Intentional Incorporation of Diversity, Equity, and Inclusion Teaching in Ambulatory Education

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Setting and Problem

The Accreditation Council for Graduate Medical Education requires residency programs to promote trainees' ability to care for diverse populations, but clinically relevant diversity, equity, and inclusion (DEI) curricula are rare.[1] As our academic medical center's internal medicine residency worked to increase exposure to DEI content, we identified the lack of longitudinal engagement with DEI as a gap in our curriculum. Our Ambulatory Editorial Board, which oversees ambulatory didactics, identified this as an opportunity to weave topics in DEI into our curriculum to intentionally bring residents' focus to the ways in which inequity, disparity, and systemic racism affect patients in ambulatory care.

Intervention

In academic year 2022-2023, we incorporated a novel longitudinal DEI series in our Primary Care Ambulatory Topics (PCAT) curriculum, a required 12-block, 28-session in-person ambulatory didactic series for all residents. In 2022, we asked all PCAT teachers to include a DEI topic. During structured planning meetings, faculty were guided by residents to identify applicable DEI teaching points that aligned with session content and met resident learning goals/gaps in training (see TABLE for examples). We added 2 items to our post-session evaluation: a Likert-style question on the DEI point's utility and clarity (1=not clear/useful, 5=extremely clear/useful) and an open-ended question asking residents to identify the DEI point they would incorporate in practice; the latter's intention was to assist in understanding successful messaging of DEI content. We retrospectively reviewed session materials to identify the presence of a DEI point and if it was visually signposted.

Outcomes to Date

Our evaluation of DEI topics yielded residents' (postgraduate year 1-3; n=105) perception of utility and retention of the DEI points in our ambulatory curriculum. We collected 1777 evaluations over 1 year and reviewed both descriptive statistics and resident accuracy in identifying the DEI point. Twenty-four out of 28 sessions had an explicit DEI point, but not all points were clearly signposted. Overall average rating of clarity/utility of DEI topics was 4.1 out of 5. On average over the 28 sessions, residents correctly recalled the DEI point from a session 64% of the time; percent correct recall did not correlate with signposting.

Resident ratings of DEI points were comparable to overall session ratings, suggesting acceptance and appreciation for the intervention. We presumed that signposting DEI points would increase recall but found this was not always the case. Signposted DEI points "stuck" with residents if the point was also found to be useful, while points with low utility ratings

TABLE
Examples of Diversity, Equity, and Inclusion Teaching Points Presented During Primary Care Didactics

Topic of Presentation	DEI Point Presented
Challenging cases in hypertension	Hypertension is more prevalent in non-Hispanic Black patients; drug choice should *not* be informed exclusively or primarily by race-based guidelines.
Tobacco use	Tobacco companies have historically targeted Black and Native communities in cigarette advertising.
Evaluation and management of a breast mass	Breast cancer risk in transgender patients is related to whether the patient has glandular chest wall tissue and underwent puberty under the effects of estrogen.
COPD and asthma	Our city is among US cities with the highest asthma prevalence; underserved communities in our city located near highways experience higher rates of asthma.

Abbreviations: DEI, diversity, equity, and inclusion; COPD, chronic obstructive pulmonary disease.

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were less likely to be retained even when signposted. We were surprised to find that, even when there was no identifiable DEI point in session materials, most residents still reported a DEI point. We hypothesized that these sessions incorporated an implicit focus on DEI, which was seen as genuine and unforced. This bore out in the excellent DEI evaluations of sessions wholly focused on the care of marginalized populations (eg, harm reduction), with resident feedback highlighting appreciation for passionate faculty. Residents were also more likely to retain topics related to their practice setting.

Lessons learned from this pilot include the importance of resident input in coaching faculty to create clinically applicable DEI content and the utility of weaving DEI throughout curricula to provide authentic and unforced longitudinal exposure. The intervention was no-cost to implement as our clinician educator faculty are required to teach annually. This curricular thread model could be replicated within other residency training programs that include ambulatory didactics guided by a structured leadership team.

Reference

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

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