



# JEDI Series: DEI, Anti-Racism Competencies, and the Clinical Learning Environment

AIAMC 2021 Webinar Series

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# Today's Presenters



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# Today's Presenters



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# DEI, Anti-Racism Competencies and the Clinical Learning Environment

## AIAMC 2021 Webinar Series

Lisa Howley, PhD  
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# Disclosures

- Lisa Howley and Kamilah Weems work Full Time at the AAMC
- No financial disclosures to share

# Webinar Objectives

- Describe the **new DEI and anti-racism competencies** that are currently under development for students, residents, and faculty
- Justify **the need** for CBME in DEI and anti-racism
- Identify **resources** to further support efforts toward competency-based education in DEI

# **Drivers for Change:** ***Policy, Healthcare, Populations & Education***

# Patient & Learner Populations are Changing

- More racially and ethnically diverse population
- Millennials will surpass Baby Boomers
- Increased aging population
- Women represent majority of entering medical students nationwide

# Competency-Based Medical Education

- Relentless focus on the contemporary health and healthcare needs of society
- Translates those needs into competencies: descriptions of what abilities physicians must have to meet patient's needs.
- Accepts that time to competency varies as the speed of achievement will vary
- Views education as a continuum of life-long learning
- Curriculum is inclusive of formal and informal teaching and learning opportunities (didactic, interactive, experiential, and takes place in variable settings)
- Dynamic: Adaptive as science, technology, society changes

# Health Care is Changing

Increased Costs  
and High Value  
Care

Patient Safety &  
Quality  
Improvement

Equity, Diversity,  
Inclusion

Precision  
Medicine &  
Genomics

Public &  
Population  
Health

Technology incl  
Augmented  
Reality

Preventive Care

Telehealth &  
Virtual Care

Community-  
Based Care

Interprofessional  
Practice

New  
Therapeutics

Big Data &  
Artificial  
Intelligence



# Where does that leave medical educators?

## What do I need to teach and assess?

- *What is here to stay?*
- *What is critical? Core?*

## How can I best do that?



- *What works?*
- *Education tools like case studies, curriculum summaries, assessment tools, sim cases, and video clips*
- *What have others done?*
- *How can I modify their work for my context?  
What are the lessons learned?*

# **New and Emerging Areas in Medicine: *Competencies Across the Learning Continuum Series***

**What is it and how does it apply to my work?**

# New and Emerging Areas in Medicine: *Competencies Across the Learning Continuum Series*

2019 Quality Improvement and Patient Safety

2020 Telehealth

2021 Diversity, Equity and Inclusion

2022+ TBD



To learn more, see <https://www.aamc.org/cbme>



# Competencies Across the Learning Continuum: *Common Guiding Questions*

What are the expected competencies\* (in a new or emerging focus area) of entering residents, entering faculty, and experienced attending physicians/preceptors?

What does a physician, progressing towards attainment of expertise in a particular topic do, know, and value?

***\*“An observable ability of a health professional related to a specific activity that integrates knowledge, skills, values and attitudes.” –Frank 2010***

# Scope & Approach



Tiered based on level of learner – student, resident, and attending physician



Integrate and build from existing milestones, EPAs, competencies in specialized areas



Aligned with the six core domains of competence by ACGME/ABMS



Physician—level competencies that are applicable to all physicians regardless of specialty

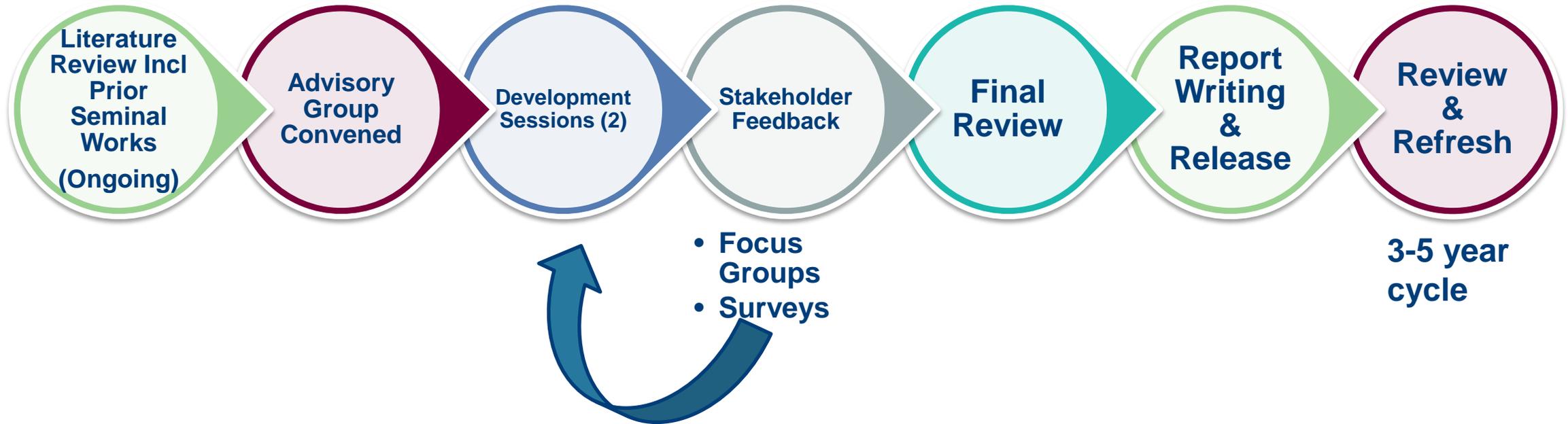
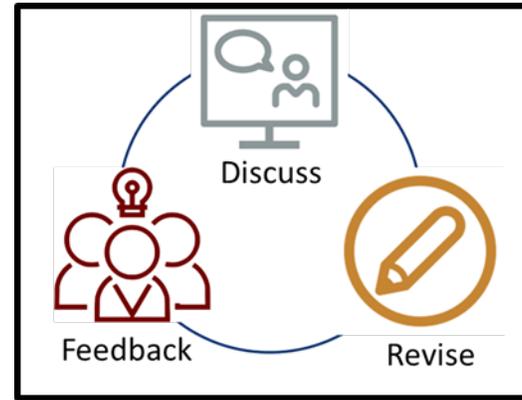


Engage diverse stakeholders throughout development process



Continuous enhancement model

# Development Process



# Consensus Defined

“**Middle ground** in decision making, between total assent and total disagreement. Consensus depends on participants having **shared values** and **goals**, and on having **broad agreement** on **specific issues** and **overall direction**. Consensus implies that everyone accepts and supports the decision, and understands the reasons for making it.”

<http://www.businessdictionary.com/definition/consensus.html>

# Diversity, Equity and Inclusion including Anti-racism Competencies

# DEI in Practice: *A Few Reasons Why We Need This Work*

- **Medical knowledge** – False beliefs about biological differences between white and black individuals which leads to bias in treatment of pain
- **Communication (with Patients)** – Physicians use different communication skills when having end-of-life conversations which leads to higher incidence of ICU (vs home) deaths
- **Interprofessional Communication** - Over half of women surgeons experience sexual harassment in a single year alone. Women trainees were more than twice as likely to experience harassment as compared to attending surgeons

# DEI in Practice: *A Few More Reasons*

- **(Access to) Patient Care** – Low SES, racial and ethnic minorities, unemployed individuals spend more time waiting for medical care than white individuals
- **Professionalism** - Discrimination from health care providers and denial of health care altogether are common experiences among LGBTQ patients and have been identified as contributing factors to health disparities
- **Systems-Based Practice** – Residents and fellows described education and training in cultural competency that was largely generic and not specific to the diverse populations receiving care at their clinical sites

# Sample **Draft** Competencies

## Domain I: DIVERSITY

Diversity refers to the varied identities based on socioeconomic status, race, ethnicity, language, nationality, gender identity, sex, sexual orientation, disability and other personal or demographic characteristics.

<b>Medical Student Graduate / Entering Residency</b>  <b>New to my DEI journey</b>	<b>Resident Graduate / Entering Practice</b>  <b>Advancing along my DEI journey</b>  <i>All prior competencies +</i>	<b>Faculty Physician / Teaching and Leading</b>  <b>Continuing my DEI journey</b>  <i>All prior competencies +</i>
3a. Practices self-reflection of how one's personal identities and lived experiences may influence their perspective, clinical decision making, and practice	3b. Mitigates the effects of personal bias in clinical decision making and delivery of patient care	3c. Role models how the practice of self-reflection can help with identifying and mitigating effects of personal biases

# Sample **Draft** Competencies

## Domain II: EQUITY

Equity is the fair treatment, access, opportunity, and advancement for all people, while at the same time striving to identify and eliminate barriers that have prevented the full participation of some groups and allowed unfair advantage to other groups. Improving equity involves increasing justice and fairness within the procedures and processes of institutions or systems, as well as in their distribution of resources. Tackling equity issues requires an understanding of the root causes of outcome disparities within our society.

<b>Medical Student Graduate / Entering Residency</b>	<b>Resident Graduate / Entering Practice</b>	<b>Faculty Physician / Teaching and Leading</b>
<b>New to my DEI journey</b>	<b>Advancing along my DEI journey</b>	<b>Continuing my DEI journey</b>
	<b><i>All prior competencies +</i></b>	<b><i>All prior competencies +</i></b>
8a. Describes past and current examples of racism in the United States (internalized, interpersonal, institutional and structural) and its impact on trust, health, and health care	8b. Engages with the health care team and patients to identify the impacts of racism and challenges racism in the local setting	8c. Role models anti-racism in medicine including strategies that are grounded in critical understanding of unjust systems of oppression

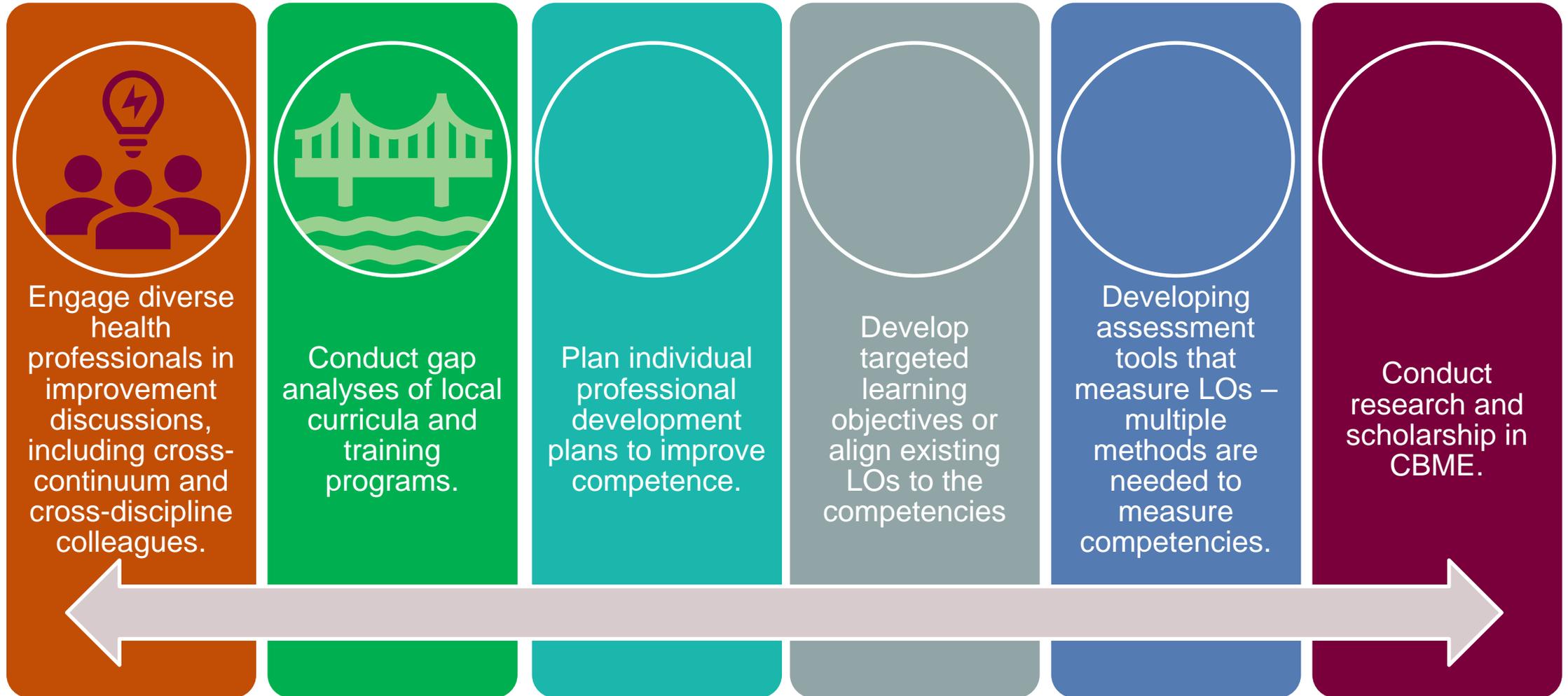
# Sample **Draft** Competencies

## Domain III: INCLUSION

Individuals' different identities are respected, valued, welcomed, and leveraged to foster a sense of belonging and intentional engagement within a given community (e.g., your team, workplace, or industry).

<b>Medical Student Graduate / Entering Residency</b>  <b>New to my DEI journey</b>	<b>Resident Graduate / Entering Practice</b>  <b>Advancing along my DEI journey</b>  <i>All prior competencies +</i>	<b>Faculty Physician / Teaching and Leading</b>  <b>Continuing my DEI journey</b>  <i>All prior competencies +</i>
2a. Employs strategies to advocate for oneself and serve as an ally to others when there is injustice (e.g. microaggression, discrimination, racism)	2b. Practices self-advocacy, allyship, and being an active bystander/upstander to address injustices	2c. Role models self-advocacy, allyship, and being an active bystander/upstander to address and prevent injustices

# Intended Uses



# AAMC Resources

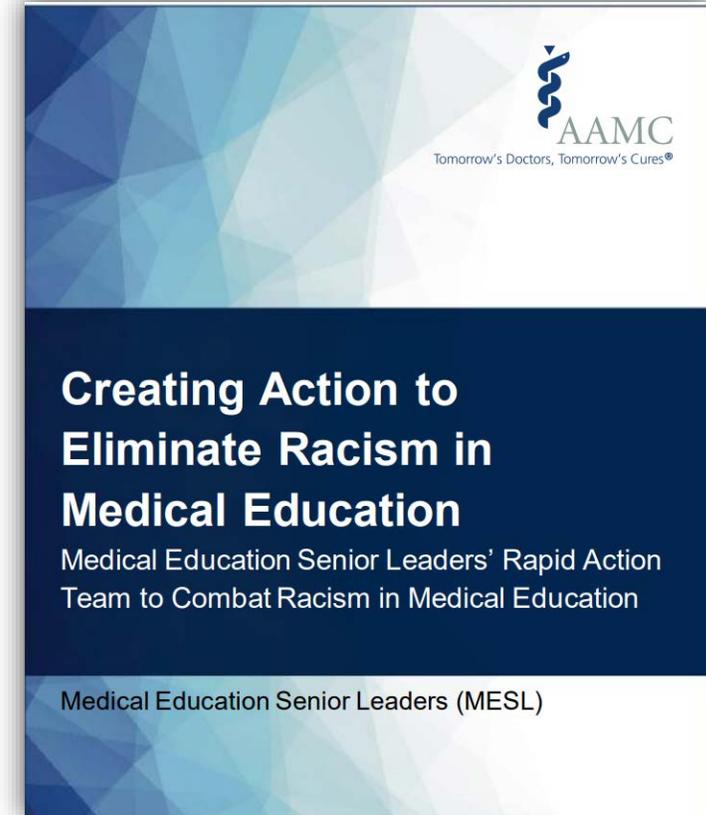
## Addressing and Eliminating Racism at the AAMC and Beyond

Home / Addressing and Eliminating Racism at the AAMC and Beyond

The ongoing pandemics — both COVID-19 and racism — have laid bare the dehumanizing and damaging effects of structural racism throughout our country.

Regrettably, we see these effects in academic medicine as well. As we wrote in our [June 1 statement](#), all academic medicine leaders — including the AAMC — must step up and transform rhetoric into action.

We as individuals, as an association, as part of the academic medicine community, and as members of society need to do our own work, individually and collectively, to create a shared vision of the AAMC and academic medicine institutions as diverse, equitable, inclusive, and anti-racist organizations. We acknowledge this work can and will be difficult for even the most skilled, experienced, and well-intentioned. This framework will serve as a strategic imperative; guide our own internal efforts at the AAMC; and help amplify, support, and accelerate the efforts of our member institutions to catalyze change in academic medicine. The shared vision should emanate from our own thinking at the AAMC and from lessons learned from our members and affinity groups, the communities of which we are a part, and the communities we serve. Through our efforts, we can address and work toward eliminating racism not only within academic medicine but also in our communities and the nation.



<https://www.aamc.org/addressing-and-eliminating-racism-aamc-and-beyond>

# AAMC Resources

- ❑ **MedEdPORTAL** actively seeks teaching activities or assessments related to:
  - Racism
  - Microaggressions
  - Trauma-informed care
  - Implicit bias, health disparities, and/or social determinants of health where racism is a significant component

[www.mededportal.org/anti-racism](http://www.mededportal.org/anti-racism)

- ❑ **Academic Medicine**

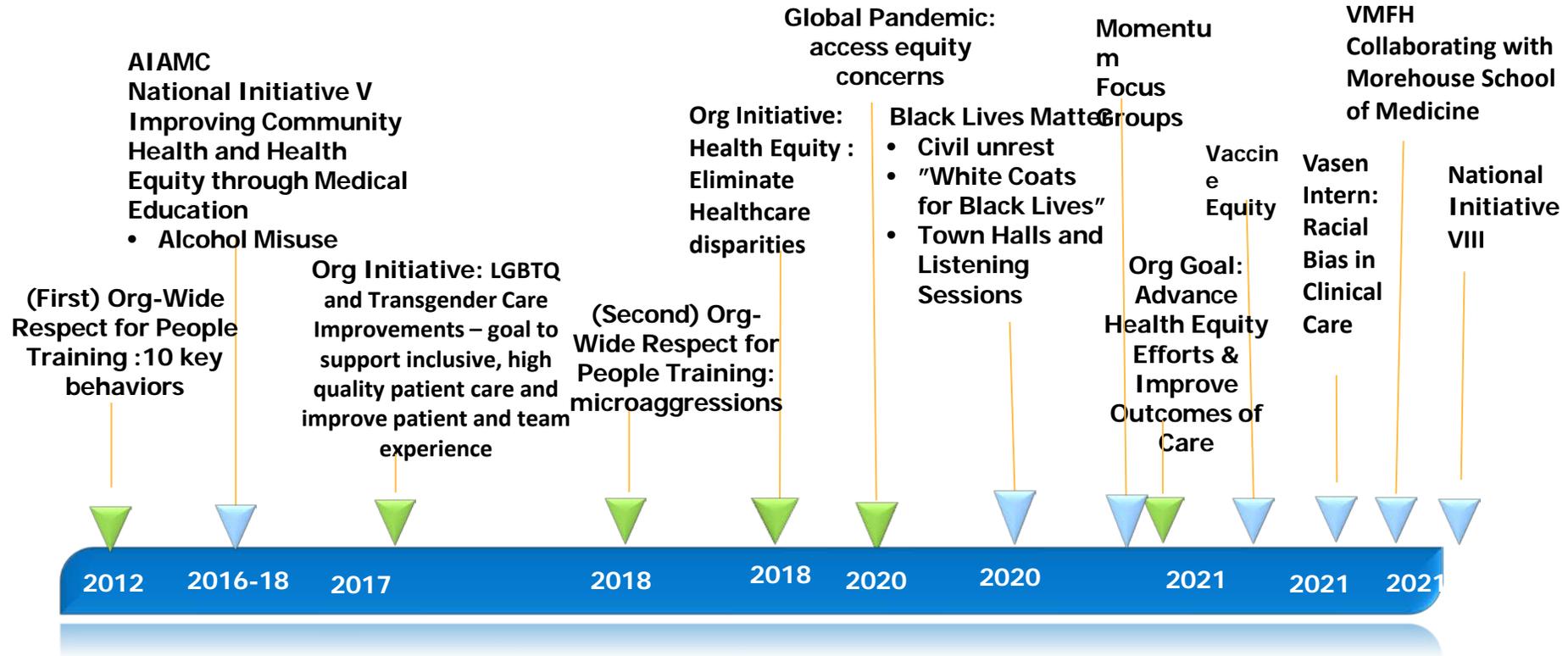
- December 2020 Issue Dedicated to DEI
- The Josiah Macy Jr. Foundation sponsored supplement (online now)
- Collection of previously published articles on addressing race and racism
- All articles on diversity related topics continue to be free

<https://journals.lww.com/academicmedicine>



<https://www.aamc.org/news-insights/achieving-excellence-through-equity-diversity-and-inclusion>

# Timeline: Journey, Influences, & Calls to Action



- Application of the Quadruple Aim
- Heightened Awareness - unconscious biases
- Community Assessment, application and use as a valuable tool.

Awakenings

Organizational "mission critical" response with focus on respect, equity and understanding microaggressions

Deeper exploration of "respect" and understanding of "bias" – for many team members, at a very different level

Discovery and Action

- Declare an org goal
- Focus on HTN control, Diabetes management
- Language services
- Screen for SDOH
- Review and amend race-based practice in medicine
- Create more diverse workforce—RN, MDs, leaders
- Identify and eliminate institutional racisms

Forward Together & Focused

National Initiative-V

*The Effect of a Mobile Produce Market on  
Dietary Habits in Two Low Income Urban  
Neighborhoods*

Lessons learned on community partnerships, sustainability, and serving our patients

Libby Beiter, MD

Associate Program Director

Bethesda Family Medicine

Trihealth



## Healthy Harvest Mobile Market

- Partnership between Trihealth and Free store food bank
- Mobile produce truck to visit food deserts around Cincinnati
- First two sites Bethesda Family practice and Good Samaritan hospital
- Now 10 stops around Cincinnati
- Takes Food Stamps
- Offers produce perks where food stamp recipients can double their \$ up to \$10 if spent on produce items.

## A Tale of Two Sites

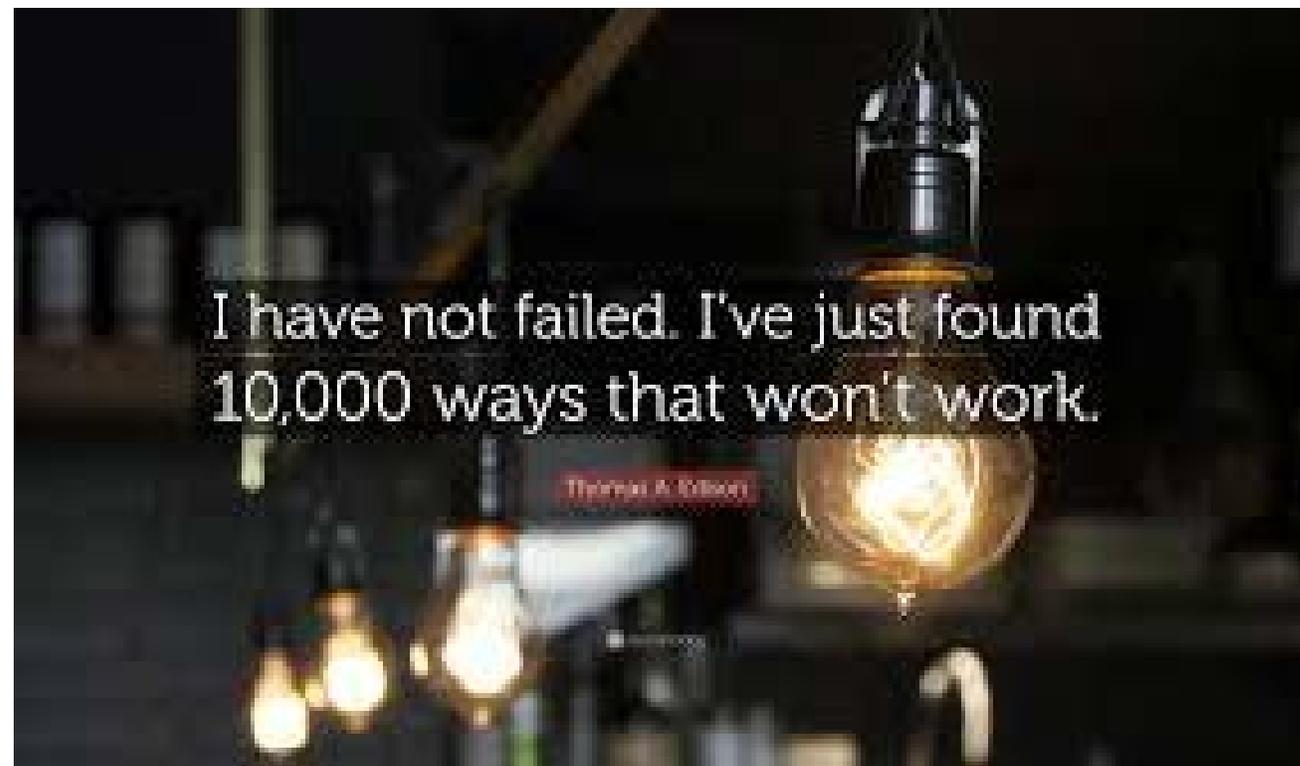
### FY 16-17 End of year data

- BFP site- \$5,452 total sales 9.5% EBT
- GSH site- \$10,090 total sales 18.3% EBT
- Both food deserts, both had similar office signage, similar patient population demographics, similar promotions, **different communities**

## Lessons Learned

- Being near where people live
- VISIBILITY
- Partnership with host site and local government

# How we've changed



## Social Determinants of Health

- We now screen all patients for SDH using validated screener (PRAPARE)
- Results show >50% of our patients have more than 1 SDH
  - Food insecurity is the most prevalent, followed by transportation
- Use Ask Bertha or AAFP neighborhood navigator to connect patients to neighborhood specific resources
- Working with our health system on community DEI work to address SDH
- Developing longitudinal social determinants of health/health disparities curriculum for FM residency program.

# Opportunities for the future



Local advocacy



Grant for Community Health  
Worker



Partnerships with  
local organizations

Rubber duck  
pantry,  
schools,  
sweet cheeks

## Evaluation

The AIAMC Programming Committee is requesting your feedback. Please take a few minutes to complete our brief questionnaire here:

[https://www.surveymonkey.com/r/AIAMC\\_2021\\_Webinar\\_Series\\_May\\_6\\_2021](https://www.surveymonkey.com/r/AIAMC_2021_Webinar_Series_May_6_2021)