AIAMC National Initiative VIII
Capstone Presentations
Cohort Two

Curriculum Development

March 24th (2:10-4:30pm)
Ocean Way

Cohort Two teams

- AdventHealth Orlando
- Ascension Providence Rochester Hospital
- Atrium Health –Carolinas Medical Center
- Guthrie Robert Packer Hospital
- HonorHealth
- Kaiser Permanente Northern California

National Initiative

Capstone Questions

- What did you hope to accomplish?
- What were you able to accomplish?
- Knowing what you know now, what might you do differently?
- Barriers:
  - The largest barrier we encountered was…
  - We worked to overcome this by…

National Initiative

AdventHealth

AiAMC
Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Two: Curriculum Development

Development of Justice Equity Diversity and Inclusion Curriculum for Advent Health GME

Alexandra Lajeunesse LMHC, Luis Isea Mercado MD, Shani Cunningham DO, Scott Bloom MD, Steven Nazario MD, Caio Fabio Freitas MD, Arianne Alexander MD, Melissa Sayegh, Ashley Mila-Hoff MD, Eric Stevens MD DO Gurdeep Singh DO, Tyler Littmann DO, Joseph Portoghese MD, Janelle Dunn, Nicholas Niland

National Initiative

Q1. What did you hope to accomplish?

- Developing a JEDI curriculum addressing underrepresented minorities in our community
- Implement such curriculum in our EM, IM, Surgery and Pediatric residency programs, through dedicated workshops and grand round lectures
- Understand common struggles experienced by different minority groups and overcoming implicit bias.
- Provide our residents with mentoring opportunities with members of under-represented communities

Q2. What were you able to accomplish?

- Organizing grand rounds/lectures hosting guest speakers from select minority populations
- Mentoring dinner opportunities for participating residents
- Offering CME credits for participation

Q3. Knowing what you know now, what might you do differently?

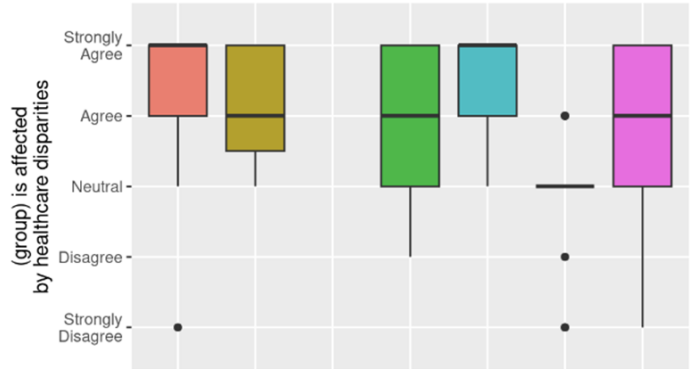
- Expand our DEI project GME wide to include both residency and fellowship training programs.
- Work towards having a more easily accessible location to allow for more resident participation.
- Work towards having a set time previously agreed upon by all participating GME programs
- Accounting for time at the beginning and end of each lecture/session for participants to complete the pre and post surveys. The

Q4. Cohort Two – Barriers

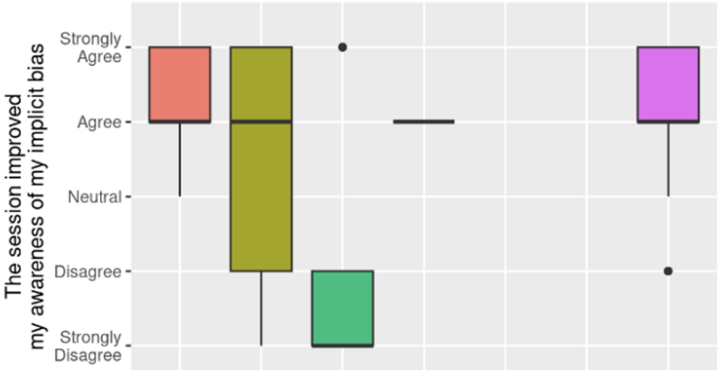
- The largest barrier we encountered was…

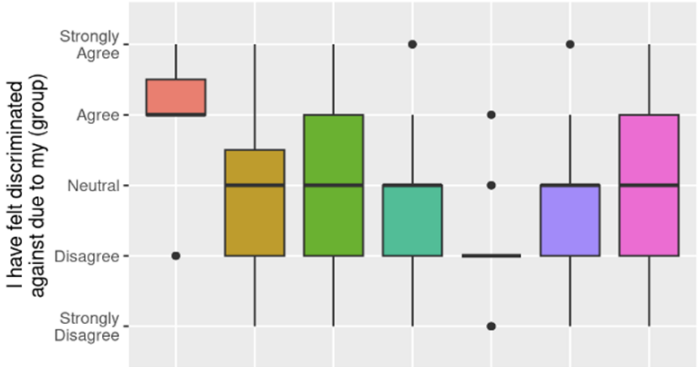
  Speakers availability and difference in didactic times in resident programs that prevent engagement from different residency programs.

- We worked to overcome this by…
  - > Offering a live streaming option
  - > Recording lectures to be viewed later
  - > Opening mentoring dinners to trainees from all disiciplines

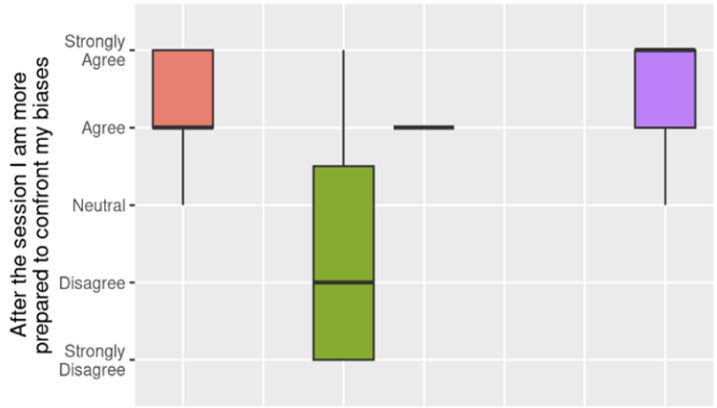

(group) is affected by healthcare disparities
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

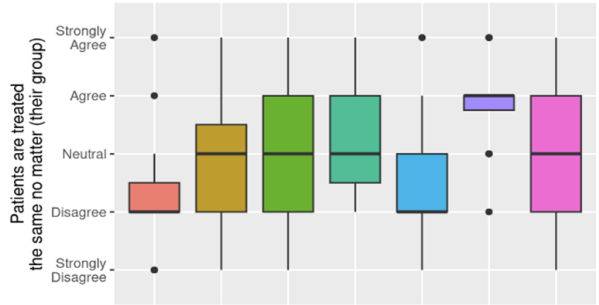

Session
African American
Hispanic
LGBTQ
Low SES
Muslim Experience
Women in Medicine


The session improved my awareness of my implicit bias
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree


I have felt discriminated against due to my (group)
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree


Session
African American
Hispanic
Immigrant
LGBTQ
Low SES
Muslim Experience
Women in Medicine


After the session I am more prepared to confront my biases
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree


Patients are treated the same no matter (their group)
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree


Session
African American
Hispanic
Immigrant
LGBTQ
Low SES
Muslim Experience
Women in Medicine

Results

Response – NAC and other members

QUESTIONS

National Initiative

Ascension Providence Rochester

AiAMC Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Two: Curriculum Development

Institutional Initiatives to Enhance Residency, Inclusivity, and Equity

- Anne Messman, Heidi Kenaga, Sarwan Kumar,
- Eleanor King, Sheryl Wissman, R. Brent Stansfield

Q1. What did you hope to accomplish?

By the end of the initiative, all APRH programs will

1) hold diversity recruitment sessions

2) conduct regular Balint Group sessions to discuss inequities

3) run dedicated healthcare disparities curricula

4) participate in a resident-led Professional Development Symposium focused on diversity and inclusion.

Q2. What were you able to accomplish?

1) hold diversity recruitment sessions

2) conduct regular Balint Group sessions to discuss inequities

3) run dedicated healthcare disparities curricula

4) participate in a resident-led Professional Development Symposium focused on diversity and inclusion.

Q3. Knowing what you know now, what might you do differently?

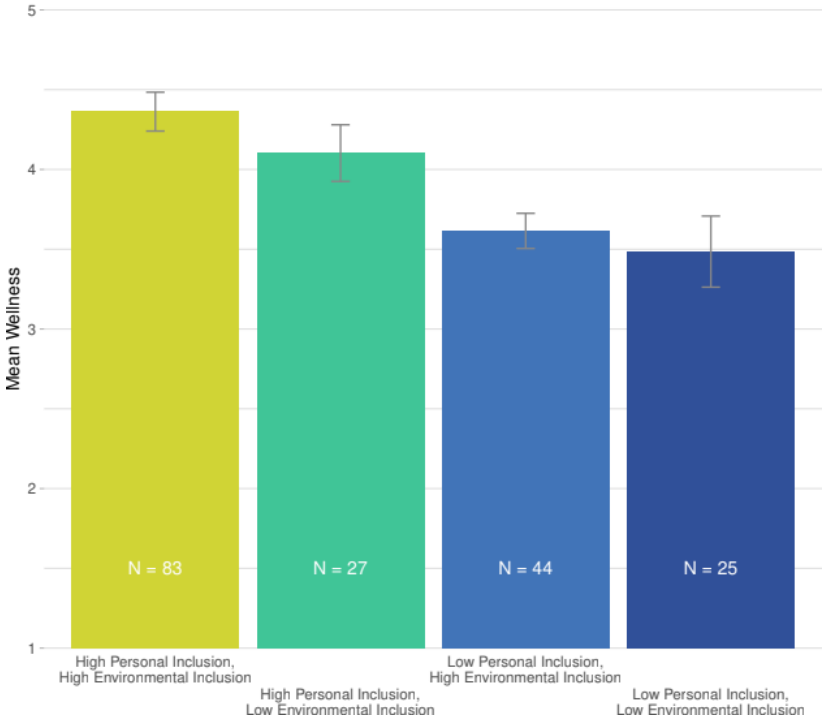
- More small-bore tactics
  - Diversity calendar
  - Story sharing
  - Peer-to-peer support training (role-playing)
- Institutional efforts are top-down and only go so far
- More grass-roots, bottom-up efforts should be encouraged

Q4. Cohort Two – Barriers

- The largest barrier we encountered was…
  - Engagement: willing participants “preach to the choir”
  - How to bring the unwilling or disinterested to the table?

- We worked to overcome this by…
  - Institutional edict: participation in recruitment session, standard guidelines for interview processes, mandatory HD curriculum roll-out
  - Build into the workflow culture: Balint-groups repurposed, diversity scorecards for program evaluation, GME survey items

Inclusion is personal and impacts wellness



- Wellness is highest (yellow) for residents who feel included personally and feel the work environment is inclusive generally
- Wellness is lower as residents feel the workplace is not as inclusive, and importantly, feel personally not included

Response – NAC and other members

QUESTIONS

National Initiative

Atrium Health

AiAMC
Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Two: Curriculum Development

Journey Toward a Longitudinal Curriculum in Health Equity

Suzette S Caudle, MD; Eric Anderson, M.Ed, Emily MacNeill, MD, Shamieka Dixon, MD, Cheryl Courtlandt, MD, Rita Law, Avis Grainger, Christiana Agbonghae, MD, Brandon Connor, MD and Barbara Bufford

Carolinas Medical Center, Charlotte NC

National Initiative

Q1. What did you hope to accomplish?

Goal: By April 2023, we will have designed and implemented a longitudinal health equity curriculum that will touch 100% of first-year residents at Carolinas Medical Center. Residents will be able to:

- Define and explain terminology and be aware of examples of health inequity in their field,
- Identify behaviors that may promote or ameliorate inequalities in the health care context.

Curriculum development will focus on accessibility, efficiency and creativity in delivery.

Vision: Our trainees will have the knowledge, skills and will to recognize health inequities and social, economic and medical factors affecting their vulnerable patient populations, and to utilize effective tools to mitigate and solve them at patient, system and community levels.

Q2. What were you able to accomplish?

- Preliminary 12 topic curriculum outline and framework (Introduce a topic per quarter: wk 1 Instagram video and resource list, wk 2 tweet, wk 4 what have I learned? opportunity)
- Catalogued program-specific health equity activities and DEI activities across our 46 programs and shared with PDs
- Developed resource list for learners and PDs on each topic
- Topic gap analysis and needs reassessment scheduled with PDs for March 2023
- Input from new Resident Council DEI group scheduled for March 2023
- Target introduction of curriculum 1st qtr AY 2023-24
- Orientation 6/2023 to include introduction to climate health/ relationship to health equity

Q3. Knowing what you know now, what might you do differently?

- Further limited the scope of the intended project
- Pulled more individuals from larger number of programs into team
- Secured additional funding

- *The single most important piece of advice to provide another team embarking on a similar initiative would be….keep focused on the long goal*

Q4. Cohort Two – Barriers

- The largest barrier we encountered was… ….*distraction/shifting priorities*

During the time of this initiative, our hospital system has been involved in two major combinations/integrations with 2 other large systems, one of which resulted in a change in our academic affiliation. We also underwent a transition from one electronic medical record to another. We continued to experience ongoing effects post-pandemic. Health equity has remained a top priority for the enterprise and progress has been steady across the SI, but the above distractions have temporarily impacted availability of many team members to focus on this particular curriculum project during the time frame of the initiative

- We worked to overcome this by…*Being flexible, looking for opportunities, keeping focused on the prize/the long range goal*

Response – NAC and other members

QUESTIONS

National Initiative

GUTHRIE
Robert Packer Hospital

AiAMC
Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Four: Clinical Quality Improvement

Future of Medicine – Ensuring Health Equity for All
Understanding our patients better by improving SDOH screening

Suchetha M Jagan, Charu D Bajracharya, Pooja Jaisawal, Noor Fatima, Shashank Bhattarai, Nadiya Dukhnych, Sravan Ponnekanti, John Pamula, Victor Kolade

National Initiative

Q1. What did you hope to accomplish?

- *Social determinants of health (SDOH) are conditions where people are born, live, learn, work, play, worship, and age that play an effect on their health, functioning, and quality-of-life outcomes and risks.*
- SDOH includes *Economic stability, Education access and quality, Social and community context, Access to health, Neighborhood and environment. Deficiencies in any factor can affect a person's quality of life.*
- *In order to understand the needs of our patient, we at the Guthrie Clinic envisioned to create and implement a sustainable, team based approach to improve the percentage of SDOH screening in the Internal Medicine clinic via Inter-Professional Collaborative Practice (IPCP)*
- To create and implement a sustainable, team- based approach to improve the percentage of SDOH screening in IM Resident clinic to optimize equity and reduce healthcare disparities.

Q2. What were you able to accomplish?

- Through this project we have been able to increase SDOH screening rates and provide needed assistance to our patients.
- With the help of nurses and office staff , together we have achieved an increase in screening rates for SDOH to 87.3%.
- Additionally, for patients who are positive for any criteria of SDOH adequate resource and assistance are being provided.

Q3. Knowing what you know now, what might you do differently?

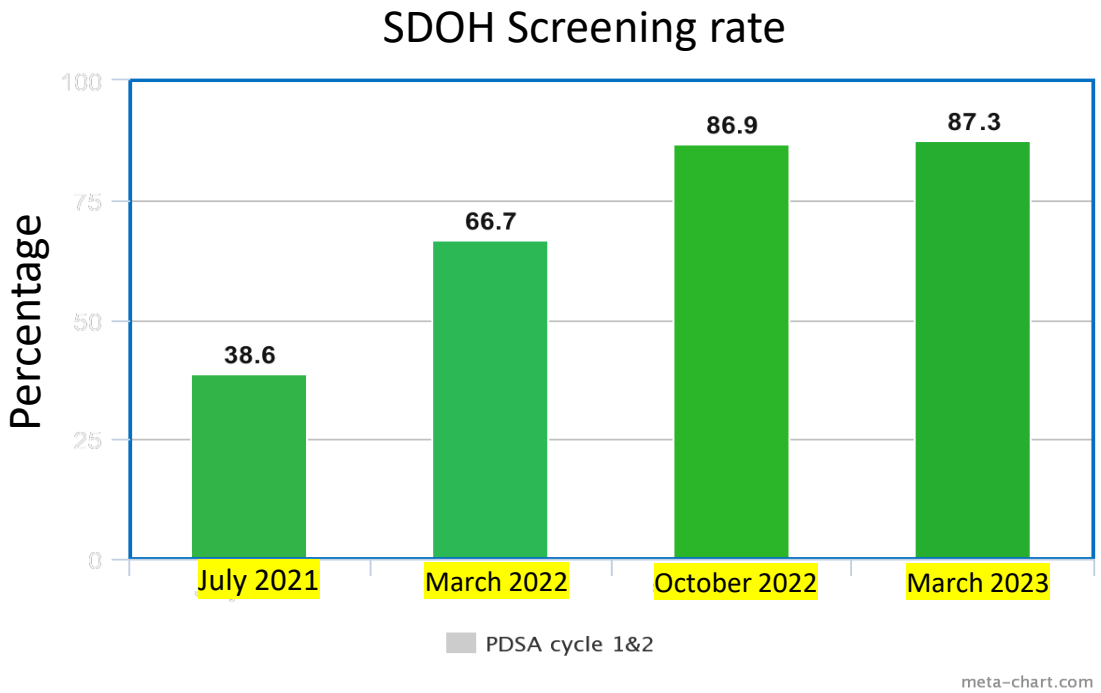
- Barriers faced – Limited information available for providers and patients regarding the importance of SDOH; time constraint in the clinic and inadequate patient follow up and continuity of care.
- Engaging stake holder and healthcare providers in the implementation process
- Reaching out to patient who have high no-show rates in IM clinic to investigate for and identify elements of healthcare inequity

Q4. Cohort Four – Expectations versus Results

On a scale of 1 to 10 (with “1” meaning nothing and “10” meaning everything) how much of what you set out to do was your team able to accomplish?

8

We were able to exponentially increase our screening among patients in the clinic. In order to reach 100% screening, we need to be able to evaluate SDOH deficiencies in patients out of the hospital . There is still room for improvement to reach out to the patients who have not been able to come to the clinic.



Total patients seen in IM clinic– **5993**
Total number screened- **5233**
Total percentage screened **87.3 %**
Screening number and %
Positive **370**

Response – NAC and other members

QUESTIONS

National Initiative

HONORHEALTH

AiAMC
Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Two: Curriculum Development

Incorporating JEDI into a System Wide Initiative

Alethea Turner DO, FAAFP; Cynthia Kegowicz MD; Priya Radhakrishnan MD, FACP; Karina Luera DO; Debra Schneider M.Ed, MLIS; Emily Borlas MBA; Carol Mayer; Casey Orton PharmD, MBA

National Initiative

HONORHEALTH®

Q1. What did you hope to accomplish?

Vision

- In alignment with HonorHealth's values of innovation, collaboration, accountability, respect, and empathy, we set out to develop an educational JEDI toolkit accessible to all graduate medical education programs within the system

Aim

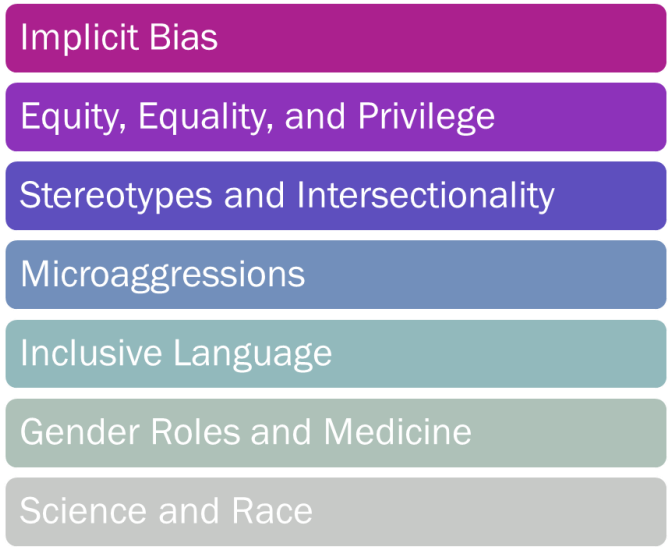
- By July 2022, HonorHealth's GME programs begin to utilize the toolkit aimed at educating participants, fostering change, and strengthening a culture of lifelong learning, diversity and inclusion

HONORHEALTH®

Q2. What were you able to accomplish?

Outcome

- Development of the toolkit
  - ✓ ~90 min sessions
  - ✓ Facilitator Guide
  - ✓ PowerPoint
  - ✓ Exercises
  - ✓ Pre/Post Surveys
- Publication and increased awareness of the toolkit within HonorHealth
- Interprofessional engagement and collaboration



HONORHEALTH®

Q2. What were you able to accomplish?

Educate Participants

- Statistical improvement in top box answer
- “I understand *** and how it applies to health care”

Ignite Change

- “Discuss bias during rounds”
- “Be more careful with what assumptions I make”
- “Identify microaggressions and consider who they could be hurting”

Reinforce culture of JEDI and lifelong learning

- High level of agreement:
- “My program values inclusivity and diversity”
- “This session helped me to think more clearly about topics related to diversity, equity, and/or inclusivity”
- “This session was a valuable use of my time”

“I learned more about topics I thought I knew well”

“I liked that it was interactive which forced us to think more deeply about our implicit biases “

“I really appreciated the opportunity to discuss this topic in a safe place.”

Ni

HONORHEALTH

Q3. Knowing what you know now, what might you do differently?

Lessons Learned

- Expand list of stakeholders
- Engage PDs/faculty champions sooner
  - Improve utilization of toolkit
  - Broaden pool of resources
- Refine goals

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Barriers

- Not experts in the field
  - ✓ Humility, curiosity
  - ✓ Collaboration
- Where to house the toolkit
  - ✓ Library and IT stakeholders were essential

Response – NAC and other members

QUESTIONS

National Initiative

Kaiser Permanente Napa-Solano
Family Medicine Residency

AiAMC
Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Two: Curriculum Development

Creating an Equitable Learning Environment: Tools and Strategies for Inclusive Spaces

KP Napa-Solano Family Medicine Residency Program

Tessa Stecker, MD; Ted O'Connell, MD; Matthew Symkowick, MD; Aljanee Whitaker, MD; Keedra McNeill MD; Katherine Dang, MS, MAS; Ruben Gonzalez, MD; Theresa Azevedo-Rousso MPA, Siddharth Selvakumar

National Initiative

What did you hope to accomplish?

- Mission Statement: To achieve health equity for all persons and communities and create an equitable learning climate.
- Vision Statement: To recognize the impact of historical structural inequities and take the principles of an equitable clinical and educational learning environment to effect change in our communities while ensuring individuals feel valued, supported, respected as practitioners and recipients of care
- Our team will develop a formal framework/toolkit for creating diverse, inclusive clinical training environments. The toolkit supports: 1) effective recruitment for diversity, equity, and inclusion; 2) creating a safe, productive, respectful, and equitable learning and working environment; and 3) supporting providers from diverse and representative backgrounds. Specifically, our project aims to:
  - Assess best practices in this space by reviewing the literature
  - Review the process by which we evaluate applicants to our program
  - Develop and train a team of advocates and mentors for our residents from diverse backgrounds
  - Review and update our feedback and evaluation processes

Objectives:

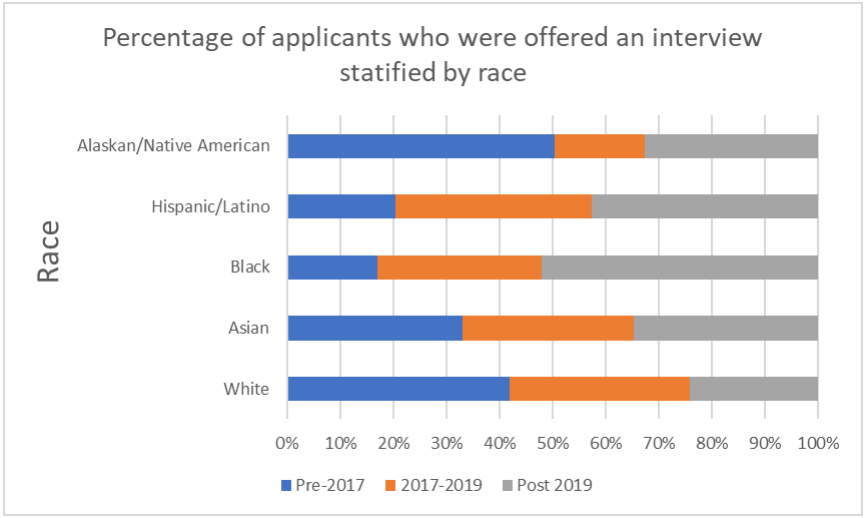
- Equitable feedback/assessment:
  - Assess current state of feedback and assessment practices
  - Implement interventions to improve resident experience of equity in receiving feedback and assessment
- Mentorship:
  - To ensure underrepresented residents in Kaiser Napa-Solano Family Medicine Residency program were supported by a trusted network of underrepresented attending physicians outside of the general residency program and to facilitate a meaningful longitudinal mentorship relationship
  - To create opportunity for underrepresented residents in the Resident Diversity Council (RDC) at Kaiser Napa-Solano to increase mentorship opportunities to community college students who identify as underrepresented in medicine.
  - To increase the percentage of local community college students who have a mentoring relationship with a physician at Kaiser Permanente Napa-Solano by 20%
- Evaluation:
  - Determine the percentage of residency program applicants who identify as being from each of the following groups: African American, Latin-X, Asian, and Caucasian
  - Measure the percentage of under-represented in medicine applicants who interview/match with our residency program
  - Develop an approach to evaluating DEIA initiatives in a graduate medical education setting
- Toolkit:
  - Develop a toolkit for those engaging in DEIA work in clinical and educational settings highlighting best practices in assessing readiness, training, process planning, external efforts, support structures, and evaluation of work

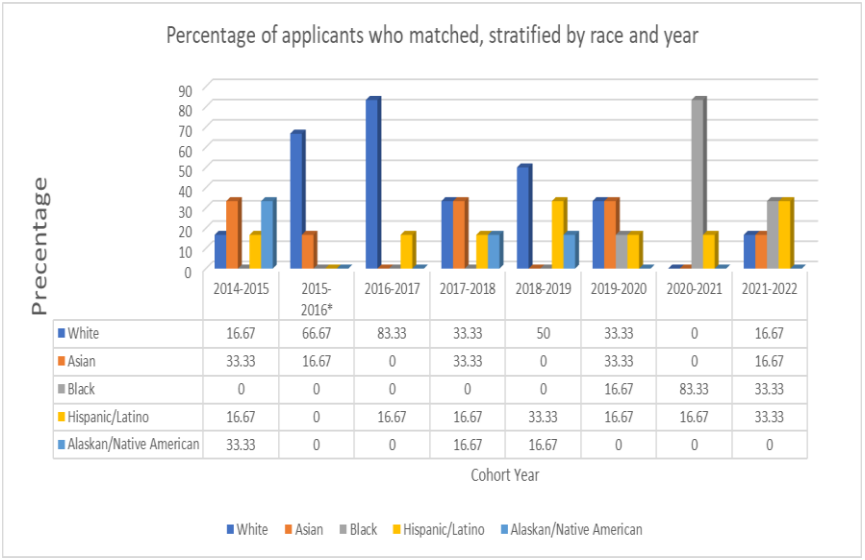
What were you able to accomplish?

- Equitable feedback/Assessment:
  - Literature search completed
  - Faculty development – equitable feedback/assessment with outside consultant
  - Stakeholder analysis/climate survey to determine resident experience of bias in clinical learning environment, experiences with feedback, and understanding of CCC role
  - Faculty climate survey
  - Intervention to improve semi-annual evaluation process and understanding of the CCC – CCC informational session with residents, faculty training with focus on equity leading to semi-annual evaluation
  - Post-intervention survey
- Mentorship:
  - Partnering of all Black and Latinx identifying residents with a Black or Latinx identifying attending mentor
  - Creating a sense of emotional safety and support for the residents even when they were unable to physically regularly connect with their mentors
  - Empowering mentors to be advocates for the residents and look for ways positive changes could be made in their respective departments
  - Coordinating of one mentor-mentee social event sponsored by the health organization
  - Facilitating of two resident led career workshops for community college students
  - Drafting of a longitudinal residents as mentors for community college student curriculum

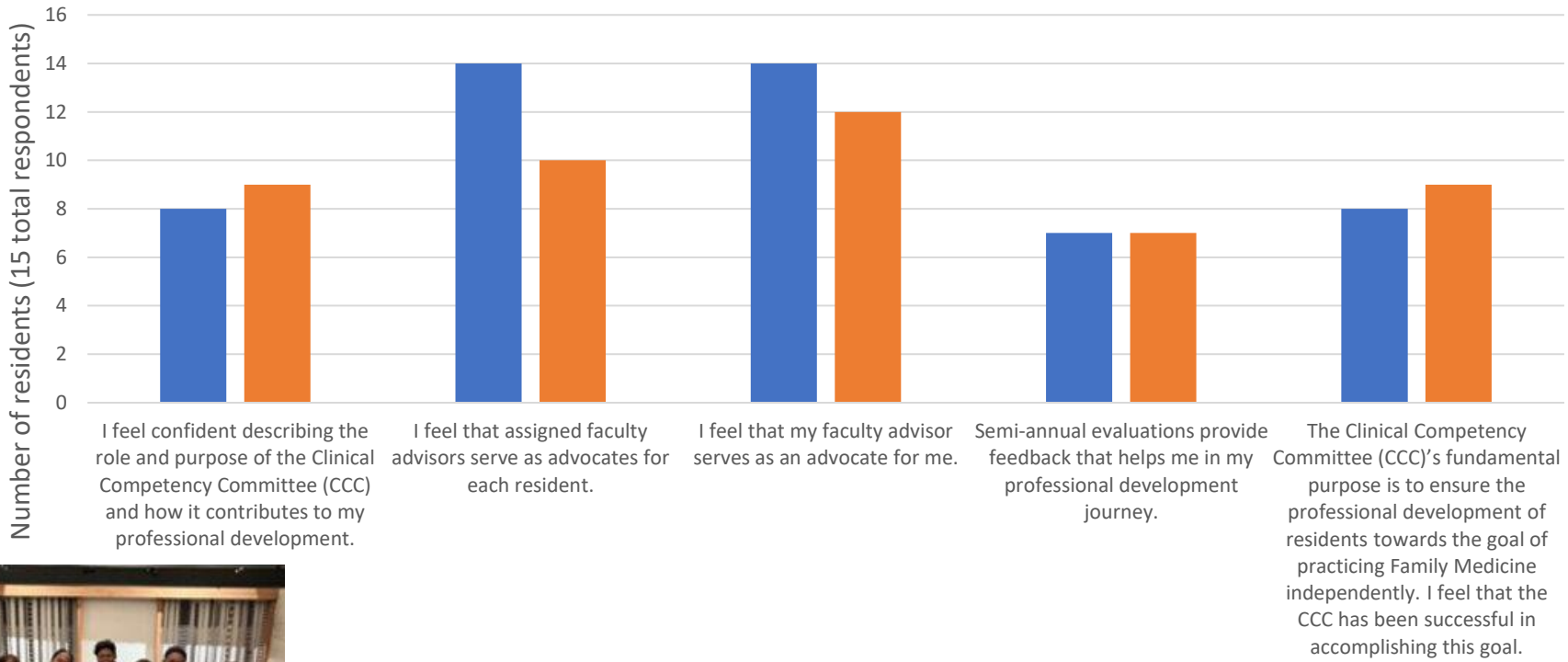
What were you able to accomplish?

- Evaluation:
  - > Literature search completed
  - > Residency DEIA goals/objectives established
  - > Analysis of residency recruitment/interview DEIA efforts (2014-2022)
    - 2014-2016: Traditional approach: focus on medical school attended, board score, academic excellence, leadership/community involvement
    - 2017-2019: Establishment of Diversity and Social Justice Committee for interviewed candidates; holistic review process initiated
    - 2020-2022: Expansion of Diversity and Social Justice Committee process to all applicants; further revision of candidate review form with detailed descriptions to assist with assessment; virtual interviews
- DEIA Toolkit:
  - > Completion of Table of Contents/Toolkit plan (further work on toolkit was put on hold to focus on equitable feedback and assessment)


Percentage of applicants who were offered an interview statified by race
Race
Alaskan/Native American
Hispanic/Latino
Black
Asian
White
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Pre-2017
2017-2019
Post 2019


Percentage of applicants who matched, stratified by race and year
Precentage
90
80
70
60
50
40
30
20
10
0
2014-2015
2015-2016*
2016-2017
2017-2018
2018-2019
2019-2020
2020-2021
2021-2022
White 16.67 66.67 83.33 33.33 50 33.33 0 16.67
Asian 33.33 16.67 0 33.33 0 33.33 0 16.67
Black 0 0 0 0 0 16.67 83.33 33.33
Hispanic/Latino 16.67 0 16.67 16.67 33.33 16.67 16.67 33.33
Alaskan/Native American 33.33 0 0 16.67 16.67 0 0 0
Cohort Year
White
Asian
Black
Hispanic/Latino
Alaskan/Native American

Results


DEIA Equitable Feedback/Assessment Resident Survey
Number of residents (15 total respondents)
16
14
12
10
8
6
4
2
0
I feel confident describing the role and purpose of the Clinical Competency Committee (CCC) and how it contributes to my professional development.
I feel that assigned faculty advisors serve as advocates for each resident.
I feel that my faculty advisor serves as an advocate for me.
Semi-annual evaluations provide feedback that helps me in my professional development journey.
The Clinical Competency Committee (CCC)'s fundamental purpose is to ensure the professional development of residents towards the goal of practicing Family Medicine independently. I feel that the CCC has been successful in accomplishing this goal.
Selected Survey Questions - Agree/Strongly Agree Responses
Pre-Survey
Post-Survey

Knowing what you know now, what might you do differently?

- Equitable feedback/assessment:
  - More faculty development
  - Focus group of resident physicians
  - Creation of equitable individual learning plan for residents
- Mentorship:
  - Would provide more structured guidance for mentors and create an accountability system to ensure they were prioritizing following up with mentees by any means necessary
  - Work with residency program leadership to identify designated times in a mentee's schedule for mentor meetings
  - Implement survey feedback mechanism biannually for both mentors and mentees
  - Proactively schedule biannual in person events for mentors and mentees to interact
  - Create more opportunities for mentors and mentees to interact and strengthen their relationships such as coordinating more community outreach/service events and social events
  - Create a sustainable resident schedule that allows continuity for resident representation for com college students
- Evaluation:
  - Begin analysis of data sooner – very time intensive
  - Determine overall residency DEIA goals/objectives before beginning work in this space

Overcoming Barriers

The largest barrier we encountered was…

The largest barrier we encountered was…	We worked to overcome this by…
• ***Equitable feedback/assessment:***	• ***Equitable feedback/assessment:***
• *Lack of validated surveys/tools for equitable assessment*	• *Focus on faculty development*
• *Challenges finding a facilitator for resident focus group*	• *Focus on individual assessment*
	• *Focus on semi-annual evaluation process*
• ***Mentorship:***	• ***Mentorship:***
• *Finding adequate time for our attending mentors and resident mentees to meet*	• *Encouraging mentors to reach out via various methods- Teams chat, email, text message*
• *Both parties are very busy clinically and though attending mentors had time allotted for meetings resident mentees did not*	• *Scheduling in person offsite dinner to facilitate familiarity of mentors/mentees*
• *Finding adequate time for residents to mentor community college students*	• *Reviewing residents' schedules to find ways to create a sustainable curriculum*
• ***Evaluation:***	• ***Evaluation:***
• *Time it takes for data analysis*	• *Adding a public health intern to help with data analysis*
• *Data analysis support*	• *Trouble-shooting to determine a workaround for differences in variable collection*
• *Differences in annual variable collection*	

Response – NAC and other members

QUESTIONS

National Initiative

AIAMC National Initiative VIII
Capstone Presentations
Cohort Three

Curriculum Development
March 24th (2:10-4:30pm)
Ocean Way

Cohort Three teams

- Aurora Health Care –Family Medicine
- Baptist Health South Florida
- ChristianaCare
- Cleveland Clinic Akron General
- Community Health Network

National Initiative

Capstone Questions

- What did you hope to accomplish?
- What were you able to accomplish?
- Knowing what you know now, what might you do differently?
- Lessons Learned:

  The single most important piece of advice to provide another team embarking on a similar initiative would be…

National Initiative

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AiAMC
Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Three: Curriculum Development

Minding the Gap to Reduce Disparities in Young African Americans' Blood Pressure in a Family Medicine Clinic

Rayan Hamade MD, Rebecca Nye MPH, Ashley Quick Bear MD, Fatya Amiri DO, Bonnie Bobot MD, Wilhelm Lehmann MD, Pamela Graf MBA, Sarah Bowlby, Deborah Simpson, PhD

Aurora Health Care Family Medicine Program

aurorafammedmke

National Initiative

Q1. What did you hope to accomplish?

INTENTION: To improve BP control in Young African Americans aged 18-50

ORIGINAL AIM:

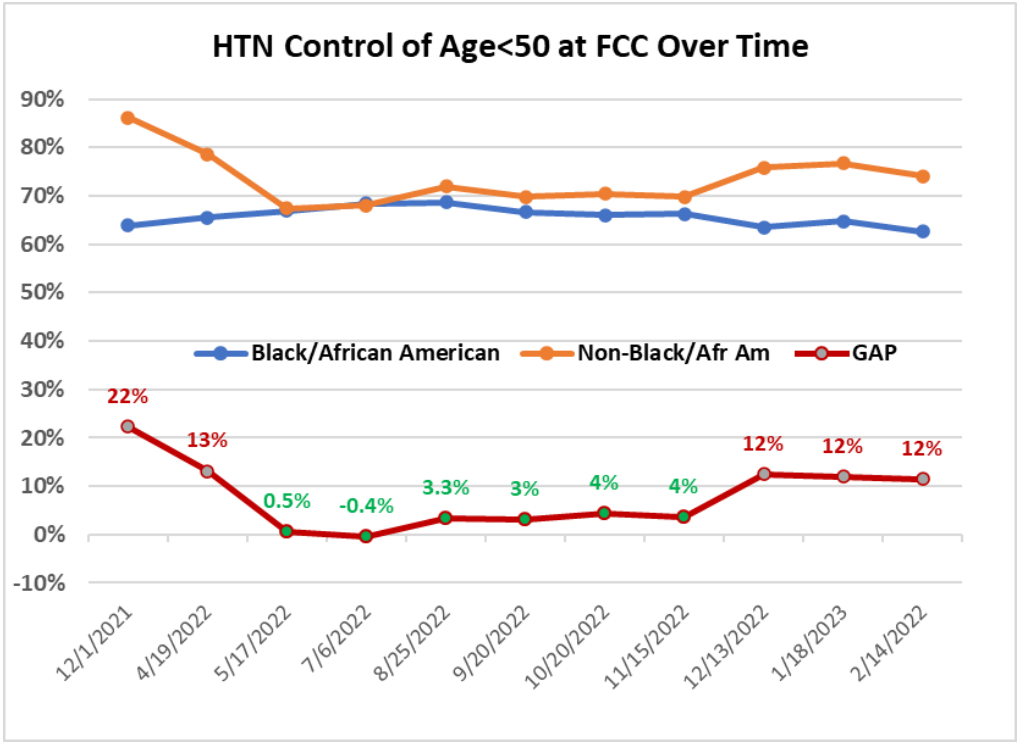
- To reduce the 22.3% gap in blood pressure control to 10% amongst African American patients 18-50 yo
  - 22.3% disparity gap with only 63.9% AA patients vs. 86.2% non-AA patients with well controlled HTN

REVISED AIM

- To reduce the 22.3% gap in blood pressure control *BY* 10% amongst African American patients 18-50 yo

Q2. What were you able to accomplish?

- Developed and implemented a workflow for distribution of home AA BP monitoring and HTN focused visits/patient education
  - Patients were scheduled for HTN-focused visits
  - Provided with home BP monitors (HBPM) & educational materials
- Educated staff re: disparities & plan
- Identified new options:
  - Patients can enter their own vitals
  - Insurances cover HBPM (& nebulizers)



Q3. Knowing what you know now, what might you do differently?

- Be realistic re aim: Rather than looking at “gap”
  - Focus on improvement in target population OR # of patients rather than percentage
  - For 5-6 mos we reduced the disparity (our non-Black/AA ↓ control)
- Limit virtual visits & incorporate into existing patient visits
  - Reimbursement for virtual (didn’t help system metrics)
  - Limited patient visits for HTN Patient
- Make things accessible/easy to physicians recruiting patients to the Tx grp
  - Put all resources in 1 place: HBPM, batteries, insurance forma, educ materials

Q4. Cohort #3 – Lessons Learned

The single most important piece of advice to provide another team embarking on a similar initiative would be…

- **Improve the workflow** to be responsive to patient population + address patient no shows
- **Focus on patient (& clinician) engagement** – follow-up interviews with patients and clinicians were beneficial – informed plan revision
- **Focus on small successes and showcase** – as hard to "move the needle" in a population
- **Involve all FM residency program clinics** rather than a single clinic to allow announcements, resident education, etc. to be relevant to all
- **Involve a medical student!!!** It's a win-win

More Details

Patient Follow-Ups

Med Student Calls

73% (11/15) patients used their HPM regularly

Patients with higher BP patients found it more worrisome

Happy I got the cuff – I was so excited as my BP was out of wack and now it's better

Part of Our FM Team!

QUESTIONS

National Initiative

Baptist Health South Florida

AiAMC
Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Three: Curriculum Development

PATH (Preparing and Teaching Health Professionals) for Health Equity

Melissa Parlade, DO, Seema Chandra, MD, JoVonnda Chresfield, BSc, Victoria McCue, PhD, Lorena Bonilla, MD, Sophia Malary-Carter, MD, Anna Maria Patiño-Fernandez, PhD, Margaret Godet, MBA, Deepa Sharma, DO, Agueda Hernandez, MD

National Initiative

Q1. What did you hope to accomplish?

- Our overarching goal was to move our residents and colleagues one step forward in their journey to becoming patient-centered and interculturally agile physicians who are knowledgeable regarding health equity and equipped to serve our diverse community
- Our objectives were to:
  - Assess the gaps in our current residency curriculum
  - Develop an innovative curriculum to address these gaps
  - Evaluate this curriculum

Q2. What were you able to accomplish?

Completed a curricular needs assessment

Customized and delivered the PATH lecture series for family medicine residents and faculty

Demonstrated residents had a statistically significant increase in their understanding in 5 of the 10 covered health equity topics

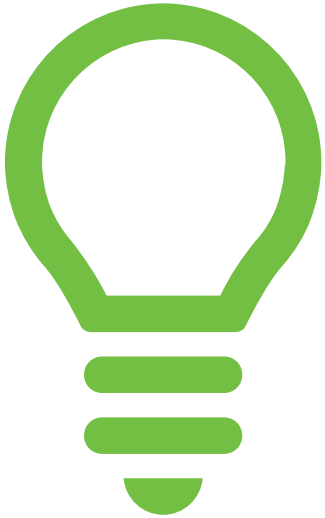
Q3. Knowing what you know now, what might you do differently?

Despite the faculty reporting during the needs assessment that these topics were not well covered in their residency training; we did not demonstrate any change in faculty self-assessments after the intervention.

Faculty attendance was low during our lecture series.

In our next iteration of this intervention, we will use faculty feedback to tailor these lectures and content to better address faculty needs.

Q4. Cohort Three – Lessons Learned



The single most important piece of advice to provide another team embarking on a similar initiative would be…

- Recognize that due to the academic year cycle, meticulous pre-planning is needed to design and execute an entire project within one academic year.

Response – NAC and other members

QUESTIONS

ChristianaCare

AiAMC
Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Three: Curriculum Development

Building Critical Consciousness: Our Commitment to Justice, Equity, Diversity and Inclusion

Himani Divatia, DO, Loretta Consiglio-Ward, MSN, RN, Chaney Stewman, MD, Ram Sharma, MD, Abhishek Surampudy, MD,

Lauren Davis-Rivera, MD, Ashley Panicker, MD, Mark Mason, PhD CGP, Brian Levine MD, Vaughn Wright, EdD

National Initiative

Q1. What did you hope to accomplish?

- Current state training/education in health disparities is variable across residency and fellowship programs, and is delivered in more passive and traditional didactic forms.
- Trainees are increasingly interacting with patients of diverse backgrounds, and recognizing a need for improved awareness of societal constructs, strategies for bias mitigation, and exposure to community resources for improving equitable care.
- There is a need for a curriculum which is longitudinal and experiential which increases trainees' awareness of self, oppressive social forces shaping health, and strategies to immerse in community engagement in order to bridge the gap from awareness to action, developing a path to becoming a change agent for health equity.

- **Our vision is to build a community of providers and patients who seamlessly grow in health and wellness, respecting differences and uniting on common goals for community health and success**

Q2. What were you able to accomplish?

	Session 1	Session 2	Session 3
Scope	Overview of critical conscsiouness, historical context of structural forces contriburing to health disparities in Delaware, facilitated discussions around privilege and lived experience	Implicit Bias Awareness	Immersive experience of community resources supporting patients navigating various social determinants of health
Participants	22 Internal Medicine Interns (IM, Med-Peds, TY, EM/IM)	40 Residents (IM, Med-Peds), including senior residents	Pending
Time frame	June 2022, 3 hour facilitator-led interactive session	October to December 2022, 1 hour flipped classroom facilitator-led discussions during academic half day didactic curriculum	Spring 2023

- Increased level of confidence in elements of critical consciousness (self-reported)
- Increased number of residents participating in IAT's and guided reflection
- Increased motivation to participate in health equity initiatives

75% of residents committed to tangible actions to mitigate bias through incorporation into their daily work (see slide 6)

Q3. Knowing what you know now, what might you do differently?

Success Factors

- Strong core team
- Strong team leadership
- Resident authenticity to participate and share
- Small but might group of faculty facilitators
- Facilitated discussion
- Immersive experience
- Office of Community Health partnership

Barriers

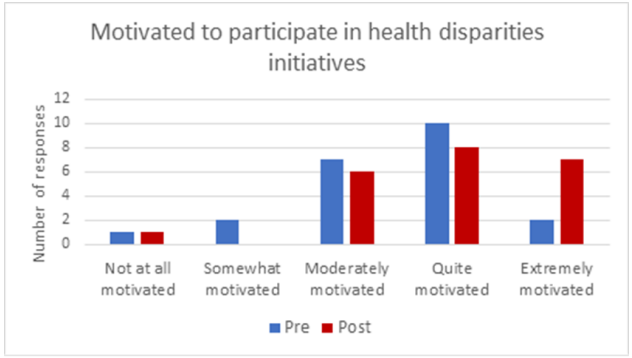
- Lack of institutional resources for protected time
- Poor stakeholder engagement
- Middle management navigation
- Limited program director accountability
- Team dissolution and reformation
- Challenges to quantifying measures

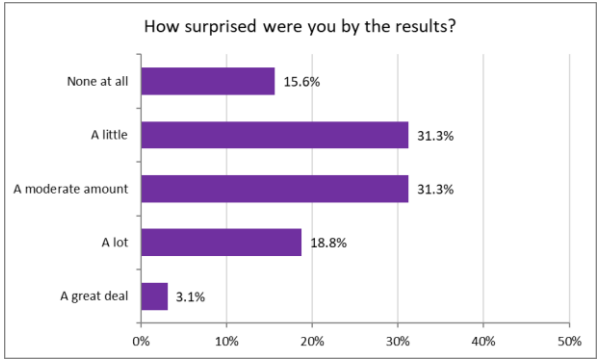
Q4. Cohort Three – Lessons Learned

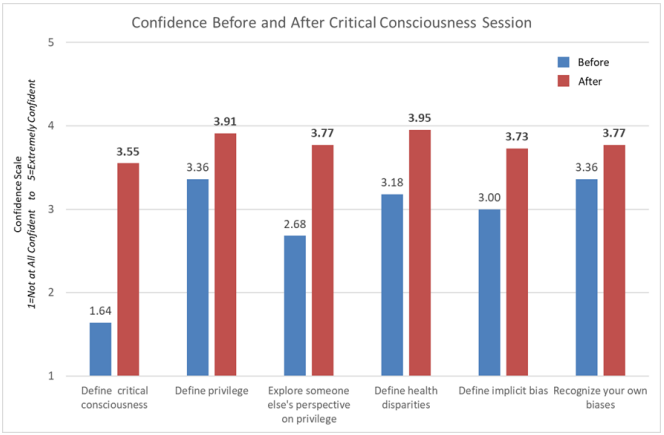
- The single most important piece of advice to provide another team embarking on a similar initiative would be…

❖ *Buckle up and stay course, it's going to be a long but necessary ride. This isn't an occurrence, it's a journey, and if each one would reach one, you'll find it contagious, and it can change your life.*

❖ *Practically, seek support from stakeholders early, and align with the organizational strategic plan.*







- Pause and reflect
- Feel courage to speak up
- Recognize own biases
- Ask questions to understand
- Treat patient as if family
- Reflect on why I choose a test/treatment
- Think more holistically

Response – NAC and other members

QUESTIONS

National Initiative

Cleveland Clinic Akron General

AiAMC Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Three: Curriculum Development

Development of a 3-Year Longitudinal JEDI Curriculum in an IM Residency Program

Cheryl Goliath, PhD, Executive Director, Medical Education Administration

Nairmeen Haller, PhD, Director, Health Sciences

Michelle Del Toro, MPH, Director, Diversity, Equity & Inclusion

Angel Romine, MSN, Manager, Academic Practices

Randol Kennedy, MD, Faculty

Nathaniel Gilbert, MD, Resident

Urbee Haque, MD, Resident

National Initiative

Q1. What did you hope to accomplish?

- Develop and implement a three-year JEDI curriculum that will educate Internal Medicine residents on the impact of social inequities on health outcomes with specific focus on the needs of the Akron community.

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Q2. What were you able to accomplish?

- Pre-survey distributed with an 81% response rate
- JEDI topics were narrowed and four pilot sessions were identified for presentation
- Post-survey saw a 56% improvement following the pilot instructional sessions on resident JEDI knowledge/awareness

Q3. Knowing what you know now, what might you do differently?

Success:

- *The most successful part of our work was that we were able to see a positive impact on the residents' knowledge and awareness of the healthcare gaps in our community after the pilot portion of our project.*
- *We were inspired by the panel discussion between a small group of patients in the practice and the residents; both sharing their candid feelings about how they receive care and provide care. Each side seemed to genuinely listen and was a big step in increasing empathy and trust*

Barriers/Limitations:

- *Eroding team engagement and turnover. A core group on the team was committed to the success of the project and was willing to do what was needed to make the Team successful*

Lessons Learned:

- *Identify team members who are committed early on and replace those who are not*

Q4. Cohort Three – Lessons Learned

- The single most important piece of advice to provide another team embarking on a similar initiative would be narrowing the scope of the project and realizing what is manageable to accomplish in an 18-month project period

Cleveland Clinic
Akron General

AiAMC
Alliance of Independent
Academic Medical Centers

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Response – NAC and other members

QUESTIONS

National Initiative

Community Health Network

AiAMC Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Three: Curriculum Development

Microaggressions:
A big deal in the Clinical Learning Environment

E. Ann Cunningham DO, Melody Jordahl-Iafrato MD MPH

Alyssa Cheng DO, Sarah Kate Couch DO, Kim Jones LCSW, Areef Kassam MD, Kylie Ranard, DO, Morgan Rhodes MD, Kristen Swanson MD, Kasey Windnagel PhD, Kathy Zoppi PhD MPH

National Initiative

Q1. What did you hope to accomplish?

- Microaggressions occur in the clinical learning environment which impacts both patient care and medical learners.
- Initial training on microaggressions was provided in 2020-2021 to Community Health Network's Graduate Medical Education (GME) community; however, the impact of these materials was not evaluated.
- This project is seeking to provide and evaluate further training on microaggressions for faculty and learners to support sustainable change efforts in the clinical environment.
- This project is aligned with the Network's mission to support an inclusive and diverse community with the vision of creating an equitable work, education and patient care environment by mitigating the harmful effects of microaggression patients, learners, and employees.

Q2. What were you able to accomplish?

• Completed "train the trainers" for workshop facilitation
• A 120 minute in-person mandatory workshop was adapted and implemented for most all GME residents and faculty to gain skills in recognizing and addressing microaggressions in the clinical learning environment.

- 45 minutes given for didactic teaching of the materials
- 75 minutes is facilitated discussion working through case examples in groups

Participants were provided provided with the Ackerman-Barger, et al., (2020) article as a pre-read assignment before the workshop to orient to concepts.
A pre-survey and post-survey measuring the participant's knowledge and confidence for identifying and intervening with microaggression, as well as workshop performance, was delivered immediately before and after the workshop.

Q3. Knowing what you know now, what might you do differently?

Limitations

- Data obtained through survey did not specify the which participant completed the pre-survey and post-survey. Therefore, difficult to determine the growth of a single participant
- Workshops were completed during different dates based on groups availability. Therefore, possible differences in how each workshop was presented or run .

Suggestion:

- To schedule some longer in-person sessions for planning at the initial stages of planning to help spring progress forward.
- Enhance data collection for improved assessment

Q4. Cohort Three – Lessons Learned

- The single most important piece of advice to provide another team embarking on a similar initiative would be…

Prioritization of obtaining GME involvement/support. Through their support, we were able to obtain didactic time from each residency for the presentation of our workshop and the ability to incorporate the workshop during orientation for future recruits.

Addressing Microaggressions in Academic Health: A Toolkit for Action

Materials adapted from: Aackerman-Barger and Jacob, 2020

AIAMC 2021-2023 National Initiative VIII

Response – NAC and other members

QUESTIONS

National Initiative

Facilitator: Please Ask Your Group:

If we were to describe in ONE WORD what we have learned from these Capstone presentations, what would that word be?

I will share this word in our closing session, which starts at 4:45 in Symphony III. See you there!

National Initiative