

Diversity, Equity, and Inclusion Curriculum

UC Davis Internal Medicine Residency

Some background

- Formally incorporate diversity, equity, and inclusion sessions throughout residency training
- 2-year curriculum with ~6 sessions
- Delivered during dedicated academic time: clinic immersion/cohort/R1 teaching retreat
- Resident experience: Each session aims to be interactive and to allow for a safe space for real-life case-based scenarios and opportunities to work in small groups to discuss and debrief
- Sessions will build on each other to create a foundation and a shared vocabulary among residents to discuss DEI topics

Diversity, Equity, and Inclusion Curriculum

A longitudinal curriculum for trainees that focuses on the intersection between structural bias and healthcare outcomes

Curriculum objectives

Enhance awareness of the structural and societal barriers that influence health disparities

Create a culture of inclusivity and respect within the residency and in interactions with peers, patients, and faculty

Equip residents with tools and skills to address bias and health disparities, and effectively care for diverse patient populations

R1 Curriculum

	Structural Inequities and Patient Health	Care for the Underserved: Social Determinant of Health
TIMING	Fall (Clinic Immersion)	Winter
OBJECTIVES	Define structural competency and structural violence	Review what makes someone "healthy"
	Explore how structures influence healthcare practices and health outcomes	Define the components of SDoH
	Begin to think about strategies to respond to the influences of structures in healthcare (and beyond)	Identify resources in Sacramento that address access to healthcare, resources for undocumented, food insecurity, harm reduction
PRE-WORK	Structural Competency Working Group (SCWG) trainings used as a guide for this session	Video/reading of Sacramento redevelopment history and a community engagement activity: asset-based community survey

R2-3 Curriculum

Recognizing Microaggressions in Residency and their effects on learning climate

Spring

Define microaggressions & the impact they have on learning environment

Reflect on the impact microaggressions may have on residents

Explore one's own implicit bias and how this can lead to committing microaggressions

Conflict Management & De-escalation

Fall (R1 Retreat)

Learn how to leverage communication principles in diffusing conflict

Explore ways to have restorative conversation with parties who have engaged in behaviors that have caused harm to others

Implicit Bias in health care

Winter

Define implicit bias and how bias contributes to disparities in health outcomes

Employ evidence-based tools and frameworks to recognize and mitigate personally held implicit biases

Identify and analyze the effects of implicit bias and structural racism in clinical scenarios

Review bias in assessment

Complete IAT's prior to session

R2-R3 Curriculum

Active Bystander Training

Spring

Review the role of each member involved in a microaggression (recipient, source, bystander)

Learn the ACTION, ASSIST, and ARISE approach to microaggressions- triangle model framework

Apply ARISE

Practice modeling bystander interventions (with use of role play) in clinical scenarios

Addressing Microaggressions in Academic Health- utilize triangle model (Ackerman Barger)



R3

R3 takes on small group facilitator role during R2/R3 sessions