OnlineMedEd

Evaluating Medical Education Content with a Health Equity Lens

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What?
A systematic approach to evaluating medical education content with a Health Equity lens while considering social and structural determinants of health that lead to adverse health outcomes.

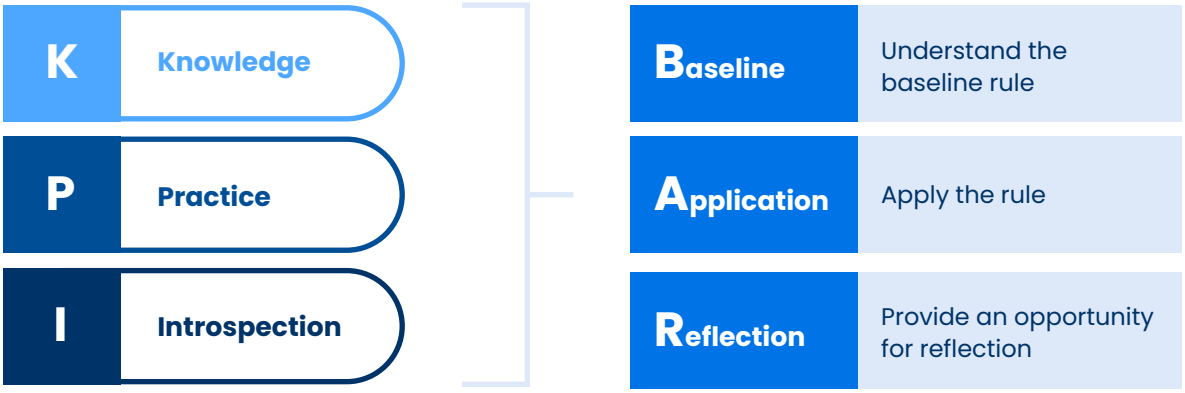
Why?
Increasing the diversity of the physician workforce positively impacts patient care. While we are working to improve representation in medicine, which is taking considerable time, we can concurrently work to create existing providers with cultural humility.

Commonly used medical education material lacks diversity in patient cases or perpetuates negative racial/ethnic stereotypes. These omissions result in racial/ethnic biases in medical care and negative impacts on Black and Brown students.

How?
Adopt a 3-tiered evaluation process to include **K**nowledge, **P**ractice, **I**ntrospection (KPI).

Each of the three tiers involves three steps – **B**aseline Understanding, **A**pplication of knowledge, and **R**eflection for instructor and/or learner. A blended learning environment is very conducive to the reflection component.

We must set the **BAR** for each **KPI.**



Three-tiered Approach for Evaluating Medical Education Content with a Health Equity Lens		
K **Knowledge**	• **Race is a social construct.** • **Racial and Ethnic Health Disparities are due to Social and Structural Determinants of Health (SSDOH), not genetics or biology.**	
	B	Race/Ethnicity should only be used when it is clinically relevant.
	A	Explain race/ethnic disparities when mentioned in a case.
	R	Discuss SSDOH as factors that affect patient behaviors.
P **Practice**	• **Combat stereotypes.** • **Description of patient history, beliefs, and practices should direct attention to unique patient circumstances.**	
	B	Patients of color and diverse cultural identities should exhibit a broad variety of healthy and unhealthy conditions.
	A	Normalize diversity rather than using demographics to foretell a particular disease. The treatment plan should address SSDOH.
	R	Discuss with the learner the value in normalizing diversity and the importance of addressing SSDOH in the treatment plan.
I **Introspection**	• **Allow time for learner self-reflection to analyze how one's own thoughts, attitudes, and actions affects others.** • **Lends itself well to the blended classroom model and the clinical rotation setting**	
	B	Cases, patients, providers, and learners represent wide diversity to allow discussion on implicit bias, health disparities, and SSDOH.
	A	Discuss with the learner instances where assumptions were made based on race or cultural identity.
	R	Debrief with the learner following vignette, SP, or clinical rotation to discuss lessons learned and opportunities to improve.

B = Baseline Knowledge; A = Application; R = Reflection

Pneumonic: We must set the BAR for each KPI

OnlineMedEd Examples of Creating Medical Content with a Health Equity Lens

- The gay couple traveling in Thailand acquire traveler's diarrhea, not an AIDS-related cause of diarrhea (such as Cambylobacter).
- A father takes his daughter to see the pediatrician because his wife is an executive, and he is a stay-at-home dad.
- Women are diagnosed with anal cancer at a much higher rate than male patients with male partners, yet men who have sex with men are used as the high-risk group for anal sex, and thus anal cancer. Our content highlights this discrepancy.
- Medical illustrators rotate grey-skinned ethnicities in their illustrations. According to best practices, the facial features are meant to be obvious.
- Genetic ancestry, not skin color, alters disease risk. For illustrations, when there is a substantially higher prevalence of a disease in an ethnicity, that ethnicity will be depicted, and the caption will state the ethnicity was chosen due to an increased prevalence of that disease.

Selected References

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