

Assessing the Current State of Eating Disorder Medical Education at LCOM

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Background

- Eating disorders (ED) are one of the most strongly correlated mental health disorders to mortality. [1]
- Physicians and residents do not feel prepared to screen, diagnose, or treat ED. [3]
- Current medical education has identified ED as an area where the implementation of additional resources is necessary to improve the existing educational standards. [7]
- The Vermont Department of Mental Health (VTDMH) has recognized access to ED treatment as lacking and identified it as an area that needs improvement.

Objectives

This project aims to assess the current state of ED medical education at LCOM by surveying third- and fourth-year medical students to give feedback and recommendations to define the scope of the current curricular model.

Methods

- Compiled a literature review on the current educational standards for medical education on ED and comfort levels among residents and physicians on their knowledge of preventing, screening, treating, and diagnosing ED.
- Consulted with curriculum services and clerkship instructors to talk about current learning components of ED in the curriculum.
- Designed a Redcap survey to send out to medical students about their views of the ED curriculum and how to better improve this aspect of the curriculum.
- Analyzed survey results and examined for differences between third- and fourth-year students' confidence in addressing ED.

References

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Results

Analysis

- Compiled Survey Responses (43 responses)
- Completed statistical analysis in Excel and ANOVA
- Compiled comments qualifying the ED curriculum

LCOM Students' Confidence Level with Addressing ED

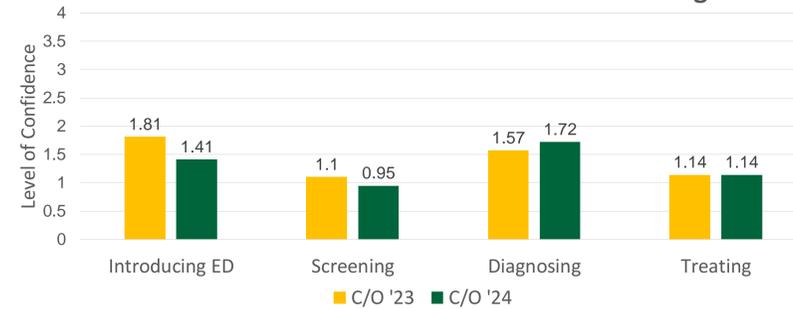


Figure 1: LCOM Students' Confidence with Addressing ED. The Y-axis units are a quantified Likert scale 0= "Not at all confident," 1= "Slightly confident," 2= "Moderately confident," 3= "Very confident," and 4= "Extremely confident."

Key Takeaway: There was no statistically significant increase between 3rd to 4th years comfort introducing, screening for, diagnosing or treating ED.



84.1% of respondents had never learned about screening tests for ED, and 90.9% indicated they had never seen a screening tool for ED used in a clinical setting



Respondents reported an estimation of 1-4 ED curriculum hours in both pre-clinical and clinical settings.



90.1% of respondents reported seeing a patient with an ED during clerkships



84.1% of respondents believed that the curriculum should include at least one additional hour of ED education

Current Satisfaction with LCOM ED Curriculum

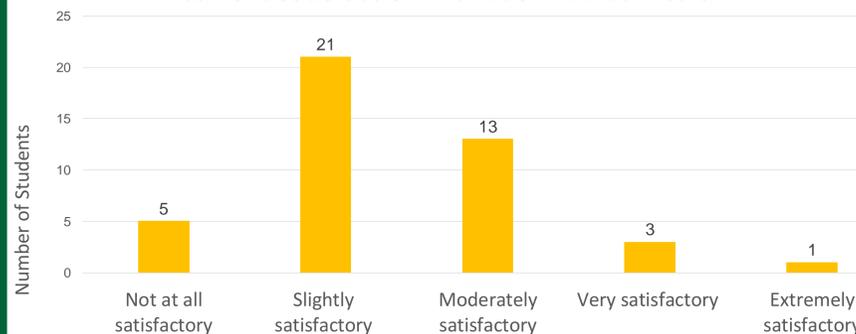


Figure 2: Levels of satisfaction with the current LCOM ED Curriculum

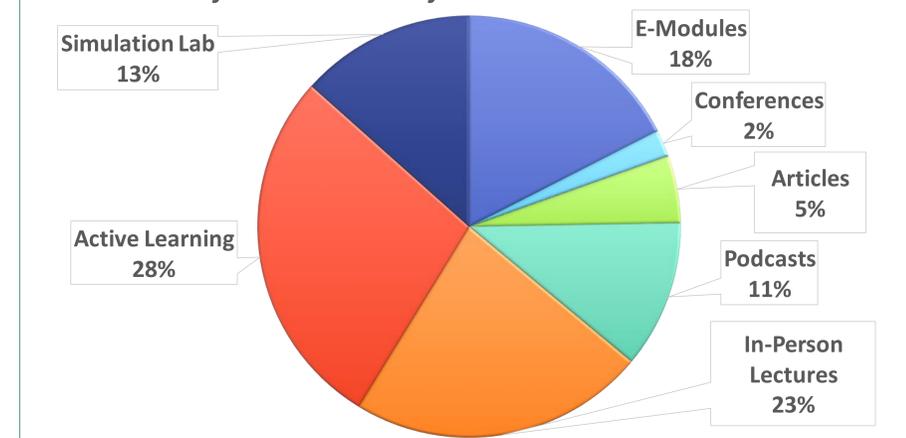
Discussion

- Most students were slightly or moderately satisfied with the ED current curriculum.
- Most students were in favor of adding an average of an additional hour of ED education to the curriculum.

Recommendations

- Incorporate a session in the stimulation laboratory on ED
- Integrate patient stories into current learning sessions and learn about community-based resources.
- Integrate ED education into the family and internal medicine clerkships and support expansion of electives on ED topics.

Preferred Modalities for Further Education on ED



Anonymous Respondent Suggestions

"Integrating patient stories into active learning/in person lectures [would provide] a face and story to eating disorders."

"I think it's important to learn how ED can be comorbid with other conditions."

"[ED] would be a great topic to add [to clerkships], it could certainly be integrated into the FM or outpatient IM rotation."

"We learn about diagnostic criteria but hardly anything about treatment and long-term effects."

Future Directions

- Implement further education on ED via electives.
- Expand survey to primary care providers in Vermont.
- Present findings to curriculum committee, clerkship directors, and with the VTDMH.