Reframing a JEDI Milestone for Faculty Self-Assessment: Justice, Equity, Diversity, & Inclusion

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**INTRODUCTION/BACKGROUND**

- **The Evidence is Clear**: Achieving Justice, Diversity, Equity, and Inclusion (JEDI) improves education, care for patients and the communities we serve
- **As Medical Educators Leaders**: We are accountable for addressing structural "isms" in all forms (e.g., race, gender-identity, religion) and preparing our faculty to learn in this area
- **A Continuous Data Driven Approach**: Essential for all JEDI initiatives; focus on processes | outcomes
  - Accreditation Council of Graduate Medical Education (ACGME) updated its 2021 annual resident/faculty surveys to include items related to equity and inclusion
  - Limited accessible data available on the structural fluency competence of our residents and faculty specific to the areas of health equity, social responsibility, diversity, inclusion, and social determinants of health
  - To address this gap we developed a quick, evidence-based JEDI specific milestone implemented within each GME program's required milestone assessment form beginning January 2021
  - However, data on faculty self-reported competence was lacking

**PURPOSE**

- To design and implement a needs assessment tool for faculty development and long-term tracking by adapting a literature-based JEDI milestone focused on structural fluency

**METHODS**

- Reframed our existing JEDI milestone as a needs assessment tool
- Tool format is consistent with ACGME’s core competency milestone model
  - 6 competency domains: medical knowledge, patient care, IPC, SBP, PBL&I professionalism
  - Each domain has a uniquely annotated rating scale (Level 1 Novice to Level 5 Proficient) consistent with ACGME competency ratings scale
- Teaching faculty received an e-mail in late summer - early fall 2021 directly from SurveyMonkey to facilitate reminders to non-respondents
- Respondents checked the milestone level consistent with their perceived competence in each of the 6 competency domains

**RESULTS**

- 70% Response Rate (126/179) across 16 GME programs

<table>
<thead>
<tr>
<th>JEDI Competency Domain</th>
<th>Mean Milestone Level</th>
<th>SD</th>
<th>% at Level &gt; 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge</td>
<td>3.8</td>
<td>1.1</td>
<td>73%</td>
</tr>
<tr>
<td>Patient Care</td>
<td>4.0</td>
<td>1.2</td>
<td>75%</td>
</tr>
<tr>
<td>Interpersonal Communication</td>
<td>4.0</td>
<td>1.1</td>
<td>70%</td>
</tr>
<tr>
<td>Professionalism</td>
<td>3.8</td>
<td>1.0</td>
<td>70%</td>
</tr>
<tr>
<td>Practice Based Improvement</td>
<td>3.8</td>
<td>1.6</td>
<td>83%</td>
</tr>
<tr>
<td>Systems Based Care</td>
<td>3.7</td>
<td>1.1</td>
<td>70%</td>
</tr>
</tbody>
</table>

**SIGNIFICANCE**

- Utilizing our JEDI competency = ACGME milestone framework yielded needs assessment data to focus faculty development + long-term CME efforts
- Use gaps between ≤ Level 3 & ≤ Level 4 to target faculty development efforts
- Ex: Professionalism
  - Designing and implementing Upstander Training with scripting to support faculty to “speak up in the moment...”
  - Initial focus is microaggressions by patients
  - Aligned with system policies on patient verbal and physician assault
- Repeat needs assessment on annual basis to track faculty JEDI competence longitudinally

**Domains #5: Professionalism**

- Level 0: Not yet reached Level 1
- Level 1: Recognizes that implicit bias plays a significant role in health disparities.
- Level 2: Identifies and articulates implicit biases in self, the health care team, and health system as relates to specific behaviors, attitudes, and experiences, which may affect clinical decision-making.
- Level 3: Reconciles personal beliefs & identity(ies) with professional role, develops strategies to mitigate own implicit biases, and recognizes the contribution of bias to iatrogenic risk and health disparities. Accepts shared professional responsibility for eliminating health disparities & bias.
- Level 4: Act non-judgmentally and speaks up in the moment cognizant that historical injustices and inequalities impact patient’s health. Utilizes incident reporting mechanism to address microaggressions and/or lateral workplace violence.
- Level 5: Creates policies that mitigate personal biases to ensure equitable clinical and patient experience outcomes.

**Selected References**

1. Ellinas H, Trimm F, Kountz D, Bienstock J. Implementing systematic culture change to improve diversity in GME. JGME. 2022;14(2).
4. Simpson D, Bidwell J, La Fratta T, Agard K. Using a Milestone Framework for Assessing Resident, Fellow and Faculty Competence in Diversity, Equity, and Inclusion. JGME. 2022;14(3).

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