Equity in Medical Education

Pilot Programs Engage Medical Residents

As a teaching hospital, URMC trains doctors, nurses, and other health care providers who serve patients across upstate New York. To achieve the best health outcomes for all patients, we are working to make health equity education and community understanding a consistent part of our training programs.

Starting Point: Residents Learn Health Equity in Silos

URMC has 26 residency programs that train medical school graduates in specialties from anethesiology to vascular surgery, and 70 fellowship programs for advanced training in subspecialty areas. Five years ago, many programs were teaching health equity and doing great work to achieve it, but those efforts were not organized or uniform across programs. URMC's adoption of the Equity and Anti-Racism Action Plan (EARAP) in 2020 added energy and focus.

"It's important for health care professionals to learn about health equity because it improves patient care," said **Brett Robbins, MD**, dean of Graduate Medical Education. *"Our profession historically hasn't done a lot of learning about our own implicit biases and the way that health care disparities emerge from physician behavior... and we're fixing that."*

Answering the Community's Call

We want patients of all backgrounds to feel comfortable and safe seeking care at UR Medicine. Improving health equity education for our health care providers is an important step toward breaking down barriers between providers and patients.

"I think it's really important that our learners get engaged in the community," said **Linda L. Clark, MD, MS**, president and CEO of Jordan Health, who was involved in creating EARAP. "If we really want to improve health, we have to be not only listening to the community, but be part of it."

Forging a Flexible Framework

The diversity of programs URMC offers for training future health care providers made clear that a one-size-fits-all approach to teaching about health equity and the Greater Rochester community would not do. The standards and core components of health equity are the same, but the approaches to teaching them can be different.

Working towards Health Equity: Improving Population Health in Rochester, NY
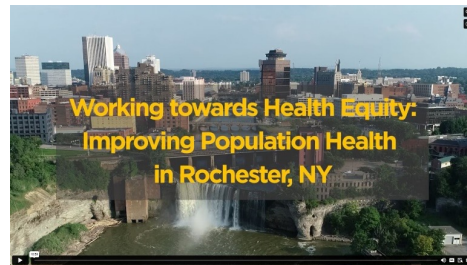
As a starting point to ensure that all residents get a basic understanding of the community, our Health Equity Education Task Force created an educational video featuring health and community leaders talking about what makes our community special and health equity issues that need to be addressed.

The task force developed a framework that helps each residency program teach medical professionals about health equity in ways that apply to their specific roles and specialties. The framework lays out three levels of learning to consider:

- **Build basic knowledge** about social factors and policies that impact health
- **Ensure patient care experiences** that require the medical resident to address patients' social and emotional needs
- **Develop projects** aimed at improving health equity for our community

"When we were charged with improving health equity education for all residents at URMC, we didn't want to create a rigid curriculum because every residency program is different. The level of experience with health equity is different. The case scenarios are different," said **Theresa Green, PhD, MBA**, health equity education director and associate professor and URMC assistant professor. *"Instead, we created a framework and resources to help each program director through their identified curriculum change."*

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Education in Action

Over the past year, eight programs tested the framework, identifying an area of improvement that best fit their residents' needs. Each program director began with an assessment of their current health equity education; nearly all cited a need for better ways to teach physicians about our community and how the social environment impacts its health. Some residency programs added classroom learning sessions to intentionally teach about social determinants of health and the impact of racist policies. Others worked to create systems for improving health equity.

Equity Education By the Numbers

8 programs tested the framework

>35 equity improvement projects initiated

240 residents educated in equity pilot

>650 residents and fellows viewed the video

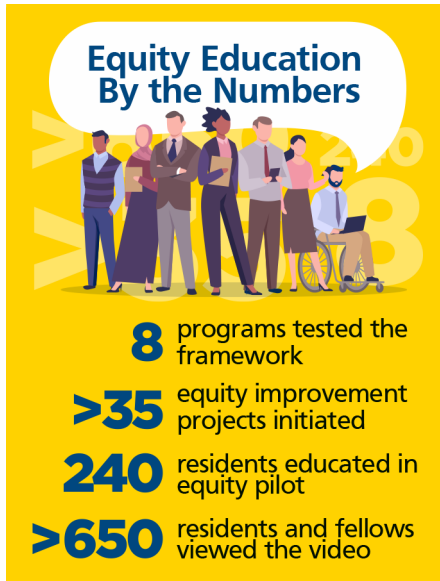## Spotlight: Engaging Community Resources and Treating Deaf Patients

The Obstetrics and Gynecology residency program held an immersive simulation event. Physicians who participated were given realistic, hands-on, interactive patient cases where they faced a spectrum of social barriers to accessing care.

They engaged with experts from 20 community organizations to gather information and develop solutions. The attendees were able to gain familiarity and comfort with engaging community resources for patients.

The Emergency Medicine residency program added a series of learning opportunities to help residents address health disparities. That educational foundation spurred several health equity improvement projects, including one aimed at improving emergency care for Deaf patients. Working with American Sign Language interpreters and members of Rochester's Deaf community, doctors developed a video and infographic to educate Emergency Medicine trainees about how to avoid common communication pitfalls with Deaf and Hard-of-Hearing patients—like failing to request interpreter services right away, making assumptions about what a Deaf person is signing, or impeding their ability to sign.

What's Next:

Programs that tested out the education framework are continuing to enhance how they teach physicians about health equity. Physicians in those programs are continuing projects to improve health equity in our community. Over the coming year, a new group of programs will try out the framework, educating more physician residents and developing new health equity improvement projects.

> ▶ Click here to receive **Health Equity Updates** via email.

About Health Equity Updates

Faculty and staff members across URMC are working to reduce health inequities through research, education, and improved access to care. These updates provide snapshots of specific challenges being addressed and progress being made with community partners toward our ultimate goal of equal life expectancy for all.

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