

**Kaiser Permanente Greater Sacramento Valley Family Medicine Residency**  
**Empathy & Equity Rounds Curriculum Guide**

- 1. Time - ensure that there is time held for rounds and preparation of materials**
  - a. Ideally this should not be lunch or “free time”
  - b. Include attending faculty along with residents
  - c. Determine if 60 or 90 minutes once a month vs 20 minutes weekly works best for your group (consistent attendance most important)
  - d. Determine who is your lead and ensure that faculty has dedicated time to prepare materials for rounds on a weekly or monthly basis; as well as the ability to facilitate discussions
- 2. Content**
  - a. Faculty and residents may share real situations and patient PHI can be removed
  - b. A specific topic may be chosen first and then a case can be solicited which addresses the topic
  - c. There are published articles and videos that can be formatted for E&E Rounds to get you started if needed
    - i. [https://www.mededportal.org/doi/10.15766/mep\\_2374-8265.10858](https://www.mededportal.org/doi/10.15766/mep_2374-8265.10858)
    - ii. <https://www.modernhealthcare.com/safety-quality/videos-healthcare-industry-executives-describe-their-encounters-racism>
    - iii. <https://edhub.ama-assn.org/ama-journal-of-ethics/module/2775649>
    - iv. <https://youtu.be/FPg5bJVN8Wo>
  - d. Review the literature as it pertains to the case/topic and include information on historical inequities and specific forms of implicit bias relevant to the case/topic
- 3. Presentation**
  - a. Standard E&E Rounds introduction/conceptual framework that reviews “ground rules” & objectives, definition of implicit bias, structural racism, and empathy in healthcare
  - b. Review of the case should focus less on clinical data to avoid discussion going strictly to the science and over intellectualizing; strive to focus on reflecting and perspective taking/empathy building
  - c. Provide historical context and evidence of impact of inequities related to the case/topic at hand
- 4. Discussion**
  - a. Skilled moderator able to encourage the group to sit with discomfort
  - b. Include information on advocacy efforts (local or national) related to the case/topic
- 5. Evaluation**
  - a. If IRB approval is required to collect outcome data, ensure this is done in a timely fashion
  - b. Allow time for structured measures to be completed by faculty and residents
    - i. Lynn Priddis & Shane L. Rogers (2017): Development of the reflective practice questionnaire: preliminary findings, Reflective Practice, DOI: <http://dx.doi.org/10.1080/14623943.2017.1379384>
    - ii. <https://www.jefferson.edu/academics/colleges-schools-institutes/skmc/research/research-medical-education/jefferson-scale-of-empathy.html>