

Social Medicine Immersion Month

**Resident-led Design of Health Equity Curriculum to Expand
the Critical Consciousness of Trainees**

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Disclosures

None

Session Objectives

1. Identify core curriculum as a potential space for incorporating content on health justice, grounded in structural competency, intersectionality, and critical pedagogy.
2. Describe strategies for supporting the innovations of trainees in health equity educational interventions at the GME level
3. Propose social medicine topics relevant to one's own institution

The Medical Fraternity & The “Other”

“My internal monologue, on repeat, states, “I am thriving in an environment that I was never meant to occupy,” as I navigate classrooms, clinics, and wards in this visibly queer, black, cisgender female body of mine. This mantra is my solution to my own stereotype threat.

I am just trying to survive... If we deem the current culture of medicine acceptable, we will forever be victims of inertia. Our silence is violence... If we are going to talk about race, we must also talk about racism, oppression, and intersectionality—in classrooms, in clinics, and on the wards.”

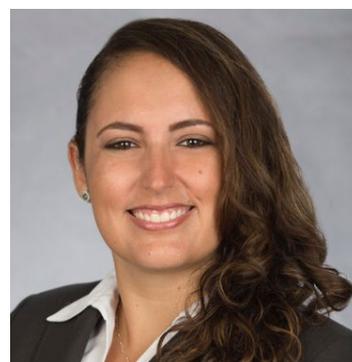
Vanessa K. Ferrel, MD, MPH. 2017, Academic Medicine

Problem Identification

- Social Medicine Orientation Month – initiated in 1983
 - Understanding Social Context
 - Understanding the Community
 - Exploring Physician as a Person
- Themes in 2018
 - **Week 1:** school health, homeless care, single payer, gender and sexual minorities
 - **Week 2:** mass incarceration, racism, immigration
 - **Week 3:** organizing for change, reproductive justice, buprenorphine
 - **Week 4:** working with the community

Needs Assessment

- A needs assessment based on prior experiences: personal & professional
 - Prior experiences with curriculum design
 - Personal experiences with student organizing
- The gaps in SMO as we understood them:
 - A theoretical framework to organize the content
 - Attention to medicine's role in structural oppression
 - The voices of the community to speak for themselves



Discussion



1st Group Question:

In this moment of racial reckoning in medicine and society, how does your program welcome or make space for this kind of critical evaluation from URM trainees?

Potential Solutions

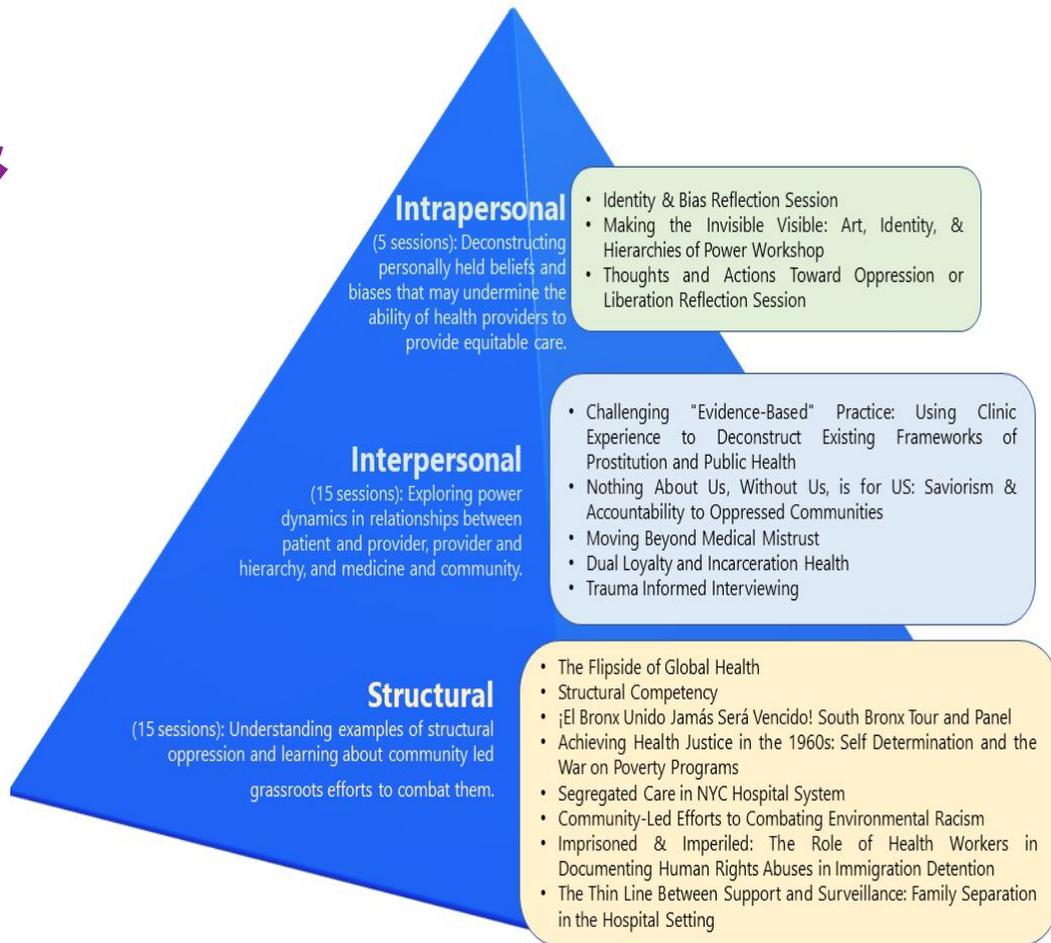
- Solicit honest and open feedback about the gaps and opportunities of the current health equity curriculum as it exists, including direct feedback from trainees interested in health equity education
- Create a commitment to improvement of health equity curricular development that centers voices often underrepresented in medicine, including trainee voices.
- If institutions already have partnerships with community organizations, seek constructive feedback regarding how the institution can more effectively work for the community's best interests
- Open channel of communication between faculty and residents to review how the institution has worked with the community in the past, so as to identify what has gone wrong, what could be improved, and to strengthen institutional memory

Creating a New Curriculum

- Social Medicine Immersion Month Course Goals
 - To provide a theoretical foundation in understanding illness through frameworks of power and systems of oppression
 - To facilitate a transition from a clinic level patient-provider understanding of disease prevention to a community-wide, community-led conceptualization of health promotion in the Bronx
 - To sensitize trainees to how their identities and biases can perpetuate systems of oppression within the process of providing care
 - To develop structural competency and critical consciousness through the orientation of socio-political and historical factors that contribute to contemporary health issues for oppressed populations

Course Design & Structure

- Relying on personal networks to **recruit local experts** to facilitate discussions on the pre-designated topics
- A **majority of the sessions were led by non-MDs** and individuals not affiliated with the medical school
- To honor their time and expertise, guest facilitators were offered an **honorarium**



Discussion



2nd Group Question:

When proactively valuing the contributions of community leaders/organizers, what institutional or departmental traditions do you foresee as a challenge?

Potential Solutions

- Identify and recruit historically marginalized trainees/faculty with interest/experience in developing health equity curriculum and provide time, resources and support for the work
- Encourage resident/community interaction around topics of stakeholder interest
- Facilitate dialogue within the institution about how physicians and health care institutions participate in the oppression of patients and communities

Implementation: Curricular Diplomacy

- Sponsorship
 - A Faculty Champion
 - Trusting Our Vision
- Partnership
 - Allyship
 - Advocacy
 - Centering Resident Ability



Mentorship & Breaking the Cycle of the Minority Tax

- Turning labor into Academic Productivity
 - **Racialized Equity Labor:** “the often uncompensated efforts of people of color to address systematic racism and racial marginalization within organizations.”
- Intentional Resident Development
 - Guidance on CV development
 - Sensitizing residents to MedEd Research
 - Identifying & Submitting to Conferences
 - Mentorship in Submitting for Publication
 - Support team for skill development, & future career guidance
 - Directing institutional resources to support resident work



Rodriguez et al, BMC Med Educ 2015

Discussion



3rd Group Question:

While responding to the social pressures of demonstrating programmatic attention to addressing health inequity for potential applicants, faculty recruits, and accreditation bodies, **how are you combatting or perpetuating the minority tax on URM trainees or faculty within your department?**

Potential Solutions

- Provide time, resources and support for the work of historically marginalized trainees/faculty with interest/experience in developing health equity curriculum
- Ideally, create a "track" for residents interested in equity curriculum building that allows for support and continuing education

Evaluation & Curriculum Maintenance

•Recruitment –

- Creating a reality that historically marginalized trainees can see themselves reflected in

•Transparency –

- Treating trainees as colleagues within the learning process and using that relationship as a foundation for soliciting feedback on areas for improvement

•Empowerment –

- Being proactive with the feedback given by supporting incoming resident leaders working toward turning feedback into further innovation



Special Thanks to Our SMIM Team

- Ekoa Ansah Samuels, MPH
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- Amy Lacount, MD
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Thank You

