

Online**MedEd**

Evaluating Medical Education Content with a Health Equity Lens

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Friendly Reminders

This webinar is being recorded, and the recording will be sent out 24-48 hours afterward.

We'll have a short, 30-second survey for you to let us know what you think

We welcome you to engage and participate in the chat. We'll do a Q&A at the end of the presentation.



K

Knowledge

P

Practice

I

Introspection



K

Knowledge

P

Practice

I

Introspection

Baseline

Understand the
baseline rule

Application

Apply the rule

Reflection

Provide an opportunity
for reflection



Social and Structural Determinants of Health (SSDOH)

Social Determinants of Health

Circumstances in which people are born, grow, live, learn, work, and age

Shaped by a set of forces beyond the control of the individual.

Intermediate determinants of health, 'down stream' from the Structural Determinants.

Structural Determinants of Health

Root causes of health inequities

Governing process, economic and social policies that affect pay, working conditions, housing, and education.

Determine distribution of health resources in society according to race, gender, social class, geography, sexual identity, or other socially defined group of people.

K

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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.**

Baseline

Race/Ethnicity should only be used when it is clinically relevant.

Application

Explain race/ethnic disparities when mentioned in a case.

Reflection

Discuss SSDOH as factors that affect patient behaviors.



K

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Practice

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Introspection

P

Practice

- **Combat stereotypes.**
- **Description of patient history, beliefs, and practices should direct attention to unique patient circumstances.**

Baseline

Patients of color and diverse cultural identities should exhibit a broad variety of healthy and unhealthy conditions.

Application

Normalize diversity rather than using demographics to foretell a particular disease. The treatment plan should address SDOH.

Reflection

Discuss with the learner the value in normalizing diversity and the importance of addressing SDOH in the treatment plan.



K

Knowledge

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Practice

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Introspection

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

Baseline

Cases, patients, providers, and learners represent wide diversity to allow discussion on implicit bias, health disparities, and SSSOH.

Application

Discuss with the learner instances where assumptions were made based on race or cultural identity.

Reflection

Debrief with the learner following vignette, SP, or clinical rotation to discuss lessons learned and opportunities to improve.



Example 1

Anal Cancer

Anal cancer is caused by **HP 16, 18, plus others** and is the result of **anal receptive sex**. The nonkeratinized stratified squamous epithelium between the colonic crypts of the rectum and the hair-bearing skin of the anus and buttocks is the same as that of the cervix. **HIV** is an independent risk factor that makes epithelia more susceptible to neoplasia in general, but also prevents HPV infections from being cleared. There is a much higher rate of anal cancer in women than men who have sex with men (because there are more women than men who have sex with men), but licensing exams tends to use men to represent someone likely to engage in anal receptive sex. Anal cancer can be **screened for with an anal Pap test**. Anal cancer presents as a bleeding mass that is easily biopsied with anoscopy. Treat with **5-fluorouracil, mitomycin C, and radiation** (chemoradiation, also called the Nigro protocol after Dr. Norman Nigro, who first used it with great success). Anal cancer is exquisitely sensitive to this combination and has an excellent regression rate. Failure of chemo and radiation warrants surgery, **abdominoperineal resection (AVR)**.

ANAL CANCER	
Path:	HPV infects nonkeratinized squamous cell epithelium = SCC, HPV 16, 18, plus others
Pt:	Anal receptive sex practices HIV + anal receptive = Anal Pap Mass or bleeding
Dx:	Anoscopy and biopsy
Tx:	5-FU + mitomycin C + radiation Abdominoperineal resection if fails
f/u:	HPV vaccine would prevent cancer



Example 2

QUESTION 3694

A 52-year-old male with HIV is seen in the clinic for rectal bleeding. He was diagnosed with HIV in the 1990s with a CD4 count of 58. He has been adherent to his ART regimen, and his CD4 count is now 450 with an undetectable viral load. He practices anoreceptive sex. He has been noticing blood on the toilet paper, and his partner has noticed a mass in his rectum during sex. His partner is not HIV positive, and they use condoms. Vitals include a temperature of 98.7 °F (37 °C), blood pressure of 112/65, heart rate of 65, respiratory rate of 12, and oxygen saturation of 100% on room air. A physical exam reveals intact anal sphincter function, and anoscopy reveals a 2-cm mass in the middle of the anal canal. There are immobile, rock-hard lymph nodes in both groins. A biopsy reveals squamous cell carcinoma. CT shows the lymph nodes in the groin, the mass in the anus, and lesions in the lung.

Which of the following is the most likely etiology of this mass?

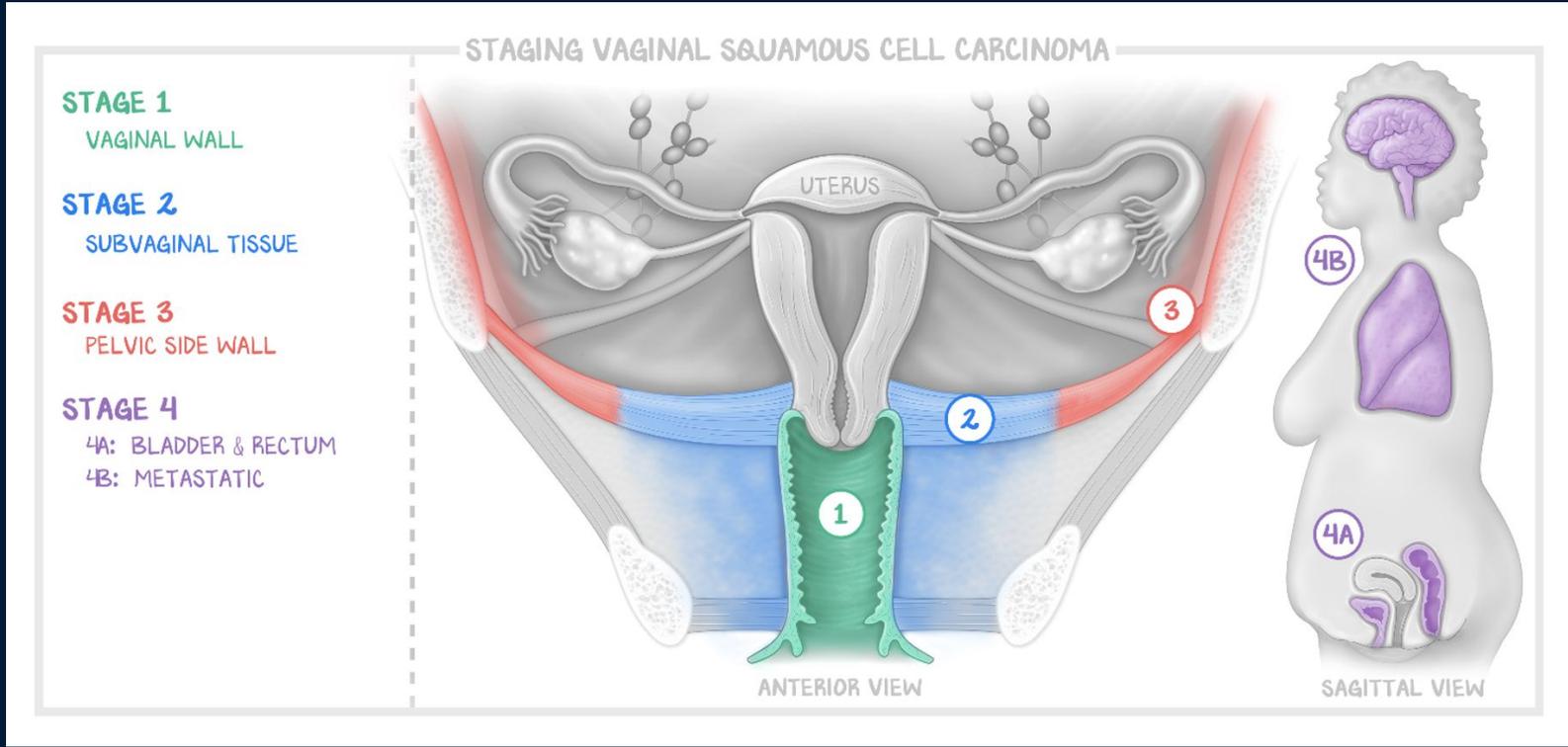
EXPLANATION

This is anal cancer, seen in patients who participate in anoreceptive sex. Men who have sex with men are at the highest risk. In fact, anoreceptive sex warrants Pap tests, anal Paps. This is the same disease as cervical cancer, screened for in the same way, with the same pathology. In addition, these patients frequently have HIV. The combination of HPV infection and chronic immunosuppression from HIV is particularly high risk. Another difference is that anal cancer is treated with the “Nigro protocol” (chemo and radiation) rather than up-front surgery. The correct answer is **human papillomavirus**.

And while we know more women have anal cancer than men who have sex with men, we are training you to think like the test writers. We are not singling out men who have sex with men as the population that gets anal cancer. Also, this vignette is based on a real couple in New Orleans that were Dr. Williams’ preceptor’s patients.



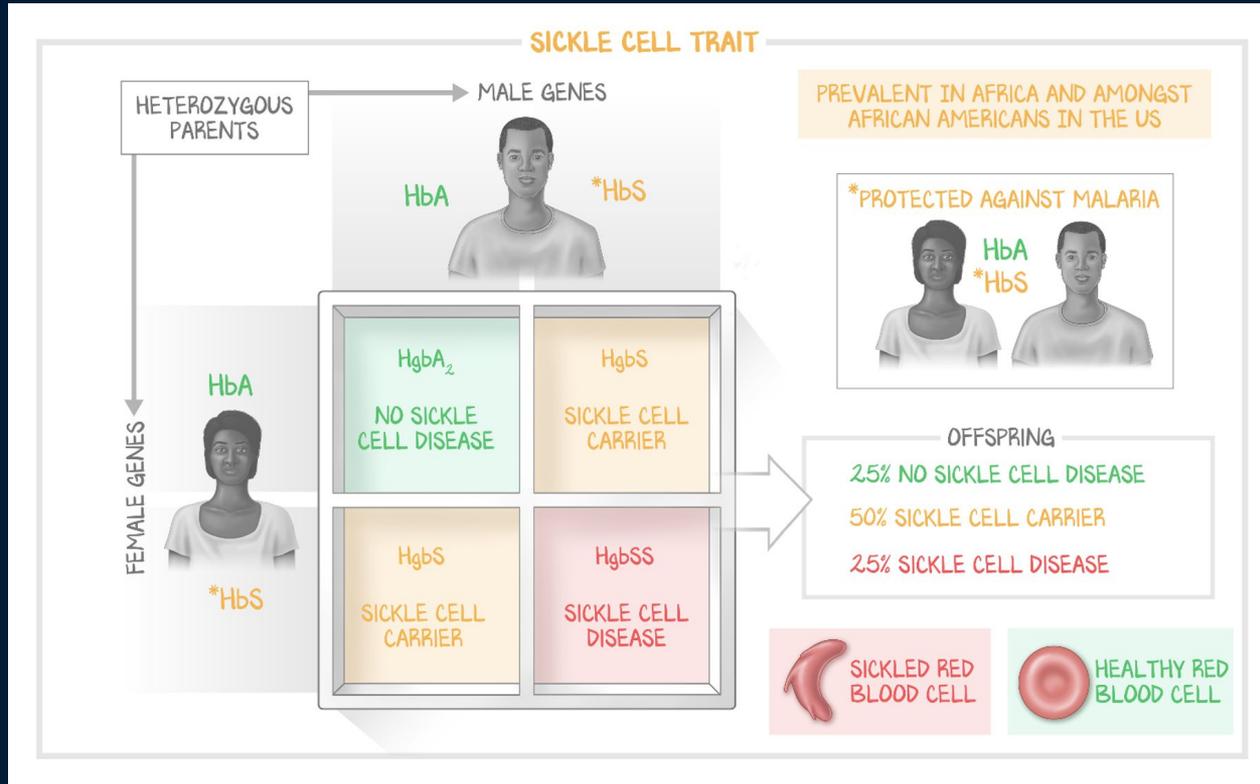
Medical Illustrations



Medical Illustrations



Medical Illustrations



Clinical Vignette Challenge

Infectious Disease

- 1 A 25-year-old African American female comes to the clinic complaining of dysuria and urgency. She has
- 2 no fever or chills but the symptoms have become worse despite vigorous fluid intake. She engages in
- 3 risky sexual behavior (3 current partners) but uses condoms. She said she often meets partners on
- 4 "Tinder". She takes no medication and has an unremarkable past medical history. Her vitals are normal.
- 5 On physical exam, she has normal internal and external genitalia A wet prep is prepared and reveals
- 6 normal flora. Urinalysis reveals numerous white blood cells and is positive for leukocyte esterase and
- 7 nitrites. Which of the following is the most likely pathogen?



Clinical Vignette Challenge

Infectious Disease

A 25-year-old female comes to the clinic complaining of dysuria and urgency. She has no fever or chills but the symptoms have become worse despite vigorous fluid intake. She is sexually active with three partners and uses condoms. She takes no medication and has an unremarkable past medical history. Her vitals are normal. Exam, including pelvic, is unremarkable. A wet prep is prepared and reveals normal flora. Urinalysis reveals numerous white blood cells and is positive for leukocyte esterase and nitrites. Which of the following is the most likely pathogen?

A: E. coli



Clinical Rotations Example

Medical student interviews a Black female with obesity. He asks her preferred name and pronouns, chief complaint, and past medical history. He then conducts the physical exam. In his oral presentation, he suggests helping the patient get food stamps so she can afford healthier food.

The physician educator prompts the student to talk more with the patient about her barriers to weight loss. The student learns that instead of access to healthy food (as he had assumed), the patient's biggest barrier to weight loss is her long work hours as a bank executive sitting at a desk.



References

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