

Health Equity Rounds: a viable tool in building awareness and analysis of structural inequalities within Hennepin Healthcare

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Background:

Understanding social and structural determinants of health (SSDoH) is fundamental in providing holistic and efficacious care for patients in a primary care setting. Effective curricula for addressing SDH is limited in graduate training programs. Health Equity Rounds is a longitudinal case conference curriculum described by Perdomo *et al* (2019)¹ which engages participants across training levels and disciplines to discuss and address structural racism and implicit bias. Our goal with Health Equity Rounds (HER) is to promote awareness and build analytical skillsets surrounding SSDoH, reduce health inequities by promoting an open collegial dialogue and supplement a conducive learning environment for students, residents and faculty during didactics. Critical Consciousness (CC) has been conceptualized by Manca *et al* (2020)² as "an intellectual construct to foster reflexive awareness of professional power in health care, to unearth the values and biases legitimizing medicine as currently practiced, and to foster transformation and social accountability." Curricular models of CC at the undergraduate medical education level, as described by Dao *et al* (2017)³, have highlighted the interrelating Structural, Internal, and Interpersonal domains of CC, as well as their inherent elements and skills emphasized (see Figure 1 below).

While HER has demonstrated intrinsic value to learning outcomes for educators and learners alike, there has yet to be any quantitative and validated learning outcomes measurement tool in this specific population. The Short-Form Critical Consciousness Scale (ShoCCS), as described by Diemer *et al* (2020)⁴, is an instrument which efficiently measures the underlying latent variables within CC – *Critical Reflection-Perceived Inequality*, *Critical Action*, and *Critical Motivation* – however, its use has been limited in the literature to high school students and young folks engaged in youth organizing and leadership circles. Our proximal goal with our HER piloting process was to evaluate if CC could effectively be measured by ShoCCS within our graduate medical education family medicine community at Hennepin Healthcare. Further, our longitudinal goal, broader in scope, was to also collect program evaluation data to assess participant response to program content

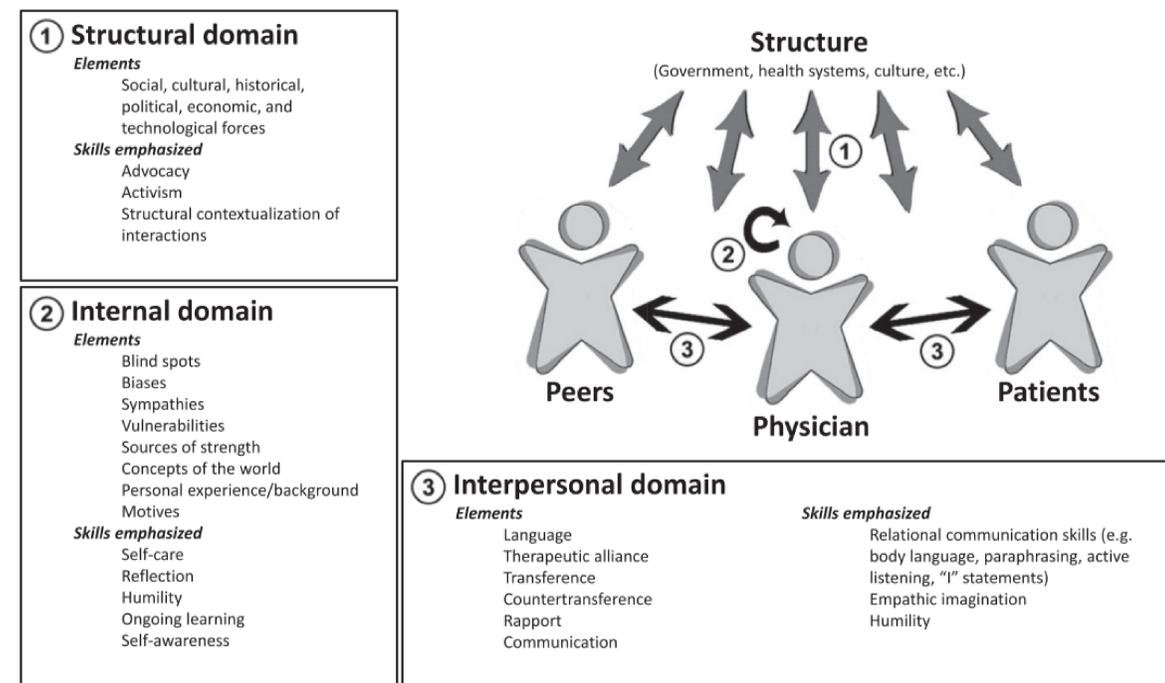
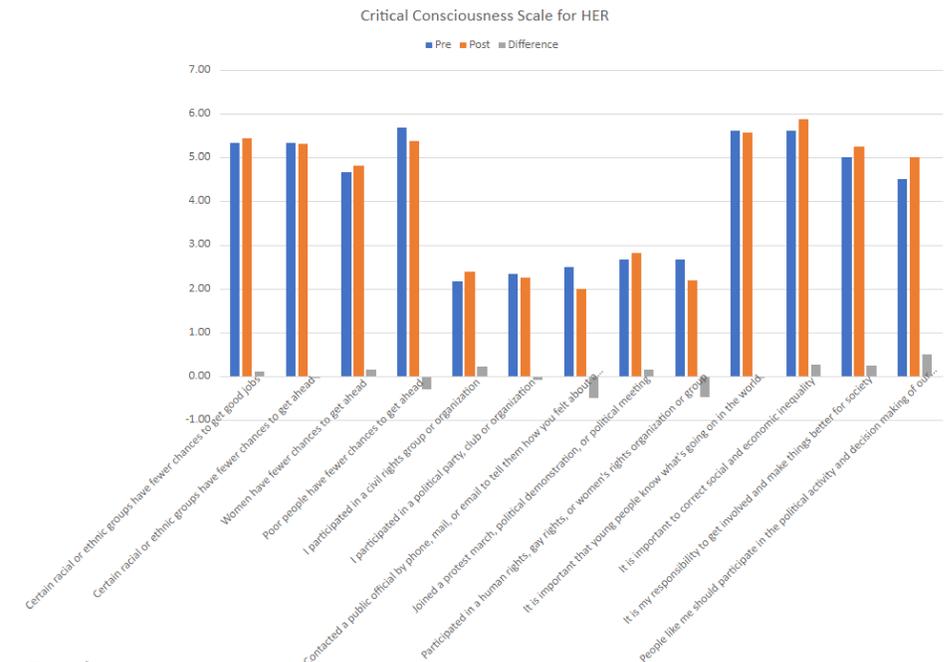


Figure 1 Three domains of critical consciousness. The Introduction to Medicine and Society (IMS) model treats critical consciousness in medicine as a physician's dynamic orientation to navigating the world in three relational domains: *internal* (relationship to self), *interpersonal* (relationships with patients and colleagues/peers), and *structural* (relationship to society, government, culture, health systems, etc.). Each domain encompasses specific elements and skills that the physician must cultivate to be effective. IMS is a required introductory cultural competence course for first-year students at the Perelman School of Medicine at the University of Pennsylvania.

Methods: The authors prepared two Health Equity Rounds (HER) sessions (focused on topics including implicit bias and cultural models of health and illness, as well as historical trauma (response) and disenfranchised grief) which were presented over the course of the 2021-2022 academic year. In each session, we used real life patient cases that encompassed social determinants of health, structural competency, social medicine and community health. We collected baseline ShoCCS data from our resident colleagues. We collected program evaluation data from the audience via electronic survey immediately after each session. Following HER sessions, we again collected ShoCCS data to formulate our results. Our working hypothesis was that HER would promote a net increase in ShoCCS scores for participants pre- and post-intervention.



Results

We received a total of 34 responses to our survey tool adapted from the Short-Form Critical Consciousness Scale (ShoCCS), with a N of 18 and 16 pre- and post-intervention, respectively. While we did not find a statistically significant relationship between the groups as determined by a Mann-Whitney test, there were notable net positive trends in the pre- and post-intervention average responses for several ShoCCS latent variable/indicators for *Critical Motivation*.

We received a total of 26 anonymous responses to our program evaluation surveys. In summary, a majority of respondents found our 2 HER sessions engaging, of high educational value, impactful to their practice, and evidence-based.

Discussion

Health Equity Rounds is an innovative educational tool with a track record of success in fostering an educational culture which values equity within institutions of graduate medical education. A pilot trial of this program within our Family Medicine Residency at Hennepin Healthcare, a safety net institution for the greater Minnesota area, demonstrated that resident trainees find this tool valuable to their own practice and education. While we were not able to find a statistically significant trend in the intervention's impact with respect to our ShoCCS analysis, there are several inherent limitations in such an analysis (limited sample size, convenience sampling, internal construct validity of ShoCCS compared to other CC scales) – as well as opportunities to further explore in the future how HER might serve as a versatile tool towards the end of ACGME competency milestones such as 'systems-based practice', 'practice-based learning and improvement', 'professionalism', and 'interpersonal and communication skills'. Our longitudinal goal for HER at Hennepin Healthcare is to further integrate it into the broader Family Medicine Residency curriculum, as well as the broader graduate medical education culture at Hennepin Healthcare as a safety-net institution.

References

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