ASSESSING WHAT MATTERS
A MILESTONE FOCUSED ON JUSTICE, EQUITY, DIVERSITY, & INCLUSION (JEDI)
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INTRODUCTION/BACKGROUND
• THE EVIDENCE IS CLEAR: Achieving Diversity, Equity, and Inclusion (DE&I) improves education, care for patients and the communities we serve
• AS MEDICAL EDUCATORS (MEs): We must create and implement learner assessment tools that include the ability to appraise learners’ progress and competence towards providing equitable health care outcomes for a diverse patient population

LITERATURE SEARCH 1-5
• 2019 ACGME Common Program Requirements (CPR) 6 core competency domains did NOT include the key terms (disparities, inequities, justice, community, underserved)
• 2020 ACGME CPR some key terms appear in 3 domains: Patient Care (Inequity, Community 1x each); Diverse (Professionalism 1x); Advocacy (SBP 2x) | Note terms do appear more frequently in specialty specific milestones
• Castillo et. al. argue that a new GME structural fluency competency domain is needed; Assessments ≈ with existing framework (ie, a milestone)
• However , no reports re: a structural fluency milestone emerged in traditional or gray literature search (6.2020)

PURPOSE
• To develop an ACGME-like milestone & serve as a curriculum blueprint across med educ continuum

METHODS
LITERATURE REVIEW – IDENTIFIED KEY MILESTONE ELEMENTS
• 120 articles and resources reviewed to identify key structural fluency elements 1-2
• Key elements of a structural competency milestone abstracted & framed by the 6 ACGME core competencies progressing through the 5 levels towards mastery
• Product: an 8-page annotated milestone document

STRUCTURAL FLUENCY MILESTONE

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<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
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<td>Describes race, ethnicity, age, language, personal characteristics and social determinants as risk factors for adverse health outcomes. (MK)</td>
<td>Identifies how social determinants impact medical decisions. (MK)</td>
<td>Recognizes the structural contexts that shape the patient’s life, daily functioning, health, values, agency in decision making, and their clinical interactions (MK)</td>
<td>Develops and collaborates with patient on plan of care cognizant of their intersectionality and its influences on their health care values and decisions and structural limitations and identity (MK)</td>
<td>Educates and leads team members to identify underlying structural constraints to create interdisciplinary care plans to overcome structural limitations (IPC, SBP)</td>
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<td>Defines key terms re: race, sex and gender, intersectionality, health equity, cultural humility. (MK)</td>
<td>Incorporates structural, inclusive language &amp; patient identified language (LGBTQ, race, ethnicity) to engage patient in care settings cognizant that it reflects/affirms structural inequities (IPC)</td>
<td>Identifies and incorporates mitigation strategies to address structural risks in patient care. (MK)</td>
<td>Identifies &amp; challenges structural elements (eg, resource, process &amp; policy) that limit optimal care. (SBP)</td>
<td>Creates, implements, and evaluates practice recommendations that seek to eliminate bias and ensure health equity. (MK)</td>
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<td>Reference historical precedents of “tums” - cognizant that historical injustices and inequities impact patient’s health (MK)</td>
<td>Accepts shared professional responsibility for eliminating health disparities &amp; bias (Prof)</td>
<td>Asks questions that validate all identities and promote inclusive environment. (IPC)</td>
<td>Coordinates patient care by teaming with community resources that improve health equity by addressing social determinants of health. (SBP)</td>
<td>Creates policies that mitigate personal biases to ensure equitable clinical and patient experience outcomes. (Prof)</td>
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<td>Ellicots and documents structural info: SDH during HPI, Sex/His &amp; discharge instructions (MK)</td>
<td>Incorporates structural, inclusive language &amp; patient identified language (LGBTQ, race, ethnicity) to engage patient in care settings cognizant that it reflects/affirms structural inequities (IPC)</td>
<td>Recodifies personal beliefs &amp; identities by professional role, develops strategies to mitigate own implicit biases, and recognizes the contribution of bias to isoteric racism and health disparities. (Prof)</td>
<td>Speaks up in the moment (allegation) and utilizes incident reporting mechanism to address microaggressions and/or lateral workplace violence. (Prof)</td>
<td>Engages in unit/service line/health system/public health systems to identify and mitigate structural inequities (PBRLI)</td>
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<td>Understands access to medical interpreters is fundamental for equitable care for patients with limited English proficiency. (MK)</td>
<td>Recognizes that implicit bias plays a significant role in health disparities. (Prof)</td>
<td>Continuously seeks to improve structural fluency cognizant that it is constantly changing (time, individual, orgs, standards) (PBRLI)</td>
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RESULTS: PROGRESS TO DATE
• Milestone implemented as formative assessment within each GME programs existing assessment tool
• Explicit communications regarding formative nature of milestone - no current role in CCC decisions
• Faculty development and orientation on-going
• Data reported quarterly to GMEC and available to individual program leaders via MedHub reports

SIGNIFICANCE/IMPLICATIONS
• Our milestone innovation recognizes the need for data: to monitor our ability to learn/teach and ultimately eliminate racism (and other isms) and health disparities
• Its strength - making JEDI visible in physician assessment; Is its limitation - education is essential as we progress through each level
• We recognize it’s a journey and the milestone will evolve as we do

Selected References