Background – JEDI

- **Assumption**
  - Medical education must create inclusive training environments for our learners, faculty, staff + equitable care for patients

- **Late Spring 2020 "Double Down on Efforts"**
  - Units within Academic Affairs ↑ efforts to address JEDI
    - Leaders spanned medical/APC students to CME and libraries
  - Agreed all were accountable for addressing structural "isms" in all forms (eg, race, gender-identity, religion, ability/disability)
  - Recognized power if we worked *across the continuum* to improve

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OUR APPROACH – ACAD AFFAIRS

- Developed shared purpose and accountabilities
- Identified interventions → improvement:
  - Listed current/future EDI efforts within our Acad Affairs units
  - Framed actions by what we do in education (eg, curriculum, evaluation, assessment)
  - Identified those actions that were applicable across the continuum
- **Measures:** To know if our change is an improvement
  - Identified current metrics in use related to JEDI
  - Identified gaps and sought new JEDI data sources

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ACADEMIC AFFAIRS DE&I ACTION PLAN 2020

DE&I Purpose & Culture
- Be public & accountable re EDI efforts
- Examine/revise policies, procedures & for EDI → safe, supportive culture
- Add EDI as a standing mtg agenda item
- Ex GME: each program revise their program mission to include EDI

Recruitment & Retention
- Ex Academic Affairs Units Faculty, Staff & GME Programs will reflect population we serve by 2026
  - Shift in paradigm of applicant evaluation and ranking
  - Welcoming "culture" to support retention
  - Convene task force

Ongoing Evaluation & Assess
- Performance Assessments: Learners, Teachers, Staff (microaggressions)
- Create "Midas" microaggressions tab for racism, sexism, homophobia from pts, learners, teachers, staff
- Ex Research: Evaluate studies for EDI
- Ex CCS: Simulation Pts Reflect Diversity

Curriculum & Program Structure
- Every education offering must include EDI specific to REAL-G+
- Micro aggression scripting sessions – Upstanders
- Consider equity (ex: race based clinical protocols and formulas, dermatology)
- Performance Improvement: All QI/Change Initiatives must include EDI

Adapted From: Guh J, Harris C, Martinez P, Chen F, Gianutsos LP. Antiracism in residency: a multimethod intervention to increase racial diversity in a community-based residency program. Family medicine. 2019;51(1):37-40.

USE IHI MODEL FOR IMPROVEMENT

WHAT TOOLS/METRICS YOU USE?
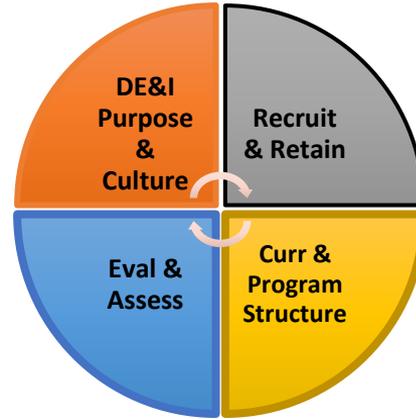
TODAY'S PLAN

- **Review development process**
  - ACGME-Like Structural Fluency Milestone
  - Clinical Learning Environment Quick Survey (CLEQS)
- **Q&A - General Discussion** – Explore utility and feasibility of tools via AEA criteria
- **Break Outs** – Other JEDI Tools
- **Small Group Report Outs**
- **Debrief, Q's, Close**

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LIT REVIEW → KEY MILESTONE ELEMENTS

>120 articles and resources reviewed to identify key structural fluency elements[1-2]

- Key elements of a structural competency milestone abstracted & framed by the 6 ACGME core competencies progressing through the 5 levels towards mastery
- Product: an 8-page annotated milestone document

Metzl JM et al, Structural competency: theorizing a new med engagement w stigma &inequality. Soc Science & Medicine. 2014 Feb 1;103:126-33.
Castillo EG, et al. Reconsider SBP: Adv Structural Compet, Health Equity, and Social Responsibility in GME, Acad Med. 2020; 95(12):1817-1822.

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KEY STAKEHOLDERS ITERATIVELY REVIEWED, EDITED, HONED MILESTONE

- ME Leaders including GMEC Program Accredit Sub Com & Resident Council
- Faculty with expertise in DE&I, SDH, Justice, Community
- Experts DE&I, ethics, learner assessment

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1-Page Milestone with 2-Page Blueprint Approved

- W-GMEC Program Accreditation Sub Committee →
- W-GMEC Approved for Implementation Jan 2021
  - Added to each program's existing milestone assessment(s)
- 2-page annotated blueprint used as educational guide for:
  - faculty development (needs assessment)
  - curriculum planning spanning UME - CME

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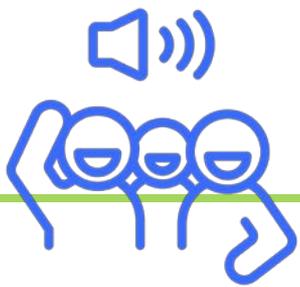
- Simpson D, Bidwell J, **Ouweneel K, La Fratta T, Lehmann W, Knox K, Nichols C, Bhattacharya D, Capp A, Fay B, Agard K, Murphy S, Affi A, Mortada M, Salvo N, O'Brien J.** Assessing What Matters – A Milestone Focused on Justice, Equity, Diversity, & Inclusion (JEDI) – Innovation Abstract. AAMC Group on Educational Affairs Virtual Spring Meeting. April 20-22, 2021. https://works.bepress.com/deb_simpson/164/

- Simpson D, Bidwell J, La Fratta T, **Agard K.** Using a Milestone Framework for Assessment Resident, Fellow and Faculty Competency in Diversity, Equity & Inclusion. New Ideas. J Grad Med Educ. 2022;14(3):

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STRUCTURAL[A,B] FLUENCY[C,D,E] 1:

Hasn't Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
MK[F]	Describes race, ethnicity, age, language, gender, religious affiliation, or other personal characteristics and social determinants as risk factors for adverse mental and physical health outcomes. Defines key EDI terms re: race,[G] sex and gender,[H] intersectionality,[I] and health equity.[J]	Explains how social conditions and determinants impact medical decisions[K] Recognizes the social structures that can influence and shape the patient's life and daily functioning, their health care and values, agency in decision making, and their clinical interactions[L,M]	Identifies the impact of intersectionality of patient's identities on increased risks II[o] to microaggressions, violence[N] and health disparities[O,P]	Identifies and articulates how current policies and practices may disproportionately burden specific populations or communities.[Q]	Creates, implements, and evaluates health policies, practice recommendations, and training requirements that seek to eliminate bias and ensure health equity.
Pt Care	Elicits and documents structural info re: SDH during HPI, Soc Hx & discharge instructions[R]		Attributes patient's condition in context of structural limiters (not non-compliance)[S T] Identifies and incorporates mitigation strategies to address structural risks in patient care.[U]	Develops and collaborates with patient on plan of care cognizant of pts intersectionality and its influences on their health care values and decisions and structural limiters and identity (ies)	Demonstrate key attributes of allyship with and for patients who experience health inequities Leads team to create interdisciplinary care plans recognizing each individual's unique identity & structural limiters.
IPC Interpersonal Communication	Understands that access to medical interpreters is fundamental for equitable care for patients with limited English proficiency.	Incorporates structural language & patient identified language (LGBTQ, race, ethnicity) to engage patient in care settings.	Asks questions that validate all identities and promote inclusive environment. Effectively utilizes medical interpreters in the clinical setting.	Uses inclusive language in verbal and visual communication cognizant that it reflects/affirms structural inequities[V]	Educates team members re how to identify underlying structural constraints affecting pt's health that limit their health outcomes.

Hasn't Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
SBP System based care	Understands importance of social conditions and determinants of health on health equity.	Aware of internal and external resources to provide basic needs (e.g., food, employment, stable housing).	Direct patients to resources to address basic needs.	Identifies & challenges structural elements (eg, clinical assumptions in labs, risk calculators, processes & policies) that limit optimal care. Coordinates patient care by teaming with community resources that improve health equity by addressing social determinants of health.[W]	Applies a multi-axis analysis for intersectionality to understand individual, unit, system, and societal impacts on patients. Participates in system teams to identify EDI outcomes gaps and implement potential systems solutions.[X]
Prof	Recognizes that implicit bias plays a significant role in health disparities.	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.[Y]	Reconciles personal beliefs & identity(ies) with professional role,[Z] develops strategies to mitigate own implicit biases , and recognizes the contribution of bias to iatrogenic risk and health disparities.[AA] Accepts shared professional responsibility for eliminating health disparities & bias.	Act non-judgmentally and speaks up in the moment cognizant that historical injustices and inequalities impact patient's hlth Utilizes incident reporting mechanism to address microaggressions and/ or lateral workplace violence.	Creates policies that mitigate personal biases to ensure equitable clinical and patient experience outcomes.[BB]
PBL&I	Defines Cultural Humility			Continuously seeks to improve structural fluency cognizant that it is constantly changing (time, individual, orgs, standards)	Engages in unit/ service line/ health system/ public health system to identify and mitigate structural inequities[CC]

Structural Fluency Milestone

Structural Fluency 1:

Hasn't Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Describes race, ethnicity, age, language, gender, religious affiliation, or personal characteristics and social determinants as risk factors for adverse health outcomes. (MK) Defines key terms re: race, sex and gender, intersectionality, health equity, cultural humility.	Explains how social determinants impact medical decisions (MK) Recognizes the social structures that shape the patient's life, daily functioning, health, values, agency in decision making, and their clinical interactions (MK)	Identifies the impact of intersectionality of patient's identities on increased risks IIº to microaggressions, violence and health disparities (MK) Identifies and articulates how current policies and practices may disproportionately burden specific populations or communities. (MK)	Develops and collaborates with patient on plan of care cognizant of pts intersectionality and its influences on their health care values and decisions and structural limiters and identity (ies) (PC) Identifies & challenges structural elements (eg, risk calculators, processes	Educates and leads team members to identify underlying structural constraints to create interdisciplinary care plans to overcome structural limiters (PC IPC SBP) Creates, implements, and evaluates practice recommendations that seek to eliminate bias and

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LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Describes race, ethnicity, age, language, gender, religious affiliation, or personal characteristics and social determinants as risk factors for adverse health outcomes. (MK)	Explains how social determinants impact medical decisions (MK)	Identifies the impact of intersectionality of patient's identities on increased risks II° to microaggressions, violence and health disparities (MK)	Develops and collaborates with patient on plan of care cognizant of pts intersectionality and its influences on their health care values and decisions and structural limiters and identity (ies) (PC)	Educates and leads team members to identify underlying structural constraints to create interdisciplinary care plans to overcome structural limiters (PC IPC SBP)
Defines key terms re: race, sex and gender, intersectionality, health equity, cultural humility. (MK)	Recognizes the social structures that shape the patient's life, daily functioning, health, values, agency in decision making, and their clinical interactions (MK)	Identifies and articulates how current policies and practices may disproportionately burden specific populations or communities. (MK)	Identifies & challenges structural elements (e.g. risk assessment processes & policies) that limit optimal care. (SBP)	Creates, implements, and evaluates practice recommendations that seek to eliminate bias and ensure health equity. (MK)
Reference historical precedents of "isms" - cognizant that historical injustices and inequalities impact patient's hlth (MK)	Effectively utilizes medical interpreters in clinical setting (IPC)	Attributes patients' condition in context of structural limiters (not non-compliance) (PC)	Coordinates patient care by teaming with community resources that improve health equity by addressing social determinants of health. (SBP)	Creates space to recognize & mitigate personal biases to ensure equitable clinical and patient experience outcomes. (Prof)
Elicits and documents structural info re: SDH during HPI, Soc Hx & discharge instructions (PC)	Accepts shared professional responsibility for eliminating health disparities & bias (Prof)	Identifies & incorporates mitigation strategies to address structural risks in patient care. (PC)	Speaks up in the moment (allyship) and utilizes incident reporting mechanism to address microaggressions and/ or lateral workplace violence. (Prof)	Applies a multi-axis analysis for intersectionality to understand individual, unit, system, and societal impacts on patients. (SBP)
Understands that access to medical interpreters is fundamental for equitable care for patients with limited English proficiency. (IPC)	Incorporates structural, inclusive language & patient identified language (LGBTQ, race, ethnicity) to engage patient in care settings cognizant that it reflects/affirms structural inequities (IPC)	Asks questions that validate all identities and promote inclusive environment. (IPC)	Continuously seeks to improve structural fluency cognizant that it is constantly changing (time, individual, orgs, standards) (PBL&I)	Participates in system teams to identify EDI outcomes gaps and implement potential systems solutions. (SBP)
Recognizes that implicit bias plays a significant role in health disparities. (Prof)	Articulates implicit biases in self, the health care team, and health system which affect clinical decision-making. (Prof)	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. (Prof)		Engages in unit/ service line/ health system/ public health system to identify and mitigate structural inequities (PBL&I)

Intro: CLE is where it happens!

"***Learning in a clinical context*** *is foundational in the training of health professionals; there is simply no alternative*"

ACCOUNTABLE: ACGME CLER Reviews + #MedEducators

DILEMMA: No tools available to evaluate the CLE
1. Appropriate for all health care team members
2. Informed by contemporary learning environment frameworks
3. Are quick to complete

Purpose & Approach

4 Learning Environment Domains

Personal | Social | Physical Virtual Spaces | Organiz...
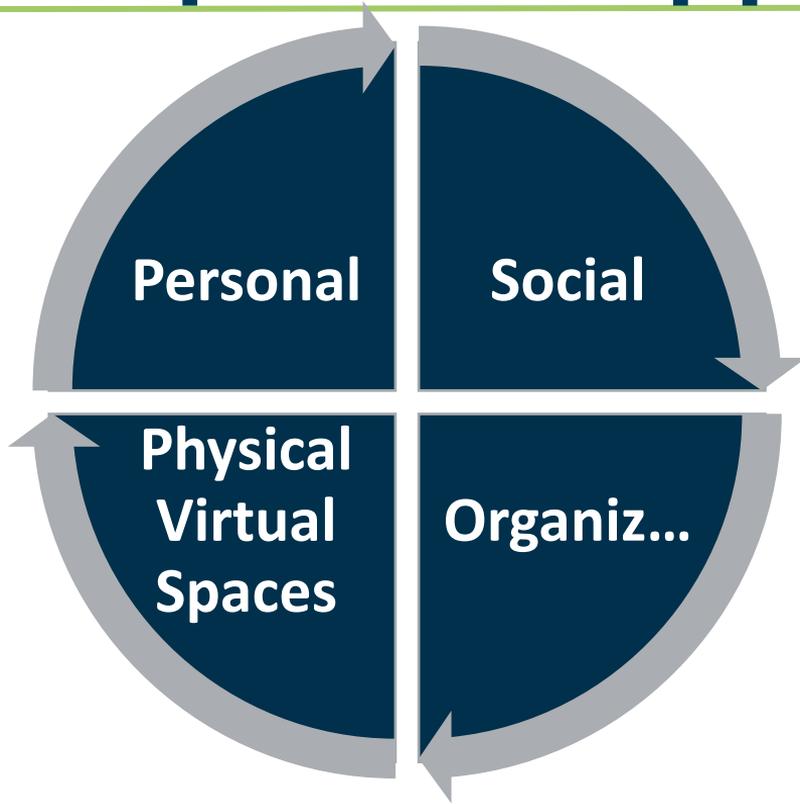
- 10 items: 2-3 items per domain
- Aligned with existing surveys/data from SI, ACGME, literature
- Piloted using read/think along with multiple stakeholders

Ref: Gruppen, Irby, et al Conceptualizing Learning Environments in the Health Professions.

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Outcomes

- **>200 CLEQS completed**
  - 5 NI-VII Project teams w IP team members
- **1.5 minutes**
- **Cronbach's α = > 0.83**
  - Range
    - 0.79 for social 0.50 for personal

| OVERALL ITEM: (OVERALL CLEQS $\alpha = 0.83$)	
1. Would you recommend this workplace to your colleagues?^	
PERSONAL	**SOCIAL**
2. On this unit/team, I am typically: Professionally Guarded to Professionally Candid ψ [24, 25, 29, 33,]	4. Feel supported by team/unit members in my team's everyday on-going learning† [24,34]
3. The work I do is meaningful* [18, 23, 24, 26]	5. People in this work area/unit treat each other with respect, trust each other, and are inclusive† [18, 24, 25, 29]
	6. The Interprofessional Teams in this area/unit work together effectively through communication, collaborative decision making, coordinated team-based care‡ [18, 29,35]
MATERIAL PHYSICAL & VIRTUAL SPACES	**ORGANIZATION**
7. Access to the information, resources and equipment necessary for me to do my work† [12, 29]	9. Team members (and my) roles and expectations are clear† [18, 24, 29]
8. Access to formal and informal space conducive to learning / teaching† [12,28]	10. My direct supervisor/attending (person who completes performance evaluation) provides sufficient supervision/feedback and treats me with respect in support of my professional growth† [13, 18, 29]

AMERICAN EVALUATION ASSOCIATION

- Accurate - Believe data
- Useful
- Fair/Ethical
- Feasible

https://www.eval.org/About/Competencies-Standards/Program-Evaluation-Standards

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BREAKOUTS

- **2-minute Whip Around**: Participants
  - Introduce yourself by describing best/favorite JEDI data collection tool
  - Identify which "quadrant" it's in

- **Select 2-3 tools** to discuss and explore in depth
  - AEA standards: Accuracy, Feasibility, Integrity, Utility

- **Select 1-2 tools for Report Out** (90 sec round robin)
  - User briefly describe (facilitator assistant)
  - Quadrant, AEA

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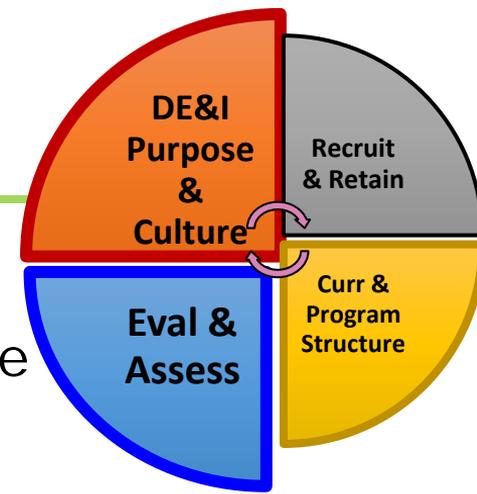
WORKSHEET

Structural Fluency Metrics for Justice, Equity Diversity & Inclusion (JEDI)

Friday, March 25 from 10:40-11:55

User /Affiliation	Tool Name – Descript	Quadrant				AEA[1]				Notes
1. 2-minute Whip Around: Participants Introduce yourself by describing best/favorite JEDI data collection tool 2. Identify which "quadrant" it's in	3. Group Selects 2-3 tools to discuss and explore in depth ○ AEA standards: Accuracy, Feasibility, Integrity, Utility 4. Select 1-2 tools for report out	DEI Purpose |Culture	Recruit & Retrain	Cur Prog / Structure	Evaluation & Assess	Accurate	Useful	Fair/Ethical	Useful	

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DEBRIEF

- **Select 1-2 tools for Report Out**
  - 90 sec round robin
  - User (facilitator assistant)
    - Briefly describe

| QUADRANT				AEA			
DEI Purpose |Culture	Recruit & Retrain	Cur Prog / Structure	Evaluation & Assess	Accurate	Useful	Fair/Ethical	Useful

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FINAL QUESTIONS | THOUGHTS

THANK YOU!

- Lots of JEDI boxes to open…
- Driven by our values and data: 1 data box at a time…
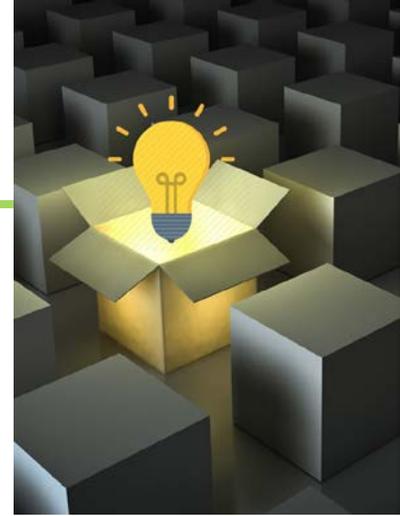
AIAMC National Initiative VIII
JEDI: Justice, Equity, Diversity, Inclusion

ACGME
EQUITYMATTERS™

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- EXTRAS – Delete Prior to sending AIAMC

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STRUCTURAL FLUENCY – *OVERALL* PROGRESSION (JAN-JUNE 2021)
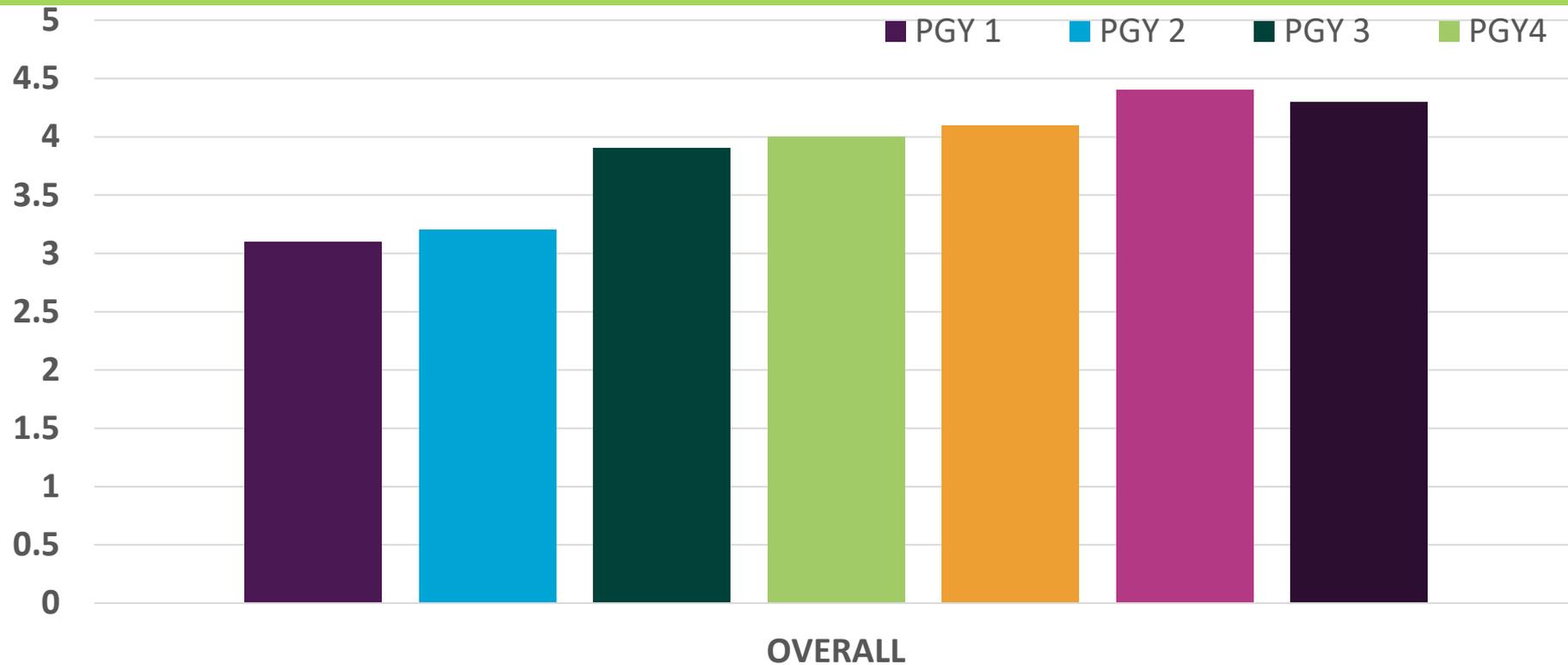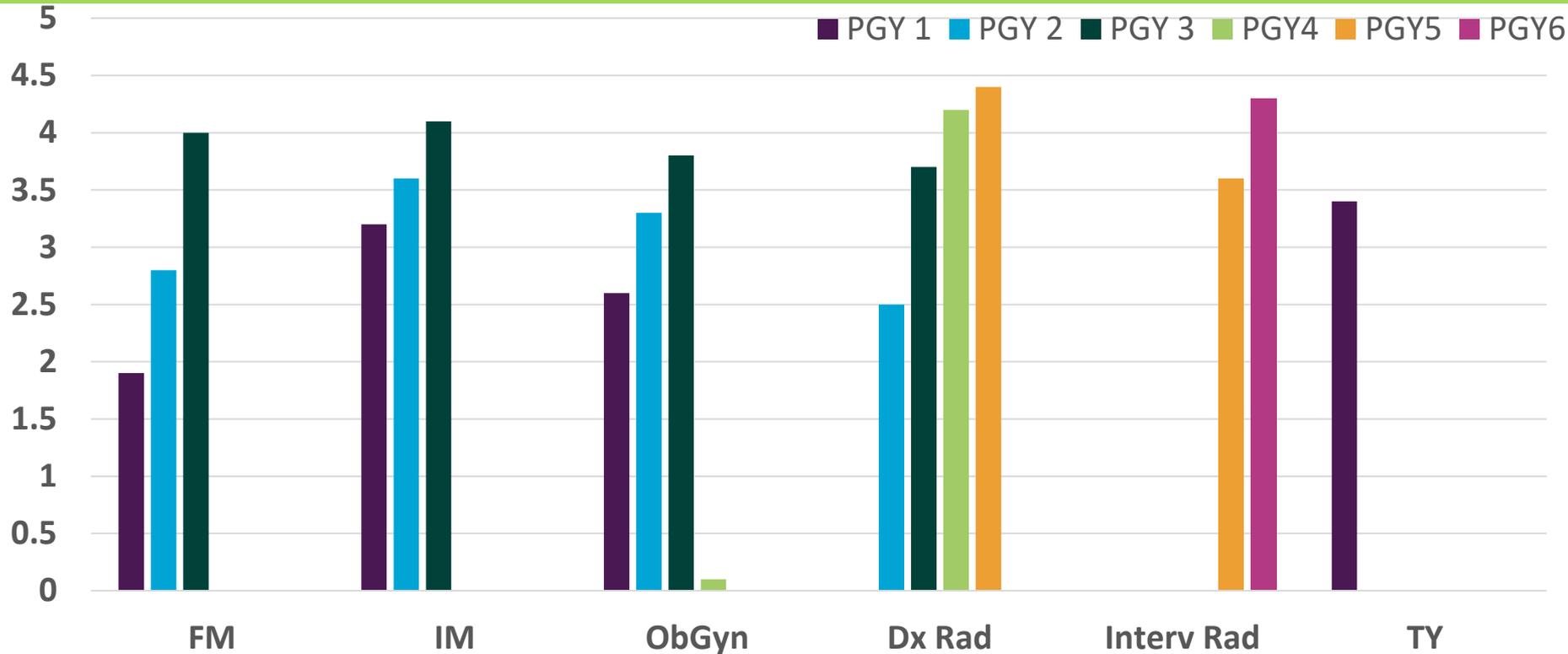
STRUCTURAL FLUENCY – FEL PROGRESSION (JAN-JUNE 2021)
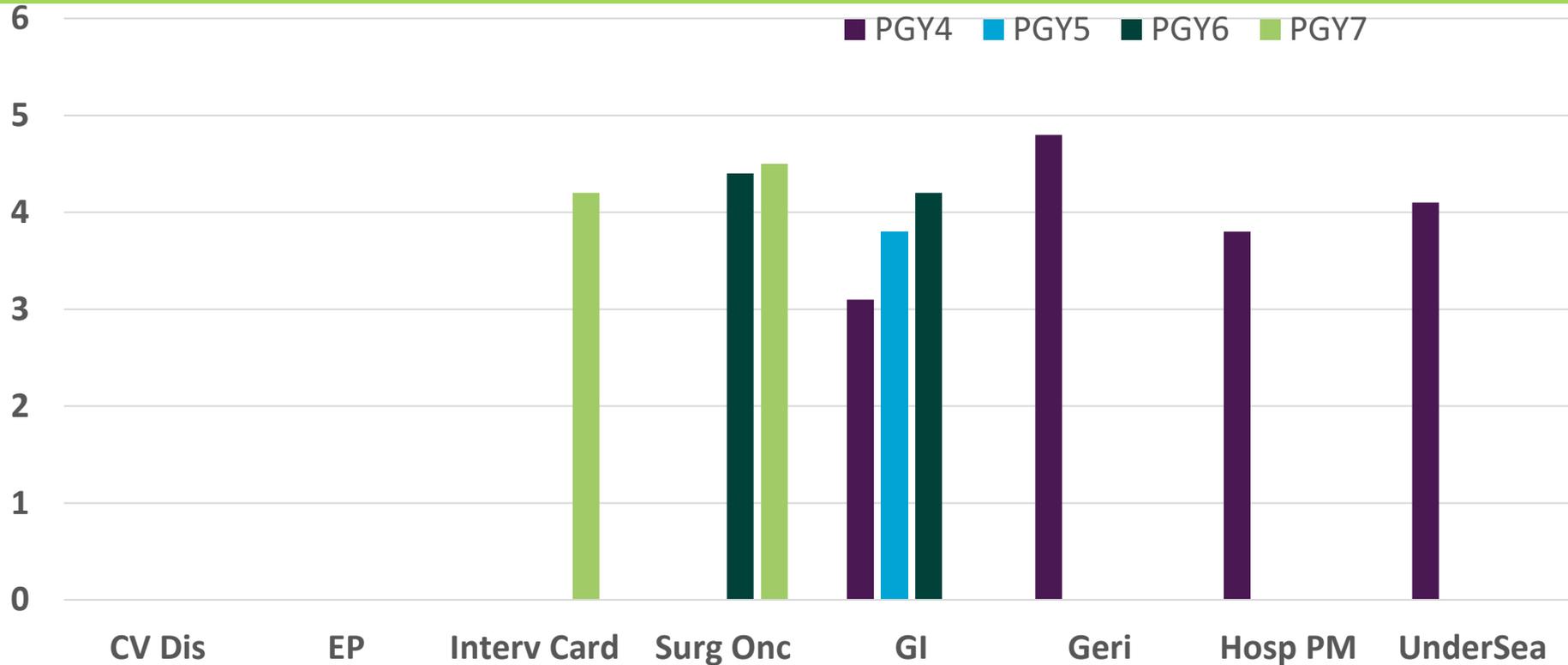
EVALUATION QUESTIONS [10.21.2020 MEDEDNEWS]

1. **End of Rotational Evaluation** (Oct 2020)

   Climate Promoted Equity, Diversity & Inclusion: All learners were included & treated with respect; diversity was explicitly valued, implicit biases were acknowledged, and mitigation strategies deliberated; health and educational equity goals and outcomes were explicitly discussed during this rotation.
   (1 = Very Often to 5 Never)

2. **Universal Educational Session Evaluation** (for journal clubs, core curriculum sessions, case conferences) (Oct 2020)

   Climate Promoted Equity, Diversity & Inclusion: During this session all learners were included & treated with respect, diversity was explicitly valued as time allowed, implicit biases were acknowledged, and mitigation strategies deliberated; any images/representations of patients/disease/conditions reflect the diverse populations we serve; health & educational equity goals and outcomes were explicitly discussed.
   (1= Strongly Disagree to 5= Strongly Agree)

3. **Clinical Teaching Evaluation** (July 2020)

   Promotes and Champions EQUITABLE OUTCOMES (e.g., Seeks to reduce health care disparities; Treats all patients and families with kindness and respect; Discusses population-based care; Encourages trainees to address social determinants of health; Reinforces effective use of interpreting services)

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Clinical Teaching Evaluation

% of Respondents Selecting Each Likert Scale Option

Legend: ■ 1=Low ■ 2 ■ 3 ■ 4 ■ 5=High

Promotes and champions EQUITABLE OUTCOMES:
N=2,064 | 15 Programs)
1=Strongly Disagree to 5=Strongly Agree

78%

16%

Clin Teach
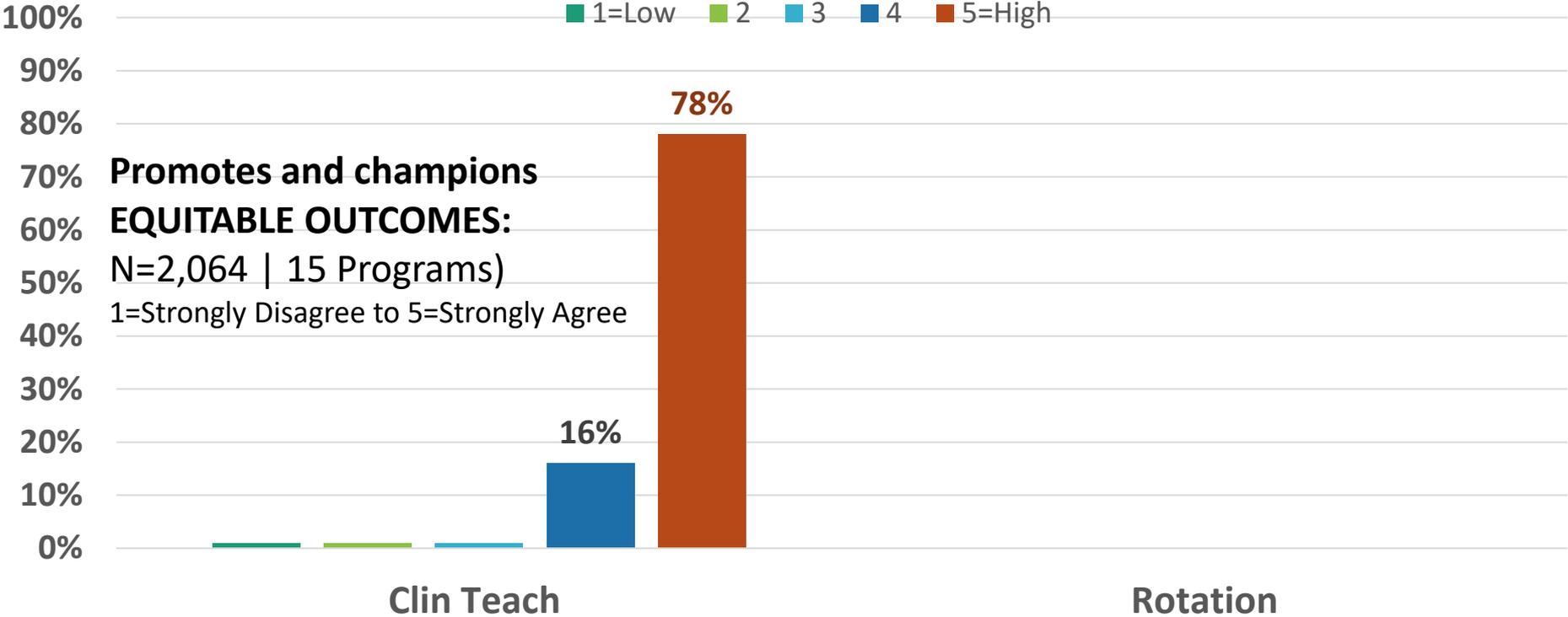
Rotation

Clinical Teaching Eval + Rotation Evals

% of Respondents Selecting Each Likert Scale Option

■ 1=Low   ■ 2   ■ 3   ■ 4   ■ 5=High

Promotes and champions EQUITABLE OUTCOMES:
N=2,064 | 15 Programs)
1=Strongly Disagree to 5=Strongly Agree

Climate Promoted Equity, Diversity & Inclusion:
N=365 (9 Programs)
1=Never to 5=Very Often

Clin Teach: 16%, 78%

Rotation: 24%, 72%
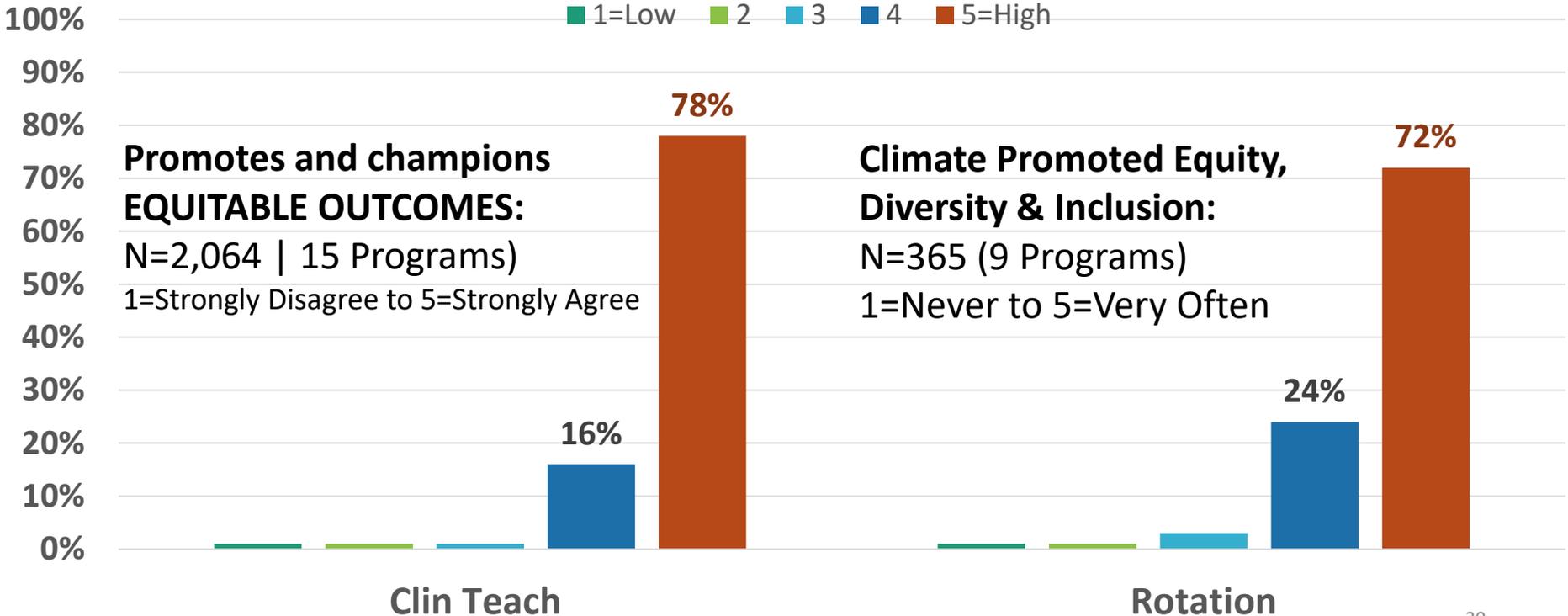
Program	PGY Level 1		PGY Level 2		PGY Level 3	
	Mean	Range	Mean	Range	Mean	Range
FM	1.9	1 - 3	2.8	1 - 3	4	4 - 4
IM	3.2	1 - 5	3.6	2 - 5	4.1	3 - 5
OB GYN	2.6	2 - 5	3.3	3 - 4	3.8	3 - 5
DR	0	0 - 0	2.5	1 - 4	3.7	2 - 5