Barriers	The largest barriers encountered were research issues: families often did not bring their binder to the office visit and some data were difficult to obtain/track (eg, medication compliance). Family issues such as instability of living situation, lack of transportation, and limited access to telephones were also barriers. Finally, researcher issues such as residents' schedules being affected by work duty hours and their panels having a limited number of spaces each clinic day were other barriers. We worked to overcome this challenge by increased access to care with direct social work contact and regularly scheduled appointments with the care team and by regularly reassessing patient needs with patient care team meetings.
Lessons Learned	The single most important piece of advice to provide another team embarking on a similar initiative is to make sure resident continuity is the highest priority for children with special healthcare needs in the residency clinic setting, utilizing whatever resources the clinic has available to make this happen (schedulers, dedicated RN coordination, etc.). This continuity has improved the team's ability to build relationships and their ability to care for the patients. Also, follow strict protocols throughout the entire research process and meet regularly to discuss the protocol itself. More advice is as follows: • Pay attention to the enrollment process and exclusion criteria (adequate numbers, adequate enrollment period, scripted individual enrollment to include educating families about their commitment to the project and introducing families to the entire team to get them excited) • Choose data that are easily obtained and not dependent on patient behavior (eg, patient binders) and regularly review that the data are being documented properly, systematically, and in a timely fashion • Obtain funding to help patients and families overcome barriers such as transportation needs or telephone access

Our Lady of the Lake Regional Medical Center, Baton Rouge, LA

Healthcare Disparities Knowledge, Attitudes, and Behaviors in Resident Physicians

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Background: Effective population health interventions must be grounded in the specific needs of the communities being served. Medical residents in community clinics have great potential to be the primary drivers of these interventions, as they have direct contact with a large number of community members on a regular basis. These residents may not have sufficient knowledge of population health issues to fulfill this role, partly because many residents are not native to the communities they serve. This project was designed to provide both an educational and a behavioral intervention to lay the educational foundations for the future development of targeted population health interventions.

Methods: Phase 1 of our 2-phase project involved a didactic session on health disparities, and phase 2 was a behavioral intervention in which residents were tasked with asking their clinic patients at least 3 resident-selected questions related to health disparities. Objective and subjective knowledge, importance, and learning along with behavioral changes were measured throughout the phases. Prior to the didactic session, residents completed the Learner's Needs Assessment Survey to measure their perceived and actual knowledge of underserved patient population topics. One month after the didactic session, the residents were resurveyed to measure changes in perception/knowledge and were asked to complete a self-assessment survey. Postintervention, the residents began asking the interview questions in their respective clinics and once again completed the Learner's Needs Assessment Survey to measure changes in perceived and actual knowledge of underserved patient population topics.

Results: After the first didactic intervention, 38%/27% of residents reported more subjective knowledge/subjective importance, respectively, while 68.7% reported knowing more about their patients and 55.6% said that the first

didactic session changed their treatment plan. After phase 2, 31.2%/20.2% reported more subjective knowledge/ subjective importance, respectively, and 41% reported knowing more about their patients.

Conclusion: Our general and specific knowledge results revealed large deficits in our residents' knowledge about healthcare disparities in their patient population. While both interventions showed at least some gain in resident knowledge or change in resident attitude, the didactic phase appeared to be more effective. Overall, the success of our interventions was directly related to buy-in and participation from faculty and resident champions.

PROJECT MANAGEMENT PLAN – Residents as Data Collectors and Leaders in Identifying Community-Relevant Healthcare Disparities

Vision Statement	The ultimate goal of this project is to build a resident-led healthcare disparities initiative that will enhance resident, faculty, and organizational knowledge of the healthcare disparities affecting the patients we serve, thereby allowing Our Lady of the Lake (OLOL) to better address its patients' healthcare disparities in the future.
Team Objectives	OLOL is the sponsoring institution for a pediatric residency program and serves as the primary clinical site for 4 Louisiana State University residency programs. OLOL has an opportunity to better engage its residents in identifying and addressing the healthcare disparities that exist within our patient population. Effective population health interventions must be grounded in the specific needs of the communities being served. The purpose of our project was to explore the effects of educational and behavioral interventions on the willingness of resident physicians to engage their patients in discussions of socioeconomic determinants of health, as well as residents' knowledge regarding their patient population's health disparities. Our project focused on residents from programs that have significant outpatient and ED contact with patients: internal medicine, emergency medicine, pediatrics, psychiatry, ENT, and surgery.
Success Factors	The most successful part of our work was the buy-in and participation from faculty and resident champions, highlighting the importance of the topic to medical education. Resident champions took ownership of the project and motivated their peers to participate in the education and intervention phases. Faculty members were essential in disseminating information vital to the project implementation. While both interventions showed at least some gain in resident knowledge or change in resident attitude, the didactic session appeared to be more effective. We were inspired by the level of motivation from the resident champions as well as participating residents. The education and intervention led residents to engage in quality interventions and research projects outside the scope of this project that focused on healthcare disparities. This motivation to further pursue projects that address issues within their patient population is an attestation of what the project accomplished.
Barriers	The largest barrier encountered was that there was no way to be sure each resident added the residency-specific dot phrase to their note templates. Residents reported willingness but often forgetfulness in asking the specific question. This could be a reason the didactic session had a stronger impact on resident knowledge and behavior compared to the intervention phase. We worked to overcome this challenge by asking the residents to self-report if they did ask the questions/use the dot phrase. There is bias in self-reporting, but results showed that the residents who asked their patients the questions more frequently reported a higher increase in subjective importance after the intervention phase.
Lessons Learned	The single most important piece of advice to provide another team embarking on a similar initiative is to plan a slower, more thorough rollout of the behavioral intervention to ensure the successful adoption of a dot phrase or z-codes so that the intervention is more effective in getting the residents in the habit of asking their patients about barriers to healthcare.