

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 | outcomes¹
 - 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 health²⁻³
 - 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 2021⁴
 - 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

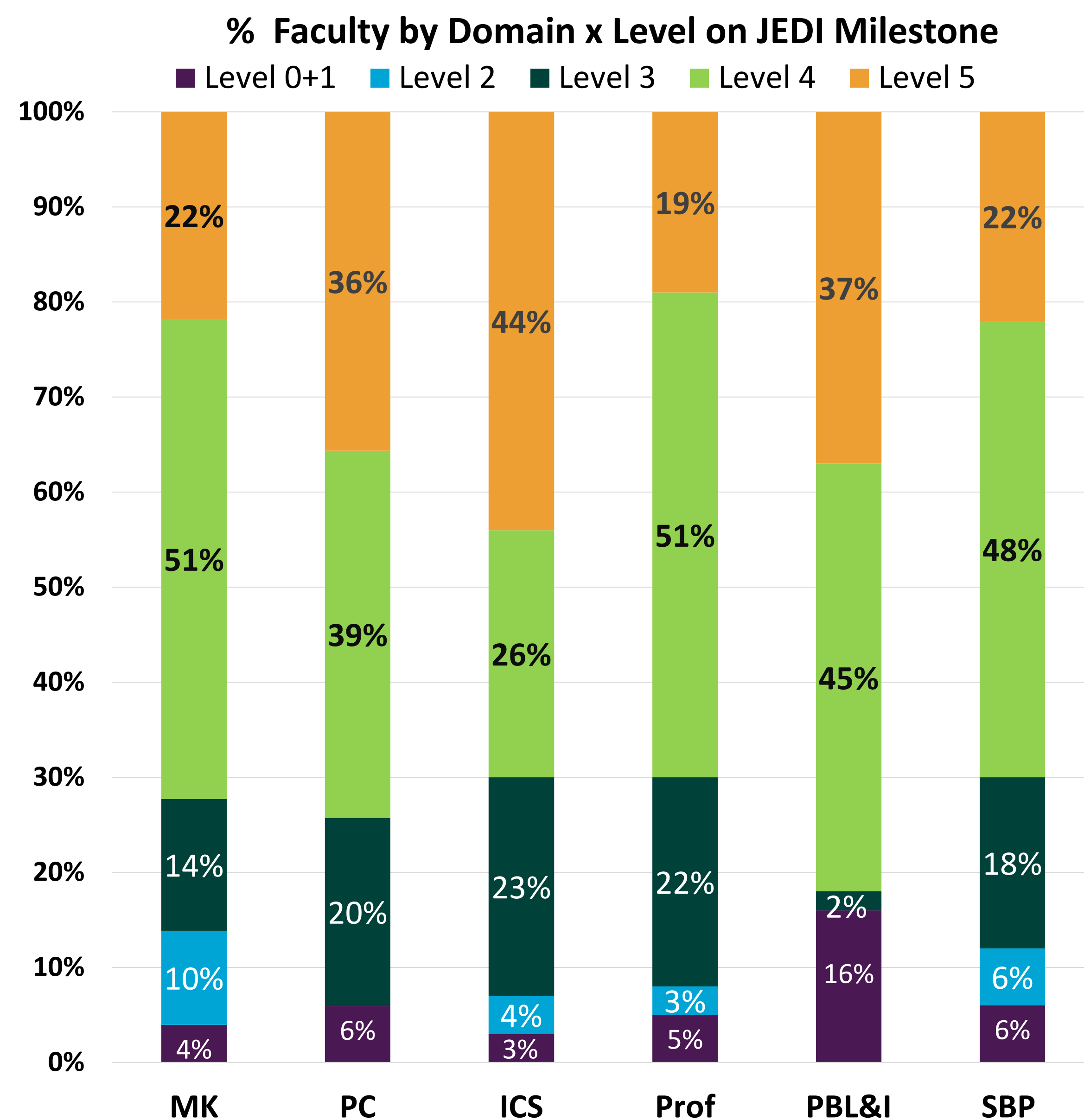
Domain #5: Professionalism

- **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.

RESULTS

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

JEDI Competency Domain	Mean Milestone Level	SD	% at Level ≥ 4
Medical Knowledge	3.8	1.1	73%
Patient Care	4.0	1.2	75%
Interpersonal Communication	4.0	1.1	70%
Professionalism	3.8	1.0	70%
Practice Based Improvement	3.8	1.6	83%
Systems Based Care	3.7	1.1	70%



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

Selected References

1. Ellinas H, Trimm F, Kountz D, Bienstock J. Implementing systematic culture change to improve diversity in GME. JGME. 2022; 14(2).
2. Metz J, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. Soc Science & Medicine. 2014 Feb 1;103:126-33.
3. Castillo EG, et al. Reconsidering SBP: Advancing Structural Competency, Health Equity, and Social Responsibility in GME. Acad Med. 2020; 95(12):1817-1822.
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).