To the Editor: Assessing Outcomes of Diversity Curricula in Graduate Medical Education Is Necessary to Decrease Health Care Disparities

We read with interest the article written by Chung et al entitled, "Educational Outcomes of Diversity Curricula in Graduate Medical Education," that reviewed the literature to assess diversity, equity, and inclusion (DEI) curricula designed for resident physician education and evaluated DEI studies that described specific educational interventions and outcomes.[1] Raising awareness of inequities through DEI education is a component of the multifaceted approach needed to decrease health care inequities and improve medical outcomes.

Despite recent improvement in overall national health, historically marginalized or minoritized individuals continue to receive lower quality health care, which can persist even when access-related factors are controlled.[2] Achieving health equity is a national goal that includes incorporating DEI curricula into medical education.

Chung et al noted that there were a variety of educational strategies, including online modules, small group discussion, lectures, simulation cases, and standardized patients, with some programs incorporating journal clubs, field trips, and self-reflective writing. Most often, DEI interventions were one-time sessions, although some curricula spanned to 3 years. Generally, program assessments only evaluated satisfaction and knowledge testing.[1] However, there is limited information about changes in resident physicians' perspective or behavior, or impact on patient care. There have been similar findings regarding implicit bias instruction across disciplines.[3]

Incorporating DEI education into residency curricula is important, and evaluating whether heightened awareness of health care inequities impacts perceptions and care is necessary.

Our internal medicine residency DEI education includes discussions, lectures, journal club, required readings, a National Museum of African American History and Culture field trip, and visits to underserved or disinvested communities. A subsequent university and community church collaboration to increase colon cancer screening included an audio-recorded focus group discussion involving 5 internal medicine residents and 7 African American adult members of the community church. A thematic analysis of the recording was performed. A post-focus group survey assessing screening barriers compared responses between the resident physicians and African American participants.

Barriers reported in previous studies, including colorectal cancer awareness, insurance status, colonoscopy logistics, fear of cancer or procedure, physician trust, and communication were identified.[4,5] However, when compared to resident physicians, African American participants more frequently identified racial disparity in health care, physician respect toward patients, and inadequate physician communication as barriers to screening. While this assessment involves a small number of participants, it is significant that resident physicians who participated in DEI education did not identify racial disparity in health care as a potential barrier to colon cancer screening.

We acknowledge the difficulty in assessing whether DEI educational efforts directly impact care delivery, and agree with Chung et al that ongoing assessment of DEI education is important. It is important to determine if resident physicians' knowledge about disparities in care influences medical outcomes and to ensure that their education is translated into equitable care for all.

References

1. Chung AS, Cardell A, Desai S, et al. Educational outcomes of diversity curricula in graduate medical education. *J Grad Med Educ*. 2023;15(2):152-170. doi:10.4300/JGME-D-22-00497.1
2. Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Smedley BD, Stith AY, Nelson AR, eds. National Academies Press (US); 2003.
3. Gonzalez CM, Onumah CM, Walker SA, Karp E, Schwartz R, Lypson ML. Implicit bias instruction across disciplines related to the social determinants of health: a scoping review. *Adv Health Sci Educ Theory*

DOI: http://dx.doi.org/10.4300/JGME-D-23-00576.1

Pract. 2023;28(2):541-587. doi:10.1007/s10459-022-10168-w

4. Tammana VS, Laiyemo AO. Colorectal cancer disparities: issues, controversies and solutions. *World J Gastroenterol*. 2014;20(4):868-876. doi:10.3748/wjg.v20.i4.869
5. Luque JS, Vargas M, Wallace K, et al. Engaging the community on colorectal cancer screening education: focus group discussions among African Americans. *J Cancer Educ*. 2022;37(2):251-262. doi:10.1007/s13187-021-02019-w

Marie L. Borum, MD, EdD, MPH
Professor of Medicine, and Director, Division of Gastroenterology and Liver Diseases, Department of Medicine, The George Washington University Medical Center

Chavon Onumah, MD, MPH, MEd
Associate Professor of Medicine, and Director, Internal Medicine Residency Program, Department of Medicine, The George Washington University Medical Center