INTRODUCTION/BACKGROUND

• **THE EVIDENCE IS CLEAR**: Achieving Justice, Diversity, Equity, and Inclusion (JEDI) improves education, care for patients and the communities we serve.

• **AS MEDICAL EDUCATORS LEADERS**: We are accountable for addressing structural "isms" in all forms (e.g., race, gender-identity, religion) and preparing our faculty to learn in this area.

• **A CONTINUOUS DATA DRIVEN APPROACH**: Essential for all JEDI initiatives; focus on processes|outcomes.

METHODS

- Reframed our existing JEDI milestone as a needs assessment tool.
- Tool format is consistent with ACGME's core competency milestone model.
- 6 competency domains: medical knowledge, patient care, IPC, SBP, PBL&I, professionalism.
- Each domain has a uniquely annotated rating scale (Level 1 Novice to Level 5 Proficient) consistent with ACGME competency ratings scale.
- Teaching faculty received an e-mail in late summer - early fall 2021 directly from SurveyMonkey to facilitate reminders to non-respondents.
- Respondents checked the milestone level consistent with their perceived competence in each of the 6 competency domains.

- **Level 0**: Not yet reached Level 1.
- **Level 1**: Recognizes that implicit bias plays a significant role in health disparities.
- **Level 2**: Identifies and articulates implicit biases in self, the health care team, and health system as relates to specific behaviors, attitudes, and experiences, which may affect clinical decision-making.
- **Level 3**: Reconciles personal beliefs & identity(ies) with professional role, develops strategies to mitigate own implicit biases, and recognizes the contribution of bias to iatrogenic risk and health disparities. Accepts shared professional responsibility for eliminating health disparities & bias.
- **Level 4**: Act non-judgmentally and speaks up in the moment cognizant that historical injustices and inequalities impact patient’s health. Utilizes incident reporting mechanism to address microaggressions and/or lateral workplace violence.
- **Level 5**: Creates policies that mitigate personal biases to ensure equitable clinical and patient experience outcomes.

Domestic Systems Based Care: 3.7 1.1 70%
Practice Based Improvement: 3.8 1.0 70%
Professionalism: 3.8 1.0 70%
Interpersonal Communication: 4.0 1.1 70%
Patient Care: 4.0 1.2 75%
Medical Knowledge: 3.8 1.1 70%

RESULTS

- 70% Response Rate (126/179) across 16 GME programs.

<table>
<thead>
<tr>
<th>JEDI Competency Domain</th>
<th>Mean Milestone Level</th>
<th>SD</th>
<th>% at Level &gt; 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
<td>3.8</td>
<td>1.1</td>
<td>73%</td>
</tr>
<tr>
<td>Patient Care</td>
<td>4.0</td>
<td>1.2</td>
<td>75%</td>
</tr>
<tr>
<td>Interpersonal Communication</td>
<td>4.0</td>
<td>1.1</td>
<td>70%</td>
</tr>
<tr>
<td>Professionalism</td>
<td>3.8</td>
<td>1.0</td>
<td>70%</td>
</tr>
<tr>
<td>Practice Based Improvement</td>
<td>3.8</td>
<td>1.6</td>
<td>83%</td>
</tr>
<tr>
<td>Systems Based Care</td>
<td>3.7</td>
<td>1.1</td>
<td>70%</td>
</tr>
</tbody>
</table>

% Faculty by Domain x Level on JEDI Milestone

- Using our JEDI competency alignment with system policies on essential for all JEDI initiatives; focus on processes|outcomes.
- Use gaps between < Level 3 & < Level 4 to target faculty development efforts.
- Ex: Professionalism.
- Initial focus is microaggressions by patients.
- Initial focus is microaggressions by patients.
- Repeat needs assessment on annual basis to track faculty JEDI competence longitudinally.

Selected References

1. Ellinas H, Trimm F, Kaventi D, Baernstock J. Implementing systematic cultural change to improve diversity in GME. JGME. 2022; 14(2).
4. Ellinas H, Trimm F, Kaventi D, Baernstock J. Implementing systematic cultural change to improve diversity in GME. JGME. 2022; 14(2).

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