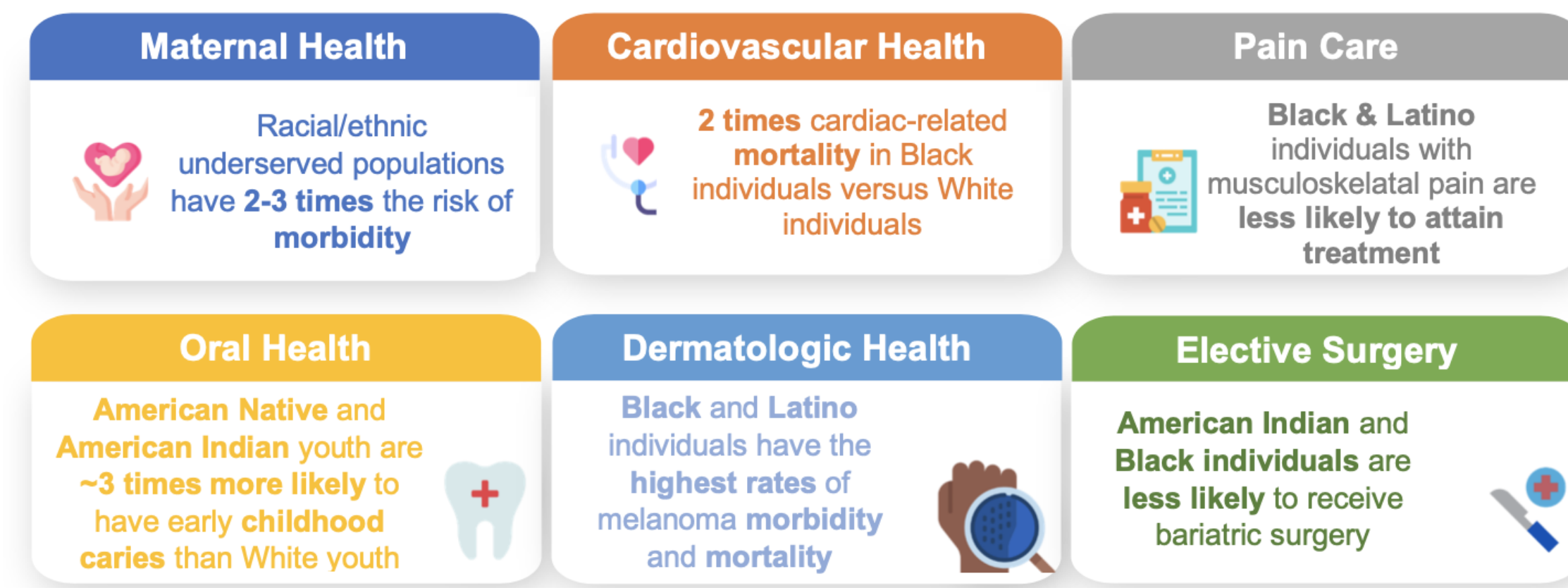


BACKGROUND

The healthcare field has seen a wealth of advances in technology, treatments, and even cures; however, there has been and continues to be an inequitable distribution as well as benefit of those advances in underserved communities. Following an interprofessional, clinician roundtable, a series of activities was developed to examine health inequities in six specific areas. These therapeutic areas were selected because they are among those with the most significant health inequities leading to increased morbidity and mortality, as noted in the graphic.



The goal of the initiative was to apply a groundwater approach to DEI-related education in the context of everyday practice for clinicians who may not have a foundation in the root causes of health care disparities and inequities, in tandem with low self-awareness of implicit biases and self-assessment tools. As evidenced by the data and quotes below, learner baseline for these concepts was low.

- Only 13% of learners had completed a tool such as the Implicit Association Test (IAT)
- Only 15% of learners had taken any other bias training
- "I care for all my patients equally, and I have no biases." - Learner

Following intervention, many learners noted gaps in their prior training, followed by actions taken based on CMEO education.

- "In my training, I was actually told that patients of color often have a higher pain tolerance including Black mothers and Hispanic mothers. I had an attending tell us that we wait longer to call anesthesia if they are busy with other patients because mothers of color have a higher pain threshold. So absurd! Our care team had a shift meeting and had such an open and candid conversation about this myth, and I had so many members of our team thank me for the discussion." - Learner, post-activity
- "I work in our female health clinic 2 days a week and have now started asking my pregnant patients about their last dental visit. I have been amazed at the lack of oral care, and I have patients who are finally seeing a dentist. This must help improve birth outcomes as well." - Learner, post-activity

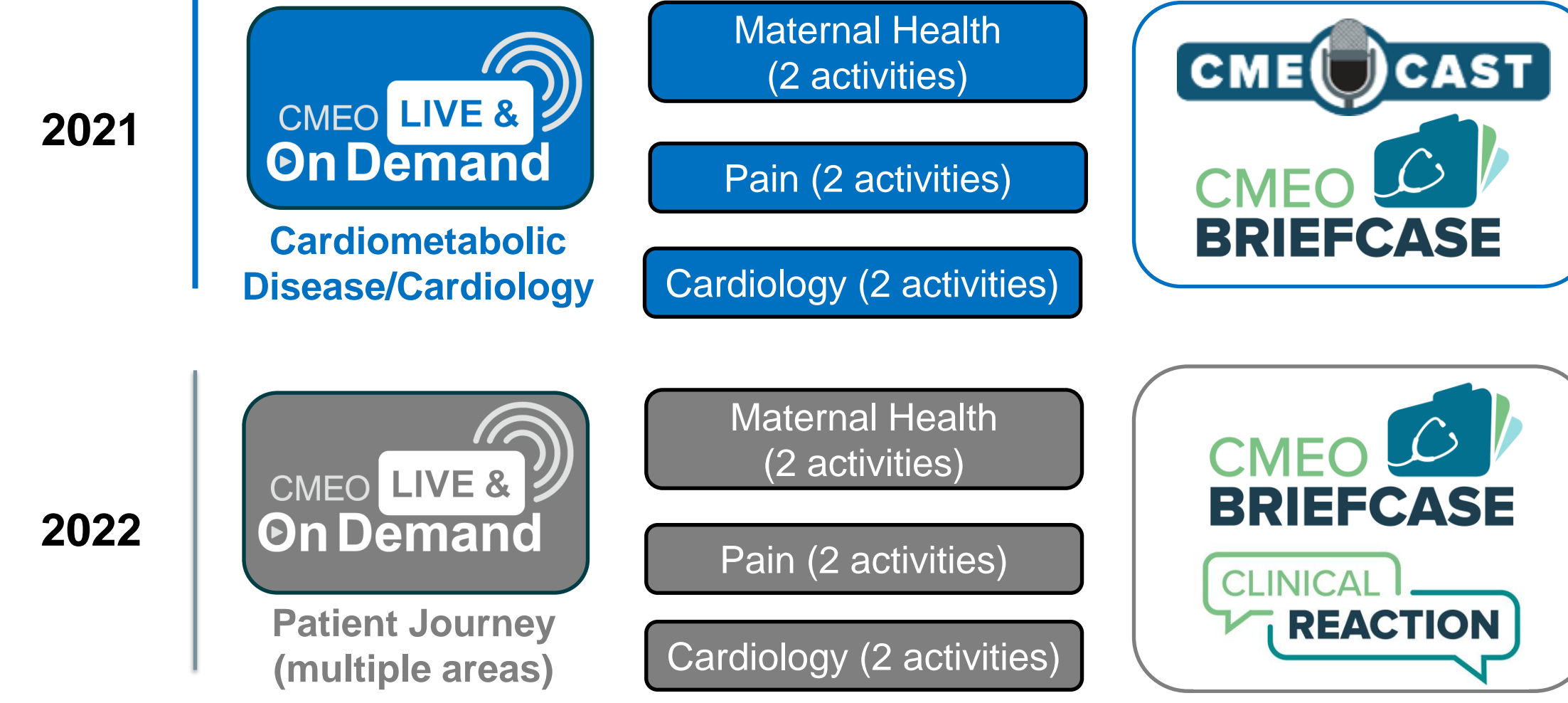
INSTRUCTIONAL DESIGN

Three components of this initiative stand out compared to traditional CME/CE education and act as a model for large-scale educational design.

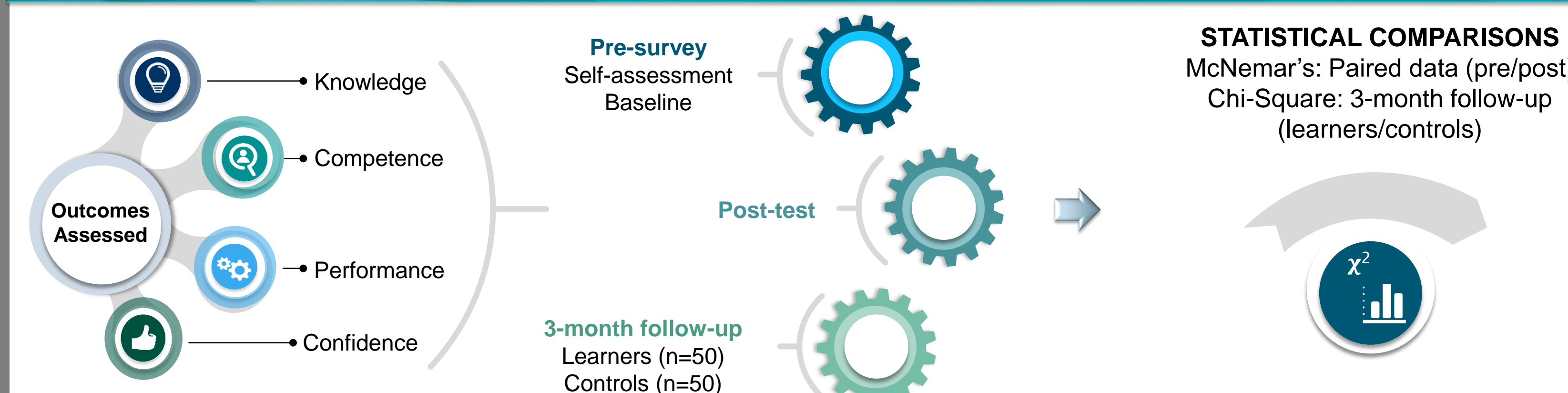
- DISEASE SPECIFIC ACTIVITIES** - Activities were disease-specific, rather than bias training rooted outside the context of real-world clinical practice, allowing data incorporated into the education to be substantive, applicable, and self-reflective.
- REINFORCEMENT OF CONCEPTS** - Multiple activities were developed for each therapeutic area, allowing learners repeated exposure to key concepts (e.g., a podcast and video case). Notably, activities within a given therapeutic area were launched in close succession beginning with foundational knowledge and extending into application of skills.
- BADGE PROGRAM** - An initiative badge program provided learners with the opportunity to demonstrate their commitment to the educational takeaways from the activities. Badges can be shared on social networks and email signatures. Learners earned access to the badge by completing at least 3 activities from the initiative.



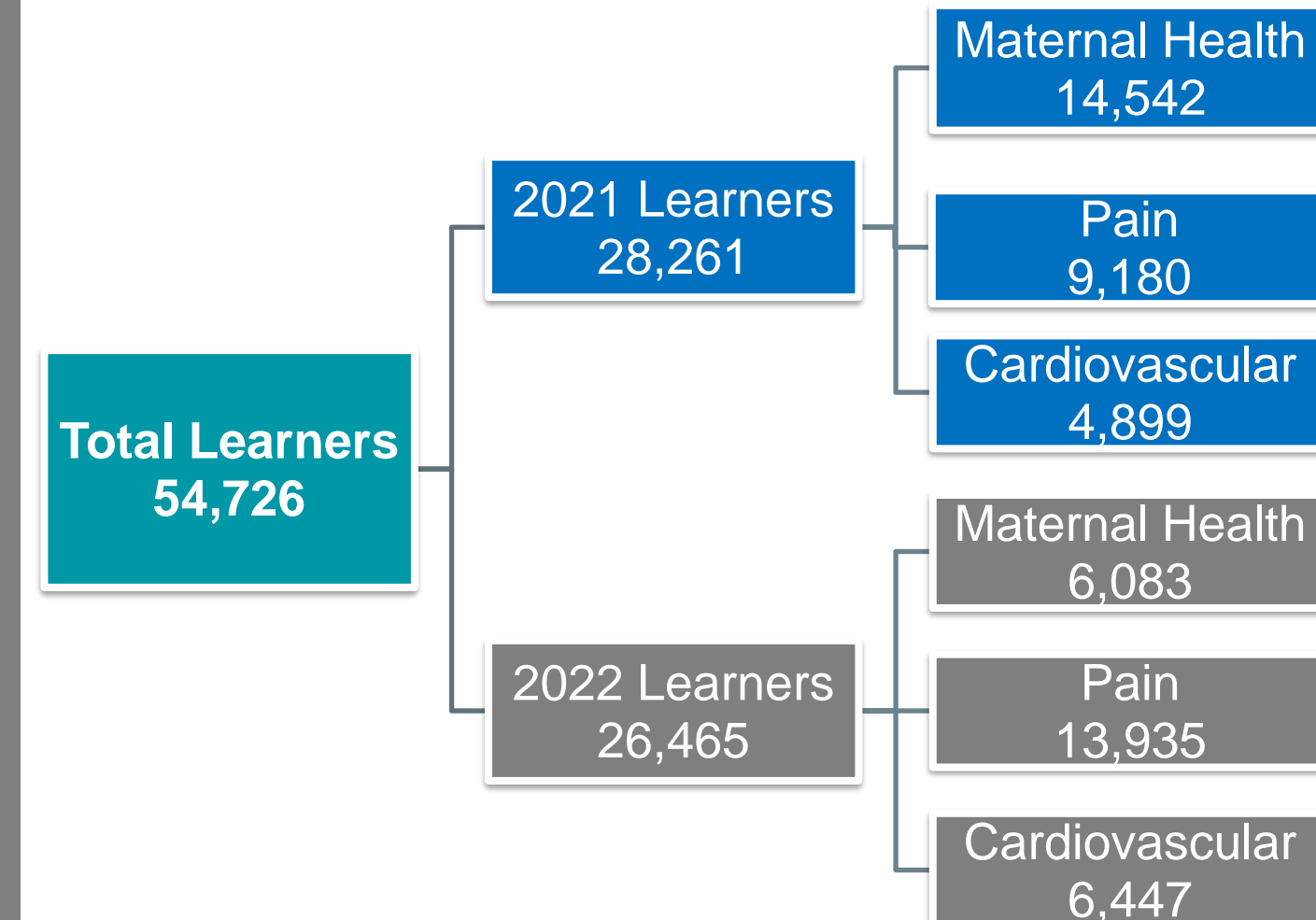
For three of the six therapeutic areas, education was expanded from a baseline of 3 activities to 5 activities over 2 years, beginning with the roundtable monograph. The poster reports data from these activities.



METHODS



LEARNER OUTCOMES



Themes from Learner Feedback – Maternal Health

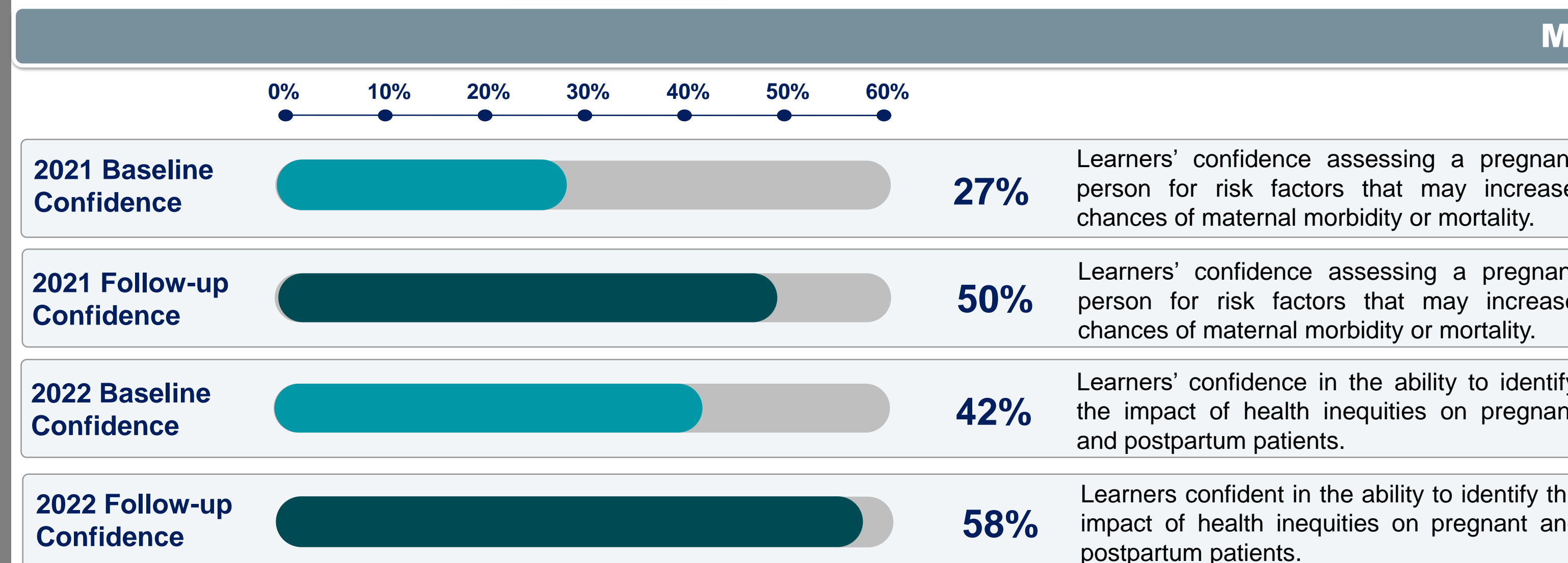
- Awareness of Disparities
- Holistic Approach
- Advocacy and Communication
- Institutional Racism
- Call for Change
- Bias Recognition and Elimination

Themes from Learner Feedback – Pain Management

- Racial Disparities and Inequalities
- Pain Management Strategies
- Cultural Competency and Communication
- Cultural Humility and Recognition of Bias
- Patient-Centered Care and Trust

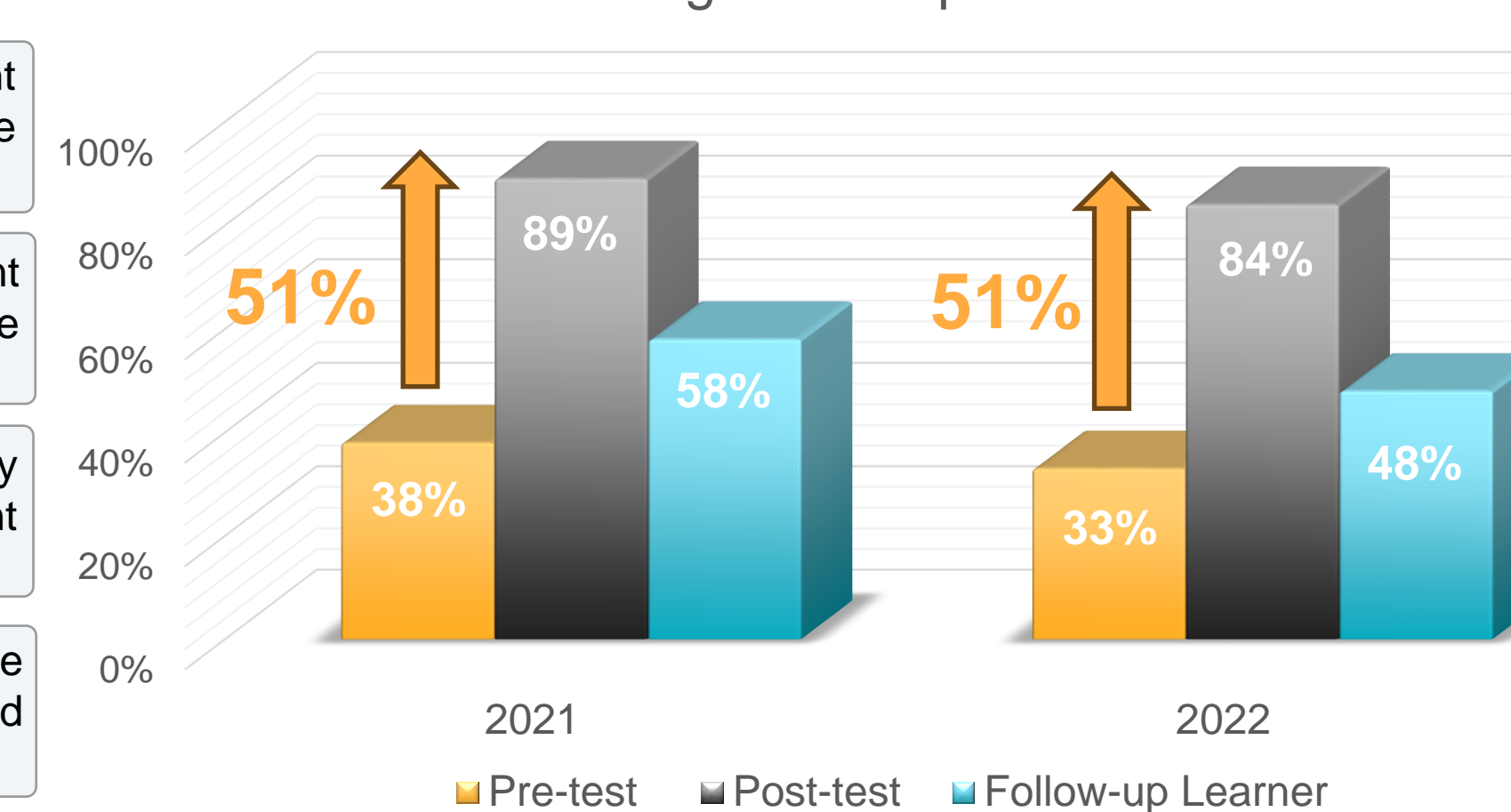
Themes from Learner Feedback – Cardiovascular Care

- Awareness of Disparities
- Social Determinants of Health
- Health Literacy
- Implicit Bias
- Patient-Centered Approach
- Disparities in Cardiac Procedures



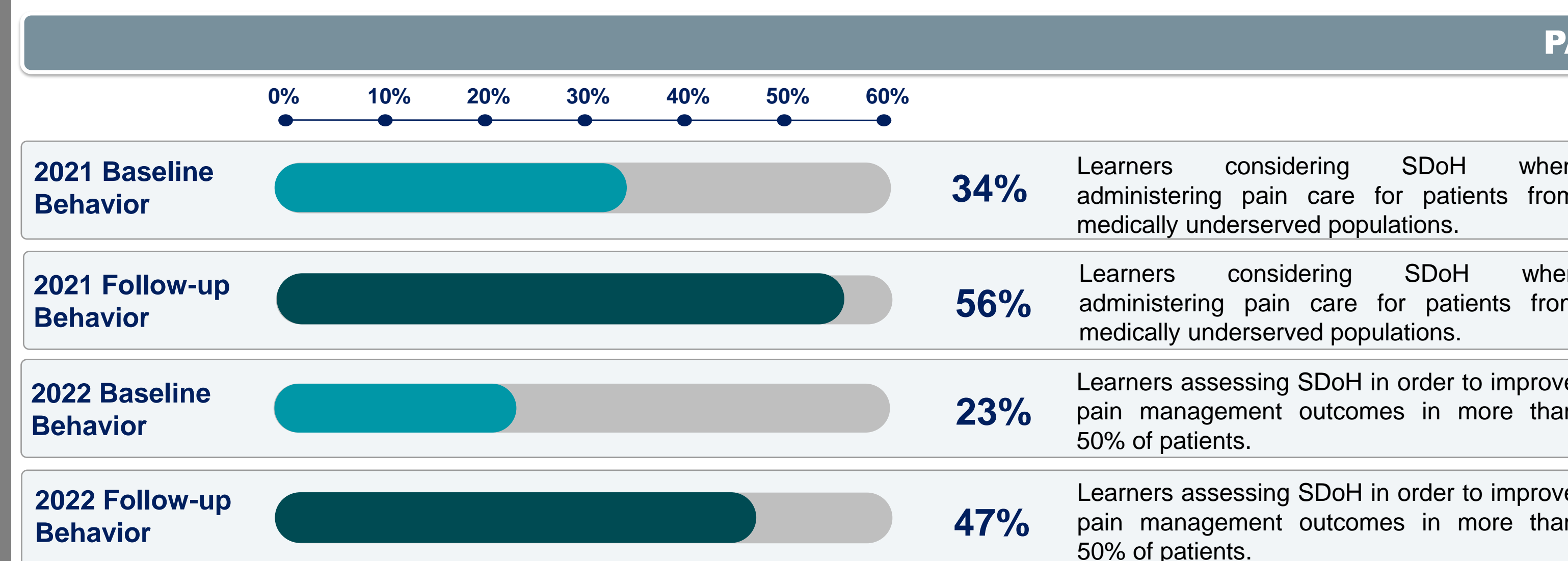
MATERNAL HEALTH GAINS

Knowledge & Competence Gains



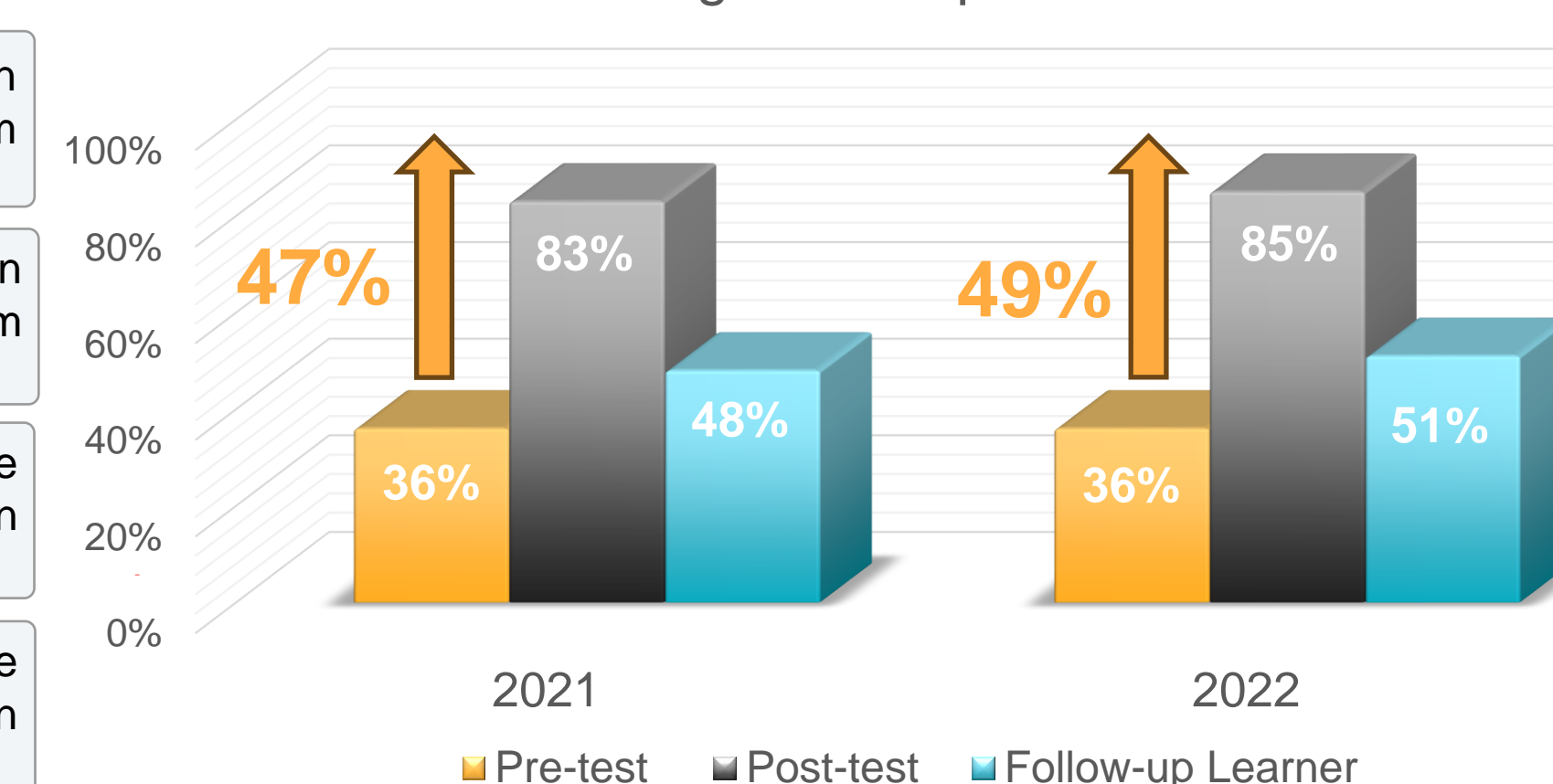
LEARNER FEEDBACK

- "I met with our medical director about the concept of including midwives in our care model and focusing on hiring providers of color."
- "We are now tracking c-sections in our marginalized patients with a goal of reduction."
- "I have done the assessment to recognize my bias so I can work actively to change my thinking and my behavior."
- "We updated our VBAC calculator tool to remove race as a construct. Such a simple action to provide more equitable care."
- "I had a patient that was very similar to the case presented with increased blood pressure post-delivery. We kept her an extra day and provided her better care. The cost for one extra night will be lower than the follow up care for a DVT. We provided her better care."



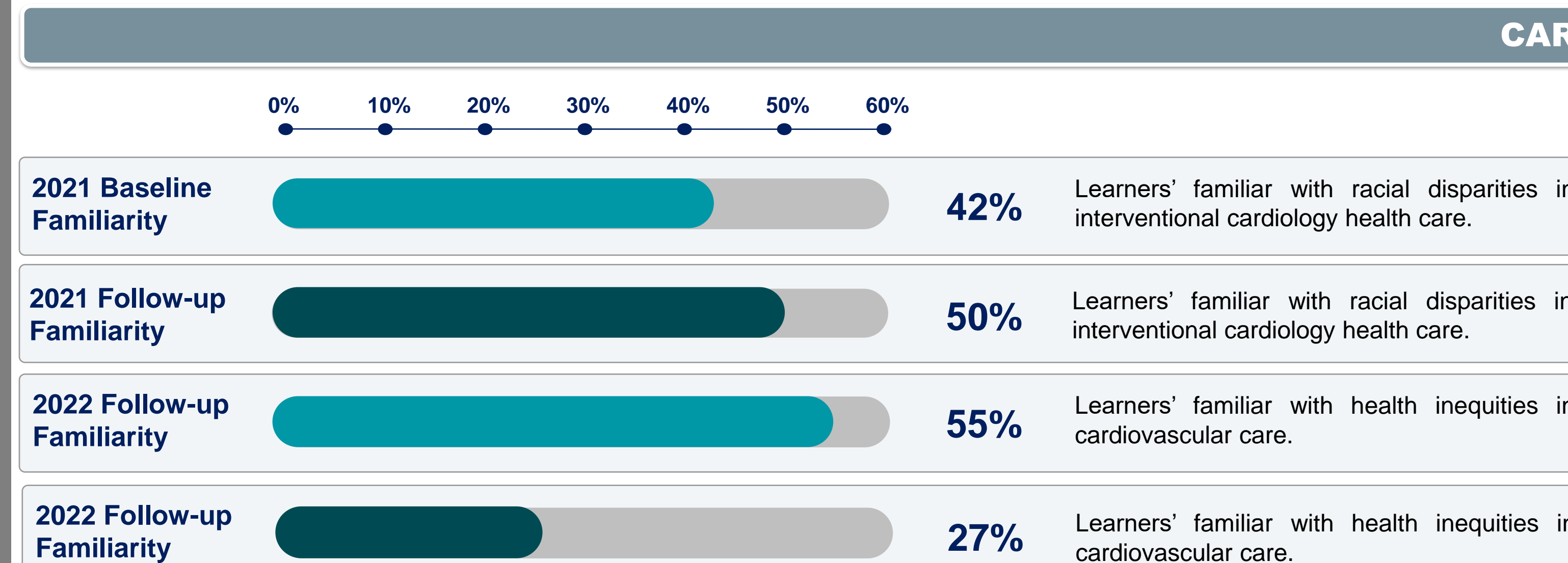
PAIN MANAGEMENT GAINS

Knowledge & Competence Gains



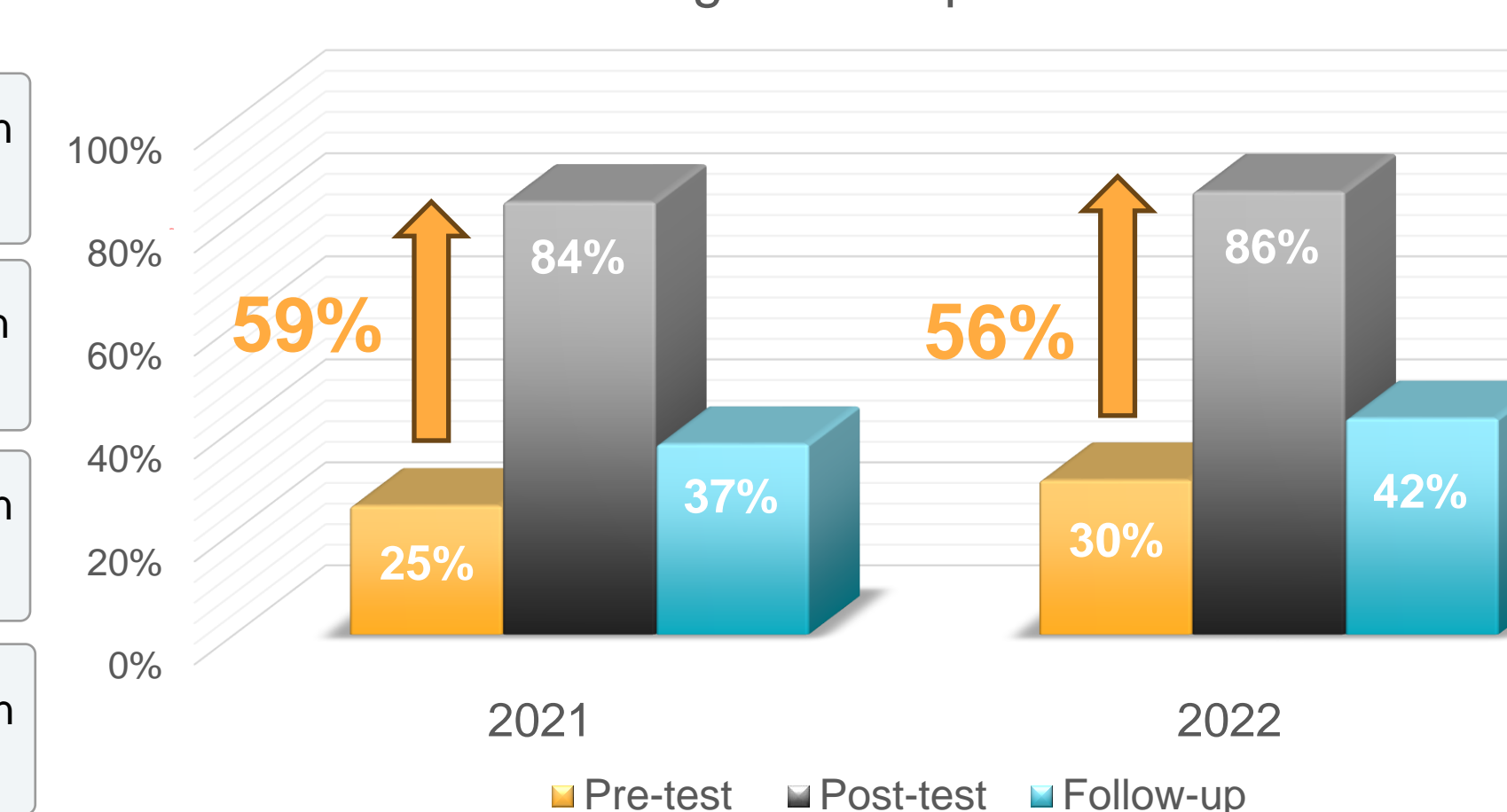
LEARNER FEEDBACK

- "Each patient should receive the most effective treatment for each condition regardless of race and other factors."
- "Highlighted individual treatment strategies that included assessment of SDoH to improve my patient's pain management outcomes."
- "I will look to add an assessment tool for SDoH in our patients."
- "I like the concrete strategies that this activity proposed to increase equity in the treatment of pain."
- "I may have implicit bias in treating pain for POC."
- "Recognizing ways I can better care for my patient's pain of all ethnicities and better coordinate pain management with the care team."



CARDIOVASCULAR CARE GAINS

Knowledge & Competence Gains



LEARNER FEEDBACK

- "Encouraging patients to use neighborhood resources for added support such as church."
- "Reinforced the fact that different populations are affected differently by the social determinants of health, but that health literacy is very important in reducing poor outcomes and this can be helped by advocating for these patients by spending a little extra time and asking a few extra key questions and showing compassion for each individual."
- "Seeing the percentage of other races and ethnicities that are included in these trials was eye-opening. It really shows how important advocating for your patient is to remove that barrier between the medical communities and patients."

IMPLICATIONS

- Learners exhibited elevated initial confidence levels in maternal health and cardiovascular care, possibly attributed to repeated engagement in disease-specific activities. This suggests gradual confidence improvements, highlighting the importance of sustained and ongoing education addressing disparities.
- The key themes identified from the provided data encompass a comprehensive understanding of disparities and challenges in health care. These themes revolve around statistical insights, the impact of bias, strategies for mitigating social barriers, holistic care, the role of telehealth, educational aspects, diversity and inequality, the significance of trust, awareness and unlearning, disparities in education and practice, individualized care, tools and techniques, collaborative efforts, systemic racism, and the importance of empathy and patient-centered care.
- Themes from learners underscore the need for an ongoing multidimensional and inclusive approach to address health care disparities and improve outcomes for all individuals, emphasizing the importance of awareness, education, and collaborative action.
- The initiative continued in 2022-2023 with 9 new therapeutic areas with additional education in development in 2024.

REFERENCE

Maina IW, Belton TD, Ginzberg S, Singh A, Johnson TJ. A decade of studying implicit racial/ethnic bias in healthcare providers using the Implicit Association Test. Soc Sci Med. 2018;199:219-229.



*Recipient of 2024 Excellence in Educational Design

Access CME Outfitters Diversity & Inclusion Activities

