
Title: ***Sepsis in Disguise: Enterobacter Cloacae Presenting as Ischemic Stroke***

Abstract:
A 71-year old man with extensive cardiac history presented with acute onset of left sided weakness. Advanced brain imaging revealed severe multifocal cerebral ischemia with hemorrhagic conversion. The patient was found to have Enterobacter cloacae bacteremia with subsequent endocarditis on echocardiogram. Despite targeted therapy, the patient's condition continued to decline with surveillance brain imaging showing a mycotic aneurysm. Surgical interventions were limited due to age, extent of disease and poor prognosis, leading the patient to succumb to his medical illness. This case demonstrates the rare presenting symptom of ischemic stroke as the first clinical sign of Enterobacter cloacae endocarditis.

Proposal:

Learning Objectives:
By the end of the session participants will have a better understanding of the rarity of gram-negative bacilli endocarditis infections, especially those associated with enterobacter cloacae. In addition, participants will learn about one of few cases in literature where ischemic stroke was the initial presenting symptoms of endocarditis. Lastly, participants will be educated on the management and treatment of enterobacter cloacae endocarditis.

Methods and Content:
A 71-year-old male with a history of hypertension, diabetes, atrial fibrillation on dabigatran (though non-adherent), coronary artery disease and heart failure with reduced ejection fraction (40%) presented with 2 hours of left sided weakness. CT and MRI head imaging showed multifocal bilateral cerebral early subacute ischemia, dominating the right post central gyrus with concerns with hemorrhagic transformation. Also noted was severe multifocal stenosis of the proximal left vertebral artery and significant atherosclerotic plaque of bilateral carotids.
Due to initial fever and leukocytosis, an infectious work-up was sent, yielding urine culture and two sets of blood cultures positive for cefepime-resistant Enterobacter cloacae. A repeat blood culture four days later was negative. He was treated with a 7 day course of meropenem for complicated urinary tract infection (UTI).
The patient underwent a transthoracic echocardiogram for CVA work-up, which was negative. However, he unfortunately developed a right sided intraparenchymal hemorrhage in the right frontal lobe measuring 5.5 x 4.5 x 6.7cm associated with mass effect. This led to intubation and transfer to a tertiary hospital for neurosurgery evaluation. Upon evaluation at the new hospital, he developed recurrent fever to 39.3 F, with repeat blood cultures growing the same Enterobacter cloacae species. This prompted a repeat transthoracic echocardiogram with follow up transesophageal echocardiogram revealing a 1.2 cm mobile echodensity on the mitral valve posterior leaflet and an additional 0.7 cm mass on the anterior mitral valve leaflet suggestive of endocarditis. Also noted, was severe atherosclerotic plaque in the aortic arch and descending aorta. Infectious Diseases, Cardiology and Cardiothoracic Surgery were consulted, and medical management was recommended as the patient was a poor surgical candidate. Surveillance CT angiogram of the head and neck highlighted a new 0.9 cm x 0.8 cm mycotic aneurysm in the right parietal lobe associated with the distal branches of the right M3 segments. It was at this time, after

lengthy discussions with neurosurgery, the patient transitioned to comfort care. He soon passed from the complications of his medical illness.

Findings and Conclusions:

Discussion:

Non-HACEK gram negative bacillus including Enterobacter cloacae, although rare, are emerging causes of infectious endocarditis often associated with severe disease and significantly higher mortality rate compared to more common virulent pathogens [4,5]. Not much is known about Enterobacter cloacae's association with cerebral vascular accidents, as Mannel et al 2015 acknowledged only 2 relative cases in literature. However, their study did acknowledge early diagnosis and treatment can improve mortality outcomes.

Relating this to our patient, his initial presentation of CVA was thought to be unrelated to his bacteremia. He did not meet Modified Duke's Criteria for definite or probable disease, and his TTE was only performed due to Neurology stroke protocol. With hindsight, we now know his initial CVA was likely an early septic emboli from Enterobacter cloacae endocarditis which led to an unfortunate mycotic aneurysm later in the hospitalization. We suspect that our patient's severe underlying atherosclerotic disease was likely a risk factor for bacteremia progressing to valve vegetation formation. This is the 2nd or 3rd case in literature which has seen ischemic stroke as the proceeding symptom for infectious endocarditis per review of Science Direct and Pubmed databases.

From a prevention standpoint, this case highlights how a UTI can progress to bacteremia to endocarditis to stroke and mycotic aneurysm—particularly in a patient with extensive underlying cardiovascular risk factors, as with our patient. Optimizing cardiovascular risk and treatment adherence is vital to minimizing the risks associated with the inevitable infectious exposures that can come with advancing age.

Conclusion:

Enterobacter cloacae is a rare cause of infectious endocarditis based on the literature. In addition, only a few cases have been associated with CVA [6]. Early recognition and multidisciplinary management are essential to optimize clinical outcomes and prevent further complications [5]. Comprehensive preventive care, including cardiovascular risk management, is essential to minimize the risk of infection progressing to endocarditis.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: ADV ACGME
Submission #: 57
Title: ***G2211: Accounting for Longitudinal Relationships in Primary Care***

Abstract:
The G2211 billing code is an add-on code to recognize time and intensity for providing longitudinal care. Only Medicare and some Medicare Advantage plans currently reimburse for the code, but there is hope that Medicaid and private payers will reimburse for it in the future. Consistent with nationwide trends, this code is underutilized within our primary care clinic due to lack of provider awareness, changing eligibility criteria, and limited understanding of appropriate documentation. Underutilization leads to missed revenue opportunities and contributes to inadequate compensation for primary care. Our goal is to increase use of G2211 to 67% of applicable visits.

Proposal:

Learning Objectives:
By the end of the session:
- participants will be able to identify when the G2211 add-on code should be used in billing services
- participants will be able to recognize the value of longitudinal relationships in primary care

Methods and Content:
We evaluated all providers working within a single Family Medicine residency primary care clinic within a large academic hospital system, including:: Residents (PGY1-PGY3), Advanced Practice Providers, and Attending physicians. We utilized an EPIC data analysis of all 99214 (established, level 4 moderate-complexity) encounters from 8/1/2024 - 1/31/2025 for use of the G2211 add on code. With this data we identified the underutilizers of the G2211 code using 99214 encounters. Our data showed significant heterogeneity (range: 0-95%) for use of G2211 in 99214 visits; average usage clinic wide: 60%. Average usage by Attendings 61%, Advanced Practice Practitioners 47%, Residents 69%. We implemented both individualized and practice-based interventions in order to increase clinic utilization rates. Individual interventions were 1:1 meetings with the bottom 33% of utilizers ('underutilizers') to understand low G2211 usage reasons with additional education and teaching. Practice-based interventions included development of a usage flow diagram distributed to all staff as well as in person/online real-time education by email and at multiple clinician meetings.

Findings and Conclusions:
The G2211 billing code was created to compensate practices for longitudinal care they provide. As longitudinal care is inherent to primary care, proper usage of this code can generate significant revenue. Our baseline audit of code use over 6 months showed significant heterogeneity and opportunities for improvement. Individual interviews highlighted reasons for low usage, including provider knowledge, documentation practices, and familiarity with coding guidelines. We developed personalized and practice-based interventions including 1:1 coaching, in-person meetings, and e-mailed guidelines, as well as created and disseminated a usage guide. For underutilizers of the code, individual interventions were helpful in increasing usage above goal in 7/10. Practice wide usage of the code increased from 60% to 76% in the analyzed time periods. At least some of this is likely due to practice wide interventions like group meetings, emails, and a flowchart guide.

Our future goals include continuing chart audits and follow up meetings with the four continued underutilizers to better promote utilization. We also plan to perform periodic clinic wide audits to inform interventions to sustain high utilization.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC WPC SDOH
Submission #: 67
Title: ***Dystrophic Epidermolysis Bullosa; A Rare Yet Devastating Skin Disorder***

Abstract:
Epidermolysis bullosa is a genetically heterogeneous inherited skin fragility disorder characterized by disruption of the skins structure at the dermoepidermal junction/basal layer of the epidermis, resulting in increased cutaneous vulnerability to mechanical stress. This is a case of dystrophic EB. Its phenotypic spectrum ranging from localized dominant DEB (DDEB) with dystrophic toenails to recessive DEB (RDEB), characterized by generalized blistering, even from birth after the mildest trauma, scarring leading to pseudosyndactyly, mitten deformity, esophageal strictures and squamous cell ca as frequent early complications. It requires multidisciplinary approach. Newly FDA approved therapies may shift focus from symptomatic care to curative solutions.

Proposal:

Learning Objectives:
1. Understand the disease complexity, multisystem involvement and clinical consequences
2. Appreciate the role of the pediatrician and multidisciplinary care required
3. Note advances in therapeutic strategies
4. Briefly understand the novel topical wound therapies
5. Note the future direction in approach and therapeutic advances required

Methods and Content:
Method: Followed a case of a newborn female with epidermolysis bullosa from delivery to discharge.
Content includes introduction on EB, outline on the classifications of EB, and specifics on dystrophic EB since it is the case diagnosis, brief pertinent details on the case, conclusion and discussion.

Findings and Conclusions:
Findings of the case showed a newborn diagnosed with Dystrophic EB after tests during previous infertility workup revealed the father had gene mutation of COL7A1 (autosomal recessive). In conclusion EB is a genetically and clinically heterogeneous group of disorders with profound systemic and psychosocial impacts. Effective management hinges on early pediatric involvement and integrated, multidisciplinary care. Due to the advance in wound care, sepsis secondary to extensive wounds has been greatly reduced. Prognosis for RDEB patients is usually between 30-40 years of age, with metastatic squamous cell carcinoma and renal failure as major causes of death.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC ADSU SDOH
Submission #: 112
Title: ***Clearing the Air: Strengthening Cessation Screening in Family Medicine***

Abstract:
Effective evidence-based smoking cessation interventions are underutilized in clinical practice. We are conducting a multi-cycle QI project in our family medicine residency program to improve smoking cessation counseling. Following a single 50-minute didactic session, an Epic SmartPhrase was introduced to standardize screening and discussion. Currently, SmartPhrase uptake has been modest, except for physicians who have included it to their personalized encounter templates. This summer, we will continue to refine workflows and support resources to improve smoking cessation counseling activities. Final outcome measures will report the number of smoking cessation counseling sessions and initiation of related pharmacotherapies following each PDSA cycle.

Proposal:

Learning Objectives:
(1) To determine if a single didactic lecture will increase the self-reported comfort and knowledge of attendings and residents at the Cleveland Clinic Family Medicine Residency to conduct smoking cessation counseling. (2) To determine if the introduction of an EMR-based Smoking Cessation SmartPhrase will increase smoking cessation activities.

Methods and Content:
We will describe a multi-cycle QI project aiming to increase smoking cessation counseling (SCC) activities at the Cleveland Clinic Lakewood Family Medicine Program. The project began with a baseline survey of participating resident and faculty physicians regarding self-reported knowledge and comfort with smoking cessation. Next, a single 50-minute didactic session about SCC was conducted by a pulmonary medicine specialist. Post-didactic survey revealed significant improvement in PGY-1 and PGY-2 physician self-reported knowledge and comfort with SCC, but no change among PGY-3 and faculty. The project lead (BC) then created and introduced an Epic SmartPhrase which included information about hazards of tobacco use, benefits of smoking cessation, behavioral strategies and other cessation resources and pharmacotherapy. Participants were asked to utilize the SmartPhrase to guide and document all smoking cessation activities and to forward patient charts to the project lead when the SmartPhrase was utilized for tracking purposes. Initial uptake of SmartPhrase was modest, except among those physicians who incorporated it into their personalized encounter templates. The project lead invited a nurse-champion (JD) to assist with further QI iterations. At present, they are deciding on how best to further enhance use of SCC SmartPhrase through another QI cycle this summer. We will report on SCC uptake and initiation of tobacco cessation pharmacotherapy following each QI cycle.

Findings and Conclusions:
In our multi-cycle QI project to improve smoking cessation counseling in our academic family medicine practice, we learned that a single 50-minute educational cessation improved self-reported knowledge and comfort with smoking cessation among PGY-1 and PGY-2 physicians. Introduction of SCC clinical decision-support through an EMR-SmartPhrase did not markedly stimulate SCC activity, unless physicians incorporated that SmartPhrase into their personalized encounter templates. By expanding our QI team to include a representative from nursing, we hope to improve SCC activities further. While tobacco use remains the most preventable cause of mortality globally, and despite the development of evidence-based interventions,

smoking cessation counseling and treatments are underutilized in clinical practice. In our experience to date, education and clinical decision supports only modestly stimulated smoking cessation counseling.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: PRO DMCC WELL
Submission #: 69
Title: ***Determining the Effectiveness of an Acne Traffic Light Care Plan in the Primary Care Setting***

Abstract:
Access to timely dermatologic care for acne vulgaris is limited in many regions. An acne vulgaris action plan based on a traffic light system was created to support primary care providers in managing acne severity with standardized, evidence-based guidance. Participating clinics are implementing the handout over 6 months, with patient and provider surveys assessing usability and satisfaction. Preliminary observations show high interest from providers, highlighting the promise of this tool. Final results will evaluate whether this tool can improve acne outcomes and reduce unnecessary dermatology referrals, potentially expanding primary care role in effective acne management.

Proposal:

Learning Objectives:
By the end of the session participants will be able to describe the development and purpose of a traffic light system handout for managing acne vulgaris in primary care, identify strategies to empower family physicians to deliver standardized and evidence-based acne treatment, and recognize the potential impact of simplified clinical tools on patient satisfaction and access to dermatologic care.

Methods and Content:
A color-coded acne care handout stratifying acne severity into green (mild), yellow (moderate), and red (severe) categories with corresponding treatment recommendations was created. Primary care clinics were recruited to implement the handout over 6 months. Patients presenting with acne will receive care guided by the handout and complete a post-visit survey assessing thoughts and satisfaction. Providers will complete a survey at the end of the study evaluating ease of use, workflow integration, and confidence in managing acne. Analysis will be used to analyze survey responses.

Findings and Conclusions:
Preliminary feedback indicates strong interest from family physicians, highlighting the promise of this tool. There is general enthusiasm for a tool that standardizes care and supports treatment decisions without immediate specialist referral. Final results will assess the handout's effectiveness in improving patient satisfaction, treatment adherence, and potential to reduce dermatology referrals. This approach shows promise for expanding primary care's role in managing common dermatologic conditions, increasing timely access to care, and providing a model for similar tools in other diseases.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: SDOH GH DEI
Submission #: 73
Title: ***Unveiling Social Determinants: Addressing Structural Barriers in Latino Communities***

Abstract:
Background: Latino communities in Reading, Pennsylvania face barriers to care including low income, food insecurity, and limited insurance coverage, which exacerbate health disparities.

Objective: Characterize social determinants of health of attendees at a bilingual community health fair.

Methods: A cross-sectional, IRB-approved survey was administered.

Results: Of 30 respondents, 37% were unemployed, 77% were food insecure, 27% were uninsured, and 43% lived more than one mile from a grocery store.

Conclusions: Attendees faced pronounced structural vulnerabilities underscoring the urgent need for culturally tailored outreach strategies to address the complex social barriers faced by Latino communities and improve equitable access to care.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to (1) describe key social determinants of health (SDOH) among attendees of a bilingual community health fair; (2) identify how barriers related to income, insurance, food and housing insecurity, and transportation shape access to care; (3) Evaluate the role of culturally tailored, low-barrier outreach events in supporting preventive care and promoting trust among marginalized populations; and (4) Apply SDOH-informed strategies to the design and implementation of future health equity interventions.

Latino communities in the United States face persistent health disparities driven by structural inequities, language barriers, and cultural mismatch with the healthcare system. Social determinants of health (i.e., healthcare access and quality, neighborhood and built environment, social and community context) are known to amplify disparities in care as they are 80% of the factors influencing health. (Healthy People 2030) Altogether, these are known contributors to delayed diagnoses, poor chronic disease management, and lower rates of preventive care (Pew Research Center, 2023). Individuals with limited English proficiency (LEP) are particularly affected, experiencing communication breakdowns, reduced satisfaction, and mistrust of providers (Escobedo et al., 2023). Health fairs like Fiesta de la Salud have emerged as a community-based solution to address these gaps, especially in settings where cost, awareness, and language remain persistent barriers. Participants at similar events often report lacking a usual source of care, being uninsured, and having gone multiple years without preventive check-ups (Murray et al., 2015).

Methods and Content:

Fiesta de la Salud is a bilingual, mobile community health fair developed by the Pennsylvania chapter of the National Hispanic Medical Association to serve vulnerable, Latino, and Spanish-speaking individuals in central Pennsylvania. The health fair is designed to travel to areas with high unmet health needs. In May 2025, it was held in Reading, PA, where 69% of its community identify as Latino and who have widespread socioeconomic disadvantage. A bilingual survey was administered to 30 consenting adult attendees in either Spanish or English. Survey domains addressed core social determinants of health including employment, income, education, food access, insurance, transportation, and healthcare engagement. Descriptive data analysis was performed. Results were then contextualized using publicly available Census data for Reading, PA.

Findings and Conclusions:

Among the 30 survey participants, 83.3% identified as female, and most reported ancestry from the Dominican Republic, Puerto Rico, or Mexico. The median age was approximately 55, with a range from 20 to 76 years, reflecting a population disproportionately affected by age-related chronic conditions and systemic barriers to care. Over one-third (37%) were unemployed, and among those employed (n=11), nearly half earned under $16,000 annually. Food insecurity was widespread, with 77% reported having to choose between buying food and other necessities in the past month, and 57% said they did not have enough money to afford the food they needed. While 76% had a primary care provider, 27% lacked health insurance. Geographic access was also limited, with 43% living more than a mile from a grocery store. Educational attainment was notably low among attendees: Over one-third (37%) of participants had not completed high school, including some who did not complete 5th or 8th grade. While a subset had attended or finished college, this variation underscores significant health literacy and access challenges in the population reached.

Compared to Reading's general population—where the median household income is approximately $38,800, the poverty rate is 26%, and only 13.4% of residents under age 65 are uninsured—Fiesta de la Salud participants exhibited heightened structural vulnerability across nearly every indicator (U.S. Census Bureau, 2020). These findings affirm the value of culturally and linguistically tailored health fairs as effective, low-barrier interventions to address health disparities. As a mobile model, Fiesta de la Salud successfully engages Latino populations who are disproportionately excluded from traditional healthcare systems, offering a trusted space for preventive screening, connection to care, and community empowerment.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: RESQI DMCC GH
Submission #: 125
Title: ***Improving Diabetes Screening in the Asian American Population***

Abstract:
Asian Americans are at increased risk for diabetes at lower BMIs, prompting screening guidelines starting at BMI ≥23. A quality improvement initiative at the Albany Family Medicine Clinic found that only 51.6% of Asian American patients with a BMI ≥23 were screened for diabetes. Using a PDSA cycle approach, provider education on screening guidelines increased screening rates to 80% within one month. Of the individuals who were screened, 42% were found to be prediabetic. This targeted intervention highlights the impact of provider education in improving early diabetes detection and prevention in high-risk populations.

Proposal:

Learning Objectives:
This poster presentation aims to help attendees recognize the importance of using adjusted BMI thresholds for diabetes screening in Asian populations, who are at higher risk of developing diabetes. The presentation will highlight the effectiveness of provider education in significantly increasing appropriate diabetes screening rates. Finally, attendees will discuss strategies to sustain these improvements and how to address similar challenges in their own practice.

Methods and Content:

Background
In Asian populations, the threshold for diabetes screening is a BMI of 23 or greater as they are at a higher risk of developing diabetes. After review of recently published data siting 50% of Asian patients suffering from undiagnosed diabetes, we sought out to investigate current diabetes screening rates for Asian patients at the Albany Family Medicine clinic. We found that only 51.6% of our Asian American patients with a BMI greater than 23 had been screened for diabetes.
Methods
We employed a standard quality improvement PDSA cycle approach to analyze and address the low diabetes screening rates among Asian patients at the clinic. Based on this analysis, we hypothesized that educating clinicians on updated diabetes screening guidelines for Asian populations would be the most effective intervention. Educational materials outlining the revised screening recommendations were distributed to all clinic providers via email. Screening data was collected from patients of Asian descent one month following the intervention.

Findings and Conclusions:

Results
Initial data analysis prior to intervention showed that 51.6% of patients with a BMI of >23 were screened with a HbA1c and 53% of those meeting screening criteria were under the age of 40. Among patients who had been screened, 42% were identified as being prediabetic.
One month post-intervention, screening rates increased from 51.6% to 80% in the total population. Notably, 7% of patients with HbA1c results in the prediabetic or diabetic range had a BMI below 25. Furthermore, 4% of patients who were appropriately screened post-intervention had previously been missed.
Conclusion

We conducted a quality improvement project to investigate the root causes of low diabetes screening rates among Asian American patients at the Albany Family Medicine Clinic. Our intervention, targeted provider education, led to a substantial improvement in screening rates from 51.6% to 80% in one month. Future efforts will focus on ongoing provider education with quarterly assessments to sustain and further enhance HbA1c screening compliance.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: RESQI DMCC
Submission #: 60
Title: ***Evaluating Grip Strength as a Functional Correlate in Multiple Sclerosis: A Pilot Study***

Abstract:
This study explored whether grip strength correlates with functional and global disability in multiple sclerosis (MS), assessing its potential as a rapid tool. Twenty-one adults completed the 9-Hole Peg Test (9HPT), Symbol Digit Modalities Test (SDMT), Timed 25-Foot Walk (T25FW), and Expanded Disability Status Scale (EDSS). Dominant and non-dominant grip strength were measured and averaged. Significant correlations were observed for non-dominant grip strength with EDSS, SDMT, and T25FW. Notably, grip strength correlated more with cognitive processing speed (SDMT, rho = 0.7) than with hand dexterity (9HPT, rho = -0.2), suggesting links to broader neurological impairment uncoupled from corticospinal motor function.

Proposal:

Learning Objectives:
-Recognize the potential role of grip strength as a simple, accessible tool for tracking functional decline in patients with multiple sclerosis in primary care and longitudinal settings.
- Describe how grip strength correlates with established measures of disability and cognitive function in MS.
- Interpret grip strength results in the context of patient assessment and disease monitoring.
- Identify practical ways to incorporate grip strength measurement into routine clinical visits to enhance patient-centered care.

Methods and Content:
Grip strength was measured in patients with multiple sclerosis during routine clinic visits. Participants completed three consecutive grip trials in each hand using a dynamometer, with all trials on one hand completed before switching to the other. Mean grip strength values were calculated for each hand and classified as dominant or non-dominant based on patient-reported handedness. Additional assessments included the Expanded Disability Status Scale (EDSS), Symbol Digit Modalities Test (SDMT), 9-Hole Peg Test (9HPT), and Timed 25-Foot Walk (T25FW).
Spearman correlation coefficients were calculated to assess the relationship between grip strength and clinical measures of disability. Differences in correlation strength between outcomes were evaluated using bootstrapped confidence intervals (10,000 replicates), comparing pairwise correlations with dominant and non-dominant grip strength.

Findings and Conclusions:
The cohort consisted of 21 patients with primarily relapsing MS (mean age = 50.045 ± 15.619, 77.3% women). As expected, grip strength declined with older age (rho = -0.452, p=0.0345). Non-dominant grip strength showed stronger correlations across all disability measures compared to dominant grip strength (SDMT: rho=0.702, p=0.002; EDSS rho = -0.498, p=0.022; 9HPT rho = -0.230, p=0.392; T25FW: rho =-0.586, p=0.017). Bootstrap analysis comparing the Spearman correlation coefficients further supported this trend, with the difference between SDMT and T25FW correlations reaching a positive confidence interval (CI: 0.728–1.802), though not statistically significant. These results suggest that non-dominant grip strength may be a more sensitive indicator of MS-related functional impairment, particularly regarding cognitive functions. Unexpectedly, correlations with the hand dexterity 9HPT were lower (rho = -0.230) than with the cognitive SDMT (rho = 0.702), despite expectations that

grip strength would align more closely with motor function. This implies grip strength may capture broader neurological impairment independent of corticospinal functioning, including a reduced information processing speed; these data highlight its potential as an integrative disability marker in MS. Further studies with larger samples are needed to validate these findings and look at multivariate models accounting for age; future directions include the evaluation of grip strength as a possible predictor of longitudinal disability accumulation.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: ACGME F
Submission #: 14
Title: ***Systematizing the Prior Authorization Process at Allegheny Health Network Saint Vincent Family Medicine: A Quality Improvement Project***

Abstract:
This study evaluates the effect of systematizing prior authorization (PA) protocols on time spent on PAs. The author hypothesized that decreased mean time spent on PAs before and after six weeks of interventions would result. Interventions included incorporation of an electronic PA system, electronic medical record dot phrases, a file of PA forms, and a pharmacy and medical equipment vendor directory. Mean time spent on PAs decreased from 33.2 minutes to 25.6 minutes. A Mann-Whitney U test suggested that the interventions didn't result in statistically significant change in the mean. This project may guide further improvements to the PA process.

Proposal:

Learning Objectives:
Quantify time spent by staff on PAs
Implementation use of an ePA system
Streamline the paper PA process
Improve the efficiency of patients finding scarce medications and equipment
Develop electronic medical record dot phrases to streamline documentation
Coordinate staff efforts regarding process changes

Methods and Content:
This project focuses on implementing an ePA. The staff received training on the use of the ePA via a virtual demonstration conducted by the system's developer. Additionally, an office change champion familiar with the system was appointed. The time each nurse spent working on PAs was self-reported on a paper log and accumulated after one week.
The outcome of this study was assessed by comparing the mean amount of time the staff reported working on PAs in one week before implementing the proposed interventions to the time spent over one week after six weeks of implementing interventions. Proposed interventions include transitioning from faxing paper forms to using an ePA, building electronic medical record dot phrases to simplify the documentation of medicines and durable medical equipment (DME) most commonly needing PAs, assembling an electronic file containing common PA forms for easy access, and creating an electronic directory of local pharmacies and DME vendors for staff reference and distribution to patients with the intent of simplifying the process of calling pharmacies and vendors to assess availability of medications and equipment. The proposed changes were active for six weeks. A reassessment of the mean time staff spent completing PA was then conducted using the same process as the previous assessment. The interventions would be considered successful if the mean time reduced by 25%, as this is comparable to the results reported by Birdsall et al. (2020).

Findings and Conclusions:

Staff self-reported time spent on PAs from 6/3/2024 to 6/7/2024 revealed 10 PAs opened with time spent on these cases ranging from 15 minutes to 70 minutes. A total of 332 minutes of staff-time was spent on PAs that week. This yields a mean of 33.2 minutes of staff-time per PA.

After six weeks of implementing changes to the PA process the staff collected data regarding time spent on PAs from 7/22/2024 to 7/12/2024. Fourteen PAs were started during this week with the time spent on each case ranging from 14 minutes to 45 minutes. A total of 356 minutes of staff-time with a mean of 25.6 minutes was spent on PAs that week.

Since the sample sizes were small and not normally distributed a 2-taled Mann-Whitney U test was performed to determine if a statistically significant difference exists between the mean times at a significance level of 0.05.

Comparing the mean amount of time office staff reported spending on PAs for one week before implementing the discussed interventions and after six weeks of interventions with a 2-taled Mann-Whitney U test suggested that there was insufficient evidence to support the conclusion that this project's interventions resulted in a statistically significant change in the mean. The critical value of U at a significance of 0.05 is 36. The U value obtained for the collected data is 54. At this level, the null hypothesis that there is no significant difference in the means is not rejected.

Limitations to this project include its small sample size, limited access to software which could assist with uploading documentation, and limited participation from some staff members.

Although this project did not demonstrate significant benefit from the proposed interventions, continued quality improvement efforts surrounding the PA process which may incorporate parts of this project are worthwhile to save healthcare dollars and expedite dispensing patient medicines and equipment.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: SDOH GH WPC
Submission #: 131
Title: ***Dental Caries and Social Determinant Disparities Among Nepalese-Speaking Populations: A TriNetX Analysis and Case for Student-Run Clinic Interventions***

Abstract:
Current literature identifies Nepalese/Bhutanese Americans as vulnerable to social determinants of health (SDoH), although association with Dental caries (DC) remains unknown. TriNetX Research network shows 600% DC prevalence in Nepalese-speaking cohorts (NSCs) vs. English-speaking cohorts (ESCs), therefore SDoH prevalence was analyzed via TriNetX between propensity matched (n=1492) NSCs and ESCs with DC. NSC showed 2.1 greater SDoH prevalence, 10.1% higher absolute risk, and 43% odds-ratio, indicating statistical significance. One solution is leveraging student run clinics, like Penn State's SCOPE, capable of reducing inequitable DC prevalence via education and preventative care.

Proposal:

Learning Objectives:
1. Analyze the relationship between social determinants of health (Z55-Z65 codes) and dental caries prevalence, demonstrating understanding of how language barriers, socioeconomic factors, and cultural accessibility impact oral health outcomes in immigrant communities.
2. Evaluate student-run clinics as evidence-based interventions for addressing health disparities among underserved immigrant populations.

Methods and Content:
Primary outcome measures observed prevalence of socioeconomic and psychosocial SDoH (ICD-10-CM:Z55-Z65), and secondary observation of caries recurrence patterns and healthcare utilization metrics between a Nepalese-speaking cohort (NSC) and an English-speaking cohort (ESC). Data was obtained via TriNetX Research Network, encompassing de-identified electronic medical records (EMR) from 102 healthcare organizations.
Selection criteria included filtering charts containing a DC diagnosis (ICD-10-CM:K02). Index event was defined as the first occurrence of DC diagnosis (ICD-10-CM:K02), with exclusion of index events before 6/18/2005. Patient observation window began one day after the post-index event was censored at the last recorded medical encounter.
Data was further sorted by patient primary language into 2 groups: A) an ESC (n=1,011,210) identified by English language preference (TriNetX:Language:eng) excluding those with Nepali language documentation, and B) a NSC (n=1,492) identified by Nepali language preference (TriNetX:Language:nep macrolanguage or TriNetX:Language:npi individual language) excluding those with English language documentation. Following cohort sorting, a 1:1 propensity score match was performed using demographic characteristics including current age, sex, and ethnicity. Post-matching analysis included 1,492 patients per cohort with all p-values >0.05 and standardized differences <0.1.
Statistical analyses were performed using TriNetX's integrated statistical modules with statistical significance set at $p<0.05$. Measures of association included risk ratios, odds ratios, and risk differences with 95% confidence intervals, with statistical

significance assessed using z-tests. Number of instances analysis compared the mean number of z-code episodes per patient using two-sample t-tests.

Findings and Conclusions:

Results

Risk ratio analysis demonstrated NSC had 2.1 greater prevalence and near 43% odds-ratio for socioeconomic/psychosocial risk factors at 19.4% (290/1492) compared to ESC at 9.4% (140/1492). Risk difference test also showed 10.1% greater absolute risk in NSC compared to ESC, and the mean number of Z code instances between NSC and ESC was 3.5 and 2.3 respectively.

Conclusion

The results of our retrospective cohort study highlighted statistically significant correlations ($p<0.000$) between DC incidents and socioeconomic/psychosocial risk factors among the propensity matched cohorts; specifically NSCs compared to ESCs demonstrated >200% SDoH prevalence, >65% SDoH instances, and 10.1% higher risk of developing SDoH factors. These results are consistent with international studies observing immigrant and non-English-speaking populations with disproportionate oral health burdens due to SDoH factors including limited health literacy, inaccessible healthcare, and socioeconomic disadvantage. Language barriers and lower acculturation are strongly associated with reduced dental care utilization and poorer oral health behaviors, further exacerbating DC risk in these groups.

Current literature underscores that interventions tailored to the unique sociocultural and linguistic needs of NSCs and other immigrant populations are essential at reducing oral health disparities. Student-run clinics have been proven across multiple settings as well-positioned to address these inequities by providing accessible, culturally competent care and serving as critical points of engagement for underserved communities. These clinics not only deliver direct clinical services but also function as advocacy and educational platforms, helping to mitigate the impact of social determinants on oral health outcomes. Collectively, these findings highlight the urgent need for targeted, community-based strategies, such as the expansion of student-run clinics to improve oral health equity among Nepalese-speaking and other immigrant populations.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: RESQI F ADV
Submission #: 138
Title: ***Quality Improvement Project to Reduce the Error Rate at a Student Run Free Clinic Laboratory***

Abstract:
The aim of this quality improvement (QI) project is to reduce the laboratory error rate in a free clinic by 25% by September 2025. A Pareto chart found that 80% of errors were related to schedule errors, safety violations, and pre-analytical errors. From May 2024 to April 2025, 17 errors were reported with an average laboratory error rate per laboratory test of 4.25% with a target rate of 3.15%. The impact effort matrix (IEM) determined that the low effort and high impact were to password protect sign-ups and protocol checklists. PDSA cycles will be performed throughout the summer.

Proposal:

Learning Objectives:
By the end of this session, participants will be able to:
List the components of a quality improvement project
Describe possible causes of error in a free clinic laboratory
Devise and implement strategies to reduce error

Methods and Content:
Northeast Ohio Medical University's Free Clinic (NFC) provides laboratory services, which ensures accessible care to underserved patient populations. Few studies have evaluated the improvement of inefficiencies and errors, particularly in a free clinic laboratory setting.1 The purpose of the quality improvement (QI) project was to decrease laboratory error rates. Between May 2024 and April 2025, 17 errors were reported in the NFC laboratory with an average error rate of 4.25%. A PDSA cycle will be repeated following the aggregation of resultant data in September. Our aim statement was to reduce laboratory error rate in the clinic by 25% by September 2025. Non research determination was granted through the Northeast Ohio Medical University (NEOMED) IRB.
Before this QI project, no formal method existed to report laboratory errors at the NEOMED Free Clinic. Errors were previously reported by email from the laboratory conducting the tests. A spreadsheet was created and used as a formal method for tracking errors. This spreadsheet charted errors based on category, date, subsequent action, and report of the error. Errors were placed into the following categories: (1) pre-analytical errors (mislabeling and unlabeled specimens), (2) equipment misuse, (3) process errors, (4) safety violations, and (5) schedule deviations. The frequency of each type of error was charted using a Pareto chart, and student clinic volunteers also determined possible root causes using a fishbone diagram. Students also contributed to creating an impact effort matrix (IEM) to establish low effort strategies to reduce error. A run chart was used to track the error rate in conjunction with the implementation of error reduction strategies.

Findings and Conclusions:
The Pareto chart showed that 80% of errors were a result of schedule, safety violations, and pre-analytical errors. Low effort high impact strategies determined from the IEM to reduce error included password protect sign-ups and protocol checklists.

Protocol checklists were implemented for the frequently utilized point-of-care tests and laboratory procedures, including blood draw, urinalysis, and hemoglobin A1c. From the fishbone diagram, the man and method related error categories were targeted for IEM strategy. These categories were found to be the highest contributor to errors and ones that could be modified with low effort high impact strategies.

This error rate was calculated by determining the number of errors occurring per laboratory test in a bimonthly period. The goal is to decrease the error rate by 25%, which is an error rate of 3.15%. This error rate equates to approximately one error for every three clinic days.

References:

Lee JS, Combs K; KNIGHTS Research Group 2016; Pasarica M. Improving Efficiency While Improving Patient Care in a Student-Run Free Clinic. J Am Board Fam Med. 2017 Jul-Aug;30(4):513-519. doi: 10.3122/jabfm.2017.04.170044. PMID: 28720632.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: ADV CE SDOH
Submission #: 68
Title: ***Building Clinical Confidence Early: A Peer-Facilitated Interviewing Workshop for Aspiring Healthcare Professionals***

Abstract:
Medical interviewing skills are emphasized early on in a medical student's training. These skills not only improve the efficacy of patient care, but they also develop rapport with patients. The AHEC Scholars Program offers unique experiences designed to supplement the undergraduate education of future healthcare professionals. Part of this initiative includes specialized clinical interviewing training. This program serves as a valuable learning experience, preparing students for future patient interactions. This program is a continuation of last year's, but several improvements have been made based on participant feedback. These improvements included multiple clinical cases, and a student networking session.

Proposal:

Learning Objectives:
By the end of this presentation, participants will be able to understand the importance of early training in medical interviewing for undergraduate students interested in healthcare. Participants will also learn about the educational impact of the continued improvements to this event.

Methods and Content:
A training event entitled "Teaching Medical Interviewing Skills" was first created by the Internal Medicine Interest Group (IMIG) of Northeast Ohio Medical University (NEOMED) to allow undergraduate students to come to medical school and learn about essential medical interviewing skills from medical students. Most undergraduate students in attendance were from the Area Health Education Center (AHEC) Scholars Program or the local partner universities with NEOMED's Early Assurance Program. Thus, students who participated in this event planned on attending medical school after graduation.
A similar curriculum structure was followed from the previous year. However, several changes were made. The previous year's event focused on one clinical case for all participating undergraduate students, providing limited exposure to the variability of patient presentations seen in the real world. This year, 4 different clinical cases were introduced (GERD, Diabetes, Asthma, and Migraines) allowing for undergraduate participants to think critically and respond to dynamic changes.
Each undergraduate group (roughly 6-8 students) was placed with two medical student instructors. Medical student instructor pairs were tasked with having one medical student acting as the patient and the other acting as a guide. All undergraduate students were provided a medical interviewing chart so that they could take notes during the session to come to a diagnosis and build a better understanding of the interview environment. Two undergraduate students took turns asking questions pertaining to the case, with the medical student mentors providing appropriate guidance. The remaining undergraduate students were instructed to simply listen and observe, and were encouraged to write down notes to nurture their own understanding. At the conclusion of the case, a new case was introduced. Two new undergraduate students from the group took turns asking questions pertaining to the case. The medical student instructors then switched roles for the new case. This rotation sequence occurred for the remaining two cases.

Additionally, a concluding networking session provided undergraduate students the opportunity to network with multiple medical students, allowing them to ask any questions or share concerns about medical school and listen to various perspectives about the rigors of medical school and the various paths taken to get into medical school. A concluding survey was provided at the end to allow for feedback from participants.

Findings and Conclusions:

The event had 27 attendees and after being surveyed, all 27 rated this event a 4 on a scale of 1-5 (1 = poor, 5 = excellent). Twenty-six students (96%) believed that this training was applicable to their future career. Of the 27 attendees, 24 (89%) were interested in a career in medicine, 1 (4%) was interested in becoming a Physician's Assistant, and 2 (7%) wanted to pursue dental school.

When asked if participants believed that this style of training should be provided early on at the undergraduate level in a formal setting (i.e. training seminars provided by the honors college or credited coursework), 24 (89%) responded with yes. Twenty-six (96%) participants believe that having multiple patient cases improved their understanding on how to approach different patients.

Although many expressed that this event made them more enthusiastic about pursuing healthcare, students did not shy away from suggesting improvements for next year's event. The most common suggestion was to decrease the number of student participants in each interview group.

Although not included in the survey, many of the participating undergraduate students strongly emphasized the importance of the networking session and stated that many of their questions were clearly answered thanks to the enthusiasm and mentorship of the medical student volunteers.

Now, along with the IMIG, this event is made possible through the AHEC Links program, a program designed to improve the connection between young adults interested in medicine, and medical students.

In conclusion, implementing medical interviewing skills in undergraduate students provides them with a strong foundation for effective patient interaction. Learning these skills early in their careers allows future healthcare professionals to master them more quickly, ultimately contributing to improved patient care. Scholars who participated in the training expressed how valuable the experience was to their development. Additionally, many medical student volunteers involved in the program discovered a passion for teaching and mentoring, highlighting the program's impact on both learners and instructors alike.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC F R
Submission #: 116
Title: ***Myxing the Diagnosis***

Abstract:
A 75-year-old Hispanic male with severe chronic obstructive pulmonary disease (COPD) presented with acute on chronic dyspnea, chest discomfort, and intermittent dizziness. Symptoms were initially attributed to COPD exacerbation and managed accordingly. Due to elevated BNP and minimal improvement, transthoracic echocardiography (TTE) was done which demonstrated a mass with morphologic features and mobility of a large left atrial myxoma with tumor plop phenomenon. Resection was not recommended due to poor functional status. This case emphasizes the importance of considering alternative diagnoses in patients who fail to respond to initial therapy.

Proposal:

Learning Objectives:
-By the end of this session, participants will be able to understand the importance of diagnostic reevaluation and to maintain a wide differential diagnosis when a patient's condition persists or deteriorates.
-By the end of this session participants will identify the clinical presentation, evaluation, and management of atrial myxoma.
-Participants will be able to describe appropriate second line testing for individuals who do not respond to initial treatment of COPD exacerbation.

Methods and Content:
This session presents the case of a 75-year-old male with severe COPD, chronic resting hypoxia, and a 30-year smoking history who experienced progressive dyspnea. His symptoms were attributed to a COPD exacerbation secondary to nonadherence to home oxygen. Initial treatment included supplemental oxygen, inhaled bronchodilators, and steroids, but the patient's respiratory status showed minimal improvement. Notably, the patient had never undergone cardiac imaging in his lifetime. Given persistence of symptoms, moderately elevated BNP (461) , and subtle signs of mixed congestive heart failure TTE was performed and demonstrated:
-Ejection fraction of 65%. Moderate left atrial cavity enlargement. A large, mobile, polypoid, multi-lobular, pedunculated, non-obstructing mass measuring mass 5.2 cm x 3.3 cm arising out of the interatrial septum, prolapsing into the mitral valve orifice with the opening of the anterior mitral valve leaflet. The mobility of the mass suggests the mass is a large left atrial myxoma with tumor plop phenomenon. Severe pulmonary hypertension with an estimated RVSP/PASP of 65mmg.
No previous TTE was available for comparison. Abnormal findings on TTE were discussed with the clinical team and the patient was evaluated by cardiology in the hospital. Of note, the patient had a CT chest in May 2023 which demonstrated emphysema and some suggestion of a mass in the left atrium. Although it could not be definitively seen due to lack of enhancement. TTE findings warranted high resolution CT chest (HRCT) and cardiac surgery consultation in view of potential for immediate surgical resection. HRCT scan demonstrated:

No interstitial lung disease. Redemonstrated severe emphysema & diffuse bronchial wall thickening, likely smoking-related chronic bronchitis. Normal heart size. Nearly 5 cm low attenuation left atrial mass visible only with knowledge of echo results. Cardiac surgery requested pulmonology consult given patient's poor functional status. Due to the patient's history of poor lung function at baseline (FEV1 of 0.49L/20% of predicted in 2024) and ARISCAT score of 50 (42.1% risk), the patient was at high risk for postoperative respiratory complications and determined to not be a candidate for surgery. End of life care was discussed with the patient and family. There was no change in the patient's treatment as progressive dyspnea was attributed to being multifactorial in origin; acute exacerbation of COPD and cardiac dysfunction secondary to mass effect. The patient was discharged on oral steroids and azithromycin to complete COPD exacerbation management.

Findings and Conclusions:

This case showcases the importance of close monitoring and routine follow-up of patients with chronic pulmonary conditions, as worsening symptoms may be a result of an alternative cause.

Atrial myxomas are the most common primary cardiac tumors, often found in the left atrium. The prevalence of cardiac tumors at autopsy ranges from 0.001% to 0.3%. More than 50% of benign cardiac tumors are myxomas effecting women greater than men. Over 72% of primary cardiac tumors are benign, and in adults, myxomas account for the most benign lesions. [1],[2]. The exact etiology is unknown; most cases are sporadic. Approximately 10% of cases are associated with Carney Syndome, an autosomal dominant condition. In many cases, the tumor may obstruct blood flow or create mitral regurgitation, thereby stimulating mitral valve disease, resulting in heart failure and/or pulmonary hypertension. Common signs and symptoms include fatigue, fever, weight loss, cough, hemoptysis, dyspnea, paroxysmal dyspnea, orthopnea, pulmonary edema, multiple episodes of syncope, dizziness, palpitations, and edema. In addition, life threatening complications such as TIA, stroke, seizure, visceral infarction or hemorrhage, and pulmonary embolism may occur due to the embolic nature of the tumor. The only definitive treatment of cardiac myxoma is immediate surgical resection. In stable patients, TTE is often followed by CT/MRI which can help guide preoperative planning and differentiate thrombus or other masses. Definitive diagnosis is made through histopathological examination after surgical excision or biopsy.

Current GOLD recommendations for COPD include an initial follow-up within 1-4 weeks to monitor response to starting a treatment regimen followed by a second follow-up at 12-16 weeks for repeat spirometry to evaluate lung function and disease severity. For stable outpatient patients, annual follow-up is recommended. For unstable patients (e.g. experiencing two or more moderate exacerbations per year or at least one severe exacerbation requiring hospitalization per year), a follow up visit within 4-6 weeks is recommended. Follow up visits after hospitalization or an ED visit is the ideal opportunity to assess for alternative cardiovascular causes as cardiovascular disease is highly prevalent, often underdiagnosed, and a leading contributor to morbidity and mortality in this population. Given nonspecific and overlapping symptoms of atrial myxomas and COPD, it is important to maintain a broad differential and low threshold for cardiac evaluation in COPD patients whose disease is inadequately controlled despite optimizing treatment. Early detection of atrial myxoma can prevent missed opportunities for curative treatment.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: RM F
Submission #: 74
Title: ***Primary Care Specialties and Rural Practice Locations: Where are NEOMED Alumni Practicing?***

Abstract:
Primary care physician (PCP) workforce shortages are apparent throughout the nation. The PCP shortage contributes to issues such as higher health care utilization, costs, and lower quality of care. Specific locations suffer from PCP shortages, one of which being rural areas. This study reviews NEOMED's contribution to addressing the PCP shortage, via a retrospective cohort study of alumni specialty choice and practice locations. These
data illustrate how many alumni eventually practice primary care in rural areas, the rate of practice in medically underserved areas, as well as types of specialization for those who ultimately do not practice primary care.

Proposal:

Learning Objectives:
By the end of this presentation participants will be able to:
Analyze the specialty choice and practice outcomes of NEOMED graduates from 1990-2020.
Identify rural practicing graduates and their practicing specialty.
Articulate NEOMED's contributions to the Primary Care Physician (PCP) shortage to rural communities.

Methods and Content:
Methods: This is a retrospective cohort study of NEOMED primary care matched alumni from 1990-2020. Data was obtained from the College of Medicine, which is categorized by alumni name, graduation year, residency specialty, and residency location.
Data Collection: The alumni's information was entered into the National Plan and Provider Enumeration System (NPPES) NPI Registry Website. The NPI number, specialty, and primary practice address was recorded in the database. The provider's information was used in a Google-generated search to ensure accuracy and current data of the alumni practicing specialty and location by utilizing the terms: "Dr", first name, last name, "MD", "Northeast Ohio Medical University" (2013-2020) and "Northeastern Ohio Universities College of Medicine (NEOUCOM)" (1990-2012). If the alumni's name changed, a university database was available for checking those who practice in the state of Ohio. If outside the state, we relied on google results. The provider's Google-generated specialty and location were recorded in the database. If the practicing location differed between the NPI Registry and the Google-generated search, the Google results were utilized as they are updated more regularly. The zip code of the practice location was entered into the Rural Health Information Hub's Am I Rural? Tool, which is powered by data from HRSA. Location specifics such as health professional shortage areas (HPSA), medically underserved areas (MUA), and rurality as defined by the Federal Office of Rural Health Policy (FORHP) were recorded in the database.

Findings and Conclusions:
Results:
The number of NEOMED alumni from 1990 to 2020 practicing primary care is 945. Of those, 108 or 11.4%, are practicing in rural areas as defined by FORHP. 51, or 47.2%, of the PC working physicians in rural areas are practicing family medicine.

Of the NEOMED alumni from 1990-2020 practicing primary care, 278 are practicing family medicine. This accounts for 18.3% of family physicians practicing in rural areas.

Discussion:

This data aligns with the literature as family physicians are more likely to practice in rural areas compared to other primary care specialties (3, 4), showing that NEOMED's efforts to contribute to the PCP shortage in rural areas is mainly achieved through the training of family physicians. It is important to acknowledge PCP shortage areas that are most at risk to be able to work toward a solution.

Recommendations to improve primary care physician shortage in rural areas from a medical school standpoint:

Admission committees looking more closely at candidates with rural backgrounds, interest in primary care, and older applicants to pursue primary care (5, 6).

Addition of rural experiences throughout medical school training to provide exposure to rural practices (3).

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: DMCC F R
Submission #: 35
Title: ***The Family Medicine Physician's Role in Progressive Supranuclear Palsy: A Case Report***

Abstract:
Progressive supranuclear palsy (PSP) is a rare Parkinsons-plus syndrome characterized by gait dysfunction, vertical gaze dysfunction, and dementia. A 71-year-old female presenting with progressive dizziness, falls, and ophthalmoplegia was diagnosed with PSP following a brain MRI that revealed the classic "hummingbird sign." Her management was supportive, emphasizing non-pharmacologic interventions, which helped maintain her independence in ADLs despite disease progression. Our case highlights the critical role of the primary care physician in recognizing early signs of PSP, coordinating multidisciplinary care, and providing ongoing support to the patient and family despite the poor prognosis in PSP.

Proposal:

Learning Objectives:
1. Recognize early signs and symptoms of progressive supranuclear palsy in the family medicine clinic.
2. Understand the importance of collaborative care with other disciplines and specialties in the treatment of PSP.
3. Support patients, families, and caregivers in understanding and coping with terminal neurodegenerative disorders.

Methods and Content:
Case report based on clinical presentation, workup including imaging, management, and follow-up within a family medicine setting.

Findings and Conclusions:
Progressive Supranuclear Palsy (PSP) affects all aspects of a patient's life. Understanding the diagnosis and management of patients with PSP allows primary care providers (PCPs) to focus on the comprehensive needs of their patients. It is imperative that PCPs understand the needs of patients with terminal diseases such as PSP, as they can improve the patient's quality of life.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: WELL GER WPH
Submission #: 29
Title: ***Aikido in Preventive Health: Potential Applications in Mindfulness and Fall Risk Reduction***

Abstract:
Aikido is a Japanese martial art that promotes nonviolent self-defense and greater body awareness. This review looked at its potential role in improving mindfulness and preventing falls, based on existing research. Although studies focused specifically on Aikido are limited, some suggest it can enhance mindfulness with continued practice. Research on similar martial arts has shown reduced fall injuries in older adults and potential benefits for children. These findings suggest Aikido could support both physical safety and emotional well-being, but more research is needed to confirm its role in preventive and mental health care.

Proposal:

Learning Objectives:
1. Describe the core principles of Aikido and its emphasis on mindfulness, nonviolence, and body awareness.
2. Summarize current evidence on the psychological benefits of Aikido, particularly its impact on mindfulness.
3. Discuss the potential role of martial arts, including Aikido, in fall prevention among pediatric and geriatric populations.

Methods and Content:
Background: Aikido, translating to "the way of divine harmony", is a Japanese martial art that focuses on using an opponent's energy against them. Placing an emphasis on defense over attack, it aims to neutralize an attack without harming the attacker. Through a combination of breathing and balance exercises and partnered movements, the practice of Aikido aims to increase awareness of the practitioner's body position, emotions, and others around the practitioner. Aikido therefore can serve as a tool to empower children and older adults in the realm of self-defense and mindfulness.
Methods: A search was conducted on PubMed that included articles up to the present date. Focus was placed on the principles of Aikido and the use of martial arts in fall prevention. Keywords such as "Aikido" and "fall prevention" were used to find relevant articles.

Findings and Conclusions:
Results: The current literature on Aikido specifically is limited, however, one available study suggested an association between Aikido and improvements in mindfulness. One study explored the psychological benefits of Aikido and found that those with advanced experience scored higher on validated mindfulness scales compared to those who did not practice Aikido. They also found that Aikido users demonstrated increased mindfulness over time with increased training. While fewer studies have evaluated Aikido's role in physical health outcomes, insights may be drawn from literature on similar martial art forms. For example, one study showed that among older adults, martial arts-based fall training led to an 8% reduction in hip impact forces and a significant decrease in the fear of falling. These benefits were thought to be attributed to movement patterns taught in martial art forms, including rolling to distribute the impact and using the arms to break falls. Another study looked at the impact of martial arts on pediatric fall rates utilizing a randomized control trial. They found that an 8 week "falling as a sport" program aimed toward children 7-12 years old found a trend towards reduced injury risk. Although this study was unable to show statistical significance, the findings suggest further exploration.

Discussion: These findings highlight the potential benefits of Aikido, particularly in helping with mindfulness and possibly contributing to fall prevention, drawing parallels from other martial art forms. Studies have shown that martial arts techniques, including those used in Aikido, can reduce fall-related injuries in older adults, and there may be a benefit in the pediatric population as well that can be explored. Given the promising findings in other martial arts, Aikido could be an effective practice to improve both physical and mental health and warrants further investigation into this practice. Future research could investigate Aikido's specific role in fall prevention across age groups, as well as its potential utility in self-defense, particularly in the context of interpersonal violence or abuse. Expanding the evidence base around Aikido could provide insights into its broader applications in preventative health and mental health settings.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC
Submission #: 33
Title: ***Hidden in the Hiatus: Unmasking Cameron Lesions in Chronic Anemia***

Abstract:
Cameron lesions are linear gastric erosions found at the diaphragmatic hiatus in patients with hiatal hernias. Often overlooked due to their subtle endoscopic appearance, they can cause chronic gastrointestinal bleeding and chronic IDA. We present a 58-YO male with fatigue, melena, dizziness, and microcytic anemia. Initial EGD and colonoscopy were unremarkable. A repeat EGD revealed Cameron lesions. These lesions result from mechanical trauma and acid exposure. Management includes proton pump inhibitors and iron supplementation; surgical repair may be needed in refractory cases. Cameron lesions should be considered in patients with unexplained IDA, especially when a hiatal hernia is present.

Proposal:

Learning Objectives:
At the end of the presentation, participants will be able to:
. Recognize Cameron lesions as a cause of IDA
· Emphasize the importance of repeat endoscopy in occult GI bleeding
· Highlight the diagnostic challenge in patients with normal initial workup

Methods and Content:

- Focused history and physical exam
- Laboratory evaluation to rule out common causes of anemia.
- Stool guaiac test: Positive for occult blood.
- EGD: Revealed a hiatal hernia with linear gastric erosions at the diaphragmatic impression — Cameron lesions.
- No evidence of varices, peptic ulcer, or malignancy

Findings and Conclusions:

- Because of their subtle and intermittent nature, Cameron lesions are often missed during routine endoscopy. Careful inspection of the gastric mucosa at the hernia site is essential.
- Frequently associated with hiatal hernia due to mucosal trauma from diaphragmatic movement.
- Can lead to chronic iron deficiency anemia (IDA) and require high index of suspicion in the appropriate clinical context.
- Endoscopic therapy is rarely needed unless active bleeding; medical therapy with PPIs and iron supplementation is usually effective.
- Surgical Consideration: For refractory cases, hiatal hernia repair may be indicated to eliminate the mechanical component of injury.

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FAMILY MEDICINE
EDUCATION CONSORTIUM, INC.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: F POCUS ACGME
Submission #: 52
Title: ***Improving Family Medicine Resident Education by Incorporating Point of Care Ultrasound into Program Curriculum: Step 1 - Are Residents Interested?***

Abstract:
Point of Care Ultrasound (POCUS) has become a desirable component of residency training. Family medicine programs with POCUS curricula have increased from 6% to 32% between 2019 and 2021. Currently, our residency program has limited training in POCUS and no formal POCUS curriculum. The goal of our project is to establish a POCUS curriculum within our program and promote POCUS proficiency in hospital and clinic settings. The aim of this initial stage of our longer-term project is to gauge POCUS interest, knowledge, and experience among our program's residents, and use this information to create beneficial POCUS training for future residents.

Proposal:
Learning Objectives:
Methods and Content:
Findings and Conclusions:

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: PRO F R
Submission #: 151
Title: ***The Case of the Non-Visualized Appendix***

Abstract:
We present a case of missed appendicitis in a pediatric patient that resulted in serious injury. We discuss the NPV of various findings and screening tools that can be used to evaluate for appendicitis. Unfortunately, even with high clinical confidence, some diagnoses are still missed. We emphasize that there are always factors that influence the validity of screening tools as clinical presentations can vary greatly. It is important to be cognizant of these factors as they may lead to grave medical errors.

Proposal:

Learning Objectives:
- Describe possible sequelae of missed appendicitis, particularly in pediatrics
- State the NPV of various findings on imaging obtained to evaluate for appendicitis
- State the utility scoring systems that help raise clinical suspicion for appendicitis
- Highlight some factors associated with missed appendicitis

Methods and Content:
- Medical records reviewed to summarize case presentation
- A literature search was performed
- Relevant data was synthesized from peer reviewed articles
- Relevant data was organized for clear visual presentation

Findings and Conclusions:
- If missed, pediatric appendicitis can have serious complications that are associated with morbidity and mortality
- Even vague findings on imaging, such as "appendix not visualized" can still aid in the diagnosis
- Some diagnoses will still be missed, even despite the utilization of tools and identification of features that have a great deal of supporting evidence
- Diagnostic tools cannot be used alone and must be combined with a clinical gestalt to make diagnoses.
- Physicians can help prevent missed diagnoses by knowing factors that influence the utility of screening tools, rendoring them less effective.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: SDOH CE WELL
Submission #: 146
Title: ***Connecting Patients to Food Banks with Diagnosis-Specific Recipes***

Abstract:
In low-income communities, like Johnson City, food insecurity has expanded rapidly in the last several years. As family health care providers, chronic disease management is negatively impacted by food insecurity. Food pantries, although great resources, are often hard to navigate, and foods available are often high in salt and sugar and low in fiber. To aid in patient care, we created a diagnosis-specific cookbook in collaboration with our food pantry. Food pantry staff would coordinate ingredients to guide patients to be able to cook the recipes and help patients improve health outcomes.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to:
1. Create connections with local food banks to help source ingredients needed for recipe books
2. Assess chronic illness and accurately provide recipes beneficial to that specific patient
3. Addressing social determinants of health and exploring low-cost options to address food insecurity
4. Teach residents food-based interventions instead of or in conjunction with medication-based interventions

Methods and Content:
Methods-
The goal of this project is to provide recipes to local food banks that will help patients and community members struggling with food insecurity by supplying food bank organizers with the tools to guide people towards a healthier diet. Recipes were developed by taking inventory of local food bank offerings and researching recipes shown to improve health outcomes in common chronic diseases. The cookbook was organized by chronic disease and was distributed in paper and electronic forms to local food banks and to primary care offices in the community. Recipes were chosen based on their nutritional components and with an emphasis on food from different cultures and traditions. Education was provided to food bank staff on educating people on recipes that would combat their specific illness. Food bank staff, physicians, and patients were asked for feedback about the recipes and the cookbooks.

Findings and Conclusions:
We obtained feedback from the patients, treating physicians, and the food back staff to measure how often patients utilized our recipes. Development of a cookbook that is based on food available from food pantries and organized by chronic disease diagnosis is a cost-effective intervention and scalable intervention that can be used to improve health outcomes in the setting of food insecurity.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: POCUS ACGME F
Submission #: 107
Title: ***POCUS and Persistence***

Abstract:
68-year-old man with hypertension, hyperlipidemia presented with fatigue, night sweats, intermittent low-grade fevers, and left shoulder pain following a gym related muscle strain. Two family medicine residents collaboratively identified constitutional symptoms, prompting broader diagnostic work up. Point-of-care ultrasound, POCUS, imaging was utilized which guided timely next step imaging that ultimately revealed left sternoclavicular septic arthritis with osteomyelitis and 8.2cm left pectoral abscess. The patient underwent successful surgical debridement and antibiotic therapy. This case underscores the importance of physician collaboration, clinical vigilance, and bedside diagnostics in identifying uncommon and unusual conditions in the outpatient setting.

Proposal:

Learning Objectives:
1. Appreciate the importance of recognizing clinical red flags reported in seemingly routine outpatient office visits.
2. Understand the necessity of a broad different in evaluating unexplained constitutional symptoms with associated signs and symptoms.
3. Recognize the value of POCUS in expediting diagnostic workup in the primary care setting.
4. Acknowledge the worth of integrated physician collaboration and continuity of care in managing complex outpatient cases.

Methods and Content:
This case presentation will highlight the diagnostic journey of a 68-year-old male patient who presented with fatigue and left shoulder pain following a seemingly benign work out session. The patient was initially seen for an osteopathic manipulation treatment, however a doorknob comment about night sweats and lower grade fevers led a family medicine resident physician to consider a broader differential. With the help of another family medicine resident physician, the two together further identified and investigated the clinical concerns of the patient, prompting a comprehensive but tailored work up. When formal imaging studies was limited, POCUS was utilized during a follow up office visit to expedite diagnostic analysis. Based on image findings, a chest CT was completed which ultimately revealed left sternoclavicular septic arthritis with osteomyelitis and a large left pectoral abscess with blood cultures positive for MSSA. The patient underwent urgent surgical debridement and a prolonged antibiotic course with excellent recovery. This poster presentation will utilize clinical images, case history timeline and discussion of physician collaboration conjoined with medical curiosity that led to the timely diagnosis and treatment of a patient with a hidden and unusual infection.

Findings and Conclusions:

Our case demonstrates how subtle patient concerns, when explored thoroughly, can sometimes lead to the diagnosis of a serious, and uncommon health condition. It emphasizes the value of bedside diagnostics, such as POCUS, in the outpatient setting to overcome the logistical challenges in primary care with the intention to provide timely and personalized care. We further highlight the importance of integrated physician collaboration and continuity of care in family medicine given the positive impact in patient outcome seen in our presented case. We encourage our audience to approach outpatient concerns with curiosity and persistence in the family medicine practice.

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FAMILY MEDICINE
EDUCATION CONSORTIUM, INC.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: MH ACGME SDOH
Submission #: 113
Title: ***State-Level Association Between Mental Health Treatment Availability and Suicide Mortality in U.S., 2022***

Abstract:
This poster examines the relationship between mental health facility availability and suicide mortality across all U.S. states and D.C. Using 2022 SAMHSA, census, and CDC data, we calculated facilities per million residents and correlated these values with suicide rates. Contrary to expectations, we found a statistically significant positive association ($r = 0.43$, $p = 0.0015$), suggesting that higher facility density may reflect greater need rather than a protective effect. These findings emphasize the importance of not just infrastructure quantity, but also access and integration. These are key considerations for family medicine providers managing psychiatric care.

Proposal:

Learning Objectives:

a. Develop an enhanced understanding of the geographic variability of mental health infrastructure and suicide risk in the U.S.
b. Appreciate the association between availability of mental health facilities and suicide rates by state.
c. Discuss potential implications for primary care physicians practicing in high-risk regions.

Methods and Content:

This study utilized publicly available 2022 data from the National Substance Use and Mental Health Services Survey (N-SUMHSS) and CDC WONDER (Wide-ranging Online Data for Epidemiologic Research). Mental health facility counts for each U.S. state and the District of Columbia were normalized by 2022 U.S. Census population estimates to yield facilities per million residents. Age-adjusted suicide mortality rates per 100,000 individuals were extracted from the CDC WONDER database. A scatterplot was used to visualize the relationship between mental health facility density and suicide rate by state. Python was used to simplify statistical analysis, and results were further confirmed with data analysis on Excel.

Findings and Conclusions:

The number of mental health facilities per state ranged from 16 to 817, and suicide rates by state ranged from 6.4 to 29.2 deaths per 100,000. A modest but statistically significant positive correlation was observed between mental health facility availability per capita and suicide mortality ($r = 0.43$, $p = 0.0015$). This counterintuitive finding could suggest that facility density is reactive to need rather than preventive in effect. For family physicians, particularly in underserved areas, this reinforces the need to evaluate not only the presence of behavioral health infrastructure, but also the quality, accessibility, and integration of care. Future research should explore causal relationships using longitudinal or experimental designs to better understand the impact of facility access on suicide rates. Additionally, analyses incorporating individual-level data and factors such as socioeconomic status, stigma, and quality of care could provide more nuanced insights.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: MCH ADV SDOH
Submission #: 79
Title: ***CenteringPregnancy within a Family Medicine Residency Clinic***

Abstract:
CenteringPregnancy is a model of group prenatal care that focuses on health assessment, interactive learning, and community building as the pillars of healthcare delivery. At Grant Family Medicine residency, we started CenteringPregnancy in 2016 and have included it in our curriculum ever since. Despite the evolving requirements around obstetrical care experiences within Family Medicine training, prioritizing patient education and fostering community remains fundamental to the way Family Physicians practice medicine. The application of CenteringPregnancy at Grant Family Medicine allows us to continue to provide this essential training to residents while serving our community.

Proposal:

Learning Objectives:
1. Reflect on the scope of Family Medicine residency training in Obstetrical care
2. Understand the utility and importance of Group Prenatal Care
3. Think creatively about how Family Medicine programs can apply a similar model within their residency

Methods and Content:
The 36- to 48-month Family Medicine residency curriculum and the changing landscape of medicine in the United States of America (USA), especially in light of the Accreditation Council for Graduate Medical Education's (ACGME) move from volume-based to competency-based approaches in training, creates obstacles in cultivating a full spectrum of education in Family Medicine. These changes create challenges in deciding upon the optimal amount of training experiences in things like obstetrics in Family Medicine, especially when there is evidence that since these ACGME changes, graduates have less delivery experience at time of graduation. Despite the evolving requirements around Obstetrical care experiences within Family Medicine residency training and the continued gaps in the maternal care workforce, the prioritization of patient education and community building remains fundamental in how Family Physicians practice medicine. Grant Family Medicine Residency Program, located in Columbus, Ohio, supports the needs of the downtown Columbus community by continuing to offer perinatal care in a Family Medicine environment. The residency also assures all residents completing the program have the skills to care for the birthing parent-child dyad prenatally and postpartum, including hospital management if desired, following graduation. One way that we accomplish this mission is through CenteringPregnancy, a program available nationally with a 10-session curriculum designed to provide one on one (1:1) prenatal care in addition to group community building and education. In a medical and political landscape that continues to divide populations, especially patients and their doctors, focusing on the family unit and immersing ourselves in the patient's community, through group prenatal care, like CenteringPregnancy, we continue to positively impact maternity and infant mortality in the USA. As stated in the March 2018 ACOG Committee Opinion, prenatal knowledge, readiness for labor and delivery, satisfaction with care, and breastfeeding rates are better in patients who participate in group prenatal care. By offering CenteringPregnancy at our office we not only believe we are providing more thorough education and

readiness for expanding families but allow our residents to gain the skills to better facilitate discussion around healthcare topics that will be ever present in their future practice.
Our Family Medicine Obstetrical (FMOB) clinic occurs within our Family Medicine Residency clinic twice a week. Patients arrive 30 minutes prior to the start of the gathering so that 1:1 physician and patient care can take place in a private area of the group room. After completing the 1:1 visits, the full group session starts with an introduction, followed by individual patient questions that are generalizable to the group, and then the bulk of the time is focused on the main education topic of the session. Patients are encouraged to bring their partners, support person(s), and children - the partners often inquire on how to support during the pain of labor, sisters or grandmothers chime in about their challenges and success during breastfeeding, while our doulas help to share their prior clients' experiences with postpartum complications. Physicians use their first names and conversation is guided to highlight the lived experiences of group members before providing medical answers. This collaborative environment deemphasizes the medicalization of perinatal care and reduces social isolation while bolstering community knowledge and enhancing a trusting patient-physician relationship. The ultimate goal of CenteringPregnancy at Grant Family Medicine is to build community connections and disseminate patient centered information about perinatal care, breastfeeding, and family planning in a safe learning environment that embraces both the whole person and family unit. All of this is done while empowering resident physicians to learn the nuances of full spectrum Family Medicine they would likely struggle to learn in other settings.

Findings and Conclusions:

Residents participate in the FMOB clinic during the outpatient Family Centered Perinatal Care (FCPC) rotation during PGY1 and PGY3 years. Grant Family Medicine also offers an Area of Concentration (AOC) in Reproductive Health for residents with specific interest in various aspects of reproductive healthcare. In lieu of their typical Family Medicine clinic schedule, these Reproductive Health AOC residents can elect to join a CenteringPregnancy group as the continuity resident. This affords these residents the opportunity to provide continuity of care encompassing prenatal visits, intrapartum labor and delivery care, and postpartum dyad care.
Outside of the benefits provided for our residents, this system also has been shown to bridge gaps and decrease medical inequities faced by our patients. Since August 2016, more than 300 patients, 50 cohorts, have gone through CenteringPregnancy. Our average group size is 7 patients, and we typically have 5 groups running at the same time. Patients start their first visit at 12-16 weeks of pregnancy. Over the years we have shown higher breastfeeding rates, lower preterm birth rates, higher patient satisfaction, and lower primary Caesarean section rates than the traditional Grant Medical Center Hospital population. During the CenteringPregnancy reunions we hear that patients and their families feel informed when complications of pregnancy occur and that they have a safe space to ask questions to a physician and team they trust. In a climate of medical misinformation, we see that the trust they build with their physicians during this vulnerable time in life permeates throughout their care as they return for general medicine visits and seek medical care for their entire family.
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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: ADV CE SDOH
Submission #: 85
Title: ***Voices From the Community: How Culturally Tailored Health Fairs Build Trust and Bridge Gaps.***

Abstract:
Background: Latinos are the second largest group in the US, yet face significant health disparities and the highest uninsured rates.
Objective: Assess the perceived impact of a culturally tailored community health fair.
Methods: IRB- approved qualitative thematic analysis was performed to identify key themes from participant responses.
Results: Three themes emerged: the value of accessible resources, the need for culturally and linguistically congruent care, and the importance of building trust in healthcare systems.
Conclusions: These findings underscore the power of community-centered engagement to address unmet needs, enhance communication, and promote health equity within Latino Communities.

Proposal:

Learning Objectives:
By the end of the session participants will be able to describe Latino community perceptions of culturally tailored, engagement-centered events, and articulate the value of sustained community partnerships in addressing gaps among marginalized communities.

Multiple factors—including low income, rural residence, racial and ethnic minority status, language barriers, and lack of insurance—contribute to persistent disparities in healthcare access and outcomes across the United States. As the nation grows increasingly diverse, the demand for culturally and linguistically appropriate care is more urgent than ever (AHRQ, 2023). Latino populations, in particular, face disproportionate burdens of chronic disease including higher rates of diabetes-related complications (Haw, 2021) and uncontrolled hypertension (Purnell, 2016).

Recognizing these disparities, this study explores the perceptions of Latino community members regarding culturally tailored, community-based health fairs. With a focus on preventive care, health education, and patient engagement, this research seeks to understand the perceived value and impact of these events. Specifically, it examines how such initiatives address unmet needs, provide language-concordant care, and foster trust towards the healthcare system within the Latino community.

Methods and Content:

Fiesta de la Salud (Celebration of Health) is a community-based health fair designed to deliver culturally responsive health education and services to the Latino community of Central Pennsylvania. The event provides a wide range of no-cost resources, including blood pressure cuffs for individuals with hypertension, glucometers for individuals with hyperglycemia, mammogram screenings, oral health screening, and health education with an emphasis on the importance of follow-up care.

Qualitative feedback was gathered through brief exit interviews, providing attendees the opportunity to share personal reflections of their experience at the event. Participant quotes were analyzed using qualitative thematic analysis to identify recurring themes and deepen understanding of community perspectives.

Findings and Conclusions:

Attendee feedback from the health fair revealed three central themes: the accessibility of resources, the critical need for language-appropriate care, and the role of both in building trust in health education and the broader healthcare system. Participants expressed appreciation for receiving tangible tools and culturally relevant information and resources that are often out of reach in their daily lives. This was exemplified by quotes such as, "I think my blood pressure is high, but I don't have a provider to check it and I don't have a cuff at home… having a cuff will really be helpful" and "hoy fue la primera vez en años que recibo un chequeo" ("Today was the first time in years I've received a check-up"). Many attendees shared that they were uninsured or underinsured, noting persistent barriers to accessing preventative care even when chronic conditions like hypertension were suspected.

The importance of language-appropriate services emerged as a powerful theme, with one participant stating, "…Me gustaron las explicaciones… a veces es difícil que te expliquen estas cosas en español… sobre todo cuando no sé a dónde ir sin seguro" ("…I liked the explanations provided… it is sometimes difficult to have these things explained to you in Spanish… especially when I don't know where to go without insurance"). Another attendee, stated "gracias por venir y por su trabajo… la comunidad necesita más de estos eventos." ("Thank you for coming and for your work… the community needs more of these events").

Trust-building was a final and vital theme, underscored by comments such as, "It's difficult to know what and where my insurance covers… so I just don't get any kind of checkups… so this helps me understand where to start…"; "this event was great…something that is missing are vision exams and resources"; "I found this very helpful and appreciate it… let me know when there is another event…"; and "I'm glad I came and would recommend this to anyone else".

Together, these reflections underscore the profound impact of community-centered health initiatives. By addressing structural barriers through accessible, linguistically appropriate, and trust-building, such events play a critical role in narrowing healthcare disparities and advancing health equity among marginalized communities.

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2. Haw JS, Shah M, Turbow S, Egeolu M, Umpierrez G. Diabetes Complications in Racial and Ethnic Minority Populations in the USA. Curr Diab Rep. 2021 Jan 9;21(1):2. doi: 10.1007/s11892-020-01369-x. PMID: 33420878; PMCID: PMC7935471.
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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: NT ADV CE
Submission #: 37
Title: ***Expanding Culinary Medicine Education at the Larner College of Medicine using a Peer-to-Peer Teaching Model***

Abstract:
In its second year, the student-led "Cooking with the Curriculum" program used a peer-to-peer model with eight MS2 teaching assistants leading five sessions for 29 MS1 students. Each session included one hour of didactic learning and one hour of cooking. Knowledge checks showed improved scores post-program. The course had a 75% retention rate, with 100% of MS1s reporting increased confidence in nutrition counseling and 94% stating it enhanced their education. All TAs felt supported and would recommend the program. These results suggest peer-led teaching is sustainable for nutrition education. Additionally, we are partnering with local organizations to develop service-learning opportunities.

Proposal:

Learning Objectives:
Describe the efficacy of peer-to-peer teaching as a sustainable model for student program continuity.
Describe the benefits to increasing medical student confidence in nutritional competencies and counseling techniques.
Identify opportunities to apply nutrition education to their community.

Methods and Content:
Twenty-nine first year medical students participated in an extracurricular 5-part culinary medicine program. The sessions consisted of 1-hour of didactic instruction followed by a 1-hour cooking experience. The cooking sessions were conducted in classrooms, using basic kitchen appliances and plant-based recipes. Building on the success of the pilot program, this second-year iteration of the course introduced a peer-to-peer teaching model, with eight second-year medical students serving as teaching assistants (TAs). Two TAs taught each session and were supported by a chef educator and two physician faculty members. A 10-question nutrition knowledge check was provided to students at the beginning and end of the course to assess competency. The course was additionally evaluated through a post-program survey for first year students and post-program feedback form for TAs.

Findings and Conclusions:
Twenty-three percent of first-year medical students at LCOM signed up for the course. The program had a 75% retention rate, with 76% of respondents reporting they attended all five sessions. Of the 17 respondents to the post-course survey, 94% agreed that the course significantly contributed to their medical education and 100% indicated they would recommend the program to their peers. Additionally, 100% agreed they would use the knowledge gained from the course in both their clinical practice and personal lives. The knowledge check demonstrated improvement in percent answered correctly across all ten questions. For example, 94% of students correctly identified the most calorically dense macronutrient in the post course check compared to 74% in pre course. 100% of TAs reported feeling well supported in their role, and 100% would recommend the leadership role to their peers. The second-year iteration of "Cooking with the Curriculum," a student-led culinary medicine course, demonstrated successful integration of a peer-to-peer teaching model. The course fostered leadership among previous

student participants and showed high levels of engagement and positive TA feedback. The course was successful in meeting objectives of increasing student confidence in nutrition knowledge and counseling. The improved qualitative results from the knowledge check, demonstrate nutrition knowledge gained throughout the course.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: F ACGME R
Submission #: 27
Title: ***Precepting Redefined: Insights from a Hybrid Model in a Student-Run Clinic***

Abstract:
This quality improvement project evaluates a hybrid precepting model in a student-run free clinic (SRFC) serving a diverse Queens, NY community. Medical students provide in-person patient care while attending physicians supervise via alternating in-person and telehealth modalities. This flexible approach aims to expand access to both student learning opportunities and community health services. Qualitative data from student and preceptor surveys and focus groups explores perceived benefits and challenges. Findings will inform best practices for SRFC precepting in the evolving digital landscape and contribute to undergraduate medical education literature.

Proposal:

Learning Objectives:
1. Describe the implementation of a hybrid precepting model combining in-person and telehealth supervision in a student-run free clinic.
2. List the perceived benefits and challenges of this hybrid model based on qualitative feedback from students and preceptors.
3. Discuss the implications of this innovative approach for undergraduate medical education and community health access in the evolving digital landscape.

Methods and Content:
This quality improvement project used a qualitative approach to evaluate a hybrid precepting model. Data was collected through surveys and focus groups involving both medical students and preceptor physicians at a student-run free clinic. The content explored the perceived benefits and challenges of combining in-person patient care with alternating in-person and telehealth physician supervision. This included the impact on student learning, preceptor experience, clinic efficiency, and patient care access.

Findings and Conclusions:
This adaptation allows for increased flexibility and provision of services, as preceptors can offer expanded volunteer hours without disrupting the integrity of care offered by medical students. The current quality improvement initiative examines the benefits of this dual approach through the collection of qualitative feedback. An initial focus group was conducted, consisting of 22 students who had volunteered at the clinic at least once in the past four years. Focus group and corresponding survey data revealed that medical student participants largely feel in-person and virtual precepting yield comparable learning outcomes. They also shared distinct benefits to for each model, with many noting positive implications associated with virtually precepted sessions.

Overwhelmingly, student participants stated that there were no major differences between in-person or virtual precepting. They expressed high satisfaction with both models, stating that learning outcomes, educational value, and skill-building opportunities felt equivalent.
Several students shared distinct benefits to the virtual precepting model.
Subthemes that arose in terms of student skill-building and preparation for future practice: 1. Enhanced peer learning, 2. Ability to exercise necessary skills for residency and beyond, 3. Unique opportunity to practice leadership and team building, 4. Developing an increased sense of accountability. These insights reveal latent but key considerations for student supervision models.
This hybrid precepting model, combining in-person and virtual supervision, demonstrates comparable learning outcomes and high student satisfaction. Furthermore, virtual precepting fostered unexpected benefits, including enhanced peer learning, development of skills relevant to future practice, and increased student leadership and accountability. These findings suggest that integrating virtual precepting into student-run free clinics can be an effective and valuable approach, offering flexibility for preceptors and enriching the educational experience for students while maintaining quality patient care. This model warrants further investigation and consideration for broader implementation within undergraduate medical education.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: GER ADV WELL
Submission #: 153
Title: ***Bridging the Gap in Osteoporosis Care: A Didactic Intervention to Increase Screening Rates***

Abstract:
Osteoporotic fractures (especially hip) are a major cause of chronic pain, disability, loss of independence, & quality of life. The USPSTF recommends screening for osteoporosis in women 65+ (& high-risk post menopausal women). There are significant disparities in osteoporosis screening, with a decreased screening rate in black and hispanic women compared to white women. Gender diverse individuals are also not included in the national guidelines. At our institution, there are low rates of screening and our project intervention (an educational didactic to 3 residency programs) was delivered in hopes of ameliorating the low rates of screening and improving health disparities.

Proposal:

Learning Objectives:
Explain the consequences of fragility fractures and the importance of prevention.
Describe osteoporosis and how screening and treatment can reduce fracture risk.
Define osteoporosis screening recommendations.
Identity and analyze disparities in osteoporosis screening
Develop interventions to increase screening rates and decrease disparities

Methods and Content:
An educational didactic was delivered to IFH residents on September 11th 2024 during Joint Didactics. The Slicer Dicer tool in IFH Epic was used to assess rates of osteoporosis screening in women & gender diverse patients 65 years and older, and all genders 50 years and older at high risk for osteoporosis, combining the USPSTF and Bone Health & Osteoporosis Foundation recommendations. Risk factors for osteoporosis that were included were BMI<19.9, Vitamin D Deficiency, Hyperparathyroidism, Current Tobacco Use, Testicular Hypofunction, Complete and Partial Androgen Insensitivity Syndromes, Hypopituitarism, HIV/AIDS, Alcohol Use > 10 drinks/week. Data was collected from 6 months prior to intervention and 6 months after intervention.

Findings and Conclusions:
After the intervention, there were improvements in osteoporosis screening overall, in the >65 years group and in each race group. There was a mild increase in osteoporosis screening rates from residents after the didactic session. Implementing a clinical reminder system could further enhance screening rates and contribute to reducing health disparities associated with osteoporosis.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: OSTEO ACGME PRO
Submission #: 100
Title: ***Improving Pain Documentation in Osteopathic Manipulative Treatment: Efforts to Support a Developing Standard of Care***

Abstract:
Chronic low back pain (CLBP) is a leading cause of disability and healthcare utilization globally. Osteopathic Manipulative Treatment (OMT) is commonly used to manage CLBP, with evidence supporting its effectiveness. Our research team initially sought to assess the effect of OMT on CLBP relative to other interventions. However, this question proved difficult to answer due to significant variability in pain intensity documentation (pre and post intervention). Recognizing this gap, our team initiated a quality improvement project aimed at standardizing the monitoring of pain in patients receiving OMT. Establishing standardized pain assessment and documentation decreased missing pain scores.

Proposal:

Learning Objectives:
Understand the importance of pain assessment and documentation pre and post OMT intervention.
Identify the benefits of standardized documentation for data integrity and research purposes.
Identify the benefits of standardized documentation for treatment integrity and clinical decision making.

Methods and Content:
Quality Improvement: A standardized documentation template was developed and discussed in weekly meetings among residents, attending physicians, and researchers. The template was implemented on 11/4/2024. We continued to hold weekly meetings to remind providers to use the template, discuss provider feedback, and consider potential future changes.
Data Collection: To evaluate the results of this quality improvement initiative, we reviewed electronic medical records of all patients presenting for OMT from 1/1/2024 - 2/28/2025. Demographic information and pain score documentation was extracted from the EMR and confirmed with manual chart review.
Sample: The sample consisted of 441 OMT visits across 209 unique patients.

Findings and Conclusions:
We examined pre-post changes in the rates of missing documentation for pain scores for pre-OMT and post-OMT pain scores using chi-square tests of independence. In the full sample, we found missingness was significantly decreased for both pre-OMT (OR=.52 (.34 - .80)) and post-OMT (OR=.51 (.34 - .76) pain documentation (ps < .001).
In a reduced sample including only providers who attended weekly meetings to develop, refine, and discuss the use of the standardized documentation template, we observed greater reductions in missingness for both pre-OMT (OR=.10 (.04 - .26)) and post-OMT documentation (OR=.17 (.10 - .30)) (ps < .001).
Complete and accessible documentation is necessary to monitor responses to treatment. Our findings suggest standardized documentation efforts can help ensure this information is present, with benefits to both research and practice. High quality data is essential for clinical observational studies, which can help to build the body of evidence on the efficacy of OMT. The

process of standardizing documentation can also help standardize care. Prompts to document pre- and post- pain scores can help remind providers to ask about pain before and after treatment.
Our findings that providers who continued to attend weekly meetings to discuss the use of the template to assess pain in OMT suggest that collaborative discussions about standardized practice and documentation can assist with adherence.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: MCH DMCC
Submission #: 119
Title: ***Advancing Care in Pregnancy-Induced Hypertension***

Abstract:
Pregnancy-induced hypertension (PIH) is a leading cause of maternal morbidity and mortality. The target population of this study includes pregnant people under the care of Lancaster General Hospital's (LGH) Family Medicine Residency Program, with the primary aim to increase access to care for birthing people at risk or diagnosed with PIH. Prior to the project, we collaborated with local programs to provide blood pressure cuffs to patients but found multiple care gaps. We hypothesize that employing a prenatal care coordinator at our residency clinic will improve access to care, measured by attendance at postpartum follow-up rates for participants with PIH.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to:
Identify barriers and other challenges patients vulnerable to morbidity and mortality associated with pregnancy-induced hypertension face in accessing prenatal care.
Evaluate the impact of care coordination on outcomes related to pregnancy-induced hypertension.
Discuss strategies to implement prenatal care coordination in family medicine.

Methods and Content:
This project aims to increase access to care for pregnant and postpartum patients who have pregnancy-induced hypertension, specifically through attendance at follow-up visits for these patients. A prenatal care coordinator was recruited to identify specific barriers to care, provide disease-process-specific education, and arrange appropriate follow-up visits. We are identifying patients currently pregnant or postpartum with a diagnosis or suspected high-risk of pregnancy-induced hypertension and ensuring they have access to a blood pressure cuff through local programs or through cuffs purchased with financial support of this project from the Pennsylvania Academy of Family Physician's Resident Impact Grant. Identified patients are entered in a REDCap database for the prenatal care coordinator to follow at regular intervals in a scripted format.
This project creates more "touch points" between the patient and healthcare system to increase follow up rates. Phone calls and any barriers to accessing care will be recorded as a telephone encounter in the patient's Epic chart, and the prenatal care coordinator will contact the patient's prenatal care provider as needed to address any clinical concerns or barriers to accessing care. The REDCap database notes if the patient attended follow up visits as scheduled and if the patient encountered any barriers to accessing care. Rate of follow up will be compared using pre- and post-prenatal care coordinator data.

Findings and Conclusions:
We anticipate that providing resources including blood pressure cuffs and prenatal care coordination will result in improved rates of postpartum follow-up. The study's prenatal care coordinator has been hired, trained, and began contacting patients identified to participate in our research since January 2025. We hypothesize that we will see an improvement in the number of completed post-partum visits for study participants compared to baseline measures for patients with diagnoses of PIH. Our

project has already implemented practice improvement as the current prenatal care coordinator position has been permanently funded moving forward due to the role's outcomes of providing access to safe, equitable and effective care for pregnancy and postpartum person affected by pregnancy-induced hypertension.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: RESQI TECH
Submission #: 78
Title: ***Exploring Hospitalist Attitudes Toward AI Integration In Hospital Care***

Abstract:
This cross-sectional survey study explores the perspectives of hospital providers on integrating artificial intelligence into patient care. Conducted at Baystate Health, this study examines prior AI experience, anticipated benefits, and institutional expectations. Findings reveal broad interest in AI for improving workflow, decision-making, and provider well-being. Familiarity with AI correlates with more favorable views, although concerns about bias and medical errors persist. No significant demographic differences in attitudes were found. Results could inform strategies for thoughtful and effective AI implementation in hospital settings.

Proposal:

Learning Objectives:
Describe current attitudes of hospital medicine providers at Baystate Health toward the integration of artificial intelligence into inpatient care, including anticipated benefits and key concerns.
Assess how prior experience with AI influences provider perspectives on its potential to improve workflow, decision-making, and provider well-being.
Identify potential barriers and facilitators to institutional adoption of AI tools based on provider input and discuss strategies for safe and effective implementation.

Methods and Content:
This was a single-center, cross-sectional survey study conducted at Baystate Health. All inpatient providers including physicians, advanced practice providers, residents, and fellows, across four affiliated hospitals were invited to participate via institutional email. The survey assessed prior experience with artificial intelligence (AI), perceived benefits and concerns, and expectations for institutional support. The survey assessed AI experience, perceived benefits, and concerns using a symmetric Likert-like scale, where a score of 3 represented a neutral midpoint. Responses were analyzed descriptively, with p-values indicating whether item means significantly differed from 3. Demographic information such as age, gender, and prior AI experience was also collected.

Findings and Conclusions:
Survey responses from inpatient providers at Baystate Health revealed a generally positive view of artificial intelligence integration into hospital medicine. Statistically significant favorable responses highlighted anticipated benefits such as improved workflow, enhanced decision-making support, and reduced provider burden. Providers with prior experience using AI tools reported even more optimism regarding its impact on patient care and well-being. Significant concerns still exist around the potential for bias, loss of clinical nuance, and risk of medical error. There were no significant differences in attitudes across

age, gender, or provider role. These findings suggest that hospital providers are open to thoughtfully incorporating AI tools into clinical practice, and institutional efforts to support safe, equitable implementation.

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FAMILY MEDICINE
EDUCATION CONSORTIUM, INC.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: ADV CE WPH
Submission #: 61
Title: ***Sustainability on the Menu: Assessing the Role of Hospital Cafeteria Composting in Advancing Planetary Health Initiatives***

Abstract:
U.S. hospitals generate substantial food waste, contributing to methane emissions and public health harms. This six-month pilot composting program at Rhode Island Hospital diverted 1,081.5 lb of food waste from landfills, reducing emissions by 0.35 $MTCO_2e$. Despite limited baseline familiarity, most surveyed staff supported composting and emphasized the need for improved signage and education. While costs initially exceeded landfill fees, modeling showed composting could become cost-effective with higher daily volumes. This study demonstrates both the feasibility and environmental value of hospital-based composting and highlights the operational, educational, and institutional barriers that must be addressed for broader adoption.

Proposal:

Learning Objectives:
Describe the environmental and economic implications of food waste in hospital settings.
Identify key factors that influence the feasibility and acceptability of hospital-based composting programs.
Evaluate the benefits and challenges of implementing sustainable waste diversion programs in healthcare.

Methods and Content:
This six-month cross-sectional study implemented a composting initiative in a hospital cafeteria in partnership with a regional compost vendor. Compost bins were installed alongside educational signage, and daily food waste weights were tracked. Survey data were collected from 45 hospital staff, patients, and visitors to assess familiarity with food waste issues and attitudes toward composting. Waste diversion data were analyzed using the EPA WARM model to estimate emissions reductions, and a cost analysis compared composting costs to landfill disposal fees. Survey responses were thematically coded to identify barriers, suggestions, and opportunities for improving sustainability in healthcare settings.

Findings and Conclusions:
Over six months, 1,081.5 lb of food waste was diverted, preventing 0.35 $MTCO_2e$—equivalent to driving 891 miles. While composting costs exceeded landfill fees ($2.92/lb vs. $0.11/lb), cost-neutrality was achievable at 255 lb/day. Survey data revealed strong support for composting, but limited awareness of healthcare's environmental footprint. Staff emphasized the need for clear signage and better education. This study shows hospital-based composting is feasible, offers measurable environmental benefit, and has potential for cost savings if scaled. Findings underscore the importance of infrastructure optimization, stakeholder buy-in, and ongoing education for sustainable healthcare initiatives.

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FAMILY MEDICINE
EDUCATION CONSORTIUM, INC.

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Status of Presenter: Other
Category of Submission: **Poster**
Track and Group: DMCC IMM WELL
Submission #: 43
Title: ***Insulin Neuritis Presenting as Thoracic Pseudo-Sensory Level Neuropathy: A Rare Manifestation of Treatment-Induced Neuropathy of Diabetes (TIND)***

Abstract:
Treatment-induced neuropathy of diabetes (TIND) is a painful condition that occurs after rapid glycemic improvement. We present a rare case of TIND in a 22-year-old man with type 1 diabetes, marked by bilateral lower limb pain and a sharply demarcated sensory level mimicking thoracic myelopathy. Imaging and CSF studies were non-diagnostic. Pain responded to gabapentin and duloxetine. Nerve studies supported small fiber neuropathy. This case highlights an unusual sensory presentation of TIND and underscores the importance of recognizing pseudo-sensory level neuropathies to avoid misdiagnosis and overtreatment.

Proposal:

Learning Objectives:
•Recognize TIND as a potential complication following rapid glycemic improvement.
•Identify atypical sensory presentations of TIND, including pseudo-sensory levels mimicking spinal pathology.
•Emphasize the importance of slow glycemic correction in patients with chronic hyperglycemia.

Methods and Content:
•Detailed case review of a single patient with type 1 diabetes.
•Clinical, imaging, CSF analysis, and electrodiagnostic workup performed.
•Pain was assessed pre- and post-treatment with gabapentin and duloxetine.

Findings and Conclusions:
FINDING:
•22-year-old male with rapid HbA1c drop (12.2% → 9.4%) developed severe lower limb pain and sensory level at T2.
•MRI brain/spine normal; CSF showed mild protein elevation and lymphocytosis.
•Pain significantly improved with gabapentin and duloxetine.
•NCS/EMG normal, suggesting small fiber involvement.
•Diagnosis: TIND with atypical presentation resembling thoracic myelopathy.
CONCLUSION:
This case expands the known spectrum of TIND to include pseudo-sensory levels without spinal pathology. Early diagnosis and treatment prevented invasive workup. Gradual glycemic improvement and clinician awareness are key to avoiding this painful yet preventable complication.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: MH SDOH ADV
Submission #: 140
Title: ***Under the Weather: Climate Change Impact on Pediatric Mental Health***

Abstract:
This poster explores the psychiatric impacts of climate change on children, emphasizing what physicians can do to mitigate harm. Through a meta-synthesis of studies from 2015–2024, we identified increased risks for PTSD, anxiety, depression, substance use, and attachment disorders linked to climate-related stressors. Marginalized groups, including immigrant and disabled children, face disproportionate risk with limited research attention. We propose a climate-conscious pediatric care framework, including mental health screening for climate stressors, anticipatory guidance, and provider education. Physicians have a critical role in addressing climate-driven pediatric mental health risks through early identification, advocacy, and systemic preparedness.

Proposal:

Learning Objectives:
Describe key psychiatric impacts of climate change on pediatric populations, including PTSD, anxiety, depression, substance use, and attachment disorders.
Apply a climate-conscious care framework—including climate stress screening, anticipatory guidance, and emergency preparedness education—in their clinical practice.
Advocate for enhanced training and targeted interventions to mitigate climate-driven mental health risks in children.

Methods and Content:
A meta-synthesis approach was used to analyze mixed-methods data from studies spanning from 2015-2024. Terms searched included "climate change", "children", "mental health", and "psychiatric effects." Data was systematically analyzed for common climate change-attributable mental health diagnoses. Identified gaps in population-specific evidence for psychiatric impacts and built a framework for climate-conscious pediatric care.
Common psychopathology risk increased for attachment problems, PTSD, substance use, depression, and anxiety disorders in settings of acute climate-change-related stressors. Various marginalized communities such as disability or immigrant communities were disproportionately impacted by exposure to severe weather events, with limited research data.

Findings and Conclusions:
Climate change significantly affects pediatric mental health, highlighting the need for expansion of research alongside targeted interventions and educational programming. Frameworks for climate-conscious child psychiatry is integration of climate screening protocols, anticipatory guidance, emergency preparedness education, and expansion of climate-conscious pediatric training.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC WELL
Submission #: 132
Title: ***Don't Poke! Chondrodermatosis Nodularis Helicis Vehemently Presents with Recurrence***

Abstract:
Chondrodermatitis Nodularis Helicis(CNH) is a benign lesion affecting the cartilage and skin of the ear, attributed to underlying inflammation due to pressure on area. The lesions typically occur on helix, antihelix or any cartilaginous part of the ear.
We present a case of bilateral CNH in a female patient with initial delayed clinical diagnosis, subsequently managed by multispecialty for two years, with pressure relieving measures, topical agents, and eventually by surgical excision and graft placement alongwith biopsy studies due to constant recurrence, contributed to by poking with needles at site by patient. Presently, being managed medically for recurrence after surgery.

Proposal:

Learning Objectives:

- Identify and clinically diagnose CNH, its clinical course, etiology, risk factors and extensive treatment modalities.
- The differentials and diagnostic tools for confirmation.
- Management approach to CNH including resistant cases.
- Resistance to treatment and factors that can contribute it.
- The multi-specialty collaboration involved in treating the case.
- Role of a family medicine physician in management CNH.

Methods and Content:

This is a case report study, includes clinical data with permission of the patient. Literature review for references was done on CNH both in males and females and studies on treatment modalities and their success reported including recent approaches to management. Studies on recurrent cases and the risk factors contributing also reviewed. Complications and differential diagnosis data also reviewed.

Findings and Conclusions:

CNH is a benign lesion on helix or antihelix, occasionally on tragus, is painful and has male gender preponderance. It is not life threatening but significantly compromises quality of life.
Treatment options include avoiding trauma, relieving pressure at the site of lesion. Medical management is with topical agents, physical therapy- cryotherapy and lasers. Surgical management with curettage and other techniques like surgical excision with skin flap replacement with reported 66-100% success rate for cure and 12% recurrence. Despite exhaustive treatment, recurrence can occur. more studies including RCTc on efficacy of treatments are needed. Physician awareness and patient education on CNH can significantly impact better management and disease identification.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: ADV CE DEI
Submission #: 152
Title: ***A Continuation of the "Day in the Life of a Future Healthcare Professional" Event in Collaboration with Area Health Education Center (AHEC)***

Abstract:
Many undergraduate students desire a career in healthcare without experiencing what their future job may entail. The Internal Medicine Interest Group of NEOMED hosted an event for these students to gain more experience. This event is a continuation of last year's, but several improvements have been made based on participant feedback. Students were first introduced to basic science lectures, followed by detailed clinical cases, a personal narrative presentation on Huntington's disease, gross anatomy lab, and mastering physical exam skills. Volunteer medical students and resident physicians acted as instructors. A concluding networking event allowed undergraduate students to ask questions.

Proposal:

Learning Objectives:
By the end of this presentation, participants will be able to understand the importance of allowing undergraduate students early exposure to hands-on activities related to their desired field of study. Additionally, this project hopes to encourage and provide insight to the vast benefits of continued curriculum changes that better fit the educational experience.

Methods and Content:
A training event entitled Day in the Life of a Future Healthcare Professional was created by the Internal Medicine Interest Group of Northeast Ohio Medical University (NEOMED) to allow undergraduate students to come to medical school and learn from current medical students and residents. Most undergraduate students in attendance were from the Area Health Education Center (AHEC) Scholars Program or the local partner universities with NEOMED's Early Assurance Program; thus, all students represented interdisciplinary majors, and most planned to attend medical school post-graduation.

A similar curriculum structure was followed from the previous year. However, several changes were made. The previous year focused on cardiology as the primary subject. This year focused on neurology and neuroanatomy. Additionally, a guest speaker was brought in to give a personal narrative highlighting the impact of Huntington's disease on both the patient and family. This segment was incorporated into the event to emphasize the human aspect of medicine that sometimes falls silent in the medical curriculum. The final change was the addition of an interactive neuroimaging lecture taught by a neurology fellow from University Hospitals.

The day began with a review of basic neuroanatomy, physiology, and pathology, followed by a series of neurology-focused clinical cases taught by a neurology fellow from University Hospitals. Following the clinical cases, a guest speaker was brought in to give a personal narrative highlighting the impact Huntington's disease has not only on the patient but loved ones as well.

Afterward, the students were split into 3 groups to experience different hands-on sessions. The first session was learning how to give physical examinations focusing on the neurology exam taught by medical students and residents from Summa hospital in Akron, OH. The next session was an interactive neuroimaging lecture. The final session was a gross neuroanatomy lab, where students were able to interact with donor specimens.

To conclude the day, undergraduate students had the opportunity to network with multiple medical students and residents, allowing them to ask any questions or share concerns about medical school and listen to various perspectives about the rigors of medical school and the various paths taken to get into medical school.

Findings and Conclusions:

The undergraduate students had an excellent time exploring these hands-on opportunities. Whether the students plan on attending medical school, or going straight into the workforce, some skills they learned, such as physical exams, can help them decide if pursuing a healthcare career is something they enjoy. The event had 40 attendees and after being surveyed, 36 (90%) rated this event a 5/5, and 4 (10%) rated this event 4/5. Thirty-six students (90%) planned on attending medical school before this event, and all of them are still planning to attend after it. Each session during the event was equally enjoyed. Thirty-six students (90%) would like more personal narrative sessions like the talk on Huntington's disease in future events.

Although many expressed that this event made them more excited about medical school, students did not shy away from suggesting improvements for next year's event. The most common suggestion was increasing time in the gross anatomy lab and clinical skills session. Some participants emphasized more time to speak with the medical students and residents at the end.

Many volunteer medical students also expressed their excitement about teaching during the event because there are few experiential opportunities for M1 and M2 students to teach or mentor others. This training allowed them to explore whether teaching is something they enjoy and may want to continue in the future. The medical field is based on teaching those at earlier stages in their careers and allowing medical students to experience this early can help them be better instructors and mentors in the future.

In conclusion, hosting this event positively benefitted both undergraduate and medical students. The Internal Medicine Interest Group at NEOMED plans to continue this event through the AHEC Links program, a program designed to improve the connection between young adults interested in medicine, and medical students. Students interested in healthcare should have the opportunity to expose themselves early to experiences related to a particular career before committing to it. This event allowed them to do so. Student feedback, and innovative initiatives will continue to drive this program, and others like it, forward.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: S CE ADV
Submission #: 130
Title: ***SHARC in Action: A Model for Student-Led Community Engagement in Autism Care***

Abstract:
This poster presents the Student Healthcare Ambassador to the Rich Center program, which connects AHEC Scholars with the autistic community through immersive service and reflective learning. The ambassador participates in classroom volunteering, provider shadowing, monthly parent meetings, and coordinates a sensory event and community panel. These activities aim to increase autism awareness, reduce stigma, and promote inclusive care among future healthcare professionals. The program highlights the impact of early exposure to autism-focused experiences in shaping compassionate and informed providers.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to:
Describe the goals and structure of the SHARC (Student Healthcare Ambassador to the Rich Center) program and its impact on healthcare training for underserved neurodiverse populations
Identify effective methods for engaging with children and young adults on the autism spectrum through classroom volunteering, shadowing, and community events
Evaluate how immersive service learning opportunities like Sensory Adventure Day reduce mental health stigma and improve patient-centered care among future healthcare professionals
Apply strategies learned from SHARC to design similar service-learning programs that foster inclusive, interprofessional collaboration in healthcare

Methods and Content:
SHARC Ambassadors gained hands on experience in autism care through monthly parent meetings, classroom volunteering, and provider shadowing. They led two major initiatives: Sensory Adventure Day, which provided inclusive sensory-friendly activities for autistic children, and the Autism Awareness Panel, where families and staff shared their lived experiences. SHARC was initiated by drafting a detailed program overview, proposing the program to AHEC Scholars and Rich Center leadership, and then ordering the supplies necessary for Sensory Adventure Day. Families were recruited and registered, and the venue was prepared to create a safe and fun environment for the kids. To support the Autism Awareness Parent Panel, SHARC Ambassadors attended monthly parent meetings to build connections and promote the event. Flyers were designed and distributed during meetings and sent home with students to increase outreach. A Google Form was created for sign-ups, and parents were personally encouraged to participate. These efforts helped ensure strong family involvement and meaningful representation on the panel. Through these efforts, students engaged with a wide range of behaviors, communication styles, and functioning levels. This helped them build practical skills, foster empathy, reduce stigma, and reflect on what it means to deliver truly inclusive and patient-centered care.

Findings and Conclusions:

Student participation in SHARC increased understanding of autism, improved communication skills, and fostered greater empathy toward neurodiverse individuals. Both Sensory Adventure Day and the panel received positive feedback from students, families, and staff, highlighting the value of immersive service. The program demonstrated that early exposure to autism care can enhance future providers' confidence, cultural humility, and readiness to deliver inclusive healthcare. The program is expanding with more student volunteers, aiming to bridge gaps in healthcare access and build stronger partnerships between future providers autistic communities. SHARC strengthens the connection between AHEC Scholars and the Rich Center by integrating classroom-based volunteering with community engagement, creating a more unified approach to autism inclusive care. The SHARC initiative embodies the values of family medicine—community engagement, continuity of care, and whole-person, family-centered practice—by training future providers to collaborate across disciplines and deliver compassionate, individualized care to children with autism and their families.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: RESQI TECH WELL
Submission #: 48
Title: ***Evaluation of Two Smartphone-Based Augmented AI Applications for Dermatological Diagnosis: An Observational Comparative Study***

Abstract:
Access to smartphone-based AI applications to assist in the diagnosis of dermatological conditions has expanded; however, data on diagnostic accuracy is limited. We conducted a two-phase comparative observational study. During the first phase of the study, images from dermatological textbooks were analyzed using two AI based smart phone applications: Aysa and Visual Dx. Results showed that Aysa correctly identified listed the top diagnosis in 41% of all cases, while VisualDx correctly listed the diagnosis in 44% of all cases, with no significant difference between platforms. These augmented AI tools may aid clinicians in making decisions but cannot replace clinical expertise.

Proposal:

Learning Objectives:
- Distinguish between traditional AI and augmented AI
- Acknowledge the advancements in the field of dermatology that have led to development of widely available augmented AI based smart phone applications,
- Describe methodology of comparative observational study
- Review results of the first phase the accuracy of two smart phone-based applications compared to standard reference
- Recognize that augmented AI appears to be a valuable aid in dermatology rather than a replacement for clinical expertise

Methods and Content:

The objective of this observational study was to compare the performance of two smartphone-based applications to a standard reference and includes two phases.

For the first phase of our study, images of various skin conditions were sourced from three widely used standard dermatology textbooks, with 25 images per book and 75 images in total. All identifying labels were removed or concealed in the picture to avoid label leakage. Images were captured using an iPhone 15 and uploaded to both AI applications. Some images were classified automatically by these applications, whereas others required minimal user input to answer relevant medical questions that the application required.

Each application's top 1, 3, 5, and 10 diagnostic results were recorded in Microsoft Excel. Diagnostic accuracy was marked as "Yes" if the correct diagnosis appeared within these top ranks; otherwise, "No" if the correct diagnosis was missing from the list provided by these applications. A chi-square test was conducted to compare these AI performances with each other and with standard textbooks.

The second phase of the study involves real-world patient skin condition analysis, comparing the use of these two AI smart phone-based applications to the gold standard of a dermatologist diagnosis. During this phase of the study, residents record

basic patient history, skin lesion images, and final diagnosis as determined by the board-certified dermatologist. Patient consent was required for the study, and their identity was protected. Data collection began in August 2024 with a target sample size of 100, of which we have collected 60 samples so far.

Results In the first phase of the study, a total of 75 dermatological images were analyzed to evaluate the diagnostic accuracy of two AI platforms, Aysa and VisualDx.

When considering the accuracy of identifying the top diagnosis, Aysa correctly listed the diagnosis as first in 31 out of 75 cases (41%), and VisualDx in 33 out of 75 cases (44%). To statistically compare their performance, a chi-square test was performed, yielding a chi-square value (χ^2) of 1.214 with 2 degrees of freedom. Given a significance level (α) of 0.01 and a critical value of 9.2, the result indicated no significant difference between the two platforms.

Both platforms offer lists of diagnostic possibilities, rather than a single diagnosis. For that reason, we considered multiple levels of diagnostic ranking (Top 1, Top 3, Top 5, and Top 10), approximating how a user may peruse a list to consider differential diagnosis. Accuracy improved as the diagnostic ranking was expanded, with Aysa correcting listing the top diagnosis in the top 5 or 10, in 60% and 64% of cases; and Visual diagnosis, 65 % and 77% of cases, respectively. (Analysis still indicated no significant difference between the two platforms).

However, when compared against the standard reference (in this phase, the textbook diagnosis) across multiple levels of diagnostic ranking (Top 1, Top 3, Top 5, and Top 10), clear differences emerged. For Aysa, the chi-square value was 20.49 with 3 degrees of freedom, exceeding the critical value of 11.345. This led to the rejection of the null hypothesis and indicated a statistically significant difference from the standard reference ($p = 0.01$). Similarly, VisualDx also showed a significant difference when compared to the standard reference ($p = 0.01$), underscoring that both AI tools, while comparable to each other, differ notably from traditional diagnostic standards.

Findings and Conclusions:

Our findings from Phase 1 of the study suggested that Aysa and VisualDx, both smartphone-based augmented AI applications, perform similarly when it comes to identifying dermatologic conditions. Aysa, which is readily available free of cost on smartphone platforms, and VisualDx, which is available as a paid subscription, did not show any statistically significant difference between the two. However, when compared to traditional textbook references, both tools showed notable differences in diagnostic accuracy. This highlights that while these AI platforms may enhance clinical decision-making, they cannot be used solely to establish a diagnosis.

Overall, augmented AI appears to be a valuable aid in dermatology rather than a replacement for clinical expertise. As we continue collecting real-world patient data, future analysis will help determine how effectively these tools can be integrated into everyday clinical practice.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: MCH SDOH ADV
Submission #: 91
Title: ***Burning Questions: Pediatric Fevers in Diverse Healthcare Landscapes***

Abstract:
Pediatric fever is a common concern in both rural and urban settings. This project compares two similar cases with different outcomes: one patient in rural Rajasthan diagnosed with mixed malaria, and another in urban Massachusetts treated empirically for Lyme disease. Despite overlapping symptoms, variations in available resources, diagnostic tools, and local disease prevalence shaped each patient's evaluation and management. These cases highlight the importance of a population health-based, context-specific approach to pediatric care.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to compare and contrast the workup of pediatric fever in two clinical environments: urban Massachusetts and rural Rajasthan. Participants will gain an understanding of the patterns of infectious diseases in these areas, particularly of lyme disease and malaria.

Methods and Content:
Descriptions of two patients seen by the same resident in vastly different clinical settings. Both patients had similar clinical presentations (fever and lymphadenopathy), but different workup, diagnosis, and outcomes. One patient was evaluated in the Pediatric Emergency Department in an urban environment, while the other patient was evaluated in a NGO-funded primary health care clinic in a rural setting. Social determinants of health also play a large role in time between initial symptoms and evaluation by a healthcare provider, workup that was done, and patient outcome.

Findings and Conclusions:
A population health lens and awareness of social determinants are essential for equitable diagnosis and management across diverse clinical environments.

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Category of Submission: **Poster**
Track and Group: DMCC WELL WPC
Submission #: 127
Title: ***Common Disease, Rare Organism: A Case Report of Staphylococcus Intermedius Endocarditis***

Abstract:
Infective endocarditis (IE) is caused by infection of the endocardium of the heart. This case report details the presentation of one patient who was diagnosed with infective endocardits caused by S. intermedius. S. intermedius is a unique and uncommon organism that rarely causes IE. Only two cases of S. intermedius endocarditis have been identified previously in the scientific literature.

Proposal:

Learning Objectives:
1. Describe the clinical presentation and complications of infective endocarditis
2. Recognize the common causative organisms of infective endocarditis.
3. List the diagnostic criteria for infective endocarditis.

Methods and Content:
A 59-year-old male with a PMH of end stage renal disease on hemodialysis, chronic wounds on bilateral lower extremities, atrial fibrillation, and type 2 diabetes presented to Penn State Hershey Medical Center for diarrhea and shortness of breath in the setting of missed dialysis sessions. Upon admission, his vitals were notable for temperature of 37.9C and heart rate of 127. His exam was notable for irregularly irregular rhythm, diminished breath sounds at bilateral bases, chronic lower extremity lymphedema, and right calcaneal foot ulcer. Further workup showed creatinine of 9.96mg/dl (baseline 5.5mg/dl), white blood cell count of 10.58K/ul, and BNP of 41,038 pg/ml. Blood cultures four days after admission grew Staphylococcus intermedius. A transesophageal echocardiogram showed an echo density on the mitral valve consistent with infective endocarditis. He was started on intravenous Cefazolin 1g, and his foot ulcer was determined to be the likely source of infection. Two days later, he began experiencing confusion, and an MRI showed scattered septic emboli in the cerebral and cerebellar hemispheres. He was switched to intravenous Nafcillin 2g daily for better penetration into the central nervous system. He also continued to receive hemodialysis while inpatient and his tunneled catheter was replaced due to the bacteremia. After four weeks of treatment for his infective endocarditis, he was discharged to a skilled nursing facility with his intravenous Nafcillin 2g daily and outpatient infectious disease follow-up.

Findings and Conclusions:
Infective endocarditis (IE) is caused by infection of the endocardium of the heart. Risk factors include IV drug use, degenerative/rheumatic valve disease, intracardiac devices, and congenital heart disease. Its clinical presentation is nonspecific and can involve fever, malaise, anorexia, weight loss, and night sweats. However, physical exam findings tend to be characteristic when present and include new murmurs and embolic phenomenon, such as Janeway lesions. Immunologic and hemorrhagic phenomenon, such as splinter hemorrhages, Osler nodes, and Roth spots occur due to local immune reactions and damage to capillary beds. The complications of IE such as stroke, heart failure, intracardiac abscess, and conduction abnormalities, occur primarily due to embolization or worsening infection. Streptococci, staphylococci, and enterococci are the most common organisms causing IE with S. aureus responsible for 30% of cases. Furthermore, Streptococcus viridians, Streptococcus bovis, and HACEK organisms also common culprits. In this case, S. intermedius is a unique and uncommon organism that caused IE. Only two cases of S. intermedius endocarditis have been identified previously in the scientific

literature. The Duke criteria outlines the diagnostic criteria of IE. The Duke criteria involves two major criteria, positive blood cultures with typical organisms and imaging positive for IE (Echocardiogram, CT). The minor criteria include predisposing heart condition or intravenous drug use, fever >38C, vascular phenomenon (splinter hemorrhages, arteriolar emboli, etc.), immunological phenomenon (Janeway lesions, Osler nodes, etc.), and microbiological evidence (positive blood culture not meeting major criteria. Two major, one major and three minor, or five minor criteria are needed for diagnosis. Overall, infective endocarditis is a complex disease with a variable presentation, devastating complications, unique causative organisms, and clear criteria for diagnosis.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC GER SDOH
Submission #: 4
Title: ***Atypical Presentation of a Subacute Temporal Infarct***

Abstract:
A 69-year-old man with a history of NSTEMI, TIA, and prostate cancer presented with a worsening headache and transient dysphasia. Initial evaluation was unremarkable, but imaging revealed an acute to subacute right temporal lobe infarct. Notably, the patient had been noncompliant with antiplatelet therapy. Neurology recommended continued medical management, and the patient was discharged after stabilization. This case highlights the diagnostic challenge of isolated headache as a stroke presentation, especially with low NIHSS scores. It underscores the importance of imaging in high-risk patients, detailed headache history, and assessing medication adherence in primary and emergency care settings.

Proposal:

Learning Objectives:
By the end of the session participants will be able to describe atypical symptoms of this patient's stroke. By the end of the session participants will be able to make a differential for a new headache. By the end of the session participants will be able to know the appropriate testing for headaches.

Methods and Content:
The patient's reported headache was characterized as a dull ache. The patient stated the headache started four days ago and was constant in duration, increasing in intensity upon waking each day. Patient stated the headache was accompanied by brief bouts of dysphasia, in which he would forget how to say, "a word or two". Patient denied any other signs or symptoms at the time of the event, including facial drooping, diplopia, aphasia, vertigo, paralysis, fever, chills, head injury, and history of migraines. Patients' medications at the time included include Plavix, Aspirin, Januvia, Metformin, Atorvastatin, and Metoprolol. The headache remained a consistent pain level but changed location from the bilateral temples to behind his right eye. It was the worst headache he ever experienced. Vitals were 129/90, 88, 98.7, 16, 98%. Physical exams showed normal cardiac, pulmonary, HENT and neurological exams. NIHSS score was 0. Blood glucose was in the 270s. The ED course consisted of administration of IV fluids, medication for headache, and CT scan. The decision to admit to the hospital was reached after CT brain visualized acute infarct. No acute events occurred in the hospital. Hospitalist ordered TEE were ordered and consulted neurology. He admitted to the hospitalist forgetting to take Plavix and aspirin. Neurology found no focal deficits and recommended continuation of Plavix, aspirin, and statin and CTA head and neck following MRI results. He received the above scans and was discharged the next day with follow-ups to radiology/oncology and family medicine.

Findings and Conclusions:
This patient endured a new onset headache of four days duration which reflected acute to subacute temporal infarct. His past medical history of NSTEMI, prostate cancer, and TIA underscores a history of hypercoagulability, exacerbated by holding Plavix and aspirin. His headache was neither throbbing or pulsating but consistently increased in intensity. The headache also corresponded with a lower NIHSS score. Imaging reflected an infarct that was older than 24 hours, possibly starting at the time of headache onset. These items in history parallel the literature on headache from stroke. Uniquely, the infarct was not present in posterior circulation and no evidence of cardioembolic score was identified on echo. The challenge of this case presenting in

family medicine and emergency medicine offices is deciding whether to get a CT scan. Low NIHSS score might point a physician away from stroke. Literature supports the use of CT head in his patient, and further investigation is needed to evaluate nonspecific headaches in those in high risk of thromboembolic events. Information in the history like consistent posterior pain, throbbing or pulsating pain, and headache in an individual who does not get headaches should point toward CT scan, especially in someone with risk factors. This case demonstrates the importance of getting a thorough headache history, referring the red flags of headaches, and assessing drug compliance in at-risk individuals with headache.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC GER ACGME
Submission #: 62
Title: ***Evaluating SGLT-2 Inhibitor Use in Patients with Diabetes and Chronic Kidney Disease***

Abstract:
According to the ADA Standards of Care, patients with diabetes and chronic kidney disease should receive an SGLT-2 Inhibitor regardless of HbA1C. The objective of this study was to evaluate whether SGLT-2 Inhibitors are being used in accordance with these guidelines at Overlook Family Medicine. 27/47 (57%) of patients were not on an SGLT-2 inhibitor. A notable percentage of patients with type 2 diabetes and chronic kidney disease were not prescribed an SGLT-2 inhibitor.

Proposal:

Learning Objectives:
To evaluate appropriate use of SGLT-2 Inhibitors in patients with diabetes and chronic kidney disease

Methods and Content:
A Power BI report was generated to identify adult patients with type 2 diabetes and chronic kidney disease who were seen at Overlook Family Medicine between April 2024-March 2025. Patients with a GFR of ≥ 60 mL/min were reviewed to determine if they were currently prescribed or whether they had previously been prescribed an SGLT-2 Inhibitor.

Findings and Conclusions:
There were 47 patients with a GFR ≥ 60 mL/min.
20/47 (43%) of patients were taking an SGLT-2 inhibitor
27/47 (57%) of patients were not on an SGLT-2 inhibitor, but 7/27 were prescribed one in the past. 4/7 discontinued the medication due to cost or insurance barriers. The mean HbA1C for patients who were not prescribed SGLT-2 I was 6.74%. A significant percentage of patients with type 2 diabetes and chronic kidney disease were not prescribed an SGLT-2 inhibitor.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: MCH ADSU
Submission #: 142
Title: ***Pregnancy, Substance Use, and Stigma: A Scoping Review of Inpatient Maternity Care Experiences***

Abstract:
Background: Patients with substance use disorders face stigma and systemic barriers during peripartum care. This review explores their experiences with inpatient obstetrical providers.
Methods: A scoping review of PubMed identified peer-reviewed articles using DSM-5-defined substances (excluding caffeine, tobacco, alcohol). Included studies focused on patient-provider interactions during the inpatient peripartum stay. Following abstract screening and full-text review, data were abstracted and analyzed thematically.
Results: Of 100 abstracts screened, 39 met inclusion criteria. Themes include perceived stigma, guilt over neonatal abstinence syndrome, fear of Child Protective Services, and barriers to care.
Discussion: Findings underscore the need for trauma-informed, nonjudgmental inpatient maternity care.

Proposal:

Learning Objectives:
Summarize preliminary findings from a scoping review exploring the self-perceived experiences of pregnant individuals with substance use disorders during inpatient labor and delivery care.
Explore patient-perceived stigma and fears related to substance use in the peripartum period.

Methods and Content:
Methods: A scoping review was conducted to examine the peripartum experiences of patients with substance use disorder and their interactions with inpatient obstetrical care providers. A scoping review of PubMed was performed using predefined Medical Subject Heading (MeSH) terms and inclusion/exclusion criteria to identify peer-reviewed studies relevant to this population. Title and abstract screening was completed using Abstrackr (http://abstrackr.cebm.brown.edu/), an open access platform. The review focused specifically on patient-provider interactions during the inpatient labor and delivery admission. Substances were defined in accordance with DSM-5 criteria, excluding caffeine, tobacco, and alcohol due to differing patterns of stigma and fetal outcomes. Eligible studies were screened and reviewed in full, and qualitative thematic analysis conducted to identify key patterns and emerging themes.
Content: Of the 100 abstracts screened, 39 met inclusion criteria and were selected for full-text review Following detailed assessment, 3 studies were excluded based on predefined exclusion criteria, resulting in a final sample of 36 articles. The majority of included studies focused on opioid use disorder, although several addressed marijuana use or polysubstance exposure.Most studies encompassed prenatal and extended postpartum periods; however, few explicitly examined the immediate postpartum or inpatient experiences.Patient-reported experiences were primarily collected through qualitative semi-structured interviews, with additional methodologies including surveys, focus groups, and systematic reviews.

Quantitative synthesis of study characteristics and key findings will be completed in preparation of the conference presentation.

Findings and Conclusions:

Findings/Conclusions: This scoping review enabled a comprehensive examination of the existing literature on the experiences of patients with substance use disorders in the context of an inpatient maternity care team. Preliminary thematic analysis revealed several recurring themes, including perceived stigma from healthcare providers, feelings of guilt related to neonatal abstinence syndrome, fear of involvement with Child Protective Services, and various barriers to accessing care. Final thematic synthesis is currently in progress and will be completed prior to the conference. The findings will inform identification of gaps in the literature and potential opportunities for interventions aimed at improving care for this population.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: R TECH F
Submission #: 111
Title: ***The Priority Quest: Gamifying Inpatient Family Medicine Task Management for First-Year Residents***

Abstract:
Many learners identify the transition period of medical school to residency as an area of stress. This time has many challenges including learning how to prioritize patient care tasks. The Penn State Family Medicine Residency program incorporated a "Task Master"-style game (adapted from Orr et al.) into intern orientation to help teach how to prioritize care tasks such as calling consults, responding to common pages, evaluating sick patients, and writing progress notes on a mock Family Medicine inpatient service. The curriculum was implemented in 2024 with plans to add participant pre- and post-surveys to evaluate curriculum effectiveness in 2025.

Proposal:

Learning Objectives:

- Practice using the facility paging system to respond to common pages such as ordering inpatient medications and responding to critical labs in a timely manner.
- Appropriately categorize inpatient patient care tasks into high, medium, and low priority based on acuity/urgency and complete tasks accordingly.
- Gain familiarity with management of common inpatient pathologies such as management of upper GI bleed and community acquired pneumonia.
- Model placing a consultation via telephone with an inpatient specialist.

Methods and Content:

Using MedEdPORTAL, we found "TaskMaster: The Subintern Adventure Game" by Orr et al. (2023) then adapted the case scenarios to fit a Family Medicine inpatient service for incoming interns. This hour-long task-prioritization game was played during intern orientation with eight interns divided into three groups. The session was led by Chief Residents to facilitate, keep score, and to "page" the residents. We expanded upon Orr et al.'s original game to include use of the TigerText mobile app to "page" the residents to simulate common nursing paging scenarios during the inpatient workday. Teams could gain or lose points based on how they prioritized tasks and responded to pages. The group with the highest score at the conclusion of the game wins.

Findings and Conclusions:

Our game was played for the first time during the 2024-2025 orientation for our residency program. This first session was a pilot focused on logistics of implementation and general resident feedback. The overall feedback from the residents was positive, including one learner who thought "…the TaskMaster game was one of our most high yield parts of orientation. It zeroed in on some key learning points that happen between med school and residency." For the 2025-2026 academic year, we

plan to incorporate participant pre- and post-surveys to more objectively evaluate the effectiveness of the curriculum in orienting interns to the workflow and routine tasks of a Family Medicine inpatient service.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: NT WELL DMCC
Submission #: 121
Title: ***Evaluating the Impact of Whole-Food, Plant-Based Diet on Chronic Illnesses: A Preliminary Report of a Systematic Review***

Abstract:
A whole-food, plant-based (WFPB) diet is a plant-based diet that minimizes or excludes all animal-based or processed foods made with refined grains, added fats, salts, and sugars.1,2 A systematic review following the PRISMA 2020 guideline was performed on WFPB diets.3 The online databases PubMed, Embase, and Web of Science were searched with the search strategy: ("whole food plant based" OR "whole food, plant based"). WFPB diet may be an effective treatment modality for several cardiometabolic disorders and chronic illnesses, including Diabetes Mellitus Type II. There are favorable emerging signals for its efficacy, and further research is warranted.

Proposal:

Learning Objectives:
By end of the poster session, participants will be able to:
1. Understand the benefits of lifestyle medicine for the treatment of metabolic disorders
2. Understand the basic definition of a whole-food, plant-based diet
3. Counsel patients on the basics of a whole-food, plant-based diet
4. Describe the benefits of a whole-food, plant-based diet for patients with Type 2 Diabetes Mellitus

Methods and Content:
This is a systematic review conducted using the PRISMA 2020 guideline to evaluate the literature regarding the impact of whole food plant-based diets on chronic illnesses. The online databases PubMed, Embase, and Web of Science were searched using the search strategy: ("whole food plant based" OR "whole food, plant based"). Ad libitum reference reviews and scoping searches were performed to identify missed references. Included references were written in English and specifically utilized a "whole-food, plant-based" diet as an intervention. Only studies conducted in the United States were included as this review assesses the effectiveness and efficacy of a whole-food, plant-based diet approach with a patient population reflecting the standard American diet. Studies had to report objective measures, such as anthropometric values (i.e., height, weight, body mass index), cardiac measures (systolic blood pressure, diastolic blood pressure, heart rate), or fluid cardiometabolic biomarkers (lipid profiles, hemoglobin A1c, inflammatory markers). The systematic review management program Rayyan was used. This poster will report on the preliminary outcomes of the systematic review and will summarize the available literature on the effects of a whole-food, plant-based diet in the management of Diabetes Mellitus Type II.

Findings and Conclusions:
Findings
This search was run on June 15, 2025, and yielded 468 total references from databases, 129 from PubMed, 198 from Embase, and 141 from Web of Science. Of the 468 references, 177 references were identified as duplicates and removed, resulting in

291 total references from online databases. One reference was identified from reference review, for a total of 292 total references. Two reviewers independently performed title and abstract screening of the 292 total references. Of these, 60 references were identified for full text screening. Currently, 25 references are planned for inclusion in an upcoming manuscript. Among these references, two evaluated the impact of whole-food plant-based diet intervention in patients with Diabetes Mellitus Type II

Conclusion

A whole-food, plant-based diet is a plant-based diet that may be an effective lifestyle medicine treatment option for several cardiometabolic disorders and chronic illnesses. There are favorable emerging signals for its use given overall low risks and potentially multifactorial positive impact, but further research is warranted.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: MCH DMCC
Submission #: 106
Title: ***Respiratory Distress in a Newborn: Transient or Not?***

Abstract:
Family medicine physicians are trained to care for patients across the life course, including newborns. Common problems encountered in the newborn period include jaundice, infections, respiratory distress, and feeding difficulties. This case explores the care of a newborn male patient with respiratory distress who was born via spontaneous vaginal delivery to a mother who received routine prenatal care but was ruptured for 72 hours and declined intrapartum antibiotics. Anchoring bias can be challenging to avoid in medicine. This case highlights both the importance of maintaining a broad differential when approaching common problems, as well as the intricacies of patient-physician relations.

Proposal:

Learning Objectives:
Identify common causes of respiratory distress in newborns. Recognize complexities of patient-physician relations. Identify common findings on imaging concerning for tracheoesophageal fistulas. Understand a possible algorithm for managing newborns with respiratory distress.

Methods and Content:
A case study of a newborn patient with an uncommon cause of respiratory distress encountered during a newborn nursery rotation.

Findings and Conclusions:
Respiratory distress is a common problem in the newborn period. However, there are instances when common conditions such as transient tachypnea of the newborn or sepsis are not the underlying reason for respiratory distress. Therefore, it is important to recognize when further workup is necessary for respiratory distress in a newborn, as well as what further workup should consist of for newborns with respiratory distress.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: SDOH RESQI
Submission #: 21
Title: ***Analysis of Social Determinants of Health Screening at a Federally Qualified Health Center in Worcester, MA***

Abstract:
Social Determinants of Health (SDOH) are non-medical factors that influence health outcomes that, when unmet, are correlated with worse healthcare outcomes. There have been recent initiatives to conduct SDOH screening in clinical settings to connect patients to resources that address these needs. The Family Health Center of Worcester (FHCW) is a FQHC that cares for many underserved patients in Central Massachusetts. FHCW therefore has a SDOH screening process to identify unmet patient needs. This chart review study aims to analyze SDOH screening practices at a FQHC, identify barriers to screening, and evaluate rates of needs across FHCW patient populations.

Proposal:

Learning Objectives:
- Identify population-based barriers to SDOH screening in an underserved FQHC
- Evaluate the efficacy of SDOH screening processes in a clinical primary care setting
- Identify unmet needs across patient populations to inform approaches to community resource referrals

Methods and Content:
The Family Health Center of Worcester (FHCW) has a protocol to screen primary care patients for SDOH needs once yearly. We conducted a retrospective medical record review of FHCW primary care patient visits between June 1, 2023 and May 31, 2024 to determine if SDOH screening occurred when the patient was due for screening. We also evaluated patients' responses to the SDOH screening tool. The primary study outcome was the absolute rate of up-to-date SDOH screening across FHCW primary care teams. Secondary study outcomes include differences in up-to-date screening status, as evaluated using Chi-Squared Analysis, and rates of positive responses for each SDOH need stratified by demographics as calculated using binary logistic regression models.

Findings and Conclusions:
A total of 14,112 FHCW primary care patients had at least one primary care visit between June 1, 2023 and May 31, 2024. Of these patients, 46% (n = 6497) were up to date on SDOH screening. 13% (n = 1804) of these patients were not up to date on SDOH screening but had previously been screened before, and 41.2% of FHCW primary care patients were not up to date on screening and had never been screened for SDOH needs before.
Using Chi Squared analysis, race, gender, insurance type, zip code, and language had statistically significant associations with screening status. Asian and Hawaiian/ Pacific Islander patients, female-identifying patients, patients on Medicare and/or Medicaid, and patients from the 01606 zip code had the highest rates of being up to date on SDOH screening.
Using Binary Logistic regression to analyze responses to the SDOH screening tool, it was revealed that patients from the 01602 zip code had half of the odds of reporting food or transportation insecurity compared to other Worcester zip codes. Male-identifying patients had higher odds of food insecurity compared to other gender identities. Hispanic patients had higher rates of food insecurity and Spanish speaking patients had double the odds of needing help finding work.

This study identifies some potential barriers to equitable SDOH screening across patient populations at this FQHC in Central Massachusetts, including potential areas of bias in the administration of the SDOH screening tool. Analyzing responses to the screening tool reveals population-level differences in SDOH needs, which can inform areas of community interventions that FHCW can pursue. This study reveals areas of improvement for SDOH screening in a FQHC setting, empowering a safety-net institution to better address challenges in patients' lives that cannot be fixed through medical intervention alone.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: ADV DEI SDOH
Submission #: 34
Title: ***The Silent Patients: Advocating for Invisible Issues in Medicine***

Abstract:
This poster presents a case report that highlights the impact of financial insecurity, housing crisis, health literacy, and trauma on health outcomes. Through a longitudinal medical school curriculum program, we followed a middle-aged Black couple navigating chronic illnesses, long-term stroke consequences, and newfound roles as patient and caregiver, while facing social determinants of health (SDOH). Based on observations as emerging physicians, we offer recommendations that emphasize SDOH assessment during routine care and guidance across illness journey. This underscores the need for reflective discussions to highlight critical barriers that impact health and promote ideas that inform systemic change.

Proposal:

Learning Objectives:
By the end of the session participants will be able to...
Understand the importance of social determinants of health and their impact on a patient's health outcomes and ability to adhere to treatment plans.
Reflect on how family medicine providers can provide equitable care for patient populations that suffer from barriers to health.
Integrate resources and recommendations into family practice that focus on patient-centered care and drive improved health outcomes.
Navigate complex illness journeys and advocate as the storyteller of a patient's case.

Methods and Content:
Two middle aged, married, Black individuals were followed through their primary care visits. SD suffers from large impairments following a stroke in 2020. RD has a history of hypertension and myocardial infarction and is currently the primary caregiver for his wife, SD. Together, the couple experiences financial insecurity resulting in the foreclosure of their home and inability to access and obtain medication for their health conditions. Further, their education level has contributed to a low health literacy that affects their understanding of their diagnoses. Through interactions with SD and RD, we aim here to provide recommendations for navigating complex patient illness stories and making changes to our current physician care model.

Findings and Conclusions:
Social determinants of health (SDOH) significantly impact outcomes in patients like RD and SD. RD's role as primary caregiver, coupled with a history of hypertension and myocardial infarction, warrants support through referral to talk therapy and in-home caregiving services. Financial insecurity should be addressed through open, judgment-free discussions during visits to adjust treatment plans and promote adherence. Community-based programs can assist with managing chronic illness, housing instability, and health literacy. Given RD and SD's limited health literacy, providers should avoid medical jargon and consistently use the teach-back method to confirm understanding. These interventions support a holistic, patient-centered approach to care.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: TECH MH GH
Submission #: 133
Title: ***AnimaSalud: Culturally Tailored Animated Education for Mental Wellness in the Latinx Community***

Abstract:
Many Hispanic patients in the United States have limited English proficiency, leading to poorer health outcomes. This is particularly pertinent in mental health, where Hispanics are half as likely to receive treatment compared to non-Hispanic white counterparts, despite similar rates of mental illness. This population faces multiple barriers, including a lack of culturally competent resources and providers who can meet their cultural, social, and language-related needs. This project aims to help bridge this gap by providing a series of culturally competent animated videos in Spanish on mental health topics to reduce stigma and improve access to appropriate care.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to:
1) Identify key cultural, systemic, and linguistic barriers to mental health care in the Latinx community.
2) Describe how animated storytelling can enhance mental health literacy and reduce stigma.
3) Explain how behavioral and learning theories can shape culturally competent educational media for underserved populations.
4) Explore ways clinicians and public health professionals can collaborate to create and implement culturally tailored interventions.

Methods and Content:

Background
Latinx individuals experience mental illness at rates comparable to non-Hispanic Whites, yet are significantly less likely to receive treatment. Only 36% of Latinx individuals with mental illness access mental health services, compared to 52% of non-Hispanic Whites (SAMHSA, 2023). This disparity is fueled by cultural stigma, limited English proficiency, and a lack of culturally competent resources. With 43% of Latinx individuals being monolingual Spanish speakers, language barriers further impede access to care. Studies show that visual storytelling, particularly through culturally relevant animated media, can improve health literacy, emotional engagement, and trust, especially for populations with low health literacy or limited English proficiency. This project addresses these barriers by developing Spanish-language animated videos designed to reduce mental health stigma and improve access to culturally appropriate information.

Methods
This project involved the development of three culturally competent animated videos in Spanish using the VYOND animation platform. Each video was grounded in learning and behavioral theories (Ecological Systems Theory, Social Learning Theory, and Adult Experiential Learning) to ensure educational and cultural relevance. Scripts were designed to reflect mental health challenges common within the Latinx community, including machismo, religious stigma, and intergenerational trauma. The characters and narratives modeled help-seeking behaviors and reinforced mental wellness practices through culturally familiar scenarios. The videos were published on a website, created using WordPress and x10Hosting, to maximize accessibility for Spanish-speaking individuals, families, educators, and healthcare providers.

Content

The first video, Cultural Stigma and Seeking Help, addresses common misconceptions and religious stigma around therapy. The second, Breaking the Silence: Machismo and Mental Health, explores masculinity norms and emotional suppression in Latino men. The third, Resilient Voices: Healing from Immigration Trauma, follows a teenage girl confronting inherited trauma and the complexities of assimilation. Each video uses culturally grounded storytelling to foster empathy, increase mental health literacy, and reduce stigma in underserved Latinx populations.

Findings and Conclusions:

Results

The first video, Cultural Stigma and Seeking Help, centers on Ana and Marcos, two Latinos who struggle with anxiety and stigma within their Latino communities. Ana hesitates to seek help for fear of being labeled "crazy," while Marcos faces disapproval from his devout mother, Doña Rosa, who believes therapy contradicts faith. With support from friends and Father Miguel, both come to understand that seeking help is an act of self-love and that mental health care and religious belief are not mutually exclusive.

The video portrays Ana and Marcos's mental health journeys through Bronfenbrenner's ecological model, highlighting how individual struggles with anxiety and insomnia are shaped by close relationships (microsystem), supportive connections linking different parts of their lives (mesosystem), broader social influences like church norms (exosystem), and overarching cultural values such as stigma, machismo, and faith-based beliefs (macrosystem). Over time (chronosystem), their willingness to seek help grows, alongside Doña Rosa's changing mindset. Bandura's Social Learning Theory is evident as Ana and Marcos observe and internalize supportive messages from trusted figures, which motivates them to act and seek care. Kolb's Experiential Learning Cycle is reflected in their process of experiencing emotional challenges, reflecting on new perspectives, reframing their beliefs about faith and therapy, and actively pursuing mental health support.

The second video Breaking the Silence: Machismo and Mental Health, follows Javier, a young Latino man who silently suffers under societal pressure to appear strong and emotionless. After initial rejection from his father, therapy and peer support help Javier reclaim vulnerability as strength, changing family dynamics. He learns that vulnerability is a strength, not a weakness, and that emotional openness makes him a better son, friend, and man.

The video depicts Javier's mental health journey through Bronfenbrenner's ecological model, showing how cultural machismo (chronosystem and macrosystem) and social pressures (exosystem) shape his struggle to express emotions. The tension between therapy's encouragement of vulnerability and his family's emotional stoicism (mesosystem) intensifies his internal battle (microsystem). Individually, Javier's choice to open up marks significant personal growth. Bandura's Social Learning Theory is reflected as Javier learns from a role model and therapy, which reshapes his views on masculinity and motivates him to act courageously by sharing his feelings. His transformation follows Kolb's Experiential Learning Cycle: from emotional experience and reflection to reframing strength as resilience and actively experimenting by embracing vulnerability with his family.

The third video, Resilient Voices: Healing from Immigration Trauma, explores the intergenerational emotional impact of immigration through the story of Isabella, a Latina teenager. Isabella, a third-generation Latina, faces inherited trauma from her mother and grandmother's immigration experiences. Through therapy and intergenerational dialogue, the video promotes breaking silence around trauma and validating emotional experiences.

Using the ecological model, it shows how generational silence (chronosystem and macrosystem), lack of community support (exosystem), and the clash between therapy and home dynamics (mesosystem) contribute to emotional disconnect, while personal conversations at home (microsystem) highlight her internal struggle. Isabella's realization that her emotions are valid sparks growth and a desire for healing. Bandura's Social Learning Theory is reflected in how she internalizes her therapist's messages about intergenerational trauma and transforms that insight into action by initiating open dialogue with her grandmother. Her evolution also aligns with Kolb's Experiential Learning Cycle, as she reflects on her pain, reframes her understanding of healing, and takes a courageous step toward intergenerational connection.

Conclusion

The mental health disparities affecting the Latinx population in the U.S. are serious and multifaceted, shaped by language barriers, cultural stigma, immigration-related trauma, and socioeconomic inequities. Through three animated videos, Cultural Stigma and Seeking Help, Breaking the Silence: Machismo and Mental Health, and Resilient Voices: Healing from Immigration Trauma, the project explored how cultural norms, family dynamics, and societal expectations uniquely influence the way Latinx perceive and seek support for mental health. These stories not only showcase the realities of individuals navigating internal and external barriers to mental health support, but also demonstrate how theoretical frameworks like the Ecological Systems Model, Social Learning Theory, and Experiential Learning Cycle can be effectively embedded into storytelling to inspire reflection and change.

This series lays the foundation for broader implementation of culturally tailored, theory driven media as mental health interventions. Future efforts could include expanding the video library to address additional topics such as grief, substance use, or LGBTQ+ experiences within Latinx families. Moreover, in the future, I hope to work more directly with interprofessional teams by partnering with primary care clinics, community organizations, and educators to scale the reach of these videos and integrate them into broader health education efforts.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: RESQI ADV GH
Submission #: 16
Title: ***Investigating the Health Needs of Asiatown Community Members in Cleveland, OH***

Abstract:
The aim of this study was to assess subjective factors affecting health needs and outcomes, self-efficacy, and healthcare interactions among the Cleveland's Asiatown community. A survey was administered to Asiatown members both in-person and online in multiple languages. We enrolled 110 participants. The top two health concerns were blood pressure and diabetes. While most participants had health insurance and a PCP, they discussed depending on one provider in the area and their children for transportation to access care. Our results suggest unmet health needs in Asiatown, such as barriers to health care, including lack of transportation and social support.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to:
- Describe health needs and characteristics of the Asiatown community in Cleveland, OH
- Identify methods for medical students to design original research projects through longitudinal community engagement

Methods and Content:
Study participants were recruited at community health outreach events and online via Qualtrics. Inclusion criteria included an age of 18 years and older and being a resident of Cleveland, OH. There were no exclusion criteria. The in-person community health outreach events included presentations at local low-income senior apartment complexes on various health topics and the Asiatown Health Fair. Interpreters were available to support participants with survey completion and it was administered in English, Chinese (simplified and traditional), and Korean. The online survey was distributed via Qualtrics in community group chats by community partners. A five dollar gift card to Park to Shop, the local Asian supermarket, was provided to the first 100 participants who completed the survey.
Statistical analyses were conducted using R 4.4.1.6 Categorical comparisons were performed using t-tests with unequal variances and Fisher's exact tests at a significance level of $\alpha = 0.05$.

Findings and Conclusions:
We enrolled 110 participants with a mean age of 71.7, of which there were 85 females and 18 males (7 NA). Self-reported race was 109 Asians and 1 mixed race, with 106 Chinese, 4 Koreans, and 1 White/Chinese. The top two health concerns were blood pressure and diabetes with 51 and 28 votes respectively. 107 participants (97.2%) had health insurance. Most participants either drove themselves (37.3%) or were driven by others (25.5%). The primary mode of transportation of participants ages 65 and older was significantly different from those younger than 65 ($p=0.002$). While both groups reported driving themselves, those aged 65 and older were driven by others more often. Regarding time spent traveling to health care visits, most participants spent 10-30 minutes. Lastly, participants aged 65 and older were more likely to be driven by others compared to participants younger than 65 ($p<0.001$).
Our results suggest unmet health needs of a population of elderly community members who live in Asiatown. While participants tend to have health insurance, there appear to be other barriers to health care, such as transportation insecurity

and lack of social support. Limitations of this study include a small sample size as well as limited literacy in their primary language among some participants which may bias results. Future directions include tailoring future health fairs and volunteer programs to address the gaps identified in this study, such as providing transportation support.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: MCH DMCC
Submission #: 89
Title: ***Erythema Multiforme – A Rare Presentation of Parvovirus Affecting Pregnancy***

Abstract:
Parvovirus B19 is a contagious DNA virus causing pediatric erythema infectiosum. Vertical transmission often occurs during pregnancy, which can lead to serious complications or fetal loss. Adults, however, usually present with nonspecific symptoms like arthralgia. Our 27-year-old female G4P1 at 15 weeks of gestation presented with polyarthralgia and a rash specific for erythema multiforme in both legs. Workup showed elevated ESR and CRP and negative for autoimmune disorders. Serologic parvovirus screening showed positive IgM and IgG antibodies. This case underscores the significance of recognizing the atypical presentation of parvovirus infection in pregnant women to improve fetal outcomes.

Proposal:

Learning Objectives:
Recognize atypical presentations of parvovirus complicating pregnancy and emphasize the significance of early detection and management for improved fetal outcomes.

Methods and Content:
We have use identified clinical information including patient presentation, investigations, diagnosis, management and follow up.

Findings and Conclusions:
This case presentation highlights the importance of identifying atypical presentations of parvovirus affecting pregnancy at an early stage in the community and referral to the tertiary specialized maternal-fetal care for further management with serial ultrasound fetal surveillance to prevent serious adverse events such as severe anemia, hydrops fetalis, and fetal loss.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: MCH REPRO MH
Submission #: 75
Title: ***Effect of CenteringPregnancy on Prematurity, Breastfeeding Initiation, Contraception Use, and Postpartum Depression***

Abstract:
CenteringPregnancy is a group model of healthcare that replaces the "one-on-one" prenatal care appointments. We conducted a retrospective chart review of patients attending individual prenatal appointments and CenteringPregnancy sessions from 2015 to 2024 to determine group differences in interconception care outcomes. Breastfeeding initiation and postpartum depression screening rates were higher among patients who attended CenteringPregnancy (p=0.001, 0.002, respectively) compared to those who attended individual prenatal appointments. This raises its importance as an effective option for patients to improve breastfeeding initiation, which is associated with better physical and mental health outcomes for both the mother and baby.

Proposal:

Learning Objectives:
By end of the session participants will be able to…
1. Describe the CenteringPregnancy model of prenatal care.
2. Define interconception care outcomes and their impact on mother and baby.
3. Identify existing disparities in interconception care outcomes among patients of different races.
4. Contrast the breastfeeding initiation, premature birth, contraception use, and postpartum depression rate outcomes between the CenteringPregnancy and traditional prenatal care groups.

Methods and Content:
Quality Improvement approval was obtained prior to beginning. Our patient registry was in our FHC Epic Charts, collected via a retrospective chart review of all Active SHY "OB List" and "Delivery Record" (CenteringPregnancy n= 105 and Individual Prenatal Appointment Patients n=562) from January 1, 2020, through December 30, 2024.
Inclusion criteria: all pregnant women in the FHC (low risk patients managed by FMOB Provider, and high-risk patients co-managed by FMOB Provider and Maternal Fetal Medicine (MFM)
Exclusion criteria: non pregnant women and high-risk OB patients transferred to MFM
Intervention: CenteringPregnancy model of prenatal care
Outcomes: prematurity, breastfeeding initiation, positive screen for postpartum depression, postpartum contraception use during fourth trimester
Analysis: Chi-square tests were performed using SPSS with α=0.05.

Findings and Conclusions:
CenteringPregnancy participants had higher breastfeeding initiation and postpartum depression screening rates among patients who attended CenteringPregnancy ($p<0.001$, 0.002, respectively) compared to those who attended individual prenatal appointments. This significance was only seen among patients identifying as Black. The hypothesis was partially supported since CenteringPregnancy patients had higher rates of breastfeeding initiation, which is associated with improved cognitive development and less incidence of obesity, type 2 diabetes, high cholesterol, and respiratory tract illness in the child and

reduced breast and ovarian cancer risk in the mother (Tanner-Smith et al., 2013). CenteringPregnancy's higher breastfeeding initiation rates (90% compared to 70%) and comparable rates of premature birth and contraception use raise its importance as an effective option for patients, especially Black patients, to receive prenatal care. It is also valuable to note that higher screening rates for postpartum depression (26% compared to 10%) were seen among patients attending CenteringPregnancy, potentially due to their 90-minute patient education session about postpartum blues, depression, and psychosis compared to the only 15-minute individual visits. It may also be attributable to CenteringPregnancy facilitators and patients sharing testimonies and stories about postpartum depression. Next steps include accounting for the existing personal history of depression between groups, stratifying postpartum contraception use based on contraception type/effectiveness in preventing pregnancy, and exploring the impact of CenteringPregnancy on breastfeeding maintenance.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: ACGME R MH
Submission #: 18
Title: ***Surviving the Match: Using a Zombie Apocalypse Activity to Engage Residency Applicants Virtually***

Abstract:
In the virtual interview era, programs struggle to establish meaningful connections with applicants. We developed the "Zombie Apocalypse Community Building Exercise" to foster engagement, showcase program culture, and create a memorable experience. During interview day, applicants worked in teams to identify five essential community resources for surviving a fictional apocalypse, promoting collaboration and interpersonal connection. A post-interview survey revealed that 67% of participants reported increased interest in the program, and 90% enjoyed the activity.

Proposal:

Learning Objectives:
- Explain the benefits of incorporating interactive activities into virtual residency interviews.
- Identify key components of low-cost, high-engagement virtual activities and draft a group exercise tailored to their program's mission.
- Assess the impact of virtual engagement strategies on applicant perceptions.

Methods and Content:
During the 2022–2023 recruitment cycle, while serving as core faculty at a family medicine residency program, I led the development and implementation of a virtual group activity called the "Zombie Apocalypse Community Building Exercise." This team-based scenario, adapted from a business leadership framework, asked applicants to choose five essential community establishments they would prioritize if tasked with rebuilding a community in Prospect Park after a fictional apocalypse. The goal was to promote meaningful engagement, peer interaction, and a better understanding of program culture. Faculty facilitated the activity and remained available for support. Following the interview season, a voluntary Qualtrics survey was sent to all applicants who did not match with our program up to the final matched candidate to assess the activity's impact on their perception of the program.

Findings and Conclusions:
While I was still a faculty member, the survey yielded a 40% response rate. Of those who responded, 67% indicated that the activity increased their interest in the program, and 90% reported enjoying the experience. Narrative comments highlighted how the activity distinguished itself from other programs and encouraged genuine interaction. While we originally considered using the activity as an evaluation tool, it ultimately served as an innovative method to enhance applicant engagement during virtual interviews. Though I am no longer with the institution, this initiative demonstrates how low-cost, creative strategies can humanize virtual recruitment and reflect a program's values and learning environment.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: DMCC RM
Submission #: 76
Title: ***Evaluation of Diabetic Retinopathy Screening Modalities for Rural Primary Care Clinics***

Abstract:
Background:
Diabetic retinopathy (DR) is a leading cause of blindness, particularly in rural areas where PCPs face challenges in screening due to low-sensitivity fundoscopic exams. Early detection is critical to prevent vision loss.
Methods:
A literature review (2018–2024) was conducted using PubMed, Google Scholar, Medline, and CINAHL. Included studies evaluated DR screening methods in rural settings, focusing on effectiveness, feasibility, and implementation barriers.
Results:
Handheld non-mydriatic cameras showed 78–93% sensitivity and 84–91.5% specificity. AI and teleophthalmology improved accuracy and access.
Conclusion:
Advanced screening tools and telehealth can improve early DR detection and reduce blindness in rural populations.

Proposal:

Learning Objectives:
By the end of this presentation, participants will be able to:
Describe the burden of diabetic retinopathy (DR) and its impact on rural and underserved populations.
Identify limitations of traditional fundoscopic exams in primary care settings for early DR detection.
Evaluate the effectiveness of advanced screening tools, including handheld non-mydriatic fundus cameras, AI-based image analysis, and teleophthalmology.
Discuss barriers to implementing DR screening programs in rural communities, including cost, provider training, and access to follow-up care.
Propose evidence-based strategies for improving DR screening and care continuity in rural primary care settings.

Methods and Content:
Background: Diabetic retinopathy (DR) is a leading cause of blindness globally, particularly affecting vulnerable populations in rural communities. Primary care providers (PCPs) in these areas are tasked with screening for DR, yet fundoscopic exams have shown low sensitivity (0.0%) for detecting the condition. Early identification of DR is crucial to prevent blindness, highlighting the need for more advanced screening methods and innovative solutions to bridge the gap to ophthalmic care. This literature review aims to assess the effectiveness and feasibility of DR screening methods in rural communities to improve early detection and prevent blindness.
Methods: A comprehensive search was conducted across PubMed, Google Scholar, Medline, and CINAHL using keywords related to DR, screening, rural health, telehealth, and early detection. Inclusion criteria were peer-reviewed articles published between 2018 and 2024, in English, evaluating DR screening methods. Studies covering screening effectiveness, cost, accessibility, and implementation barriers were included. Exclusion criteria included case reports, non-relevant interventions,

and studies outside the defined time frame. The studies were assessed for quality and relevance through peer reviews, and data were extracted to evaluate the feasibility of implementing advanced DR screenings in rural primary care settings. Rural was defined as populations with fewer than 10,000 people or non-metro counties.

Findings and Conclusions:

Results: The literature revealed several screening modalities, including dilated eye imaging, non-mydriatic cameras, AI-based image analysis, and teleophthalmology. Handheld non-mydriatic fundus cameras showed promising results, with sensitivity ranging from 78% to 93% and specificity between 84% and 91.5%. Studies found no significant difference in sensitivity or specificity between handheld cameras and traditional fundus exams performed by a retinologist or stationary non-portable cameras. Handheld cameras require minimal training and can be operated by clinical staff, easing the burden on PCPs. Additionally, AI analysis and teleophthalmology could reduce costs and improve follow-up care, addressing gaps in timely ophthalmic referrals.

Discussion/Conclusion: DR screening in rural communities is crucial but challenging due to logistical and resource constraints. New screening technologies, such as handheld non-mydriatic cameras, combined with AI and teleophthalmology, offer practical solutions to improve early detection and facilitate timely care. While these methods show promise, barriers such as cost, insurance coverage, and transportation remain significant challenges for maintaining continuity of specialist care. This review highlights the efficacy and cost-effectiveness of integrating fundoscopic imaging with AI-driven analysis and teleophthalmology, underscoring their potential to address disparities in DR screening and improve outcomes for rural populations.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: SDOH DMCC
Submission #: 31
Title: ***Impact of A Social Determinants of Health Intervention on Cardiovascular Risk Factors in Patients with Type 2 Diabetes***

Abstract:
Social determinants of health (SDOH), such as food insecurity and financial instability, contribute significantly to poor outcomes in patients with Type 2 Diabetes (T2DM). This retrospective cohort study evaluated a 12-month SDOH intervention—including financial counseling, wellness coaching, and diabetes-friendly grocery deliveries—in 91 adults with T2DM. Compared to 382 matched controls, the intervention group showed significant improvements in systolic and diastolic blood pressure. Among participants with baseline A1c ≥9%, the intervention group experienced a greater A1c reduction (-2.1% vs. -1.1%, p=0.025). These findings suggest that addressing SDOH can positively impact cardiovascular risk factors in high-risk diabetic populations.

Proposal:

Learning Objectives:
Describe the relationship between social determinants of health (SDOH)—specifically financial instability and food insecurity—and clinical outcomes in patients with Type 2 Diabetes Mellitus (T2DM).
Explain the components and structure of a multi-faceted SDOH intervention, including financial counseling, health coaching, and food assistance, designed to support patients with T2DM.
Evaluate the impact of SDOH interventions on cardiovascular risk factors, including weight, blood pressure, and hemoglobin A1c, in patients with T2DM over a 12-month period.
Interpret comparative findings between intervention and control groups, including the statistically significant improvements in systolic and diastolic blood pressure and A1c among high-risk subpopulations (baseline A1c ≥9%).
Discuss the implications of integrating social care into chronic disease management and identify opportunities for future research or quality improvement in addressing unmet social needs in clinical practice.

Methods and Content:
Background: As much as 85% of health is determined by unmet social needs or social determinants of health (SDOH). Financial instability and food insecurity are two social determinants of health (SDOH) that are associated with poor outcomes in patients with Type 2 Diabetes (T2DM). The purpose of this study is to evaluate the impact of a SDOH intervention on cardiovascular risk factors in patients with T2DM.

Methods: This retrospective cohort study collected cardiovascular risk data from adults withT2DM. Intervention patients (n=91) had self-reported food insecurity or financial instability. They received financial guidance, health and wellness coaching and bi-weekly, diabetes-friendly, grocery deliveries over 12-months. Height, weight, systolic blood pressure (SBP), diastolic blood pressure (DBP), and Hemoglobin A1c (A1c) were collected at study visits conducted at baseline and 12-months.

The control group consisted of matched subjects (n=382) identified in the electronic medical record (EMR). Baseline and 12-month data were collected from the EMR. Paired t-tests were used to compare within group change from baseline to 12-months. ANCOVA was used to compare change between groups.

Findings and Conclusions:

Results: A significant weight gain (5.5lbs, $p<0.001$) was observed in the control, but not intervention group (2.2lbs, $p=0.673$), with no between-group difference ($p=0.399$). A significant drop in SBP (-5.8mmHg, $p= 0.001$) and DBP (-5.1mmHg $p<0.001$) was seen in the intervention but not control group (+0.2mmHg $p=0.787$; +0.5mmHg $p=0.354$). However, the between group difference was not significant for either measure.

A sub-analysis of subjects with a baseline A1c≥9% found both groups demonstrated a significant reduction in A1c (-1.1% control v. -2.1% intervention), with the reduction in the intervention group superior to that of the control group ($p=0.025$).

Conclusion: Despite a small sample size, this analysis demonstrated promising improvements in blood pressure and A1c following a SDOH intervention.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC
Submission #: 42
Title: ***Male Breast Mass: A Rare Presentation of Myofibroblastoma***

Abstract:
Myofibroblastoma is a rare mesenchymal tumor, typically affecting men aged 40–87, with limited epidemiological data. It should be considered in the differential diagnosis of breast masses in older men, especially without BRCA mutations or family history of breast cancer. We report a 78-year-old man with a 7 cm, firm, mobile right breast mass near the pectoralis major. Imaging and core needle biopsy confirmed myofibroblastoma. This case highlights the importance of evaluating male breast masses with a thorough history, ultrasound as first-line imaging, and histopathological confirmation. Surgical consultation is advised for elective excision following diagnosis.

Proposal:
Learning Objectives:
Methods and Content:
Findings and Conclusions:

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: RM DMCC
Submission #: 122
Title: ***Beyond the City Limits: Challenges in Rural Diabetes Care***

Abstract:
Rural health clinics face significant challenges treating patients with diabetes due to limited access to care and lower socioeconomic status. The prevalence of diabetes in our clinic is 11.1% (3% higher than the county average). These patients struggle to manage their diabetes and also have increased rates of smoking and diabetes. The purpose of this project was to identify where breakdowns in care occur and how they can be improved to help rural diabetics manage their disease.

Proposal:

Learning Objectives:
Identify gaps and challenges in the continuity of care for diabetes patients in rural settings
Evaluate potential strategies and interventions to improve the continuity of care for diabetics in rural health clinics

Methods and Content:
We reviewed the medical records from 3549 patients at a rural health clinic in Crawford County, PA. Of those, 393 were diagnosed with diabetes. For each of these patients, we assessed when they were last seen by a provider at the clinic, if the appropriate labs were ordered based on their diabetes diagnosis, if the patient followed up and completed those labs, and what the results were. We used descriptive statistics to calculate the proportion of patients in each of the categories described. Analytics statistics were used to determine if there were differences in follow-up among the patients based on sex, age, and severity of diabetes (based on A1c).

Findings and Conclusions:
Less than 60% of diabetics seen at the clinic had been seen in the clinic in the 6-month period of the data of this study (n=229). Among these patients who hadn't been seen, 25% had an A1c greater than or equal to 8.0% on their most recent labs at the time of the visit. The average A1c of those routinely seen in the clinic was 7.3%. Those reading this poster will be able to identify challenges of continuity within a rural health clinic, assess where gaps in care appear in rural health clinics with a large diabetic population, and describe the problems associated with patients affected by insufficient resources.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC
Submission #: 149
Title: ***Extreme Insulin Resistance in Type 2 Diabetes Mellitus: Management of a Case Requiring Ultra-High-Dose Insulin Therapy Without Endocrinology Access***

Abstract:
We present a 52-year-old Hispanic/Latina woman with type 2 diabetes, BMI 51.8 kg/m², and HbA1c 18.9%, requiring 150 units of U-500 insulin before meals despite prior failure of glargine 110 units twice daily and lispro 60 units pre-meals. Elevated C-peptide and negative antibodies indicated severe insulin resistance. Access to endocrinology and adjunctive therapies was limited due to healthcare disparities. A multidisciplinary team addressed lifestyle, technique, and social factors. This case underscores challenges in managing extreme insulin resistance and highlights the urgent need for equitable access to comprehensive diabetes care in underserved populations.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to:
Identify clinical features and diagnostic indicators of extreme insulin resistance in patients with type 2 diabetes mellitus.
Evaluate appropriate use of concentrated insulin formulations (e.g., U-500) in patients requiring ultra-high-dose insulin therapy.
Recognize the impact of social determinants of health and limited specialty access on diabetes management in underserved populations.
Apply a multidisciplinary approach to optimize glycemic control in patients with severe insulin resistance, including lifestyle, pharmacologic, and educational interventions.

Methods and Content:
This poster presents a detailed case study of a 52-year-old Hispanic/Latina woman with type 2 diabetes mellitus and extreme insulin resistance. Clinical data were gathered through electronic health records, including insulin dosing history, laboratory results (HbA1c, C-peptide, and autoantibodies), BMI, and imaging findings. The case was analyzed in the context of current ADA and Endocrine Society guidelines.
We highlight challenges in management due to limited endocrinology access, socioeconomic barriers, and treatment cost. Strategies discussed include use of U-500 insulin, optimization of injection technique, lifestyle interventions, and consideration of adjunctive therapies. A multidisciplinary care approach was implemented and discussed.

Findings and Conclusions:
This case illustrates profound insulin resistance requiring ultra-high-dose insulin therapy in a patient with morbid obesity and limited access to endocrinology services. Despite escalation to U-500 insulin and multidisciplinary support, glycemic control remained poor, highlighting the limits of insulin monotherapy in severe resistance.
Elevated C-peptide with negative autoantibodies suggests post-receptor or functional insulin resistance rather than insulin deficiency. Barriers to adjunctive therapy, including cost and health literacy, further complicated management.

This case underscores the urgent need for expanded access to comprehensive diabetes care, including newer pharmacologic agents and specialist input, especially in underserved Hispanic/Latina populations disproportionately affected by T2DM.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: RESQI
Submission #: 30
Title: ***Unsuspected Findings of Atypical Unilateral Shoulder Pain***

Abstract:
A 47-year-old male with a previous diagnosis of RMSF, treated with doxycycline, presented to the hospital with a complaint of vague, localized shoulder pain of several weeks' duration. The pain was initially interpreted as musculoskeletal in origin. However, further workup revealed the presence of IgA vasculitis. The patient had no other typical systemic manifestations such as abdominal pain, renal involvement, or hematuria, which are often seen in IgA vasculitis. Clinicians should maintain a high index of suspicion for systemic vasculitis in patients presenting with persistent or unexplained joint pain, particularly when associated with a history of infection or autoimmune conditions.

Proposal:

Learning Objectives:
identify workup for RMSF and IgA Vasculitis

Methods and Content:
information derived from patient workup from inpatient medicine rotation

Findings and Conclusions:
The patient's history of RMSF may have predisposed him to an autoimmune response, though no direct association between the two conditions was found. The delayed diagnosis of IgA vasculitis underscores the importance of considering vasculitic syndromes in adults with unexplained joint pain, even in the absence of more classic signs. This case demonstrates the necessity of a comprehensive approach to diagnosis when faced with atypical presentations of systemic vasculitis.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: GH SDOH F
Submission #: 36
Title: ***Preparing Physicians for Displaced Populations: Evaluating the Impact of Refugee Care During Residency***

Abstract:
This poster evaluates the impact of structured refugee and newcomer health training within a family medicine residency program. A retrospective survey was administered to current residents and recent graduates who had participated in the training, assessing self-reported knowledge, comfort, and perceived preparedness before and after program exposure. Results demonstrated increased cultural awareness and improved confidence in managing refugee-specific health needs. Participants also identified key educational resources and skill improvements gained through the curriculum. Findings highlight the importance of integrating refugee health into residency education to prepare physicians for the evolving needs of immigrant and underserved populations in diverse clinical settings.

Proposal:

Learning Objectives:
- Identify the core components of a structured refugee and newcomer health curriculum within a family medicine residency program.
-Describe the impact of targeted training on residents' self-reported knowledge, comfort, and preparedness in caring for refugee and immigrant populations.
-Recognize key educational resources and clinical skills gained through refugee health training.
-Appreciate the role of cultural awareness and trauma-informed care in delivering effective, patient-centered care to refugee and newcomer populations.
-Advocate for the integration of refugee health education into residency curricula to address the needs of diverse and underserved communities.

Methods and Content:

A retrospective survey was conducted among current residents and recent graduates of a family medicine residency program that integrated refugee and newcomer health training. The seven-question survey, designed using Google Forms, assessed participants' comfort, knowledge, and perceived preparedness before and after exposure to the curriculum. Questions were tailored to each group and included both quantitative and qualitative components. The survey was distributed to 27 individuals, with 18 responses collected. Data were analyzed and presented graphically to identify key areas of improvement and the most beneficial educational resources related to refugee care.

Findings and Conclusions:

Survey results indicated that participants experienced increased comfort and cultural awareness in caring for refugee and newcomer populations following the training. Respondents reported notable improvements in skills related to communication, cultural sensitivity, and clinical decision-making for refugee patients. Educational resources such as didactic sessions, clinical

exposure, and collaboration with local resettlement agencies were identified as most effective. These findings support the integration of refugee health education into residency training as a means to better equip family physicians to provide comprehensive, equitable care in increasingly diverse communities.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: ADV SDOH F
Submission #: 32
Title: ***Bridging Bedside and Community: A Population Health Elective to Prepare Future Health Professionals for Systems-Based, Equity-Driven Care***

Abstract:
This innovative Population Health Elective equips future healthcare professionals with essential skills in systems-based care, data analytics, and community engagement. Developed by MetroHealth in collaboration with PHII and PHRI, the elective addresses a critical gap in traditional clinical education by focusing on population health, social determinants of health, and value-based care. Through a flexible, experiential curriculum—including site visits, interdisciplinary learning, and exposure to real-world public health initiatives—learners gain tools to address complex healthcare challenges beyond the individual encounter. The elective supports national accreditation standards and fosters leadership, innovation, and a deeper understanding of how to improve outcomes at scale.

Proposal:

Learning Objectives:
By the end of this session, participants will be able to:
Describe the structure, goals, and core components of the MetroHealth Population Health Elective.
Explain how the elective integrates social determinants of health (SDOH) and value-based care into interprofessional health professions education.
Discuss the role of experiential learning and community partnerships in preparing learners to address population-level health challenges.

Methods and Content:
In an era of rapidly evolving healthcare challenges, health professions education must expand beyond the individual patient encounter to include population-level thinking and systems-based care. Recognizing that up to 80% of health outcomes are determined by factors outside of clinical care—such as socioeconomic status, environment, education, housing, and food security—it is critical to equip future healthcare professionals, including physicians, advanced practice providers, dentists, and social workers, with the tools to understand and address these social determinants of health (SDOH). This innovation describes the development and implementation of a Population Health Elective embedded within a large academic health system, designed to introduce learners to population health principles, equity-focused care, and system-level strategies that align with national standards to prepare professionals for today's complex care environments.
In 2013, the ACGME revised its mission to include "population health" as a core element of resident physician education. This shift emphasized the importance of preparing learners to support the Quadruple Aim: better individual care, improved population health, lower costs, and enhanced clinician well-being. In response to this national imperative—and the local need to integrate public and community health within clinical education—MetroHealth, in collaboration with the Population Health Innovation Institute (PHII) and the Population Health Research Institute (PHRI), developed a flexible, modular Population Health

Elective. The elective offers learners a diverse and experiential curriculum grounded in real-world applications of data, public health innovation, and system-wide equity initiatives.

The elective is structured to be delivered over 2–4 weeks and includes both required and elective components, allowing customization to learners' interests. Required components include an introduction to PHII and PHRI, where learners gain a foundational understanding of institutional population health infrastructure and strategy. Strategic initiatives cover core systems-based content such as contracting, the business of medicine, telehealth expansion, and the Red Carpet Care model for high-utilizing patients. Learners also engage in a discussion of value-based care models, the role of interdisciplinary care teams, and how quality improvement and financial alignment drive health system transformation.

A major emphasis is placed on data and analytics, with required sessions from PHII or PHRI faculty. These sessions introduce learners to predictive analytics, disease registries, population-level EMR usage, and quality improvement through informatics. Learners are guided through developing research questions or QI projects and are encouraged to think beyond the individual patient to broader patterns of need and opportunity.

To reflect the cross-cutting nature of social determinants and health equity, the elective integrates sessions with the Institute for H.O.P.E.™—MetroHealth's anchor institution strategy focused on health, opportunity, partnership, and empowerment. Learners explore models such as community-responsive care, mobile health, FQHC partnerships, and school-based health, all of which demonstrate how aligning clinical and public health efforts can reduce barriers and address disparities. Site visits to community-based hubs like the Buckeye Health Center or the Trauma Recovery Center reinforce the importance of trust-building, cross-sector collaboration, and patient-centered innovation.

Elective options in program design and innovation further expand the learner's exposure to topics like the health impacts of climate change, food insecurity (via the Food as Medicine model and partnership with the Greater Cleveland Food Bank), arts in health, and trauma-informed care. Participants are also encouraged to engage with Better Health Partnership—a regional health improvement collaborative that uses data-driven strategies to coordinate care and improve outcomes for Northeast Ohio's most vulnerable populations. BHP's Pathways HUB model, which employs community health workers to address complex needs across health and social domains, offers a replicable example of how population health and community engagement converge in practice.

The curriculum maps to nationally recognized core competencies, especially systems-based practice, professionalism, and practice-based learning. It also supports the development of leadership and advocacy skills by exposing learners to the operational and strategic levers behind high-performing health systems. As a flexible, interdisciplinary elective, it can accommodate medical students, advanced practice providers, dental students, social work learners, and other health professions trainees seeking to deepen their understanding of population health and healthcare equity.

To ensure continuous quality improvement, the elective concludes with a structured debrief session. Each learner is asked to reflect on what went well, what could be improved, and which additional content areas or sessions they would like to see included. This feedback informs ongoing elective refinement and keeps the curriculum responsive to learner needs and emerging issues in healthcare delivery.

Findings and Conclusions:

Since starting the program in 2021, we have successfully engaged 11 residents and 9 medical students in this elective. However, given the intensive time commitment required from both teaching faculty and the elective coordinator, we are currently limited to accommodating only 6–8 participants per year, which has resulted in turning away many interested learners. To meet this growing demand and expand access, we are actively exploring strategies to increase faculty involvement—such as recruiting and training additional educators, developing scalable teaching resources, and incorporating peer or near-peer teaching models—so that we can offer this valuable learning opportunity to a larger group of trainees moving forward.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC F
Submission #: 126
Title: ***Improving Physical Exam Completion Rates in Medication Assisted Treatment (MAT) Patients in a Community Health Setting.***

Abstract:
Medication-assisted treatment (MAT) programs are effective at curbing opioid epidemic. The majority of our MAT patients lacked preventative health and chronic disease management. We sought to promote good health and ensure proper management of chronic diseases in our MAT. Through chart reviews, we identified patients missing annual physical exams in the past year and provided reminders through provider education and calls from clerical staff. Over a 4-month period, there was a significant improvement physical exam completion rates. Women were more likely to complete their annual physical exams than men. Significant mental health co-morbid conditions among our patients.

Proposal:

Learning Objectives:
By the end of this session participants:
1. Will be able to appreciate different ways to encourage high risk population of patients to take better control of their health.
2. Apply the the implemented quality improvement to their own quality improvement project
3. Appreciate the association of mental health co-morbid conditions with opioid crisis.

Methods and Content:
We started off by pulling a report of all patient taking medications that we prescribe in our MAT clinic. These medications were Suboxone, subutext, and naltrexone (both oral and IM formulations). We did a chart review and excluded any patients whose prescriptions were getting filled by providers outside our office. We also excluded patients that had not been to our office in the past 6 months. After chart review of the remaining patients, we identified patient missing an annual physical exam in the past year. We provided education to providers to ensure they discuss importance of preventative health visits during our MAT clinics. Clerical staff also called the identified patients to schedule office visits. After 4 months we did another chart review and identified patients that had completed their annual physical exams in the interval period. We performed McNemar's test which test whether there is a significant difference between the proportion of participants switching from pre-intervention "Yes" to "No" (P_(Yes|No))and the proportion of participants switching from pre-intervention "No" to "Yes" (P_(No|Yes)). The hypothesis is as follows:
H_0:P_(Yes|No)=P_(No|Yes)
versus
H_A:P_(Yes|No)≠P_(No|Yes)
McNemar's test has the following test statistic and p-value,(test statistic=2.0, p.value=0.00418).

Findings and Conclusions:
The result shows a significant p-value (less than $\alpha=0.05$) which means that we have sufficient evidence that the two proportions are statistically different at 5% level of significance. From the table results above we can confidently say P_(No|Yes) is greater

than P_(Yes|No) which confirms that the intervention was effective. Additional results using a Regression model show the effect of Age and Gender. Age does not make her difference in outcome of results. Males are 64% less likely to take an annual than Females. The pre-intervention group is 59% [e^(-0.9013)=0.41] less likely to take an annual than the post-intervention group, and this effect is significant (p.value=0.001<0.05).

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: DEI SDOH F
Submission #: 108
Title: ***Behind the Numbers: Exploring Inclusion in Family Medicine Residency Training***

Abstract:
With the growing shortage of primary care physicians in the United States and its effects on healthcare delivery, it is imperative to understand the future workforce of this sector. This study explored the demographics within matched family medicine applicants and how well the different identities of patient populations are reflected in this next generation physicians. We found that the entering family medicine workforce has unique demographic trends compared to all specialties. Employing interventions to increase family medicine recruitment is essential for strengthening the country's ability to provide primary care for our diverse population.

Proposal:

Learning Objectives:
By the end of the session participants will be able to identify key post-COVID-19-pandemic demographic trends of applicants matched into family medicine compared with average match trends of all other specialties, and recognize the implications of such patterns on primary care delivery.

Methods and Content:
A quantitative trend analysis was performed on the demographic representation of applicants matched in family medicine compared to the average of all medical specialties. Demographics analyzed included sex assigned at birth, race/ethnicity, LGBT+, disability status, geographic, and first generation status. Data was retrieved from the National Resident Matching Program (NRMP), a publicly available report of demographic characteristics of the main residency match of each US residency medical specialty (with the exception of ophthalmology and urology which have their own match process and distinct publicly available data reports). Data distributions are representative of post-COVID-19 pandemic influences, reflecting 2022-2024 match statistics. Demographic distribution data totals were documented and averaged to produce a baseline value representing the average representation value across all medical specialties. Graphical depiction of this comparative trend analysis is integrated.

Findings and Conclusions:
With the growing shortage of primary care physicians in the United States and its effects on healthcare delivery, it is imperative to understand the future of this sector - a large component of which is comprised of family medicine practitioners. There is a slight overrepresentation of women in family medicine (approximately 57% of matched applicants), though the upward trends were similar to those observed in all specialties. Racial, LGBT+, and disability representation were comparable for family medicine compared to all specialties (though Asian applicants were slightly underrepresented). Nearly a quarter of family medicine applicants designated as rural, demonstrating a greater representation of rural applicants compared to all specialties. First-generation college and medicine graduates also saw greater representation. Though the family medicine specialty is more

diverse than most other medical specialties, there is also room for more research into the discrepancies that are not represented in the NRMP data. Due to the growing shortage of primary care physicians in the United States, employing interventions to increase recruitment is essential for maintaining and strengthening the country's ability to provide widespread primary care services for our diverse population.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: MCH GH MH
Submission #: 87
Title: ***A Holistic Postpartum Group Visit Model for New-arrival Moms and Infants***

Abstract:
The RISE Postpartum Group is a community-based intervention providing holistic postpartum and newborn care for newly arrived refugee and immigrant families in Worcester, MA. Through monthly group visits that combine medical care, peer support, and culturally tailored education, the program addresses barriers to care and social isolation. Preliminary outcomes include improved postpartum and newborn visit attendance, enhanced access to behavioral health and social services, and positive patient feedback. The model also offers rich learning opportunities for medical students and residents in refugee health. Future directions include expanding to prenatal care, adding doula support, and formally evaluating maternal mental health outcomes.

Proposal:

Learning Objectives:
1. Describe the unique postpartum needs of newly arrived refugee and immigrant mothers.
2. Identify the structure and key components of a group visit model integrating maternal and infant care.
3. Evaluate the preliminary outcomes and potential impact of group-based care on postpartum follow-up and maternal mental health.
4. Discuss opportunities for adaptation and replication of this model in other culturally diverse clinical settings.

Methods and Content:

The RISE Postpartum Group is a unique program that was designed to address postpartum care gaps among newly arrived refugee and immigrant women in Worcester, Massachusetts.

Target Population:
- Recently arrived refugee and immigrant mothers and their newborns.

Group Visit Structure:
- Monthly sessions for 6–8 families.
- Combined postpartum and newborn well-child medical visits.
- Embedded social, educational, and artistic activities.
- Staffed by family medicine physicians (faculty and residents), behavioral health providers, and culturally and linguistically congruent Community Health Workers.

Discussion Topics Included:
- Infant safety and care (e.g., how to take a baby's temperature).
- Postpartum recovery, stress management, and mental wellness.

- Birth control options and shared birth experiences.
- Access to support services including behavioral health and doula care.

Supportive Services Offered:
- Referrals for housing and WIC.
- Access to baby items and clothing donations.
- Doula support from recently trained community doulas.
- Child play space and therapeutic peer interactions.

Findings and Conclusions:

Findings:
- Increased attendance rates for postpartum and newborn visits.
- Enhanced follow-up for medical concerns such as blood pressure, depression, and family planning.
- Positive anecdotal feedback reflecting increased maternal confidence, reduced isolation, and shared learning through peer interactions.
- Identified unmet needs in prenatal and labor support.
- Meaningful learning opportunities for medical students and residents, particularly in delivering culturally sensitive care, working with interpreters, and understanding the unique needs of refugee and immigrant families.

Conclusions:

Group-based postpartum and newborn care is an effective community health intervention for refugee and immigrant families. It fosters therapeutic connection, addresses health disparities, and supports maternal well-being in a culturally sensitive and sustainable way. In addition to patient benefits, it serves as a valuable educational model for training future healthcare providers in refugee health. Future goals include formal evaluation of maternal mental health outcomes, expansion to additional cultural groups, and implementation of prenatal group sessions and individualized doula support.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC
Submission #: 94
Title: ***Persistent Sore Throat, Persistent Concern: Recognizing Red Flags in Family Medicine***

Abstract:
A 64-year-old female with persistent sore throat, dysphagia, and mild voice changes. Initially attributed her symptoms to upper respiratory infection and received multiple courses of antibiotics without improvement. On exam, there was cervical adenopathy with no visible oral lesions. Given the prolonged symptoms, exam findings and lack of response to treatment, further evaluation was warranted. Ultrasound of the neck obtained showed bilateral level 2 cervical lymphadenopathy with characteristics that are suspicious of neoplasia. Patient was referred to Otolaryngology for laryngoscopy and biopsy which confirmed squamous cell carcinoma. Patient was then referred for staging and underwent definitive treatment with chemotherapy.

Proposal:

Learning Objectives:
By the end of this session, participants will be able to recognize the importance of evaluating persistent sore throat as a potential early symptom of glottic cancer in high-risk patient to avoid delayed diagnosis and improve patient outcomes.

Methods and Content:
This case presents a 64-year-old female with significant smoking history who was evaluated in both primary care and emergency department for persistent sore throat lasting over several months. Workup including respiratory viral panel, rapid streptococcal testing and basic lab work were all unremarkable. Despite symptom management, her discomfort persisted prompting imaging with CT neck followed with ultrasound of the neck which was suspicious for malignancy. Biopsy confirmed squamous cell carcinoma of the glottis. She was subsequently staged and referred for oncologic management, including radiation therapy.

Findings and Conclusions:
This case illustrates the diagnostic challenge of differentiating benign from malignant causes of sore throat. It highlights the need for clinician of maintaining a broad differential diagnosis and recognizing red flag symptoms such as voice changes, dysphagia, and cervical adenopathy. Timely referral to ENT specialists and appropriate imaging are important to avoid delayed diagnosis of serious conditions such as glottic cancer. This case offers practical insights and a diagnostic timeline to support earlier recognition and intervention in high-risk patients presenting with persistent undifferentiated ENT complaints.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: PRO OSTEO GER
Submission #: 56
Title: ***Enhancing Medical Student Comfort with Musculoskeletal Medical Problems***

Abstract:
Title: Enhancing Medical Student Comfort with Musculoskeletal Medical Problems Through Intensive Bootcamp.
Background: Medical students lack confidence addressing musculoskeletal concerns despite comprising 20-40% of visits in Family Medicine settings. 77% of Family Medicine Residency Directors note inadequate musculoskeletal capabilities in PGY-1 residents. Combined educational techniques demonstrate positive effects on skill acquisition.
Objective: Improve medical student comfort addressing musculoskeletal diagnoses with combined educational techniques.
Methods: Compared student comfort with musculoskeletal exams both before/after combined educational workshops.
Results: Among 35 students, statistically significant improvements in self-reported confidence, p-values <0.00012.
Conclusion: Musculoskeletal workshops using multimodal strategies significantly enhanced student confidence addressing musculoskeletal complaints.

Proposal:

Learning Objectives:
This study aimed to assess the impact of a one-day musculoskeletal bootcamp on the comfort level of clinical medical students in dealing with musculoskeletal medical problems. The objective was to evaluate whether an immersive educational experience could enhance students' confidence and competence in diagnosing and managing this commonly encountered clinical area in primary care. Specifically addressing concerns of the thoracic and lumbar spine, shoulder and knee.

Methods and Content:
A prospective study design employed, involving medical students who will be starting their Family Medicine clinical rotation. Participants undergo a pre-bootcamp assessment of their comfort level with musculoskeletal medical problems using a structured questionnaire. The one-day bootcamp includes hands-on workshops, physical exam practice, case-based discussions, and simulated patient encounters addressing concerns of the spine, shoulder and knee. Following the bootcamp, participants complete a post-bootcamp assessment using the same questionnaire. Descriptive statistics and Likert scales are then used to analyze changes in comfort levels, and paired t-tests are conducted to determine statistical significance.

Findings and Conclusions:
Results: A power analysis determined a sample size of 32 was required for adequate statistical power (80%) at an alpha level of 0.05. Among the 35 participants who completed both surveys, a statistically significant improvement was observed in all evaluated domains (physical exam skills, differential diagnosis, diagnosis, and treatment) across each of the three body locations. The p-values in all categories were less than 0.00012, indicating substantial gains in student-reported comfort levels following the bootcamp.
Conclusion: The use of an intensive MSK bootcamp employing multimodal educational strategies significantly improved medical students' confidence in managing musculoskeletal problems. Integrating similar models into medical school curricula may better prepare students for clinical practice. This initial study provides promise that similar methods, when utilized on a large

scale, would help close the gaps in musculoskeletal education. Further research is essential to determine generalizability, long-term impact, and influence on patient care.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: MCH ADSU MH
Submission #: 12
Title: ***Identifying Barriers to Care and Perspectives on Opioid Use Disorder in Pregnancy***

Abstract:
Opioid use disorders (OUD) in pregnancy are increasing, with the number of patients with opioid-related diagnoses documented at delivery increasing by 131% from 2010 to 2017 1. Stigma is also evident in the community and in the healthcare field, with studies showing that stigmatization and the fear of criminalization of pregnant women in some states impacted how treatment was delivered 2. This quality improvement study aims to assess the current level of knowledge, biases, and barriers to care at the institutional level via an electronic survey via RedCap sent to healthcare providers.

Proposal:

Learning Objectives:

1. Recognize the current trends, epidemiology, and evidence-based treatments of opioid use disorder (OUD) in pregnancy.
2. Evaluate provider knowledge and comfort levels in managing OUD in pregnancy.
3. Assess the impact of stigma and implicit bias on care for OUD in pregnant patients.
4. Identify patient and provider barriers to comprehensive OUD care.
5. Discuss the role of healthcare providers in Family Medicine and other specialties in advancing health equity for pregnant patients with OUD, including improved training and institutional support.

Methods and Content:

Background & Introduction: Opioid use disorders (OUD) in pregnancy are increasing, with the number of patients with opioid-related diagnoses documented at delivery increasing by 131% from 2010 to 2017. Evidence-based methods, including medication for opioid use disorders (MOUD), have been shown to be successful for those who are pregnant. Although we have evidence-based methods, healthcare providers often do not have the information and training equipped to manage OUD in pregnancy in antepartum and postpartum care, often adding an additional barrier and complexity to management.
Stigma is also evident in the community and in the healthcare field. ACOG recommends screening for OUD to be broad and universal, as to not limit these screenings based on stereotyping patients. However, stigma continues to persist; respondents in one study supported opportunities for maternal recovery for OUD, yet often blamed women for their opioid use disorder and finding them culpable for causing harm to their baby. Studies also show that stigmatization and the fear of criminalization of pregnant women in some states impacted how treatment was delivered. This quality improvement study aims to assess the current level of knowledge, biases, and barriers to care at the institutional level in managing OUD in pregnancy.
Methods: This study was designed as a quality improvement project. An electronic survey via RedCap was sent to healthcare providers across subspecialties providing obstetric care, including General Obstetrics and Gynecology, Family Medicine Obstetrics, and Addiction Medicine specialists. The survey included questions asking participants to assess their current knowledge on management of OUD in pregnancy along with questions eliciting participants perspectives and/or biases towards these patients These questions were presented on a Likert scale. The Likert scale values ranged from Strongly Agree (1), Agree (2), Neither agree nor disagree (3), Disagree (4), and Strongly Disagree (5). The survey also included open-ended questions

asking participants to identify patient and provider barriers to care. Results of the survey were calculated and reported based on percents and averages on the Likert scale.

Findings and Conclusions:

Results: The survey was sent to a total of 65 healthcare providers, for an initial sample of n=20 in this study. Responses from participants showed that all providers identified MOUD as an effective treatment for OUD in pregnancy (1.35 ± 0.45) and that most participants agreed that MOUD access should expanded (90%; 1.8 ± 1.06). However, participants often reported not feeling comfortable or equipped to prescribe MOUD for patients who are pregnant. Resident physicians were among the providers most often to rate low on their knowledge and comfortability to prescribe MOUD (80%; 3.4 ± 0.89).

Participants were also found to disagree to statements designed to assess implicit bias towards patients with an OUD, including statements as follows: (1) “Some people lack the self-discipline to use prescription pain medication without becoming addicted” (90%;, 4.1 ± 1.12), (2) “I feel that these patients are responsible for seeking out care for their opioid use disorder” (85%; 3.4 ± 1.05), (3) “Patients with an opioid use disorder have equal access to care compared to those without an opioid use disorder” (85%, 3.8 ± 0.95).

Providers also agree that there are existing barriers for both patients (85%; 1.55 ± 0.76) and for providers (80%; 1.95 ± 0.83) in providing care for patients with an OUD in pregnancy. Common patient barriers identified were (1) a lack of providers offering OUD management and (2) social and economic barriers (e.g., lack of transportation, coordination of childcare), and (3) bias and stigma from healthcare providers. Provider barriers were identified as (1) lack of education or training in OUD management and (2) clinical logistics (e.g., access to consultation services, time in appointments, institutional support).

Conclusions & Discussion: The findings from our study indicate that while providers recognize that MOUD is an effective treatment for pregnant patients, many are not equipped in prescribing these medications. With the requirement for a DATA waiver eliminated, MOUD prescribing should be more streamlined. However, our study highlights continued barriers to care for physicians necessary to provide optimal care to patients.

Results of our study also highlight lower levels of stigma among providers towards OUD in pregnancy, suggesting progress in combating this challenge. Although implicit biases may still present itself, continued efforts towards training and education of OUD can encourage health equity.

The study’s limitations include its small sample size, although this was an initial round of a quality improvement project. Continuing to collect responses in future iterations will continue to strengthen our data. Another limitation is that our study focuses solely on provider perspectives. Future studies should incorporate patients in identifying patient-specific barriers to continue efforts towards more inclusive care.

Overall, this study highlights the continued need to assess current knowledge and skills among providers and address barriers faced by both patients and providers. With this, we aim to advance equitable and comprehensive care for pregnant patients with an opioid use disorder.

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Nandhini Veeraraghavan MD, CAQSM
Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: PRO OSTEO
Submission #: 93
Title: ***Pseudo-Inferior Subluxation of the Shoulder Following a Displaced Mid-Shaft Humeral Fracture: A Case Report***

Abstract:
An apparent inferior subluxation of the glenohumeral joint can be an alarming radiographic finding following a mid-shaft humeral fracture. However, this finding represents a pseudo subluxation-a transient, benign condition caused by gravitational pull on the humerus, capsular laxity or hemarthrosis rather than a true dislocation.

Proposal:

Learning Objectives:
1. Recognize the radiographic appearance of pseudo inferior glenohumeral subluxation and differentiate it from true shoulder dislocation.
2. Understand the pathophysiology and clinical significance of pseudo subluxation.
3. Apply appropriate clinical assessment strategies to correlate radiographic findings with physical exams and avoid unnecessary imaging.
4. Promote awareness of benign radiographic mimics among primary care and family medicine providers to improve musculoskeletal injury management and reduce unnecessary specialist referral

Methods and Content:
A comprehensive assessment was conducted to evaluate contributing factors to the radiographic findings of inferior humeral head displacement following a midshaft humeral fracture. Specific attention was given to distinguishing pseudo subluxation from glenohumeral instability while also exploring underlying predisposition such as generalized ligamentous Laxity or decreased bone mineral health. To further investigate the underlying contributors to pseudo inferior glenohumeral subluxation the following diagnostic methods were utilized:
1.MRI of Shoulder joint to rule out true inferior glenohumeral subluxation.
2. Joint laxative assessment: Brighton score used, shoulder specific laxative testing including sulcus sign.
3.Evaluation of general health and bone health including DEXA scan and 25 (OH) vitamin D level.
4. Multidisciplinary evaluation: Collaboration with orthopedic surgery to confirm radiographic findings of pseudo inferior subluxation. Rehabilitation: early mobilization and physical therapy after fracture was stabilized.

Findings and Conclusions:
Pseudo subluxation is an important radiographic finding that mimics true glenohumeral dislocation and may lead to unnecessary reductions, imaging or referral if not properly recognized. Family medicine physicians should be aware of this entirety, particularly in the context of proximal or midshaft humeral fracture. Differentiating features include lack of clinical instability and absence of dislocation on multiple imaging views. This case highlights the importance of recognizing pseudo inferior subluxation in patients with humeral fracture. Awareness amongst family physicians can help prevent misdiagnoses and ensure appropriate, conservative management.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: DEI ACGME SDOH
Submission #: 51
Title: ***Teaching Gender-Affirming Care***

Abstract:
Clinical rotations and electives in gender-affirming care are critical for medical students to develop the skills, knowledge, and cultural competence to address the unique healthcare needs of transgender and gender-diverse (TGD) patients. While U.S. medical schools have made progress integrating TGD health topics into preclerkship education, meaningful clinical exposure remains limited. Early evidence suggests that direct patient interaction significantly enhances student competence and confidence in providing gender-affirming care. To address persistent healthcare disparities, there is a critical need to expand these clinical opportunities nationwide.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to
- Articulate the need for clinical training opportunities in gender-affirming care for medical students
- Understand the landscape of current opportunities for medical students to learn about gender affirming care in clinical settings
- Describe the impact of clinical rotations and electives in transgender care on medical student knowledge, comfort with, and interest in providing transgender care n their future practices

Methods and Content:
Our study aims to conduct a descriptive review of current clinical training opportunities in gender-affirming care available to U.S. medical students. Findings from this review informed the development of a multidisciplinary, multisite clinical elective in TGD care at Rutgers Robert Wood Johnson Medical School (RWJMS).
We performed a comprehensive search of medical education literature, US medical school course catalogs, and institutional websites to identify clinical electives focused on LGBTQ+ health. Only opportunities involving direct clinical contact with TGD patients were included; didactic-only programs or those without patient interactions were excluded.

Findings and Conclusions:
Twenty-three clinical rotations or electives in transgender care were identified across 20 U.S. medical schools and affiliated community health centers. These electives offered multi-disciplinary experiences, with student participation spanning family medicine (9), primary care (9), surgery (8), OB/GYN (7), endocrinology (7), pediatrics (5), adolescent medicine (5), mental health (4), urology (3), and speech therapy (1). Most electives ranged from 2 to 4 weeks, with one program extending over a full academic year.
Only two medical schools (Harvard and Boston University) published outcome data, demonstrating significant improvements in core knowledge, comfort, and interest in providing gender-affirming care following elective completion.
While U.S. medical schools have made progress integrating TGD health topics into preclerkship education, meaningful clinical exposure remains limited. Early evidence suggests that direct patient interaction significantly enhances student competence and confidence in providing gender-affirming care. To address persistent healthcare disparities, there is a critical need to

expand these clinical opportunities nationwide. Future efforts should focus on developing standardized, multidisciplinary electives, ensuring equitable access across institutions, and establishing robust evaluation frameworks to measure educational outcomes. Longitudinal research assessing the impact of such training on career trajectories and patient care quality will be essential to guide policy, inform curriculum development, and build a workforce capable of meeting the evolving needs of TGD communities.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC F GER
Submission #: 23
Title: ***A Case Report on Post-COVID Guillain-Barre Syndrome: A Primary Care Perspective***

Abstract:
There are growing numbers of reports as describing post-COVID-19 Guillain Barre Syndrome (GBS) (1,2,3,4,5,6,7). Most patients treated attained full recovery without residual motor deficits, despite a high prevalence of ICU admissions (1). Two different systematic reviews of post-COVID-19 GBS indicated a higher percentage of male patients (68-70%), and patients with a mean age of 55 to 61.38 were afflicted by this condition (1,2). It was seen that post-COVID GBS patients had increased likelihood of facial nerve involvement (3). This case report serves to contribute to a growing body of literature on diagnosis and management of post-infectious and para-infectious COVID GBS

Proposal:

Learning Objectives:
Through reading this case report, participants will:
1) Gain exposure to background knowledge on typical presentation and diagnosis of post-COVID GBS
2) Dissect the case report of a patient with post-COVID GBS requiring ICU admission
3) Examine the necessary post treatment monitoring of such patients in a primary care setting

Methods and Content:
Case Introduction:
41-year-old male with history of thalassemia trait presented to the emergency department with weakness and numbness of the bilateral lower extremities and hands. He had severe constipation, being unable to pass a bowel movement for 4 consecutive days. One week prior, he had confirmed COVID-19 infection with a rapid antigen test and experienced mild respiratory symptoms, which had resolved by the time of presentation. Physical exam on admission revealed bilateral 4/5 strength in hip flexors/extensors, 3/5 strength in knee flexors/extensors, and 2/5 ankle dorsiflexors and plantar flexors. The patient further demonstrated decreased sensation to light touch and pinprick sensation in the bilateral feet and knees, with mildly more sensation in the thighs, as well as 0/4 reflexes in the bilateral lower extremities. Upper extremities revealed intact 5/5 strength, with decreased light touch sensation, and reduced reflexes. Cranial nerves were intact with no facial involvement. Head CT was unremarkable; brain MRI showed no infarction. Clinical diagnosis of GBS was hypothesized; lumbar puncture (LP) and spinal MRI were performed to confirm this diagnosis. The patient was admitted to the medical service for management pending results.

Findings and Conclusions:

Discussion:

While there is a higher proportion of ICU admissions for GBS associated with COVID-19 as compared to non-COVID associated GBS (1), no difference in laboratory data has been identified (1), making it more difficult to determine if COVID-19 plays a role in a particular patient's presentation.

CSF analysis, most commonly, shows albuminocytological dissociation, which is characteristic of all forms of GBS, regardless of COVID-19 involvement (1). Several different subtypes of GBS have been seen in post-COVID-19 GBS; however, the distribution does not appear to be appreciably different from GBS cases not associated with COVID-19 (8).

In some studies, the incidence of GBS increased early in the COVID-19 pandemic throughout several European countries (3,5). This was seen both in northern Italy during early 2020 (3), as well as Spain in 2021 (5).

While the exact mechanism of pathophysiology of GBS in COVID-19 is not certain, it is likely to be related to the post-infectious inflammatory process (3). Immune dysregulation and inflammatory cytokines are known to impact peripheral nerves (3).

Conclusions:

Management of COVID-19 associated GBS requires interdisciplinary cooperation among neurology, physiatry, and primary care. Most patients are able to recover baseline functioning with early intervention and proper care (1,3,6).

According to one meta-analysis, GBS associated with COVID is often more severe (3), and therefore determination of a patient's recent COVID status is an important aspect of addressing GBS management. Early intervention is key in assuring positive outcomes, so providers should maintain a high suspicion for post-COVID GBS in patients at higher risk (male sex, older age) who present with neurologic deficits. It is important for primary care physicians to continue to monitor patients for neurologic deficits as well as cardiovascular changes in the first year following GBS recovery

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: RESQI SDOH WELL
Submission #: 65
Title: ***Pilot: A Community Engaged Learning Curriculum for Women Residing in a Women's Shelter Presented by Medical Students***

Abstract:
Women living in shelters suffer from multiple health morbidities and have limited access to health education. They also lack preventive care.
Supportive shelter environments could provide an opportunity for these women to learn about common health issues in order for them to live a healthier lifestyle.
Communication skills are important for patient-doctor interactions in undergraduate medical education.
We sought to test the effectiveness of an educational curriculum offered to women in ACCESS, Inc, women's shelter by undergraduate medical students rotating at the Center for Family Medicine at Cleveland Clinic Akron General.

Proposal:

Learning Objectives:
1. Addresses Core Competencies
Health literacy and communication are AAMC and LCME priority areas.
This project trains students to simplify medical concepts, use visual and interactive methods, and engage compassionately — skills essential across all specialties and settings.
2. Develops Culturally Humble, Trauma-Informed Clinicians
By working with underserved populations, students confront their own biases and learn to respect lived experiences.
Future physicians must be able to adapt care to individuals with complex needs, including histories of trauma, housing insecurity, or systemic marginalization.
3. Bridges the Gap Between Theory and Practice
Medical curricula often lack hands-on, community-based learning that ties public health, prevention, and communication together.
This study gives students a real-world platform to apply principles of preventive care and social determinants of health.
4. Prepares Students for Value-Based and Patient-Centered Care
As healthcare moves toward value-based models, prevention and patient engagement become central.
Educating patients in accessible, relevant formats prepares students to meet these expectations in their future clinical practice.
5. Promotes Innovation in Teaching Methods
Traditional lectures on health disparities have limited impact.

Methods and Content:

- Through "Chik Chat," a fun and interactive form of discussion (created by the PI), medical students from diverse medical schools around the country who are rotating at Cleveland Clinic Akron General, Center For Family Medicine, will visit the shelter once per month and educate the women on a relevant health topic of the students' choice, with the supervision of the PI and/or Co-PIs.
- The sessions will be one hour long, approximately once per month for a period of one year (May 2025 – April 2026). Each session will have a different set of student participants.
- Student participants will be asked to answer a pre- and post-session questionnaire sent to them electronically. The pre-session questionnaire will assess the students' knowledge and familiarity with engaging with a vulnerable population, as well as any prior experience teaching. The post-session questionnaire will assess the effectiveness of the program in enhancing their communication skills with a vulnerable population, awareness of social determinants of health/health disparities, health literacy, and interest in future community engagement.
- Women at the shelter will also be asked to answer a pre- and post-session questionnaire (hard copy). The pre-session questionnaire will assess their knowledge of health topics and health literacy. The post-session questionnaire will assess their experience in learning through the offered activity / curriculum and will also solicit their feedback on information learned about their personal health and possible follow-up care in our family medicine office.
- Data will be qualitatively analyzed by a biostatistician.

Findings and Conclusions:

These are preliminary data, based on two sessions thus far.

Of the women surveyed:

- All participants found the activity fun.
- Almost all (94%) of participants learned at least one new tip.
- All participants felt comfortable asking questions.
- Almost all participants (94%) expressed willingness to participate in Chik Chat in the future.
- The majority (71%) of participants expressed interest in following up with a primary physician.

Results from student surveys. $P \leq 0.005$ was considered significant.:

- There was a statistically significant improvement in the comfort level of students engaging with a homeless population in post vs. pre Chik Chat (4.28 ± 1.49 vs. 2.16 ± 0.75, $p=0.004$).
- There was a statistically significant increase in student confidence on knowing how to run a health educational session (2.85 ± 0.89 vs. 1.83 ± 0.4, $p=0.013$).
- There was a statistically significant increase in students agreeing that gamification is an effective teaching tool (3.85 ± 0.37 vs. 3.33 ± 0.51, $p=0.029$).

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: F REPRO ADSU
Submission #: 124
Title: ***Developing and Evaluating a Survivor-Led Curriculum on Commercial Sexual Exploitation for Fourth-Year Medical Students***

Abstract:
Survivors of commercial sexual exploitation (CSE) experience barriers in healthcare access due to stigmatization and a limited understanding among healthcare professionals. Training on CSE is not standardized across medical schools. Advocates for Worcester Survivors, a student-led organization at UMass, developed a CSE-focused curriculum on trauma-informed care; the curriculum was administered to third year medical students (n = 107). As part of this course, students took a pre-and post test on knowledge, confidence and attitudes. The mean improvement in total score was 14.50 points (95% CI: 12.94–16.06, $t(103) = 23.08$, $p < 0.0001$, Cohen's $d = 2.26$).

Proposal:

Learning Objectives:
- Define human trafficking, commercial sexual exploitation, labor trafficking and address common misconceptions.
- Recognize risk factors, red flags, and signs that may indicate an individual is at risk for or experiencing trafficking.
- Gain insight into the physical, psychological, and social impacts of trafficking and commercial sexual exploitation.
- Review principles of trauma-informed care to effectively engage and build rapport with patients.
- Learn techniques for taking a focused sensitive history, including sexual history, substance use history, and social history.
- Discuss the legal obligations for reporting trafficking and review available resources and supports for survivors

Methods and Content:

We developed a comprehensive, survivor-informed, three-part educational session on human trafficking and commercial sexual exploitation (CSE) for fourth-year medical students at the University of Massachusetts Chan School of Medicine. The session was delivered during an April 2025 "intersession" week—a required component of the fourth-year curriculum that includes three two-week thematic blocks focused on topics such as advocacy, ethics, and structural determinants of health. Students must complete all three intersessions and are given a choice of which of the two weeks to attend within each theme.

Our four-hour session was part of the intersession focused on societal drivers of health and was delivered twice to ensure all students could participate. The curriculum was developed through collaboration with family medicine physicians, psychiatrists, emergency medicine physicians, a doctor of psychology, and survivor leaders from the Worcester-based Safe Exit Initiative. It was informed by a comprehensive literature review on trafficking education and best practices in trauma-informed pedagogy. The session consisted of:

1. Interactive Didactic Lecture (1 hour): Focused on advanced content relevant to fourth-year students, including the epidemiology and context of trafficking, identification of risk factors, trauma-informed interviewing and physical exam strategies, documentation, mandatory reporting, and pathways to support and advocacy. Real-time polling questions promoted engagement and self-reflection.

2. Small Group Sessions (2 hours): Each group was led by a faculty expert, a trained student facilitator, and a survivor expert.
a. Physical Exam: Case discussion and critical reflection on trauma-informed approaches to exams, building from students' prior clinical frameworks.
b. Case-Based Learning: Two trafficking-related scenarios with guided peer and faculty facilitation.
c. Specialty-Tailored Social History: Students were paired with peers entering different specialties and assigned scenarios aligned with each field (e.g., Ob/Gyn, Psychiatry, Emergency Medicine). In each round, one student played the provider while the other acted as the patient; they then switched roles. The activity focused on practicing trauma-informed social history questions related to sexual exploitation, substance use, and sexual health in a manner appropriate to their clinical context. The session concluded with a brief packet of specialty-specific strategies and tips, highlighting the reality that individuals with lived experience interact with clinicians across all specialties.
3. Lived Experience Panel (1 hour): The session concluded with a moderated panel featuring leaders from organizations across Massachusetts that support individuals impacted by commercial sexual exploitation. All panelists were survivor leaders with lived experience who now work as advocates, educators, and organizational leaders. Participating organizations included Safe Exit Initiative, Stacy's Joy Consulting LLC, RIA Inc., Amirah Inc., and My Life My Choice. The panelists responded to a set of pre-developed questions led by a moderator—also a survivor leader—and offered reflections on their healthcare experiences, insights on best practices, and strategies for clinician allyship.
Evaluation: Learners completed a pre- and post-session survey assessing self-reported knowledge, confidence, and comfort across 15 items (including an 11-point validated question). Survey responses were numerically coded, with reverse coding applied where higher agreement reflected lower knowledge. Pre/post responses were matched by student ID and aggregated to generate a total score (maximum 65 points). Paired t-tests, effect sizes (Cohen's d), and 95% confidence intervals were calculated. Item-level analyses are ongoing.

Findings and Conclusions:

Of the 107 students who participated in the session, 104 completed both pre- and post-surveys with full responses to all 15 items. One student was excluded from the analysis due to incomplete data. Prior to the session, 15% of students reported receiving trafficking-related education during medical school, another 15% before medical school, and 70% reported no prior education on the topic.
Preliminary analysis showed a statistically significant improvement in overall knowledge, confidence, and comfort scores following the training. The mean total score increased by 14.50 points out of 65 (from 33.89 to 48.39), with a paired t-test yielding $t(103) = 23.08$, $p < 0.0001$, and a Cohen's d of 2.26, indicating a very large effect size. The 95% confidence interval for the mean improvement was [12.94, 16.06]. Item-level paired t-tests also demonstrated significant improvements ($p < 0.001$ for all questions). Further item-level and reliability analyses are ongoing.
This pilot curriculum was well-received and highly effective in improving students' preparedness to identify and respond to commercial sexual exploitation in clinical practice. Feedback emphasized the value of hearing directly from survivor leaders and the practicality of the specialty-specific small group sessions.
Next Steps
- Expand curriculum to include nursing students and resident physicians at UMass.
- Incorporate earlier, longitudinal trafficking education into the medical school curriculum.
- Share educational materials and structure with other medical schools in Massachusetts.
- Pilot a virtual-only version for students unable to attend in-person.
- Adapt training for additional professional groups, including law enforcement and parole officers (first implementation July 2025).
- Consider offering the training across a full day to allow for deeper engagement and reflection.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC ADV WELL
Submission #: 103
Title: ***Telephone Intervention to Increase the Rate of Multitarget Stool DNA Test Completion at an Urban Academic Family Medicine Practice***

Abstract:
The introduction of stool-based screening has been associated with increased rates of colorectal cancer screening in certain populations, however the completion rate of stool-based screening is suboptimal. The aim of this project was to use a telephone intervention to increase the rate of multitarget stool DNA test completion at an urban academic family medicine practice. After the intervention, 33 patients completed the multitarget stool DNA test sent to them while seven completed a colonoscopy instead, resulting in an overall completion rate of 30% (40/134).

Proposal:

Learning Objectives:
(1) Determine if a telephone intervention can be successful at increasing the completion rate of the multitarget stool DNA test.
(2) Analyze whether demographic factors are related to the success of our intervention.

Methods and Content:
Patients at the Erie County Medical Center Family Health Center in Buffalo, NY between the ages of 45 and 75 who had a multitarget stool DNA test ordered between 7/1/23 and 6/30/24 but did not yet complete it were included. Patient medical records were used to obtain demographic data. Each patient was called sometime between 7/1/24 and 4/30/25 to ask if they received the multitarget stool DNA test kit. If they did not receive the kit, they were offered an opportunity to have a kit reordered. If they did not want a new kit, they were then offered a referral for a colonoscopy. Patient medical records were checked on 6/15/25 to determine if the screening was completed. Age was compared using t-tests; and gender, race, and ethnicity were compared using chi-square tests.

Findings and Conclusions:
One hundred and thirty-five patients were identified as eligible. One patient in the study group died during the study period and was excluded. Our population had an average age of 59.1 years (SD 8.3) and was 63% female (85/134). Our population was 69% black (92/134), 22% white (30/134), 7% other (10/134), and 1% unknown (2/134). In regards to ethnicity, our population was 95% Non-Hispanic (127/134), 4% Hispanic (5/134), and 1% unknown (2/134). Forty-three patients did not answer the phone. After the intervention, 33 patients completed the multitarget stool DNA test sent to them while seven completed a colonoscopy instead, resulting in an overall completion rate of 30% (40/134). There were no significant differences in age, gender, race, or ethnicity between those who completed screening and those who did not after our intervention. In conclusion, the telephone intervention was successful at increasing the rate of colorectal cancer screening completion for those who initially did not complete the multitarget stool DNA test kit ordered for them in our urban academic family medicine practice.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: ADV MCH MH
Submission #: 20
Title: ***Classifying Barriers to Appropriate Referrals for Parenting Support for Primary Care Physicians***

Abstract:
Early childhood behavioral interventions like the Family Check-Up (FCU) are critical but underutilized due to referral barriers in primary care. This study explores challenges faced by 32 pediatric primary care providers at an academic clinic through surveys and qualitative interviews. A three-tier framework of barriers—provider-level (e.g., limited awareness), clinic-level (e.g., coordination issues), and service-level (e.g., waitlists, reputation)—emerged from ongoing analysis. These barriers often prevent timely, appropriate referrals. Understanding these factors can inform targeted improvements in referral practices and support broader implementation of effective parenting interventions, ultimately enhancing care delivery and child outcomes in primary care.

Proposal:

Learning Objectives:
The goal of the study is to analyze and classify the barriers that primary care providers may encounter with providing referrals to parenting and behavioral health interventions. We strive to use this knowledge to remove these barriers, further educate the referral process in primary care settings, and streamline appropriate primary care referral practices in an effort to support pediatric providers in making referrals to parenting interventions. By the end of the session the participants will be able to identify 4 key categories that cause hindrance to provider behavioral health referrals, and subcategories to better understand pitfalls of these referrals in efforts to improve the referral system.

Methods and Content:
Data was collected from 32 pediatric providers at a pediatric primary care clinic in an academic medical center in regards to barriers to implementation of the FCU (the family check up, a behavioral intervention offered at the clinic). All providers completed a survey regarding barriers and facilitators to behavioral intervention referrals broadly and to the FCU. All providers completed a survey regarding barriers and facilitators to behavioral intervention referrals broadly and to the FCU. 15 providers participated in follow-up qualitative interviews that explored referral and patient-follow-up practices in the primary care pediatrics population, elaborating on the challenges they experience in the referral process from the provider perspective. A codebook was constructed by the authorship team using inductive and deductive methods and was applied to each interview transcript, and a thematic analysis was performed. Each transcript was double coded and fully adjudicated.

Findings and Conclusions:
In the construction of our codebook, we observed and are coding for four (4) classes of barriers to successful behavioral health referrals: provider-level, clinic-level, service-level, and family level components. Provider-level barriers emerge when a provider may be unaware of a specific service or have an overabundance of services to choose from, with no method to streamline the service best fit for their patients. Clinic-level barriers and service-level barriers depend on clinic coordination practices and the reputation and waitlist length of a service itself. With the patient's best interest in mind, providers may refrain from

recommending services that have a poor reputation or long waitlists, recognizing that these services may be unobtainable for their patients, thus leaving the referral incomplete. Family-level barriers are additional barriers a family may face outside of clinic practices and procedures, leaving the referral incomplete.

A conjunction of these factors reduces the number of referrals to parenting and behavioral health services and our study highlights an intermix of barriers faced by providers. Knowledge of these obstacles in the referral process allows us to refine provider guidelines and guide clinical implementation, facilitating more effective parenting and behavioral health referrals in primary care settings. We aim for the study to support the successful implementation of parenting and behavioral health practices and interventions such as the FCU and hope to support pediatric providers in navigating the referral process seamlessly to provide optimal care for their young patients.

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Yulia Veras BA

Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC GER
Submission #: 53
Title: ***Improving Chronic Kidney Disease Management***

Abstract:
Management of Chronic Kidney Disease is complex and requires regular follow up and coordination of care.
Based on the individual's level of severity, there are differing recommendations for frequency of follow up and screening for comorbidities.

Proposal:

Learning Objectives:
After reading poster, participants will be able to discuss the different levels of recommendations for monitoring and comorbidity screening for patients with chronic kidney disease.

Methods and Content:
Using recommendations from the NIH National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), clinical decision support in the form of a Care Path was built into the EHR to assist in appropriate staging of CKD diagnosis and track progression or improvement of the disease. The order set includes prompting for:
Labs: (Estimated Glomerular Filtration Rate (eGFR), Urine Albumin-to Creatinine Ratio (ACR))
For those at risk (needing screening more than yearly): Screening for anemia (CBC), Screening for bone disorders (calcium, phosphorus, parathyroid hormone, vitamin D)
Referrals: Dietician, Care Management, Nephrology, Hematology, Endocrinology
Medications: ACE/ARBs to control blood pressure and block RAAS, Statins to lower cholesterol,
Aspirin for secondary prevention of cardiovascular disease
Patient education on management of CKD and lifestyle modifications, in Spanish and English.

Findings and Conclusions:
3302 patients were diagnosed with chronic kidney disease, 11.6% were stratified into appropriate level of both glomerular filtration and proteinuria. Of those, 32-69% of patients had appropriate follow up and screening labs done when seen in office.
Additional training for providers on the prevention of progression of CKD and the management of comorbidities is planned.
An additional branch in the path for patients on dialysis will be implemented based on feedback from providers.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: ADSU ACGME DMCC
Submission #: 39
Title: ***Opioid Education for Standardized Patients***

Abstract:
The opioid crisis, rooted in over prescription practices of the 1990s, has disproportionately impacted regions like West Virginia. For this project we conducted a literature review to understand the trends and impacts of the opioid crisis. Patient education is now recognized as essential in fostering trust and reducing misuse. At the West Virginia School of Osteopathic Medicine, we presented an educational slideshow to standardized patients covering opioid history, classifications, medical use, and associated risks. Post-presentation surveys revealed increased perceived comfort to discuss opioid prescriptions with physicians , improved understanding of opioids for medical educational simulations, and better perceived medication literacy.

Proposal:

Learning Objectives:
By the end of the session participants will be able to:
Understand the historical context and current literature surrounding opioids.
Know the current literature surrounding patient education in regards to prescription adherence and misuse.
Have a better understanding of our methods to educate standardized patients and post-survey results showing the perceptions of the standardized patients.

Methods and Content:
An educational slideshow presentation was developed and presented to standardized patients at the West Virginia School of Osteopathic Medicine. The presentation covered opioid history, types, medical applications, and associated risks. Following the session, participants completed a survey assessing their comfort in discussing opioid prescriptions and their perceived knowledge gain.

Findings and Conclusions:
The opioid crisis has a history of several decades with beginnings in clinical practice. As the crisis became understood, course correction and abrupt discontinuation of prescribing of opioid pain medication led to a second wave of misuse and community impact. After the educational presentation, most participants felt more confident discussing opioid prescriptions with physicians, in medical simulations, and reported improved understanding of opioid-related topics.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: ACGME DMCC F
Submission #: 128
Title: ***Standardization and Enumeration of the Monofilament Exam to Improve Documentation, Monitor Progression, and Enhance Patient Outcomes***

Abstract:
Peripheral neuropathy, particularly in patients with diabetes mellitus, is a major risk factor for foot ulcers and amputations. The 10g monofilament exam is a simple yet underutilized tool for early detection. However, variability in technique and documentation often limits its effectiveness in monitoring disease progression and coordinating interventions. A universal enumeration system for monofilament exams will aid in better documentation, clearer more consice communication between providers, better tracking of neuropathy progression and improved patient outcomes.

Proposal:

Learning Objectives:
-Be able to perform a 10 point monofilament exam
-Understand the importance of a universal enumeration system/method
- improve documentation accuracy and specificity
-Facilitate tracking of neuropathy progression

Methods and Content:
A standardized protocol was developed using a ten-point sensory testing format per foot, with predefined anatomical sites and binary (felt/not felt) documentation. Each exam generates a numerical score (0–10) per foot, which is recorded in a dedicated section of the electronic health record (EHR). Serial scores are trended over time to detect progression. Clinician training and patient education protocols were also integrated into care pathways.

Findings and Conclusions:
Results:
Implementation of the standardized enumeration method led to a 40% increase in complete foot exam documentation and a 25% increase in early detection of neuropathy over a 6-month period. Additionally, follow-up compliance and referrals to podiatry increased. There was also greater ease in performing the exam and interpreting results resulting in earlier intervention.
Conclusion:
Standardizing and enumerating the monofilament exam improves both the reliability of documentation and the ability to monitor neuropathy progression. When embedded in routine care with proper documentation tools, this method supports early intervention, risk stratification, and improved outcomes for at-risk populations. Next steps would be to have this protocol integrated into the EMR for enhanced documentation and tracking and comparison in a similar manner as what is done for the Medicare Annual Wellness Visit.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC RM WELL
Submission #: 19
Title: ***What Makes You Tick? Anaplasmosis in Western PA***

Abstract:
A 79-year-old female presented to the ED with shortness of breath, found to be hypoxic and requiring BiPAP, with labs revealing leukopenia, thrombocytopenia, transaminitis, and was admitted to the CCU for AHRF. Imaging performed revealed emphysematous changes with faint ground-glass opacities. Treatment included empiric antibiotics. The patient began to spike fevers with down-trending platelets and WBC. A peripheral smear revealed Anaplasmosis morulae.
Anaplasmosis was not on the differential, possibly due to confirmation bias and not expanding our differential when the patient did not improve on antibiotics.
With the rising spread and incidence of Anaplasmosis, physicians should include TBD in differentials.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to
-identify abnormal labwork that could indicate an Anaplasmosis diagnosis
-apply this information to their patients
-contemplate the growing distributions of Tick Borne Diseases and how this may affect more of their patients

Methods and Content:
A case report collected through first-hand experience during a critical care rotation. Research review via PubMed.

Findings and Conclusions:
When presented with transaminitis, leukopenia, thrombocytopenia as well as respiratory symptoms, Anaplasmosis should be included on the differential. This tick-borne disease is following a similar distribution pattern as Lyme disease and is set to become more prevalent with changes in the environment.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: RESQI F CE
Submission #: 17
Title: ***Trends in Payment of Community Preceptors in the Family Medicine Clerkship: A CERA Secondary Analysis***

Abstract:
Recent evidence suggests that fewer family medicine clerkships are using community preceptors as their primary source of teaching. One way to incentivize community preceptors is to pay them. Multiple factors, though, make payment of community preceptors complex. Our study looks at trends in payment of community preceptors over the past decade.

Proposal:

Learning Objectives:
As a result of reviewing this poster, participants will:
1. Describe how recent changes in family medicine community preceptors have impacted medical education
2. Discuss how trends in incentivizing preceptors through financial means has impacted those changes.

Methods and Content:
We performed a secondary analysis of the Council of Academic Family Medicine Educational Research Alliance (CERA) annual family medicine clerkship director survey from 2014-2023. We analyzed the survey's standard clerkship payment questions. We analyzed trends using Pearson's correlation coefficient test.

Findings and Conclusions:
Results: From 2014 to 2023, there has been no significant change in the number of medical schools that pay community preceptors in the family medicine clerkship. There have also been no significant trends in the amount paid to community preceptors in the family medicine clerkship. In 2014, the average amount paid was $238±138 per student, compared to 2023 where the average amount paid was $258±158. When analyzed against inflation, a significant gap in the value of the compensation for community preceptors has developed.
Conclusions: The compensation of community preceptors in the family medicine clerkship has not kept up with inflation. Additional insights are needed to study the motivations of community preceptors to educate in the family medicine clerkship and how both monetary and non-monetary incentives can help recruit and retain these important educators.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: DMCC OSTEO PRO
Submission #: 90
Title: ***Chronic Long Thoracic Nerve Injury Induced by Punching in a Boxer: A Case Report on Non-Surgical Recovery***

Abstract:
We present the case of a collegiate boxer who developed persistent scapular winging due to a long thoracic nerve (LTN) injury sustained while throwing a punch. Despite a negative MRI, EMG confirmed slowed conduction of the LTN leading to serratus anterior denervation. This patient presented with persistent pain and weakness affecting his ability to compete at a high level. He achieved symptomatic relief through physical therapy, highlighting the potential for non-surgical recovery in chronic LTN injuries. This case depicts a unique injury mechanism and contributes to the musculoskeletal knowledge needed to diagnose and treat injuries seen in family medicine practices.

Proposal:

Learning Objectives:
Learning Objectives:

- Broaden and strengthen the viewers differential for shoulder pain
- Emphasize the importance of non-operative management for shoulder pain
- Understand the role of imaging and EMG in the diagnosis of shoulder pathology
- Differentiate long thoracic nerve injury from other causes of scapular winging

Methods and Content:
We conducted a retrospective review of the patient's electronic medical record including outpatient clinic notes from family medicine and orthopedic offices, diagnostic imaging reports, and electromyography reports. The patient's history, clinical course, diagnostic evaluations, and treatment responses were analyzed and compiled into a longitudinal report depicting the patient's presentation and progression of long thoracic nerve injury resulting in scapular winging.

Findings and Conclusions:
It has been estimated that 10-15% of visits to primary care physicians are musculoskeletal related concerns;1 therefore, it is essential for family medicine physicians to be knowledgeable and confident in their ability to diagnose and treat musculoskeletal injuries. Enhancing training on MSK pathologies enables primary care physicians to diagnose and treat a broader range of injuries while simultaneously decreasing unnecessary referrals. When focusing on long thoracic nerve injuries, papers have been published looking at both surgical and non-operative management strategies. However, there are no clear guidelines that depict when a surgical approach is indicated. In a comprehensive review, Wu and Ng summarized the current evidence and concluded that a period of 9-12 months of conservative management should be recommended prior to considering surgery.2
Our patient presented to the family medicine clinic with a roughly 4-year history of shoulder pain and weakness after sustaining an injury while throwing a punch. MRI results were unremarkable, and EMG results demonstrated serratus anterior denervation due to slowed conduction velocity from the long thoracic nerve. The patient regained nearly full relief through several months of physical therapy, which highlighted the effectiveness of conservative management for his long thoracic nerve injury. Furthermore, this case demonstrates that conservative management may be beneficial outside of the 9–12-month

timeline that has been described in the literature. His primary care physician played a pivotal role in both diagnosing and managing his treatment plan.

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Status of Presenter: Other
Category of Submission: **Poster**
Track and Group: ACGME F SDOH
Submission #: 45
Title: ***Creation and Implementation of Asynchronous Learning Modules to Increase Disability Education for Family Medicine Residents***

Abstract:
One in four adults non-institutionalized adults in the United States have a disability. United States graduate medical education (GME) does not require curriculum to include intellectual and developmental disability (IDD) education. Medical educators need ways for students and residents to learn and gain experience with this population. This project focuses on the development of online learning modules based on existing didactic materials that can be embedded into a medical curriculum. We aim to build a foundation of knowledge for healthcare professionals to provide high quality healthcare to individuals with IDD with a focus on adult learning principles.

Proposal:

Learning Objectives:
Demonstrate the development of asynchronous online learning materials for family medicine residents.
Identify methods to transition lecture-based content to engaging online content.
Recognize creative ways to increase disability specific education in medical resident education.

Methods and Content:
We utilized Rise Articulate software to create four online modules for IDD education based on existing lecture content. With consideration for adult learning theory, engaging resources including interactive knowledge checks and real patient case studies help increase the ways learners can relate to the content. Module topics include communication and care of patients with IDD, patient and caregiver community support and resources, mental and behavioral health, and working with interdisciplinary teams. These modules were reviewed by a community advisory board of people with lived experience (PwLE) of disability and caregivers.

Findings and Conclusions:
Reception and feedback of our modules are ongoing, and official website launch of the project will be in July. The modules can be used by any healthcare provider to increase their knowledge. Additional resources and handouts help increase accessibility for community members, caregivers, and families. During the development of our modules, we learned there are few clinical case studies and patient simulations with patients who have IDD. Our solution was to create our own materials working with patients and their families. We continue to recognize the importance of a community advisory board and their input in the development of curricula.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: ADSU MH TECH
Submission #: 10
Title: ***Primary Care Providers Attitudes and Practices Related to OARRS in Adult Outpatient Practices***

Abstract:
Prescription drug abuse is the leading cause of accidental death in the United States (U.S.)
Prescription monitoring program have been categorized as a way to improve patient care.
Few studies have examined whether the use of PMPs (prescription management programs) like OARRS (Ohio Automated Rx Reporting System) influence providers' prescription-writing practices.

Proposal:

Learning Objectives:
Learn about prescription drugs overdose
Understand the use of the Ohio automated prescription reporting system (oarrs)
Learn about its effects on scheduled substances prescription in primary care

Methods and Content:
Methods:
The "card study method" is a survey research method designed for practice-based research studies. Study participants were primary care physicians (residents and faculty in a hospital based practice) as well as advanced nurse practitioners (ANP) at University Hospitals of Cleveland. Participants were asked to record de-identified clinical observations regarding usual care of patients in their practices. Each provider was asked to fill out one data card for 8 consecutive patient visits during which they checked OARRS.

Findings and Conclusions:
Results:
We received Cards from 7 participants in the study, 53 total cards included. Participants were Male N=6, Female N=5, 4 attending physicians and 8 residents. Providers ethnicity (African American N=1, Asian N=6, Caucasian N=4 Hispanic/Latino N=1). Most participants ~70% found it easy to access and interpret OARRS data. All of them found data to be helpful in managing patients but were concerned about accuracy of data. Controlled substances prescribed (44 opiate, 4 stimulants, 1 benzodiazepine and 1 combined opiates and anti-seizure agent). Patient age ranged from 24-88 years, mostly African American (42) vs white (8), 17 with a mental health diagnosis and 3 with an addiction related diagnosis. Most patients were adherent to medication regimen per their providers with only 2 non adherent. Most providers checked oars routinely every visit N=28, 5 checked due to patient related concerns and with all new controlled substances prescriptions. Oarrs identified 5 "red flags" but was only associated with a change in therapy in one case. After reviewing oars most providers maintained controlled substance therapy and reduction or discontinuation of therapy was not directly related to Oarrs data.
Conclusion:
Most providers finds it easy to access, review and Interpret Oarrs data. Providers have concerns about accuracy of data and modifications of controlled substances therapy was not directly related to Oarrs data.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC SDOH WELL
Submission #: 82
Title: ***Dystrophic Epidermolysis Bullosa: A Rare Yet Devastating Skin Disorder***

Abstract:
Epidermolysis bullosa (EB) is a genetically heterogeneous inherited skin fragility disorder characterized by disruption of the skins structure at the dermoepidermal junction/ basal layer of the epidermis, resulting in increased cutaneous vulnerability to mechanical stress. We present a case of dystrophic (DEB). Its phenotypic spectrum ranges from localized dominant DEB with dystrophic toenails to recessive DEB characterized by generalized blistering (at birth) after minimal trauma. Early complications from scarring can lead to pseudo syndactyly, mitten deformities, esophageal strictures and squamous cell carcinoma. Management requires a multidisciplinary approach. Newly FDA approved therapies may shift focus from symptomatic care to curative solutions.

Proposal:

Learning Objectives:
After the end of this session, participants will

1. Understand the disease complexity of Epidermolysis bullosa, and its clinical consequences.
2. Reocognize the role of the pediatrician and the need for coordinated multidisciplinary care in managing EB
3. Note advances in therapeutic strategies
4. Summarize novel topical wound therapies used in EB care
5. Discuss future directions in the management and therapeutic development of EB

Methods and Content:
Method: We conducted a descriptive case review of a newborn female diagnosed with epidermolysis bullosa from delivery to hospital discharge.
Content includes introduction of EB, outline on the classifications of EB, and specifics on dystrophic EB. We highlight key clinical features, diagnostic approach, multidisciplinary management strategies, and outcomes in this specific case.

Findings and Conclusions:
Findings revealed a diagnosis of Dystrophic EB . At birth, the infant presented with hyperpigmentation/bruising of the upper extremities and various ulcers/abrasions of the lower extremities. Diagnosis was confirmed after clinical assessment and genetic testing during infertility workup revealed the father had gene mutation of COL7A1 (autosomal recessive). Management included intensive wound care, nutritional support, and early involvement of a multidisciplinary team.
In conclusion EB is a disorder with profound systemic and psychosocial impacts. Advances in topical wound therapies have significantly reduced mortality from sepsis, once a leading cause of death in infancy.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: MCH ADSU REPRO
Submission #: 54
Title: ***Risks of Adverse Pregnancy Outcomes with Prenatal Exposure to Stimulants and Atomoxetine***

Abstract:
Although women with ADHD are increasingly prescribed stimulants, pregnancy safety data for these medications are limited. This TriNetX study evaluates risks of adverse pregnancy outcomes from stimulant or atomoxetine (non-stimulant) use. Women prescribed prenatal stimulants or atomoxetine had worse overall pregnancy outcomes. However, stimulants showed lower risks of gestational diabetes and placental abruption than controls, and lower risks of preeclampsia/eclampsia and preterm birth than atomoxetine. As underlying differences in pharmacologic profiles or maternal comorbidities may influence pregnancy risk profiles, clinical decisions regarding prenatal stimulant or atomoxetine use should weigh individual risk factors, mental health needs, and medication-related risks and benefits.

Proposal:

Learning Objectives:

1) Describe the rationale for prescribing stimulants versus atomoxetine to patients
2) Compare and contrast known risk profiles of stimulants and atomoxetine
3) Identify associations between stimulants or atomoxetine use and adverse pregnancy outcomes
4) Discuss confounding factors that may influence associations between stimulant or atomoxetine use and adverse pregnancy outcomes

Methods and Content:

This retrospective observational study used deidentified electronic health record data from the TriNetX Research Network, encompassing over 80 million patients from predominantly U.S.-based healthcare organizations. The study population consisted of adult women (aged 18-45) with birth delivery records between 2010 and 2023. Participants were classified into three groups: stimulant only, atomoxetine only, and no medication, according to their prescription records.
The primary outcome was adverse pregnancy outcomes, including gestational diabetes, gestational hypertension, preeclampsia/eclampsia, placental abruption, placental previa, intrauterine growth restriction (IUGR), large for gestational age (LGA), preterm delivery, and spontaneous abortion. Data on available baseline characteristics of the study participants were extracted, including demographics (age, race/ethnicity, insurance), smoking/drinking status, diagnoses of clinical conditions known to increase the risk of adverse pregnancy problems (diabetes, obesity/overweight, hypertension, immunodeficiency, substance use disorders), and mental health-related diagnoses (ADHD, depression, anxiety, bipolar disorder).
Propensity score weighting and logistic regression were used to estimate adjusted odds ratios (aORs) comparing the risk of adverse outcomes across groups, controlled for baseline characteristics.

Findings and Conclusions:

Among all pregnant women in the study sample, those prescribed stimulants or atomoxetine had a higher prevalence of adverse pregnancy outcomes compared to those not receiving these medications. These individuals were also more likely to be of advanced maternal age and have coexisting medical and mental health conditions, which may contribute to increased baseline risk. However, our findings also highlight important exceptions; stimulant use was associated with lower risks of gestational diabetes and placental abruption compared to no medication, and lower risk of preeclampsia/eclampsia and

preterm birth compared to atomoxetine exposure. Atomoxetine, in turn, was associated with a reduced risk of LGA births compared to no medication.

These results underscore the complexity of evaluating the safety of psychiatric medications in pregnancy. While the overall pattern suggests increased risk among those exposed to stimulants or atomoxetine, the presence of specific protective associations may reflect differences in underlying maternal characteristics, clinical management, or medication mechanisms. For instance, the reduced risk of gestational diabetes in the stimulant group may be related to appetite-suppressing or metabolic effects of stimulant medications.

The finding that stimulant-exposed individuals had lower risk of preeclampsia/eclampsia and preterm birth compared to those prescribed atomoxetine is noteworthy, particularly given that both medications are used in overlapping clinical contexts. This suggests that differences in pharmacologic profiles or maternal comorbidities may influence pregnancy risk profiles in nuanced ways.

Our study contributes to additional evidence base on the perinatal safety of stimulant medications. These findings may inform shared decision-making between patients and clinicians when considering treatment options during pregnancy. However, several limitations must be acknowledged, including severity of underlying conditions, and unmeasured sociodemographic factors that were not analyzed but could influence associations. Further research is needed to confirm these findings, elucidate underlying mechanisms, and evaluate long-term child outcomes. In the meantime, clinical decisions regarding stimulant or atomoxetine use in pregnancy should carefully weigh individual risk factors, mental health needs, and potential medication-related risks and benefits.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: ACGME F MH
Submission #: 13
Title: ***Transforming the Huddle***

Abstract:
Huddles are an important part of communication within the office setting. Prior to this project, physicians were expected to do individual huddles with their hall nurses and write down any requests on a huddle sheet. This seemed to duplicate work and not create a sense of teamwork. This project instituted an office-wide huddle that included patient safety. Participants were surveyed before and after the implementation to gauge attitudes and usefulness of both kinds of huddles. Sense of teamwork did improve after the new system started.

Proposal:

Learning Objectives:
By the reviewing the huddle survey, the participant will have a better understanding of the advantages and disadvantages of the in-person huddle.
By considering using the huddle to address patient safety concerns, the participant will be able to apply this to their own practice.

Methods and Content:
A pre-and post-survey was conducted within the Family Practice Center, sent to all the residents, faculty and staff. The same 5 questions were asked. The goal was to gain insight into the effectiveness of paper huddle vs. in person group huddle in regard to communication, office flow, and patient safety. We collected 22 pre and 20 post surveys. In person group huddles are now performed prior to each half day of office. We review any good catches, safety reports, potential patient safety issues. There is also time for education and review of current QI projects.

Findings and Conclusions:
The findings suggest that several people liked the paper huddle for communication. Office flow was felt to be better with the in-person huddle, and patient safety was felt to be improved. These findings were not statistically significant. The more significant information was found in the open question. The written in comments will assist us in furthering the cycle of PDSA and improve how we are currently conducting huddles. Conducting huddles will be an important part of each resident's future practice and how they manage their office.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: IMM TECH GER
Submission #: 83
Title: ***Evaluating the Impact of Influenza Vaccination in a Cohort of Patients at High Risk of Complications: A Slicer Dicer Exercise***

Abstract:
This project explores the use of Epic's Slicer Dicer tool at our county hospital to collect and analyze population-level data on influenza during the 2024-2025 Influenza season, vaccination rates, and vaccine effectiveness. We focused on high-risk patients; individuals over 65, those on the cancer or diabetes registry. Extracting data on influenza A and B test results and correlating them with vaccination status, we calculated the relative risk of influenza in vaccinated versus unvaccinated patients. We determined the Number Needed to Treat (NNT) with the influenza vaccine to prevent one case of Influenza. Limitations of EHR-based observational data are touched on.

Proposal:

Learning Objectives:
Learning Objectives:
Demonstrate how to use the Slicer Dicer tool in Epic to collect statistical data on influenza rates, vaccination rates, and vaccine effectiveness, while recognizing the limitations of EHR-based data.
Analyze the relationship between influenza vaccination and influenza incidence in high-risk populations, including patients over age 65 and those with cancer or diabetes.
Calculate the relative risk of testing positive for influenza A or B in vaccinated versus unvaccinated patients, and determine the number needed to treat (NNT) to prevent one case of influenza.

Methods and Content:
We used the Slicer Dicer tool in Epic, our institution's electronic health record (EHR) data visualization platform, to extract de-identified patient data. We created cohorts based on influenza vaccination status, stratified by high-risk groups, including patients aged 65 and older, or those included in the cancer or diabetes registry.
Data collected included:
Number of hospitalized patients
Number of patients in the outpatient setting
Influenza A and B test results (positive or negative)
Influenza vaccination status (received/not received within the flu season)
Demographic filters to narrow by age
Application of registries for cancer and diabetes
We compared influenza positivity rates between vaccinated and unvaccinated patients. Using this data, we calculated:
Relative risk (RR) of influenza in vaccinated vs. unvaccinated individuals
Number needed to treat (NNT) to prevent one influenza case in high-risk populations

We also assessed limitations inherent in EHR-derived data, including inconsistent documentation, variation in coding practices, and inability to confirm outside vaccinations.

Findings and Conclusions:

We analyzed influenza rates in high-risk groups during the 2024–2025 season using Epic's Slicer Dicer. In diabetic patients (n=31,355), vaccine effectiveness (VE) was 17% (RR: 0.99; NNT: 384). Among cancer patients (n=10,650), VE was 35% (RR: 0.65; NNT: 109). In patients over 65 (n=179,541), VE was highest at 88% (RR: 0.12; NNT: 609). Vaccination was associated with reduced influenza risk across all groups, especially in older adults. These results highlight varying vaccine benefits by condition and underscore the importance of targeted vaccination strategies, despite limitations of EHR-based observational data.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: RESQI MCH REPRO
Submission #: 147
Title: ***Treatment Outcomes in Infertility and Recurrent Miscarriage: A Retrospective Chart Review***

Abstract:
Infertility and miscarriage are common conditions affecting 15-20% of couples who seek to expand their families. Infertility is defined as the inability to conceive within 12 months, and miscarriage is defined as the spontaneous loss of pregnancy before 20 weeks gestation. Since family physicians commonly encounter patients who experience these conditions, it's important to understand underlying causes and risks. To characterize the common causes of these conditions and treatments that family physicians can employ, we conducted a chart review of 39 women, ages 24 to 44, who presented with infertility or miscarriage from June 1, 2022 - May 31, 2025.

Proposal:

Learning Objectives:
By the end of this session, participants will be able to recognize the multifactorial nature of infertility and recurrent miscarriage and understand how identifying and addressing underlying causes can enhance a woman's chances of achieving a successful pregnancy.

Methods and Content:
We conducted a retrospective chart review of patients who presented with infertility and/or miscarriage between June 1, 2022, to May 31, 2025. Data collected included patient age, gravidity, parity, number of pregnancies, miscarriages, and live births. Relevant medical history was also reviewed, including diagnoses and treatments related to underlying causes of infertility, such as autoimmune diseases, hormonal imbalances, inflammatory conditions, and metabolic disorders. We then categorized the data of the 39 patients who were within the timeframe and met the inclusion criteria, and looked at the number of pregnancies, miscarriages, live births, and ongoing births.

Findings and Conclusions:
Of the patient population, 39 individuals who presented for care between June 1, 2022, and May 31, 2025, met the inclusion criteria for infertility and/or a history of miscarriage. Since beginning treatment focused on addressing root causes—such as hormonal imbalances, metabolic dysfunction, autoimmune disease, and other risk factors—31 of these women (79.5%) became pregnant. Among them, 22 patients achieved live births, resulting in a total of 26 children (56.41%). Eight pregnancies are currently ongoing. Unfortunately, there were 12 miscarriages reported among 9 women, and 8 women (20.5%) were not able to conceive.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: RESQI CE DMCC
Submission #: 141
Title: ***Exploring Public Attitudes Toward Provider Communication of Blood Pressure Variability***

Abstract:
Blood pressure variability (BPV), a metric distinct from hypertension, is linked to serious health outcomes including kidney disease, stroke, dementia, and death. Despite its clinical relevance, BPV is not currently flagged in electronic medical records (EMRs). This study surveyed the public on whether they would want to be informed if they had a condition like BPV and their willingness to make lifestyle changes in response. 96% of participants wanted to be informed, and 96% of that subset were likely to adjust their lifestyle. These findings support the integration of BPV indicators into EMRs to enhance patient counseling and preventive care.

Proposal:

Learning Objectives:

1. Differentiate blood pressure variability (BPV) from hypertension and explain its clinical significance in relation to chronic conditions such as kidney disease, stroke, dementia, and mortality.
2. Recognize the gap in current electronic medical record (EMR) systems regarding BPV documentation and its implications for preventive care.
3. Evaluate public perspectives on being informed about BPV-related health risks and their reported willingness to make lifestyle changes in response.

Methods and Content:

Individuals 18 years and older were randomly surveyed in public settings such as college campuses, malls, sporting events, and via social media. The survey first asked participants, "Would you want your doctor to inform you and document in your medical record if you had a health issue that could increase your chances of chronic kidney disease by 69%, stroke by 27%, dementia/cognitive impairment by 25%, and death by 4.5 times compared to those who do not have this health issue, even if your doctor was unable to treat it?" The phrase "blood pressure variability" was intentionally avoided due to concerns that respondents would confuse BPV with hypertension, thus altering their responses. Using the term of an unnamed "health issue" while still describing all the associated risks of BPV expressed to participants the gravity of having BPV without appointing it a name that could inadvertently cause laypersons to misinterpret the point of the question.

The survey continued by inquiring, "If you had this health issue, how likely would you be to change your lifestyle habits (e.g., diet, smoking, exercise, sleep, alcohol consumption) in order to prevent complications like chronic kidney disease, stroke, dementia/cognitive impairment, and/or death?" Additionally, participants were asked about their demographics – including age, gender, race or ethnicity, education status, weight, and height – and about their lifestyle – including diet, smoking habits, alcohol consumption, and exercise frequency.

A chi-squared test was used to assess the association between wanting to be informed of having BPV and willingness to change one's lifestyle if they had BPV. Chi-squared tests also analyzed the associations between age, race, gender, diet, exercise

frequency, and alcohol consumption and wanting to be informed of having BPV as well as the association between age, race, gender, diet, exercise frequency, and alcohol consumption and willingness to change one's lifestyle.

Findings and Conclusions:

Of the 531 respondents, 96% expressed that they wanted their healthcare provider to inform them and document in their EMR if they had a health issue that could increase their chances of chronic kidney disease, stroke, dementia/cognitive impairment, and death, even though the health issue was untreatable. Of the 96% who would want to be informed, 96% of them believed that they were likely to modify their lifestyle in order to mitigate the risk of developing adverse health outcomes.

Respondents aged 18-29 years were more likely than participants over 30 years to want to be informed of BPV (Table 1, $p<0.005$). Participants with lower education (less than a bachelor's degree) were also more likely to want to be informed of BPV than those with higher education (bachelor's degree or higher) (Table 1, $p<0.05$).

Wanting to be informed of having BPV correlated with the likelihood of changing one's lifestyle (Table 2, $p<0.05$). 96.87% of females (vs. 94.25% of males) were likely to change their lifestyle (Table 2, $p<0.00005$). Respondents who described their diet as "neither healthy nor unhealthy" (Table 2, $p<0.0001$) were most likely to change their lifestyle. Neither race nor exercise frequency was significantly associated with wanting to be informed of BPV or with the likelihood of changing one's lifestyle.

The key finding of this study is that the majority of respondents expressed both that they would want to be informed if they had a condition like high BPV – even if it is untreatable – and that they would be likely to change their lifestyle to prevent the development of adverse health outcomes associated with that condition. This suggests that by implementing BPV as another health marker in EMRs, patients would be further encouraged to establish healthier habits in order to gain more control over their well-being. It would be reasonable to consider conducting a longitudinal study in the future that evaluates the willingness to change one's lifestyle versus patients who actually make tangible modifications to their behavior to avoid BPV-related complications.

Furthermore, participants who described their diet as "neither healthy nor unhealthy" were most likely to also state willingness to change their lifestyles, thus highlighting a population who may be able to decrease their risk for BPV-related complications through dietary improvement. Providing these patients with nutritional education and support could empower them to adhere to beneficial lifestyle changes.

The large percentage of younger respondents who wanted to be informed of BPV suggests an opportunity for providers to begin health education in a younger patient population. Although BPV, specifically systolic BPV, is associated with being 60 years or older, early education for younger patients with relatively high BPV may stimulate lifestyle changes that could deter BPV complications in the future.

Less educated participants were more likely to want to be informed of having a condition like BPV than their higher-educated counterparts. This was contrary to the common association between education and health status. This may reflect the limited number of respondents with advanced degrees but does suggest that providers should avoid biases and take the time to inform patients with less education about BPV and its complications the same way they would do for their higher educated patients.

Given the substantial number of participants wanting to be informed of a health condition like BPV, the potential for future studies to discern the effect of knowledge of BPV on a patient's tangible lifestyle modifications, and the serious complications of BPV, we urge that EMRs calculate and flag high BPV so providers may incorporate it into patient counseling.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC IMM
Submission #: 110
Title: ***T-cells Friend or Foe?: The Hidden Risks of Immunomodulating Agents***

Abstract:
Family physicians increasingly encounter patients prescribed IL-17 inhibitors for chronic inflammatory conditions including psoriasis. Rare gastrointestinal adverse effects such as colitis have been associated with these medications. We present a case of a 73-year-old woman with a history of psoriasis who developed severe colitis persisting over 6 months following initiation of Ixekizumab, which was originally attributed to ischemic colitis. She ultimately required proctosigmoidectomy. This case highlights a rare but serious side adverse effect of IL-17 inhibitors, emphasizing the need for early recognition and multidisciplinary management.

Proposal:

Learning Objectives:
- Describe the role of IL-17 and TH17 cells in mucosal immunity and inflammation
- Recognize risks vs benefits associated with IL-17 inhibitor therapy including potential to induce or worsen inflammatory bowel disease
- Formulate a differential diagnosis for colitis for patients on immunomodulatory therapy
- Interpret diagnostic framework and management of drug-induced colitis
- Recognize importance of screening and monitoring for GI symptoms in patients initiating IL-17 inhibitor therapy

Methods and Content:

1) Title: T-cells Friend or Foe?: The Hidden Risks of Immunomodulating Agents
2) Introduction
a) IL-17 is a pro-inflammatory cytokine that is produced by a group of T-helper cells called TH17 and plays a vital role in many inflammatory conditions such as psoriasis. It is involved in keratinocyte proliferation and thus blockade of this pathway with Ixkizumab has proven efficacious in treating plaque psoriasis. However, IL-17 is also involved in preserving intestinal mucosal integrity and has antimicrobial properties, which is why blockade can predispose to colitis. This paradoxical effect may be associated with the potential to induce or exacerbate IBD in rare cases.
3) Case presentation
a) This is a 73-year-old female with PMH of Parkinsons, T2DM, Psoriasis (on Ixekizumab), R breast DCIS (s/p lumpectomy, 2024), diverticulosis, COPD (on 2LNC nightly), anal fissure, constipation and multiple recent falls who initially presented with altered mental status. She presented to her family physician with a one-week history of worsening weakness and multiple falls. The patient was transferred to the hospital for concerns of altered mental status. In the ED, she was hypotensive (BP 98/59). Initial workup notable for hyperglycemia and abnormal UA (LE+, WBCs). Imaging (CT head/c-spine, CXR) was unremarkable except for ileus on KUB. She was started on IV Ceftriaxone after developing fever in ED and admitted for further management.
c) On admission, the patient was noted to be intermittently febrile despite treatment with IV Ceftriaxone for possible UTI. Due to persisting gastrointestinal symptoms over the past several months and patient's recent admission two weeks prior for rectal bleeding and concerns for sigmoid colitis residual from six months prior, CT abdomen was repeated which showed "persistent

wall thickening of the descending colon and sigmoid, suspicious for ongoing colitis. The appendix abuts the sigmoid and demonstrates mild wall thickening and enhancement, which may be reactive to the adjacent colitis."

4) DIFFERENTIAL DIAGNOSIS:

- Ischemic colitis, Ulcerative colitis, Infectious colitis and Crohn's disease

5) HOSPITAL COURSE & WORKUP

a) Provisional diagnosis was recurrent ischemic colitis with possible ischemic stricture in the sigmoid colon. IV Metronidazole was added to IV Ceftriaxone. CT Abdomen and pelvis notable for patent vasculature including the celiac axis and SMA. C. difficile and enteric panel were negative. Fecal calprotectin was significantly elevated (>2500). On admission day #3, the patient developed rectal bleeding with clots, abdominal distension and rebound tenderness. Patient became clinically unstable, leading colorectal surgery to perform emergency laparotomy. She underwent left colectomy with end colostomy (Hartmann's Procedure).

Findings and Conclusions:

Pathology revealed: "The histologic findings are nonspecific. The principal differential diagnosis includes infection, ischemia, and drug/medication injury (including IL-17 inhibitors)." Per colorectal surgeon, the absence of stricture on gross examination and by pathology argued against ischemic colitis.

Over the prior 6 months, this patient had one ED evaluation and 3 hospitalizations prior to the final one described above for various gastrointestinal complaints. Her symptoms were ascribed to internal hemorrhoids or possible colorectal abscess. In retrospect, her symptoms were likely manifestations of persisting colitis attributable to Ixekizumab.

Many patients are being prescribed immunomodulating agents for a wide variety of diseases, including dermatologic, rheumatologic and neurologic conditions. While many of these agents are prescribed by specialists, it is important for family physicians to recognize these medications as immunomodulators and to recognize their potential for serious adverse effects.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: RESQI DMCC GER
Submission #: 64
Title: ***Comparative Effectiveness of Glucose Monitoring Methods on HbA1c Reduction: A Retrospective Study***

Abstract:
This single-center retrospective cohort study evaluated the effectiveness of continuous glucose monitoring (CGM) vs. point-of-care (POC) glucose testing in reducing HbA1c levels among 90 adults with type 1 or type 2 diabetes. CGM users (n=63) had higher comorbidity and insulin use but achieved significantly greater HbA1c reductions (-1.8% vs. -1%; p<0.001). Findings support expanding CGM access to improve glycemic outcomes and reduce treatment burden in patients with diabetes.

Proposal:

Learning Objectives:
Understand key definitions pertaining to diabetes care, including the role and benefits of continuous glucose monitoring (CGM) in modern diabetes management
Contextualize the implications of CGM use vs. POC fingerstick monitoring on glycemic control patterns through a case study of Bayhealth Endocrinology Clinic (Sussex Campus)
Describe barriers surrounding CGM access and opportunities for policy reform

Methods and Content:
A single-center, retrospective cohort analysis (January 2023-December 2024) was conducted at Bayhealth Endocrinology Clinic (Milford, Delaware) to compare outcomes in adult patients with type 1 or type 2 diabetes using CGM data (n = 63, intervention) vs. POC fingerstick testing (n = 27, control). Inclusion required at least one HbA1c measurement and a follow-up visit during the study period. Patients with irregular follow-up, severe comorbidities, medications affecting CGM reliability, and < 50% CGM sensor use were excluded. Data for HbA1c, CGM interpretation, and clinical characteristics were extracted from Epic electronic medical records via SlicerDicer and chart review. The primary endpoint was change in HbA1c from baseline to 3- and 6-months, stratified by baseline HbA1c category (Group A, HbA1c 7-9% vs. Group B, HbA1c 9-14%). Secondary endpoints included CGM type and CGM metrics (i.e. time sensor active, time in range, time above range). Statistical analysis was performed using SPSS for linear regression, Friedman's Two-Way ANOVA, and ANCOVA and adjusted to control for confounders.

Findings and Conclusions:
Results
A total of 90 patients were included for analysis. Most patients had type 2 diabetes (97%) and baseline demographic characteristics such as age, sex, and BMI were similar between groups. CGM users had higher rates of insulin use (77.8% vs. 40.7%), higher baseline comorbidity burden, and were prescribed approximately 1.5 times more diabetes medications at study initiation. However, CGM users demonstrated a greater reduction in diabetes medication use from baseline to third visit compared to POC testers (20.7% vs. 7.4%), likely due to improved glycemic control from real-time glucose monitoring. Conversely, the POC group experienced a greater increase in medication use over the study duration (44.4% vs. 33.3%). Estimated average glucose (eAG) significantly decreased by 29.6 mg/dL overall (p <0.001), with greater improvements observed

in patients with higher baseline HbA1c (Group B = -92.2 mg/dL) compared to less severely uncontrolled patients (Group A = -20.1 mg/dL). Average HbA1c reduction was significantly greater in the CGM group compared to POC fingerstick testers (-1.8% vs. -1%; $p < 0.001$), and newer CGM models (Freestyle Libre 3 and Dexcom G7) demonstrated superior performance compared to older models ($p = 0.032$). Sensor compliance remained high, with significant improvements in average time in range between visits ($p = 0.002$).

Conclusions

CGM use resulted in greater improvements in HbA1c compared to POC glucose monitoring. Expanding access to CGM for all patients with diabetes is essential for optimizing diabetes care.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: RESQI ACGME F
Submission #: 58
Title: ***Family Medicine Residency Bootcamps: A Systematic Review of Current Literature and Implementation of an Expanded Onboarding Process to Improve Residency Readiness***

Abstract:
Boot camps are common in procedural specialties, but their role in primary care residency is less defined. We conducted a systematic review following 2020 PRISMA scoping guidelines to evaluate onboarding interventions in Family and Internal Medicine residencies. Of 157 studies screened, only 10 met inclusion criteria. Most excluded studies focused on procedural fields. Included studies emphasized EHR training, patient presentations, and procedural skills, with near-peer teaching frequently enhancing intern preparedness. These findings inform our program's expanded onboarding, incorporating skills labs, EHR training, and graduated peer shadowing. We plan to assess outcomes using a validated, survey-based tool in future implementation.

Proposal:

Learning Objectives:
Formalized skills and medical knowledge focused boot camps appear to be common in procedural based medical specialties - but their prevalence and impact has not been evaluated in primary care residency. Our goal was to conduct a systematic review of current literature on Family medicine and Internal medicine based bootcamps / residency onboardings and their impact on resident preparedness. In doing so we hoped to determine what interventions are effective and incorporate it into future iterations of our programs' newly expanded clinical on boarding for incoming residents.

Methods and Content:
We conducted a unregistered systematic review per 2020 PRISMA guidelines on scoping review protocols. Pubmed and web of science were searched for papers published since 2010 with search terms using variations of "residency boot camp" and "residency on boarding". Duplicates were removed and articles were then screened in multi step process using standardised screening tools by two separate reviewers. Articles not relating to family medicine or internal medicine were excluded from the final count. Full text review was then conducted allowing for identification of central themes and interventions in current research. We plan to next access residency preparedness, before and after, our residencies expanded onboarding process. To do so we will use a modified version of the survey developed by Alhusain et al. which was found during this initial systematic review.

Findings and Conclusions:
Our literature review found 157 papers to be screened for includsion following removal of duplicate articles. Following two person article screening and full text review 10 studies were found for inclusion. Of the excluded studies a large number (45) dealt with boot camps in non-primary care based specialties, highlighting the prevalence of formalised bootcamps in procedural fields. Among the included studies it was found that 40% dealt with electronic health record training, and presentation of patients. These workshops were largely found to be efficacious at increasing intern self perceived efficacy in inpatient and outpatient settings, while significantly increasing understanding of workflow and expectations. Notably near peer

based intervention was found to have statistically significant impacts in these areas. Similar efficacy was seen in procedural based trainings, with a 5 day bootcamp developed by the University of Oregon showing significant improvement in intern confidence managing a variety of acute presentations and common procedures. These results show that intern boot camps even done over periods as short as 5 days can significantly increase intern preparedness across a wide range of skills - with a potential beneficial role for near peer based training. Moving forward we plan to report evaluation of our program's newly expanded onboarding process which incorporates a combination of skills labs, outpatient EHR training, and near peer based graduated shadowing experiences.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: REPRO MCH DMCC
Submission #: 114
Title: ***Access Denied: Exploring Inequities in Uterine Transplantation for Patients with Absolute Uterine Factor Infertility***

Abstract:
Uterine transplantation (UTx) offers hope for individuals with absolute uterine factor infertility (AUFI), but access remains limited. This project explores geographic and insurance-based disparities in UTx access across the U.S. through a reproductive justice lens. Preliminary findings show that access is largely confined to select academic centers and often restricted to privately insured patients. These disparities highlight the role of family physicians in early counseling and referral. Policy reform and broader insurance coverage are needed to ensure equitable access. Family medicine can be a key advocate in expanding reproductive options for historically marginalized populations.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to:
Describe current geographic and insurance-based barriers to uterine transplantation access in the United States.
Apply a reproductive justice framework to evaluate disparities in access to advanced reproductive technologies.
Identify the role of family physicians in counseling, referral, and advocacy for patients with absolute uterine factor infertility (AUFI).

Methods and Content:
A literature review was conducted to identify active uterine transplantation (UTx) programs in the U.S. and examine their geographic distribution, insurance criteria, and institutional access. A reproductive justice framework guided analysis of structural barriers affecting patients with absolute uterine factor infertility (AUFI). The poster will present findings on access inequities and highlight the role of family physicians in counseling, referral, and advocacy to promote equitable access to advanced reproductive technologies.

Findings and Conclusions:
Uterine transplantation (UTx) is available at six U.S. centers, all large academic institutions clustered on the East Coast and South, with no access in the Midwest, Mountain West, or Pacific Northwest. UTx cannot be separated from reproductive endocrinology and infertility (REI) care, as it requires in vitro fertilization (IVF) and hormonal preparation. However, only 21 states mandate any infertility insurance coverage, and just 13 require IVF coverage. IVF costs $15,000–$20,000 per cycle, excluding many low-income, uninsured, and BIPOC patients. This highlights how eligibility for UTx is limited not only by geography, but also by upstream financial and structural barriers to infertility care. Family physicians can play a critical role in identifying and supporting patients with uterine factor infertility and advocating for equitable access to fertility services.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC ADV
Submission #: 50
Title: ***Urine Trouble: Increasing Urine Microalbumin Screening in Type 2 Diabetes***

Abstract:
Persistently elevated urine microalbumin levels in patients with diabetes increases renal and cardiac disease risk due to increased vascular permeability. At a residency clinic, this quality metric struggled meeting national compliance standards. We created an educational intervention to all office staff and physicians stressing the importance of yearly urine microalbumin testing, and multiple ways within the EMR that status of this metric could be identified. Following this intervention, there was a 20% increase in urine microalbumin screening rates compared with prior. This intervention can be applied to other primary care settings to improve the early diagnosis of complications in diabetes.

Proposal:

Learning Objectives:
1. Increase awareness of the importance and utility of urine microalbumin testing in the primary care setting, with assistance from all members of the family medicine office setting
2. Review how urine microalbumin testing can be used for risk stratification for the progression of renal and cardiovascular disease.
3. Discuss how to leverage increased screening rates by pursuing standard guideline directed medical therapies in those with microalbuminuria.

Methods and Content:
We identified a total 773 patients with type 2 diabetes in our office's patient panel. These 773 patients were then considered compliant if they had an updated urine microalbumin test done in the previous year prior to data collection. Once this rate was identified, all office staff were given an educational lecture on the importance of yearly urine microalbumin testing, as well as multiple ways within the electronic medical record that a deficiency in this quality metric could be identified. Staff present in this meeting included medical assistants, nurses, lab technicians, residents, and attending physicians. When a patient was identified as needing updated microalbumin screening by any staff member, the test was then ordered. This was done for a total of six months prior to final data collection.

Findings and Conclusions:
After six months post-intervention, we looked at urine microalbumin testing compliance for the same time period of 12 months. Prior to our intervention, 221 of the 773 patients with type 2 diabetes had up to date urine microalbumin testing, revealing a 28.6% overall screening rate. Six months following the intervention in November 2024, the office's total number of patients with type 2 diabetes increased to 789 and a total of 272 had updated urine microalbumin testing at the time of data collection in April 2025. Post-intervention, our office had a 34.4% screening rate, a 19.6% relative improvement in screening rates.

Our findings and data suggest implementing educational interventions on an office-wide scale can underline the importance of urine microalbumin testing and subsequently increases rates of screening in patients with type 2 diabetes. While working towards the 80% national screening goal,
we did display an increase in our screening rates despite an increase in the number of diabetic patients in the panel. Implementing routine educational interventions on an office-wide scale may prove beneficial in improving the rates of other routine health maintenance testing and identifying guideline directed treatments to prevent or halt progression of disease. Our project was limited in the timeline of data collection and analysis and data collection is still ongoing. More research is needed to determine the most effective way of encouraging routine screening tests in the residency clinic setting considering multiple barriers to care. However, our intervention displayed a focused, low cost educational project can positively influence quality metrics in primary care. Overall, our quality project can be applied to other primary care settings to help improve the early diagnosis and management of renal or cardiovascular disease disease in diabetes.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: RESQI REPRO
Submission #: 120
Title: ***Breaking Down Barriers of Barrier Protection: Condom Distribution in Primary Care***

Abstract:
This QI project aimed to identify if provider education and a new supply and distribution system of barrier protection in a primary care clinic improved provider comfort, knowledge and counseling practices. Resident physicians completed pre-(N=20) and post-intervention (N=13) surveys analyzed using a 5-point Likert scale to assess comfort, frequency of discussions, and recommendations of condoms or dental dams. While mean scores increased across all items, including comfort with condom and dental dam education and frequency of recommendation, none reached statistical significance. This brief intervention showed potential to positively influence provider practices and comfort regarding barrier protection and sexual health counseling.

Proposal:

Learning Objectives:
Recognize barriers that limit provider discussion and recommendation of condoms and other barrier methods.
Summarize the effect of a brief educational intervention and systemic distribution system on provider comfort and practices related to sexual health counseling.
Analyze Likert-scale survey data to assess changes in provider behavior before and after the intervention.
Evaluate strategies for reducing structural barriers to sexual health resources in primary care offices.

Methods and Content:
Approximately 10,000 condoms were donated to Rardin Family Medicine clinic at The Ohio State University by Columbus Public Health's STI prevention program. They were sorted by type, labeled for expiration and placed in labeled, black opaque bags. These were organized into a designated, visible space in the precepting area along with instructions on how to make a dental dam with a condom from the CDC. A brief, educational review of barrier protection was given in multiple pre-clinic 10 minute lectures. A pre-distribution and post-distribution survey was sent to all Rardin Family Medicine residents targeting their current education and practices on barrier protection counseling in clinic.
Survey Design:
Participants completed a structured questionnaire consisting of statements rated on a 5-point Likert scale (1 = Never, 2 = Occasionally, 3 = Sometimes, 4 = Most of the time, 5 = All of the time) as well as "Yes/No" responses.
Data Collection:
Responses were collected via an anonymous survey distributed through resident email. A total of N = 20 pre-survey and 13 post-survey responses were analyzed with a 6-month intervention implementation time.
Data Analysis:
Likert-scale responses were coded numerically from 1 to 5. Frequencies and mean scores were calculated for each item. T-testing performed and p-value of <0.05 was considered statistically significant. When appropriate, responses were grouped into broader categories (e.g., yes, no) for frequency analysis for the remaining questions.

Findings and Conclusions:

For the survey question “Do you currently discuss condom/barrier protection use with patients as part of routine or annual care?” the pre-survey Likert mean was 3.9 ± 3.8, post-survey was 4.0 ± 2.4 (p=0.51). The frequency distribution of the survey data in post-intervention did shift towards the higher responses, however the difference was not significant.
For the survey question “Do you recommend barrier protection such as dental dams or condoms to patients who engage in oral sex to prevent STIs?” the pre-survey Likert mean was 2.3 ± 2.3, post-survey was 3.1 ± 1.5 (p=0.28). Though the results were not statistically significant, providers did appear to engage more readily in conversation regarding barrier protection in oral sexual activity.
Within our binary (e.g. yes, no) data, only 25% of residents knew of any free resources for barrier protection prior to the intervention. There was also a 13% increase in patients requesting condoms in clinic appointments after the implementation. Additionally, only 10% of residents prior to the information and intervention felt comfortable instructing patients on how to make a dental dam out of a condom. After the intervention, 39% of residents felt comfortable.
A post-survey only question of “Are you more likely to discuss barrier protection with patients after having them readily available in clinic?” the average Likert score was 4.4 ± 2.9, with 4= somewhat more likely and 5= much more likely. Overall, 85% of residents were either somewhat or much more likely to discuss barrier protection after initiation.
Finally, between December of 2024 and May 2025, over 2,000 condoms were distributed to the patients of Rardin Family Medicine Clinic.
Conclusions:
This quality improvement project aimed to enhance provider engagement in sexual health counseling and increased distribution of barrier protection within the Rardin Family Medicine Clinic. While none of the observed changes reached statistical significance, post-intervention trends suggested modest improvements in provider comfort and significant improvement in the likelihood of recommending condoms or dental dams during clinic visits. Future initiatives within the project will focus on automatic distribution of condoms during medical assistant visits for STI testing. Additionally, we will focus on providing informative handouts within the bags on PreP and Doxy PEP, as well as integrating this into resident workflow.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: SDOH GH F
Submission #: 137
Title: ***Resident Panel Management and Population Health***

Abstract:
New Accreditation Council for Graduate Medical Education requirements for 2024 include being responsible for a panel of patients of sufficient size and diversity to ensure adequate education, as well as new requirements for both provider and patient sided continuity.

Proposal:

Learning Objectives:
After reading, the participants will be able to discuss the new ACGME requirements for resident panel management, provider continuity and patient continuity.

Methods and Content:
Previous workflows for panel reassignment were that for the last few months of their time, graduating residents would reassign patients to current residents, and after graduation, remaining patients on their panel are randomly reassigned to an incoming resident. This leads to panels where the majority of patients have never met their assigned Primary Care Physician (PCP). We designed new ways to analyze provider panels and measure continuity. A curriculum to teach providers how to assess and manage their panels was integrated into the existing ambulatory rotation, with all PGY-2s and 3s trained over 5 months. Residents were scheduled for a 3 hour session with training in panel management and reassignment, population management, reporting basics and practice management. Pre-training surveys were done on the day of training (N=20), with post-training surveys sent out 2 weeks after their initial training (N=14 for reporting survey, N= 15 for panel management survey).

Findings and Conclusions:
PGY-3 average panel size was 316 (256-343), 40.7% (33.9-48.1%) had never met their PCP
PGY-2 average panel size was 244 (149-296), 56% (40.9-64.7%) had never met their PCP.
Post-Intervention, PGY-3 panel size decreased to 289, 20.7% have not met their PCP.
PGY-2 average panel size was steady at 243, 43.5% have not met their PCP.
Even without training the PGY-1s, their percentage not seen improved almost 10% with the reassignment from the other classes.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC MCH NT
Submission #: 115
Title: ***Glow Time: Glucose & Lactation Education***

Abstract:
While the benefits of breastfeeding are well known, national rates for breastfeeding remain suboptimal. Lactation education plays an important role in improving breastfeeding rates. As prenatal care providers, family medicine residencies are uniquely positioned to provide lactation education in addition to other standards of care. This study assesses the impact of incorporating lactation education into routine prenatal lab visits on breastfeeding rates within our clinic.

Proposal:

Learning Objectives:
- Learn how breastfeeding education impacts your patients
- Learn how to talk to your patients about the benefits of breastfeeding
- Implement breastfeeding education into your practice!

Methods and Content:
In January 2025, our clinic began offering 1-hour group lactation education classes monthly where eligible patients may also receive routine prenatal labs offered during 24 to 28 weeks gestation. These labs include CBC (screen for anemia) and 1-hour glucose tolerance test (screen for gestational diabetes), as well as antibody screening for patients who are Rh negative. The classes are conducted by resident(s) and/or faculty member(s) with materials informed by our associated hospital's lactation consultant. Class participants are asked to complete pre- and post-surveys regarding their attitudes surrounding breastfeeding and the class itself. Our primary outcome is to assess breastfeeding rate within our clinic population pre- and post-intervention. Secondary outcome measures include completion of recommended screening labs during the targeted gestational window, patient attitudes regarding breastfeeding and the lactation education class, and number of patients participating in lactation education classes.

Findings and Conclusions:
For children born in 2023 and 2024 within our clinic population (n = 101), 42.6% were receiving exclusively human breast milk during the parent's early postpartum visit occurring approximately 2 weeks after delivery. In this same population, 23.8% were receiving a combination of human breast milk and formula and 33.7% were receiving formula only. We have completed two lactation education classes thus far (participant n = 3) with plans to continue class offerings over the next 6 months. Data collection continues during these classes, as well as routinely during prenatal and postpartum patient visits.
Integrating lactation education with routine prenatal lab visits has the potential to improve breastfeeding rates in our clinic, which could be a valuable model for other family medicine residency programs. Future steps may include expanding educational offerings to cover a range of topics through group classes at different stages of pregnancy.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: RESQI ACGME F
Submission #: 40
Title: ***NEOMED MEDCAMP Quality Improvement Evaluation***

Abstract:
Many undergraduate students want to pursue a career in healthcare without having experienced what their future job may entail. Northeast Ohio Medical University (NEOMED) and Area Health Education Center (AHEC) hosted a 3-day event for these students to gain more hands-on experience in medicine. Participants were exposed to activities such as clinical skills practice with medical instruments, patient interviewing techniques, basic science labs (histology and anatomy), and mentorship activities, all ultimately leading to the diagnosis of a factitious patient and presentation at a symposium.

Proposal:

Learning Objectives:
By the end of this presentation, participants will be able to understand the importance of allowing undergraduate students to complete hands-on activities early on in their education. Many of these incorporated activities contain components that will be expected of them in their future healthcare careers.

Methods and Content:
Prior to the synthesis of this QI project, a full analysis of the MEDCAMP program has not conducted. We designed the MEDCAMP survey to assess participant satisfaction with the program, in addition to analyzing areas for improvement. The survey was open from February - April 2025, and included questions about participants' undergraduate majors, intended career paths, likelihood of recommending the program, ranking of MEDCAMP activities, and the program's impact on their future plans. It also invited participants to identify areas for program improvement.
Implementing ways to enhance the MEDCAMP program is crucial to enriching the overall educational experience for students of future classes interested in medicine and other related fields. Past participants valued clinical skills practice with medical instruments the most, as this activity is a fun but simple way of creating familiarity with commonly used clinical tools. Although the majority of participants were interested in pursuing medicine, some were interested in pharmacy, advanced healthcare practitioner, or nursing. Making the MEDCAMP experience geared towards all healthcare fields, rather than just medicine, may attract more students to participate.

Findings and Conclusions:
Participants were largely satisfied with their educational experience at MEDCAMP and valued the mentorship provided. Many respondents indicated that the programs offered at MEDCAMP enhanced their interest and understanding of healthcare related fields. In addition, the program helped many attendees felt a sense of belonging in medicine.
91% of MEDCAMP survey respondents indicated becoming a physician was their intended career path. Other career paths included pharmacy, nursing, and advanced healthcare practitioners. Also, the most popular activity at MEDCAMP was clinical

skills practice with medical instruments (42%) followed by conducting patient interviews at the NEOMED stimulation clinic (25%). Although a largely positive experience, 5% of respondents strongly indicated that MEDCAMP did not enhance their understanding of medical careers.

In conclusion, program designers will expand MEDCAMP by adding new clinical cases that challenge participants to work through a variety of differential diagnoses. In addition, MEDCAMP organizers are developing ways to give students greater exposure to medical research and hands-on opportunities in the field. The program is also being enhanced to introduce participants to a broader range of medical careers, with a strong emphasis on fostering interprofessional collaboration. Creation of more opportunities for mentorship and early professional development are crucial in supporting students as they begin their journey in healthcare.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: F ACGME R
Submission #: 96
Title: ***BPAs (Best Practices Activities) for Resident Scholarship***

Abstract:
The Accreditation Council for Graduate Medical Education (ACGME) requires all training programs to demonstrate evidence of scholarly activity. Refinement of resident requirements for scholarly activity are left to each specialty, including family medicine. Given this broad definition, programs are free to interpret how to best to accomplish this. The purpose of this study was to evaluate QI programs among sister residencies in one large academic center and identify the consistent and reproducible best practices that improve resident engagement especially when resources can be pooled in one institution.

Proposal:

Learning Objectives:
1. Define ACGME requirements for scholarly activity
2. Name 2 strategies for filling requirements

Methods and Content:
Faculty and staff at five family medicine residencies that are part of University of Pittsburgh School of Medicine, Department of Family Medicine. Methods: Survey of current practices as well as one on one interviews with QI champions Results: Staff and champions echoed some of the widely recognized barriers to resident research include an absence or lack of protected time, access to a formal research curriculum, lack of technical support obtaining data and lack of interest on the part of the residents while identifying best practices such use of group projects, longitudinal curriculum and use of the ABFM practice improvement (PI) module. These findings will be further discussed and refined with attendees at the annual departmental scholarship day to compile and share best practices.

Findings and Conclusions:
Engaging residents in scholarship is a graduation requirement for all family medicine residents but ensuring that graduates achieve this goal can be a challenging task for family medicine faculty. Sharing and discussing best practices will have a positive impact on resident scholarship and decrease faculty burden.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: ADV CE DEI
Submission #: 63
Title: ***Development and Piloting of a Framework and Conversation Map to Guide Community Based Organizations Toward Effective Collaboration***

Abstract:
Research and lived experiences show that it can be difficult for community-based organizations to create partnerships that share similar values and "equal voice". The Community-Campus Partnerships for Health (CCPH) has developed 12 "Principles of Partnership'' that can be used when designing models for successful partnerships. Using the CCPH's 12 principles as a guide, our team developed and piloted a framework and "conversation map" that can be used to foster trust, support productive conversations, and develop congruent goals for two community organizations to work collaboratively and potentially to develop effective long-term partnerships.

Proposal:

Learning Objectives:
By the end of the session participants will be able to describe facilitators and barriers to collaboration among organizations within a community, articulate how the principles (from CCPH) help community organizations discern opportunities to partner, and how the conversation map & toolset created can be an effective way to initiate healthy partnerships.

Methods and Content:
Qualitative data was collected from two in-person focus groups that consisted of a total of 11 participants from urban community-based nonprofit healthcare organizations. Participants were employed with their organization and had personal experience partnering with another organization.
Focus group participants were asked to:
a) Discuss experiences regarding both healthy and unhealthy partnerships, as well as any partnerships that involved working with organizations of different sizes.
b) Analyze the partnership tool and provide feedback on the value of the principles it proposed, the recommendations provided for enacting those principles, and the conciseness of the tool itself.

Findings and Conclusions:
Findings:
1.) Principles #1-#2 under the "Mission and Values" category and #4 under the "Communication" category were valued highest among participants.
2.) Principles valued second highest (#3,#5,#7) and third highest (#6,#8, #9) were deemed as secondary principles as they "flowed from" the adherence of principles #1, #2, and #4.
3.) Aspects of principle #1 were deemed an extension of principle #2.
4.) Principle #8 was deemed an extension of principle #7.

5.) Participants deemed principles #6 and #9 were somewhat redundant and could be integrated into the secondary principles as shown in the chart on the right.

Conclusions:

1.) The pilot framework helped support a discussion of important principles for collaboration.

2.) Principles of “Trust”, “Mission”, and ”Communication” were deemed to be of foundational importance.

3.) A prioritized sequence was identified for the implementation of each principle.

4.) Foundational principles build the partnership while other principles help to operationalize, monitor, and sustain it.

5.) Principle #6 was merged into principles #4 and #5, principle #8 into #7, and principle #9 into #2, consolidating the original 12 principles into 6.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: RESQI ACGME F
Submission #: 11
Title: ***Impact of a Modern Handoff Application in the Accessibility, Usefulness, and Efficiency of Patient Care in the In-Patient Setting: A Pre-Post Questionnaire Analysis***

Abstract:
This study assessed the impact of implementing "Physician Sign Out," a digital handoff tool, in a family medicine inpatient setting. Residents evaluated efficiency, information accuracy, and confidence in care plans before and after adoption using a pre-post survey design. Results showed marked improvements in perceived handoff quality, fewer documentation errors, and less need to access the EMR after sign-out. The time to complete and update sign-outs decreased significantly. These findings support using structured digital tools to enhance communication, safety, and efficiency in inpatient care transitions among resident physicians.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to better understand the impact of implementing a modern digital sign-out tool on the quality and efficiency of inpatient handoffs among family medicine residents. They will be able to compare user experiences between a previously used spreadsheet-based sign-out method and a more structured, user-friendly platform designed to organize and display patient information more clearly. Additionally, participants will be equipped to apply key findings from this pre-post questionnaire study to assess and possibly improve handoff processes in their training environments while trying to identify practical strategies for enhancing communication during care transitions.

Methods and Content:
This project used a pre-post survey design to study the switch from a spreadsheet-based sign-out method to the "Physician Sign Out" application at a family medicine residency. PGY-1 to PGY-3 residents who had used both systems completed surveys before and within the time range of 6-12 months after the change. The surveys asked about efficiency, completeness of information, technical problems, comfort with patient plans, and the time it took to complete sign-outs. Responses were anonymous and analyzed using descriptive statistics and paired t-tests. This session will cover the study design, implementation steps, results, and how programs can use similar tools to improve handoffs and patient safety.

Findings and Conclusions:
Following the implementation of the digital sign-out tool, residents reported significant improvements in the efficiency, clarity, and reliability of handoffs. Subjective ratings showed increased satisfaction with the completeness of sign-out information, reduced frequency of data inaccuracies, and improved confidence in understanding patient care plans. Additionally, the need to access the EMR after sign-out decreased and the average time to complete or update a sign-out was significantly reduced. These findings suggest that digital handoff tools can streamline communication, enhance workflow, and improve patient care transitions in the inpatient setting. The results support the broader adoption of structured sign-out systems in graduate medical education to enhance resident workflow without sacrificing patient safety.

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FAMILY MEDICINE
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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC SDOH CE
Submission #: 129
Title: ***Achieving with Apretude: A Case Study on Introducing Injectable PrEP into an Urban FQHC System***

Abstract:
Multiple formulations of PrEP (pre-exposure prophylaxis for HIV) have been shown to greatly reduce the risk of acquiring HIV (90%+). However, daily adherence to prophylactic antiretroviral medication for HIV exposure is imperative to minimize seroconversion risk. Apretude is a first-of-its-kind long-acting PrEP medication that can increase access for people who cannot adhere to daily oral medication, though incorporation into the clinic setting is often limited by technical and logistical considerations. During this session, we will review a case study of successful Apretude implementation at the Institute for Family Health, a clinic system in New York.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to identify concrete strategies for providing Apretude in the clinic setting by reviewing a case study focusing on the systems and strategies in place at the Institute for Family Health, an FQHC system located within New York.

Methods and Content:
At the Institute for Family Health, Apretude injections are coordinated by a team of clinicians, nurses, HIV care navigators and specialists, and the financial structures in place focus on expanding insurance access through New York State programs (Medicaid, ADAP). Identifying and partnering with a specific pharmacy can also provide additional technical assistance regarding the ordering and delivery of medication. Residents can also be champions of this work by incorporating HIV teaching and care into a Scholarly Activity – current resident projects focus on improving SmartSets, Outreach, and Patient Education sheets in order to increase access to and awareness of PrEP.

Findings and Conclusions:
Major clinic considerations include:
Clinician comfort with HIV PrEP and counseling
Operationalizing the with SmartSets and patient education resources
Securing a partnering pharmacy
Having a separate clinical team specifically for coordinating delivery of injectables
Financial considerations: in NYS public insurance covers PrEP, other models have a readily-available stock of Apretude secured through other means (research/philanthropic grants)
Outreach towards patients who are eligible for PrEP
Streamlining the troubleshooting process: chart for how to proceed with testing and administration of medications for missed or late doses

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: ADV CE SDOH
Submission #: 7
Title: ***Community Health Program: Barries to Healthcare Access in Pontiac, Michigan***

Abstract:
Pontiac, Michigan, exhibits significant health and financial disparities, necessitating targeted interventions to improve community health outcomes. This study aims to explore the barriers to healthcare access in Pontiac by surveying community members. The insights gained will inform the development of strategies to enhance health literacy, increase access to care, and foster community engagement. Medical students, supervised by an attending physician, will conduct the survey and subsequent community health interventions.

Proposal:

Learning Objectives:
Our survey is designed to identify areas for improvement in healthcare access for Pontiac residents. By recognizing key obstacles, we aim to enhance providers' understanding of community needs and develop targeted strategies to improve care delivery and patient engagement.

Methods and Content:
The Community Health Program developed a research proposal to investigate barriers to healthcare access in Pontiac, Michigan. Based on this proposal, we designed a cross-sectional survey incorporating questions on demographics, access to medical care, and specific barriers to obtaining healthcare services. The proposal was reviewed and approved by the local hospital's Institutional Review Board (IRB).
The study was conducted by distributing surveys to permanent residents of Pontiac, Michigan, during public community events, including but not limited to barbershops, salons, and churches. Participation was limited to Pontiac residents and event attendees. Project investigators introduced the study, explained its purpose, and obtained voluntary informed consent before participation. Surveys were completed on paper or online, with responses securely collected and stored in a password-protected SurveyMonkey database. De-identified data analysis was conducted by authorized study personnel, focusing on identifying key trends, understanding challenges to healthcare access, and exploring potential solutions. In addition to gathering data, we aimed to actively engage residents at these events by offering health screenings, education, and personalized connections to resources based on their individual needs.

Findings and Conclusions:
In the initial months, the 28-question survey was administered at a local hospital and various community events in Pontiac, Michigan. Approximately 128 residents participated, yielding a response rate of 40%. In addition to data collection, we provided health screenings and educational resources to approximately 300 individuals, further supporting community engagement and awareness.
The majority of survey responses came from single African American females with a high school-level education. Additionally, many residents reported being employed full-time with a household income of less than $50,000/year. Notably, 90% of respondents indicated they had some form of health insurance, a primary care physician, and access to reliable transportation.

The primary barriers to healthcare access identified by respondents included long wait times (31.6%), cost of care (25.4%), discrimination or unfair treatment by healthcare providers based on race, ethnicity, or socioeconomic status (21%), and fear or mistrust of healthcare providers (12.3%). Additionally, 50% of participants reported occasional difficulties understanding medical instructions and challenges in affording prescribed medications. Despite these obstacles, nearly half of the respondents (49.6%) expressed a strong interest in improving their personal health and a desire to learn more about available medical resources.

Establishing this program has provided valuable insight into the healthcare access challenges faced by Pontiac residents. Our ultimate goal is to integrate this program as a permanent initiative within our hospital, ensuring sustained community engagement and impact. This foundation will allow us to expand the survey to nearby cities, clinics, and medical specialties, further broadening our understanding of healthcare disparities and enhancing targeted interventions. By achieving this, we aim to increase survey participation, allowing us to provide more education and resources to the community, ultimately improving health outcomes.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: DMCC WELL WPH
Submission #: 28
Title: ***High-Intensity Interval Training Has Equivalent Effects to Moderate Intensity Continuous Training on Cardiac Health Markers in Nondiabetic Young Adults: AMeta-Analysis***

Abstract:
Hypertension is increasing among U.S. young adults. This meta-analysis compared high-intensity interval training (HIIT), moderate-intensity continuous training (MICT), and no exercise (CON) on blood pressure and VO_2 max in healthy and overweight nondiabetic adults aged 18–30. Eleven randomized controlled trials were analyzed. HIIT significantly reduced mean arterial pressure (−2.86 mmHg) and systolic blood pressure (−4.92 mmHg), and increased VO_2 max (+5.27 mL/min/kg) compared to CON. No differences were found in diastolic pressure or between HIIT and MICT. Given HIIT's effectiveness, clinicians should consider it as an alternative or complement to MICT for managing hypertension in young adults.

Proposal:

Learning Objectives:
Appreciate the differences that exist between moderate-intensity continuous training and high-intensity interval training.
Understand the impact of both moderate-intensity continuous training and high-intensity interval training on the cardiovascular system of young adults.

Methods and Content:
The analysis included randomized control studies comparing the effectiveness of HIIT versus MICT or CON on at least three variables of interest (Mean arterial pressure, systolic blood pressure, diastolic blood pressure, and VO2 max) in nondiabetic young adults with an average age of 18-30. The methodological quality and risk of bias were evaluated using the Physiotherapy Evidence Database and Cochrane scales.

Findings and Conclusions:
Findings:
Eleven studies met the inclusion criteria. HIIT was more effective than CON in decreasing mean arterial pressure (-2.86 mmHg, $p < 0.0001$), and systolic blood pressure (-4.92 mmHg, $p < 0.00001$). HIIT was more effective than CON in increasing VO2 max (5.27 mL/min/kg $p < 0.0001$). There was no statistical difference between HIIT and CON regarding diastolic blood pressure, nor between HIIT and MICT for any of the measured variables.
Conclusions:
HIIT showed similar effects to MICT along all metrics of interest and was more efficacious than CON for all metrics except diastolic blood pressure. As hypertension significantly increases long-term health risks, we recommend clinicians consider utilizing HIIT training protocols in conjunction with or instead of MICT for their young adult patients to control hypertension.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: ACGME F ADV
Submission #: 143
Title: ***Implementation of a Novel Comprehensive Population Health Curriculum for Family Medicine Graduate Medical Education: Understanding Key Concepts and Effectiveness***

Abstract:
One of the core requirements of ACGME Systems based practice learning plan is that Residents "demonstrate an awareness of and responsiveness to the larger context and system of healthcare". Using key concepts from the AAMC sponsored Population Health Management in Primary Care Residency Training Program best practices report, we designed a Population Health curriculum for the academic years 2023-24 & 2024-25. Voluntary anonymous survey responses revealed self-reported improvement of knowledge and confidence for implementation of Population Health from a baseline of 4-12% to 70-77%. We successfully implemented a multi-session teaching program in Population Health to effectively teach Population Health Management.

Proposal:

Learning Objectives:
1. Understand the key concepts of AAMC sponsored Population Health Management in Primary Care Residency Training Program best practices
2. Know the content of a Population Health Experience for Family Medicine Residents to Improve competency in Population Health

Methods and Content:
In partnership with our local Accountable Care Organization Great Lakes Integrated Network, a Population health curriculum was developed for FM residents on Tuesdays during their four-week Surgical subspecialty rotation. It was implemented during the academic years 2023-24 and 2024-25. The curriculum incorporated didactics in the morning sessions and clinic-based experiential session with Population health team at the resident's continuity clinic site. A total of 8 sessions (3 didactic and 5 self-directed learning and clinic-based project with clinic's population health team) were created using key concepts from the AAMC sponsored Population Health Management in Primary Care Residency Training Program best practices report (2019)
The didactic sessions utilized the foundational elements of data infrastructure, team-based care and community engagement and collaborated with ACO and Population Health team for key activities that included panel management, patient risk stratification, care management and social determinants of health.
Before and after the rotation, residents completed a voluntary e-survey that asked for response on a 4-point scale ranging from no knowledge to very knowledgeable to assess the effectiveness of the teaching curriculum.

Findings and Conclusions:
Findings: 33 residents were scheduled during the study period and a total of 25 pre-rotation and 15 post-rotation survey responses were completed. 8 questions (4 collected

responses for knowledge about aspects of PH and 4 for confidence on future implementation). The percentage of responses being knowledgeable or very knowledgeable improved for baseline 4-12% to 70-77% for all questions except the question on understanding team-based care which was 44% at baseline and improved to 90%.
Conclusions:
Using AAMC framework reported in the Population Health Management in Primary Care Residency Program training (2019) best practices recommendations, a novel comprehensive Population Health Curriculum was created to meet ACGME requirements. Our Population Health experience was successful in showing a positive impact on residents' knowledge level and confidence for implementation of Population Health management.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: S DEI CE
Submission #: 95
Title: ***Medical-Student Led Health Education Workshops for Justice-Involved Populations***

Abstract:
Each year, 600,000 individuals are released from prisons and jails across the US, and upon reentry, many face significant barriers to accessing healthcare. Recent calls in medical education emphasize the need to prepare students to care for justice-involved populations, recognizing incarceration as a key social determinant of health. In response to this demand, we developed a student-led health education workshop series at a local Juvenile Detention Center. Our goal is to reduce stigma and improve medical student preparedness to care for this underserved population. Workshop topics include Mental Health, Healthy Relationships, Sexually Transmitted Infections (STIs), and Navigating the Healthcare System.

Proposal:

Learning Objectives:
1. Summarize key findings from the literature on the educational and professional benefits of engaging with incarcerated populations during medical training.
2. Describe the design and implementation of student-led interactive health education workshops in a juvenile detention center.
3. Propose meaningful strategies for medical student engagement with incarcerated youth.
4. Analyze how experiential learning can reduce stigma and challenge implicit bias toward justice-involved populations.

Methods and Content:
Each year, over 600,000 individuals are released from prisons and jails across the US, many of whom experience disproportionately high rates of physical and behavioral health conditions. For those without health insurance, incarceration may represent their only consistent interaction with the healthcare system. However, upon return to society, formerly incarcerated individuals often face significant barriers to managing chronic illnesses, including low health literacy and competing priorities such as securing housing and employment. Studies have shown that increased access to healthcare education through workshops and informational materials can help reduce medical distrust, improving engagement with healthcare after release. Medical literature has also emphasized the importance of incorporating engagement with justice-involved populations into medical training to deepen understanding of social determinants of health and promote health equity. One study linked experiential learning to improved attitudes among medical students toward this population, while a systematic review found that most students receive little to no formal education on caring for justice-involved individuals. In response, we developed a health education workshop series at the Middlesex County Juvenile Detention Center in New Jersey to address this educational gap. Our aim is to provide early and meaningful exposure for medical students to reduce stigma and improve preparedness to care for this underserved group.
Our workshop presentations have focused on four key health education topics: Mental Health, Healthy Relationships, Sexually Transmitted Infections (STIs), and Navigating the Healthcare System. These topics were carefully selected in collaboration with

staff from the juvenile detention center, who identified them as fundamental areas where educational gaps existed among their youth. Each workshop lasted approximately one hour and incorporated a mix of integrated videos, interactive activities, and facilitated discussions to engage participants. The sessions were designed to be trauma-informed and sensitive to participant experiences. The long-term vision for this initiative is sustainability: to establish a recurring four-workshop series that can be delivered annually by a rotating group of medical students to new cohorts of youth at the center.

Given the vulnerable nature of the population, we have not collected any data from participants and have taken care to avoid sharing any identifying information about the individuals involved. This program is framed as a service-learning and educational initiative.

Findings and Conclusions:

As student facilitators, we found these workshops to be both meaningful and impactful towards our medical training. The experience challenged several of our initial assumptions about working with justice-involved youth. For instance, while we anticipated some degree of disinterest or disengagement with the material, we were instead met with active participation, insightful questions, and a genuine enthusiasm for learning from the students.

Feedback from both staff and students helped us adjust our communication strategies, emphasizing clarity and accessibility. Technical terminology was minimized, and key concepts such as 'stigma' were explicitly defined using contextually appropriate language. In our STI workshop for example, we focused on the most common infections and explained treatments in a simple way. Similarly, the mental health workshop centered on the most common conditions diagnosed within justice-involved populations. Each workshop incorporated interactive activities and discussions, which frequently prompted moments of clarification and education to address common misconceptions. In several workshops, some discussions revealed how individuals' past life experiences could shape their perspectives in ways we had not previously considered. This underscored the importance of adopting a non-assumptive, participant-centered approach that respects diverse value systems and lived experiences.

Ultimately, we hope to continue to expand these workshops as a recurring opportunity for medical students to gain experience working with the justice-involved population and to bring awareness to historically overlooked communities. We believe this exposure can foster more empathetic, informed, and justice-aware future providers.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: ADSU REPRO MH
Submission #: 139
Title: ***Improving Women's Preventive Care through the Office-Based Addiction Treatment (OBAT) Program in Worcester***

Abstract:
The Office-Based Addiction Treatment (OBAT) program at Edward M. Kennedy Community Health Center in Worcester offers medical and social services for adults with SUD. In this study, we examined family planning, cervical cancer screening, and HIV prevention through QI, with an aim to increase the utilization of preventive services among women with SUD in the OBAT program. After sending an EHR reminder to providers and evaluating 3 months after note delivery, we assessed rate of use of the three services and found increased age to be correlated with less family planning discussion and follow-ups among women of reproductive age.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to:
- Recognize the importance of improving women's preventive services among patients with substance use disorder
- Appreciate quality improvement (QI) approaches to increasing the utilization of preventive services
- Brainstorm future steps to improve women's health for patients with substance use disorder

Methods and Content:
All individuals who self-identified as women were selected from the OBAT program. We then categorized the study population based on different criteria: subjects of reproductive age without any form of contraception/family planning discussion, subjects who were overdue for cervical cancer screening via pap smear, and subjects who had been tested positive for HIV. After the cohort was solidified, intervention in the form of an EHR note was sent to the providers. The note served as a reminder for caregivers to discuss family planning (i.e. contraception, future pregnancies), update cervical cancer screening, and/or inform subjects of pre-exposure prophylaxis (PrEP) on their next visit, depending on the missing service(s) of that particular subject. Rate of utilization of the preventive services was assessed 3 months after note delivery.

Findings and Conclusions:
Within the OBAT program, a total of 40 subjects were identified. Within the cohort, 80% identified as White (n=32) and not Hispanic or Latino (n=32). 90% (n=36) speaks English as their primary language, and the average age of the cohort was 46. Of the 20 patients within reproductive age <45, 80% (n=16) were missing discussion regarding family planning. 31 (77.5%) had an overdue pap smear, and 2 (5%) had previously been tested positive for HIV.
3 months after delivery of EHR reminder notes, 2 of the 16 (12.5%) subjects completed a family planning discussion. 9 out of 31 (29%) discussed cervical cancer screening with providers but did not pursue a pap smear, while the remaining 22 (71%) did not discuss or complete the screening. PrEP for HIV was not documented for any of the 38 subjects who were HIV negative. Interestingly, among subjects age <45, a one-year increase in age was associated with a 24% increase in odds of missing family planning discussion (p=0.145) and a 48% decrease in odds of having updated family planning after 3 months (p=0.086). Patients who already had up-to-date family planning were also less likely to be overdue for a pap smear.

Our data shows that despite identification of those in need and attempts to encourage service utilization, there remains a large gap in bridging healthcare goals with the reality of patients. Increased age is correlated with less family planning discussion and follow-ups, signifying a trend among women with SUD and a demand for heightened awareness among providers. Future studies should aim to discern the basis for missing preventive services, which could be done through interviews and surveys, and work to increase the diversity and number of subjects of the study population through partnership with other local OBAT programs.

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Status of Presenter: Other
Category of Submission: **Poster**
Track and Group: DEI RESQI SDOH
Submission #: 5
Title: ***Gender And Racial Trends In Family Medicine Residents Over The Last Decade And Impact Of COVID***

Abstract:
Over the past decade, family medicine residency programs expanded by over 60%, with a 46% increase in trainees. Despite growth, the average number of residents per program declined. A persistent gender gap favored female residents (54.1%), with post-COVID years showing no significant change. Racially, White residents remained the majority, though Asian, Latino, and Black representation increased post-COVID. Asians saw the highest rise; Black residents had the lowest representation overall. While some gains in diversity are evident, the underrepresentation of Black trainees highlights the continued need for targeted strategies to promote equity in family medicine training.

Proposal:

Learning Objectives:
Background: We aim to examine trends in gender and racial representation of trainees within family medicine (FM) residencies programs, and evaluate the impact of COVID on the racial and gender proportions of trainees.

Methods and Content:
Methods: Accredited Council for Graduate Medical Education data were queried to identify FM trainees between 2014 and 2023. We defined the 2017-18 to 2019-20 and 2021-22 and 2023-24 era as pre and post COVID years. ERAS gender data was evaluated between 2020 to 2024. Student T-Test was used to evaluate the differences among the different races and gender.

Findings and Conclusions:
Results: From 2014–2015 to 2023–2024,there an increase was seen in the total number of FM residency programs (480 to 778, change: 62;1%) and the total number of residents (10499 to 15341,change:46.1%) while the average number of residents per program decreased from 21.9 to 19.7. Gender gap has persisted throughout the study period (average female residents:54.1% and male residents: 45.0%, gap:9.1%, $p<0.05$). Gender gap declined from 2013-14 (11.0%) to 2018-19(7.2%) and bounced back in 2023-25 (11.4%).COVID had no impact on female (post covid:54.4% vs. pre covid :53.6%, $p=0.18$)) or male (post covid 44.9% vs pre covid:45.5%,$p=0.27$) residents.
Whites have the highest (49.0%) average representation followed by Asians (20.5%),Latino (8.3%) and Black had the lowest (7.4%) representation during the study period.Asians saw the highest increase(6.7%) in residents from 2014-15 to 2023-24. Asians (23.9% vs. 18.5%,$p<0.005$) ,Latino (10.6% vs 6.9%,$P<0.005$), and Blacks (8.1% vs. 6.9%,$p=0.01$) had increased number of residents post covid compared to pre covid years while Whites (47.4% vs 49.8%,$p=0.12$) did not see any meaningful change. Looking at females across different races, Whites (44.4%) had the highest representation, followed by Asians(25.8%), Latino(10.7%), and Blacks(10.1%) had the lowest representation.
Conclusions:Family medicine residency programs have expanded significantly over the past decade, with an increase in both the number of programs as well as the total residents, at the same time the average residents per program have declined. Gender disparities persist, with a fluctuating gap that widened again post-COVID. Racial representation trends show growth among Asian, Latino, and Black trainees post-COVID, while White representation remained stable. Despite this progress, Black

trainees continue to have the lowest overall representation, emphasizing the ongoing need for initiatives that enhance diversity and equity within family medicine training programs.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: REPRO MH WELL
Submission #: 135
Title: ***Addressing the Change: Primary Care's Role in Menopause Management***

Abstract:
Effective management of menopause is a key skill for primary care providers, yet it often receives limited attention in training. This project explored baseline knowledge and confidence among clinicians in a residency clinic and evaluated the impact of a targeted, evidence-based educational session. Participants included physicians, nurse practitioners, physician assistants, and medical students. Through pre- and post-intervention surveys, we assessed changes in comfort with diagnosing, treating, and counseling on menopause-related symptoms. Findings suggest that even a brief, structured educational intervention can enhance clinician confidence and support more proactive, informed care for patients navigating menopause within the primary care setting.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to describe the baseline knowledge and confidence levels of primary care providers in managing menopause symptoms, gain a clear understanding of the design and content of a targeted educational intervention developed to improve menopause care, and discuss the important role that focused education plays in enhancing patient-centered menopause management within primary care settings.

Methods and Content:
We conducted a pre- and post-intervention survey with nine participants from our residency clinic, including physicians, nurse practitioners, physician assistants, and medical students, to assess their baseline knowledge and comfort with menopause management. Participants attended a structured, evidence-based didactic session covering the diagnosis, treatment, and counseling of menopausal symptoms. Surveys using a Likert scale evaluated changes in self-reported confidence and clinical behavior following the intervention.

Findings and Conclusions:
Following the educational intervention, participants reported increased comfort in managing menopause symptoms, with notable improvements in both treatment confidence and likelihood of providing counselling. While diagnostic comfort rose from a mean score of 6.44 to 8.33, treatment comfort showed a statistically significant increase from 6.00 to 8.11 ($p = 0.033$), and the likelihood of offering menopause counselling more than doubled (from 5.70 to 13.30, $p = 0.0027$). These findings suggest that a targeted, evidence-based session can meaningfully enhance primary care clinicians' confidence and engagement in menopause care. Future directions include expanding the sample size to improve statistical power and patient reach, integrating EMR data for objective outcome assessment, and addressing broader barriers to care such as financial and cultural factors that may influence treatment access and outcomes beyond provider education.

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Status of Presenter: Faculty
Category of Submission: **Poster**
Track and Group: TECH R F
Submission #: 134
Title: ***Click Less, Do More: A Longitudinal EMR Curriculum for Family Medicine Residents***

Abstract:
Electronic medical records (EMRs) are integral to clinical practice, yet formal EMR training during residency remains inconsistent. Without structured education on EMR optimization, residents may experience decreased clinical efficiency, reduced reimbursement, and increased risk of burnout. Improving EMR efficiency is a critical educational priority in primary care, where patient continuity, preventive care, and administrative tasks demand robust documentation and workflow management skills.

Proposal:

Learning Objectives:
1. Identify key EMR tools that improve documentation and inbox efficiency in residency training.
2. Describe the impact of a longitudinal EMR curriculum on residents' clinical workflow behaviors.
3. Discuss strategies to implement scalable EMR training within Epic-based residency programs.

Methods and Content:
We implemented a longitudinal EMR efficiency curriculum consisting of eight sessions spaced throughout the academic year, each focused on a different domain of EMR optimization. Sessions emphasized shortening documentation time, streamlining inbox management, and developing personalized tools within Epic. At the final session, we administered a retrospective pre- and post-intervention survey to assess changes in clinical workflow behaviors and residents' perceived efficiency with EMR use. The survey included questions on tool creation, frequency of EMR tool use, and perceived efficiency with EMR use.

Findings and Conclusions:
Seventeen residents completed both pre- and post-curriculum surveys. Creation of Quick Actions increased from 13.3% to 81.3% ($p = 0.0020$), while SmartPhrase creation rose from 76.5% to 93.3% ($p = 0.2500$). Residents reported significantly increased frequency of Quick Action use (median: 2.0 to 4.0, $p = 0.0084$) and order entry from Preference Lists (median: 1.0 to 3.0, $p = 0.0044$). Perceived EMR efficiency improved from a median of 2.0 to 3.0, though this was not statistically significant ($p = 0.3371$). Most residents (94.1%) agreed the curriculum should be required; 82.3% reported it changed aspects of their clinical practice.

A dedicated EMR curriculum can help improve residents' perceived efficiency and was shown to improve usage of EMR optimization techniques. Most participants endorsed its relevance to clinical practice, demonstrating the need to continue developing best practices for EMR curricula within residency training. This is an easily replicable and scalable educational intervention for any residency program that uses an EPIC electronic health record package.

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FAMILY MEDICINE
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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: POCUS F R
Submission #: 88
Title: ***Putting the Focus on POCUS: A Survey of Interest and Experience with Point of Care Ultrasound in a Family & Community Medicine Program***

Abstract:
Point of Care Ultrasound (POCUS) has become a desirable component of residency training. Family medicine programs with POCUS curricula have increased from 6% to 32% from 2019 to 2021. Currently, our residency program has limited training in POCUS and no formal POCUS curriculum. The goal of our project is to establish a POCUS curriculum within our program and promote POCUS proficiency in hospital and clinic settings. The aim of this initial stage of our longer-term project is to gauge POCUS interest, knowledge, and experience among our program's residents, and use this information to create beneficial POCUS training for future residents.

Proposal:

Learning Objectives:
By the end of the session, participants will know how much knowledge, experience, and interest residents of my program have with point of care ultrasound as well as how to gather, compile, and make inferences from such information.

Methods and Content:
Methods: our survey was created on Google Forms and distributed to the residents of our program via hyperlink to email and our resident WhatsApp group.
Content: results of the survey were compiled into data we have chosen to represent as a pie chart for each question (knowledge, experience, interest with POCUS) and broken into PGY year (1, 2, and 3) for the 2024-2025 academic year.

Findings and Conclusions:
Based on our survey results, we found that among our program's residents there is significant interest in learning more about and using POCUS but a lack of training and experience. This tells us that a formal POCUS curriculum within our program is both desired and necessary in order to meet our residency training and patient care goals.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: RM CE DEI
Submission #: 22
Title: ***Pathways to Primary Care: A High School Pipeline Model for Rural Workforce Development***

Abstract:
The primary care physician shortage disproportionately impacts rural communities, highlighting the need for early exposure initiatives. A one-day field trip welcomed rural high school students to Northeast Ohio Medical University to explore careers in healthcare. Through interviewing mock patients, practicing physical exam skills, exploring the pharmacy lab, and examining anatomical specimens, students gained hands-on experience in a medical school setting. This event aimed to spark interest in primary care and address workforce shortages by engaging students from rural backgrounds. Surveys following the event showed that the majority of participants expressed increased interest in pursuing a career in primary care.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to:
1. Describe the impact of early exposure to healthcare careers on rural high school students' interest in healthcare, particularly within the primary care setting.
2. Discuss how medical schools can partner with rural communities to promote interest in family medicine and address rural workforce shortages.
3. Evaluate the effectiveness of hands-on learning to help grow students' confidence and intention to pursue a career in healthcare.

Methods and Content:
A one-day immersive field trip was held at Northeast Ohio Medical University for 60 students from two rural high schools in Columbiana County: Salem High School and Crestview High School. The event was designed to introduce students to careers in healthcare, with a focus on primary care. Activities were centered around Lyme disease, a condition commonly encountered by primary care physicians in rural settings. Students engaged in interactive activities including mock patient interviews, physical exam skill practice, ultrasound demonstrations, participation in a pharmacy lab, and exploration of human anatomical specimens. Students engaged in meaningful conversations with medical student volunteers and faculty, gaining insight into the medical school experience and pathways to a career in medicine.

Findings and Conclusions:
Following the event, participants completed a post-experience survey using a 1–5 scale. A total of 91% of students rated the field trip a 4 or higher in terms of its effectiveness in exploring healthcare careers, and 87% reported feeling more confident in pursuing a career in healthcare. Additionally, 60.8% of students expressed a desire to work in healthcare within Ohio and 73.9% indicated interest in a primary care career. This initiative successfully provided rural high school students with meaningful

exposure to healthcare professions. Programs like this serve as a valuable outreach tool, fostering interest in primary care and encouraging students to return and serve their rural communities.

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FAMILY MEDICINE
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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: DMCC IMM
Submission #: 6
Title: ***Oral vs Intramuscular B12 in the Treatment of Pernicious Anemia***

Abstract:
The most common cause of pernicious anemia is vitamin b12 deficiency. In our patient we were able to diagnose pernicious anemia but we still wondered what overall caused the pernicious anemia, normally, it is caused by an autoimmune process, we suspected autoimmune gastritis. We also wondered whether the oral b12 treatment be just as effective as the intramuscular. Overall oral and intramuscular treatments are just as effective in treating pernicious anemia.

Proposal:

Learning Objectives:
Understand the mechanism of b12 absorption and how pernicious anemia interferes with absorption of b12
Understand the findings associated with pernicious anemia
Understanding possible causes of pernicious anemia and monitoring additional processes
Understanding the advantages/disadvantages of oral/IM treatment of b12 and overall course

Methods and Content:
lab tests: elevated b12, MMA, homocysteine and MCV low PLT
Positive for anti-intrinsic factor antibody
Treatment with b12: 1000mg oral daily for life, patient opted for oral due to cheap cost and ease of availability

Findings and Conclusions:
Oral and IM treatment of b12 is just as effective in the treatment of pernicious anemia, however, each has unique benefits that will appeal to different patients. IM is preferred for severe neurological involvement due to quick absorption, however neurological symptoms will not completely resolve but will improve slightly. Continue to monitor gastritis for possible development of gastric adenocarcinoma.

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Status of Presenter: Resident
Category of Submission: **Poster**
Track and Group: DMCC R SDOH
Submission #: 145
Title: ***Talk Trust, Treat: Improving Resident Confidence in PrEP Counseling Through Education***

Abstract:
Despite PrEP's effectiveness in preventing HIV, it remains underutilized, particularly among patients with recent STIs. Provider barriers including stigma, unconscious bias, and limited comfort with sexual health often hinder initiation. This project evaluated the impact of a targeted educational intervention on resident knowledge, confidence, and prescribing behavior related to PrEP in a primary care clinic. Pre- and post-intervention data revealed increased resident comfort and improved documentation of PrEP discussions. Focused education may enhance equitable PrEP delivery and support residents in addressing HIV prevention more proactively in clinical care.

Proposal:

Learning Objectives:
Increase resident knowledge of PrEP indications, efficacy, and potential side effects.
Promote reflection on unconscious bias and perceived barriers to prescribing PrEP.
Strengthen resident confidence in applying PrEP guidelines to clinical practice.
Evaluate the impact of resident education on clinic PrEP uptake among patients with recent STI history and identify areas for continued improvement.

Methods and Content:
Residents received a 30-minute educational session on PrEP covering indications, side effects, stigma, provider bias, and EMR tools. The session included case discussions.
Pre- and post-session surveys assessed changes in knowledge, comfort, and perceived barriers to PrEP counseling and prescribing.
A chart review of patients with positive STI results seen after the session evaluated whether PrEP was offered or discussed.

Findings and Conclusions:
The educational session improved resident knowledge, confidence, and awareness of PrEP-related bias. However, PrEP was not offered to any patients with recent STI diagnoses during the follow-up period, highlighting a gap between intention and practice.
Persistent barriers such as stigma, time constraints, discomfort, and lack of EMR prompts likely contributed to this gap.
Limitations include small sample size, short follow-up, and reliance on self-reported data.
Brief education improved resident confidence and intent to prescribe PrEP.
No observed change in PrEP prescribing behavior post-intervention.
Structural and behavioral barriers remain despite increased knowledge.

Next Steps:
Incorporate longitudinal PrEP training in residency.
Implement EMR prompts to flag eligible patients.
Extend follow-up to assess long-term prescribing patterns.
Address patient-provider stigma and discomfort directly.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: DMCC ADV GER
Submission #: 72
Title: ***Enhancing Hypertension Management: Implementing Structured Follow-Ups and EHR Integration to Improve Blood Pressure Control***

Abstract:
Hypertension is a major cardiovascular risk factor, often worsened by poor follow-up adherence. This quality improvement (QI) project aims to enhance blood pressure (BP) control by implementing a structured follow-up protocol in the EPIC EHR. Adults with uncontrolled BP (≥130/80 mmHg) are flagged for follow-up within 2–4 weeks. Primary outcomes include follow-up adherence and BP improvement. While statistical tools support data analysis, the focus is on system-level change. A run chart tracks monthly trends in BP control and visit adherence, emphasizing sustainable improvement in hypertension care.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to implement a structured follow-up protocol using EHR tools to enhance blood pressure control and overcome barriers like physician inertia and patient non-adherence.

Methods and Content:

Title
• Title: "Improving Hypertension Management Through Structured Follow-Ups and EHR Interventions"
• Presenter's name, credentials, and affiliation
Introduction
1. Background:
o Prevalence and impact of hypertension globally and in the U.S.
o Challenges in hypertension management (e.g., follow-up non-adherence, physician inertia).
o Importance of structured follow-ups in achieving BP control.
2. Objective:
o Describe the aim of the quality improvement project to enhance BP control through structured follow-up visits and EHR integration.
Methods
1. Project Design:
o Duration: 4 months
o Inclusion criteria (adult patients, BP ≥130/80 mmHg on two readings).
o Intervention:
 EPIC Smartset for identifying and tracking patients with uncontrolled BP.
 Structured follow-up visits scheduled within 2–4 weeks.
o Physician training on Smartset use and addressing physician inertia.

2. Outcome Measures:
o Primary: Follow-up adherence rates.
o Secondary: Proportion achieving target BP (<130/80 mmHg), time to BP control, and medication adjustments.
3. Data Collection and Analysis:
o Use of EPIC Smartphrases for consistent documentation.
o Statistical methods: run chart
Results
1. Adherence to follow-up appointments (% attending).
2. Improvement in BP control (% achieving target BP).
3. Time to BP control (Kaplan-Meier curve, if applicable).
4. Factors associated with successful BP control (regression analysis results).
Discussion
1. Key Findings:
o Impact of structured follow-ups and EHR tools on BP control.
2. Addressing Barriers:
o Success in overcoming physician inertia and patient non-adherence.
3. Comparison to Literature:
o How findings align with or differ from previous studies.
Conclusion
• Summary of the intervention's success in improving follow-up adherence and BP control.
• Potential for scalability in other primary care settings.
Future Directions
• Expansion of the protocol to larger populations or other chronic conditions.
• Integrating additional patient-centered interventions (e.g., telehealth follow-ups).
Acknowledgments and References
• Acknowledge contributors and funding sources.
• Provide references for cited studies.
Q&A
• Encourage interaction and address participant questions.

Findings and Conclusions:

Preliminary data from the ongoing quality improvement project suggests that implementation of structured follow-ups using the EPIC SmartSet has positively impacted hypertension management. As of the current reporting period:
85.7% of patients had a follow-up appointment scheduled after their initial visit.
66.7% of those scheduled successfully attended their follow-up.
33.3% of patients achieved blood pressure readings within the target range at follow-up.
These early findings indicate a promising trend toward improved follow-up adherence and modest gains in blood pressure control. While the proportion of patients within the goal remains an area for continued improvement, the increased scheduling and attendance rates reflect enhanced engagement with longitudinal care planning.
This project is ongoing, with further data collection and run chart analysis planned to evaluate trends over time and solidify the intervention's impact on clinical outcomes.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: ADV DEI F
Submission #: 109
Title: ***Bridging the Gap: Tailored Interventions to Improve Recruitment and Demographic Representation in Family Medicine***

Abstract:
Advocacy and social justice are central pillars to the practice of family medicine, as practitioners are often caring for our most vulnerable and diverse patient populations. With a growing shortage of primary care physicians in the United States, it is essential interventions are employed to recruit talented applicants to the field. This project identifies key barriers deterring/preventing applicants from pursuing family medicine residency training and proposes corresponding interventions to alleviate the obstacles.

Proposal:

Learning Objectives:
By the end of the session, participants will be able to identify key barriers deterring or preventing applicants from pursuing family medicine residency training, as well as conceptualize employable strategies to help alleviate these identified obstacles for applicants - both to aid applications from underrepresented backgrounds and to increase overall recruitment to the field.

Methods and Content:
A qualitative narrative review was conducted to identify barriers deterring/preventing applicants from pursuing family medicine. Tailored strategies for intervention were proposed for each identified barrier as a tangible means to alleviate the obstacle, coupled with practical considerations for constructive application.

Findings and Conclusions:
Barriers identified include perceived lack of prestige, limited exposure to scope of practice, concern regarding lifetime salary prospects, lack of recognition, high rates of burnout, and limited exposure in medical school curriculum. Strategies to alleviate these barriers include increasing accessibility to local and national events, recognition platforms (i.e., spotlight programs), targeted outreach, increased leadership recruitment, and supporting mentorship networks. Advocacy and social justice are central pillars of the practice of family medicine, as practitioners are often caring for our most vulnerable and diverse patient populations. Due to the growing shortage of primary care physicians in the United States, employing interventions to increase recruitment is essential for maintaining and strengthening the country's ability to provide widespread and accessible primary care services.

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Status of Presenter: Medical Student
Category of Submission: **Poster**
Track and Group: ACGME DEI ADV
Submission #: 44
Title: ***Teaching The Clitoris on Equal Terms: Reforming Genital Anatomy Pedagogy in Medical Education***

Abstract:
Clitoris anatomy and function is relevant to many important medical topics including gender-affirming care, sexual function, genital mutilation, and surgery. Yet a significant educational gap exists between the clitoris and penis, with clitoral education often inadequate or incomplete. Properly teaching the clitoris will promote high-quality care and sexual/gender equity. We developed new anatomy teaching modalities for first-year medical students that included clitoris structure, histology, and function: a cadaver prosection, supplemental dissection teaching, an educational video, a lecture, and an exam question. Surveys before and after the modalities showed improved student understanding of and confidence in clitoris anatomy and function.

Proposal:

Learning Objectives:
1. Identify the names and functions of clitoral structures on a cadaver and a model and be able to localize and differentiate these structures in relation to other anatomical landmarks.
2. Design an educational session on clitoral anatomy and function for medical trainees and practitioners.
3. Develop ideas for integrating this knowledge into clinical practice to diagnose and treat conditions of the genital area, provide gender-affirming care, care for survivors of female genital mutilation, prevent iatrogenic injury, and more.
4. Advocate at their home institutions for more accurate and comprehensive teaching of clitoris anatomy and function throughout medical training and its importance in clinical practice.

Methods and Content:
The anatomy curriculum at our school teaches seven clitoris structures: glans, body, prepuce, crura, ischiocavernosis muscle, vestibular bulbs, and bulbospongiosis muscle. However, it does not include the innervation, vasculature, cross-sectional anatomy, or a detailed description of clitoral function – all of which are taught for the penis. The following modalities are used to teach anatomy: 1) a manual that instructs students how to dissect the region, 2) dissection lab where students perform cadaver dissections in groups, 3) a video describing anatomy on a prosection, and 4) a cadaver-based final exam where students identify specified structures. We made the following updates to this curriculum:
- Prosection: We created two high-quality clitoris prosections. One exposed the seven aforementioned structures in the context of the urogenital triangle. The second exposed the dorsal nerve of the clitoris (DNC).
- Supplemental teaching: A fourth-year medical student performed short (about five-minute) demonstrations of clitoris anatomy to small groups while students were dissecting cadavers.
- Educational video: We filmed a video describing the clitoral structures and their functions using the prosections and a clay model as a supplement to the previous video, which did not include the DNC, clitoris function, or a detailed model.

- Educational “toolbox”: We created a PDF of study materials, including diagrams of the urogenital triangle and clitoris (with a cross-section), clitoris histology, embryology, function, and a relevant clinical case. Note: This is still in development and was not released to the current class of students.
- Final anatomy exam: For the first time, students were tested on the DNC.

In order to assess the impact of these changes on students’ knowledge of clitoral anatomy, we conducted surveys before and after students attended and/or utilized the new curriculum. Surveys were circulated via e-mail and a class group chat on a mobile messaging app. Responses were anonymous. The questions were:

1. Rate your confidence in the genital anatomy of people assigned female at birth (AFAB)* (on a 5-point Likert scale from least to most confident)
2. Rate your confidence in the genital anatomy of people assigned male at birth (AMAB)* (on the same scale)
3. Where is the clitoris located? (Answers: Inside the vagina; At the level of the cervix; Within the vulva; Between the labia minora)
4. What is the primary function of the clitoris? (Answers: Conception; sexual arousal; voiding the bladder; unknown function)
5. Is the clitoris an internal organ, external, or both?
6. Do you have a clitoris? (Asked to consider the impact of personal anatomy on clitoris knowledge)

*Assigned female at birth (AFAB) = bodies with clitorises; Assigned male at birth (AMAB) = bodies with penises.

The survey responses were analyzed to assess for changes in medical knowledge.

Findings and Conclusions:

Out of the total class size of almost 200 students, 35 completed the pre-survey, of which two were excluded for having already reviewed some of the modules, and 20 completed the post-survey. Compared to the pre-survey, after completing the new curriculum, participants’ confidence in AFAB genital anatomy increased from 3.39 to 4.25.* By contrast, confidence in AMAB genital anatomy only saw a 0.6 increase. On the post-survey, a higher percentage of students correctly identified the clitoris’s location (55% correct post-survey vs. 39.4% pre-survey) and primary function (100% post-survey vs. 93.9% pre-survey). The only question that students performed worse on in the post-survey was whether the clitoris is internal, external, or both (69.6% correct pre-survey vs. 61.9% post-survey).

Our work demonstrates that comprehensive clitoris education in medical school is feasible and effective. Survey results showed that after attending and/or reviewing the new curriculum, students’ knowledge of and confidence in clitoris anatomy increased except for one question.

Prior research has demonstrated knowledge gaps in clitoral education at both the medical school and residency level. A study of seven medical schools’ preclinical didactic materials in 2023 found that only one school taught a comprehensive range of clitoral structures and only five taught clitoral neurovasculature. Furthermore, medical students surveyed in 2018 reported dissatisfaction with sexual health education and almost two-thirds of medical students, residents (OB/GYN, urology, psychiatry, and endocrinology), and fellows surveyed in 2015-2016 received no formal training in sexual medicine. Another study surveyed residents (urology, OB/GYN, dermatology, internal medicine, family medicine, and emergency medicine) in 2023; only 23% had received formal training on physical exam of the clitoris. Our work builds upon this prior research showing the importance of clitoral education in medicine and takes action to improve clitoral education through multiple modalities, creating sustainable curricular change. To our knowledge, ours is the first study to assess implementation of clitoris education in a medical school curriculum. Education on clitoris structure and function is a medical necessity in order to improve patient care, prevent poor health outcomes, and promote sex and gender health equity.

This project has several limitations. Due to quality of cadaver preservation, the prosections did not include clitoral vasculature or a cross-section. At this school, only half of the medical students dissects cadavers; these students then teach the other half of the class using their dissections. This may make learning less effective for students who did not dissect. The number of post-survey respondents was low, which may be due to the academic schedule, because students’ final exams occurred just a few weeks after they took the survey. Finally, it may be difficult to continue the prosections and teaching assistant supplementation in future years due to interest and availability of student volunteers.

In the future, it would be greatly beneficial to integrate this information into education for third-and fourth year medical students, residents, and attendings in relevant specialties, including family medicine, OB/GYN, urology, endocrinology, etc. We also advocate for expanding this curriculum model to other health professions (including physical therapy, nursing, physician assistant, etc.).

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