

Creation and Implementation of a Diversity, Disparities, and Inclusion in Medicine (DDIM) Curriculum for the VTC Internal Medicine Residency (VTCIM)

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BACKGROUND

Medicine is best practiced in teams of varied cultures, ethnicities, genders, and levels of physical ability. Physicians must gain insight into the experience of patients and colleagues from varied demographics and have a keen awareness of their own explicit and implicit bias.

In addition, the Accreditation Council for Graduate Medical Education (ACGME) now requires resident education around DDIM. With these values in mind, we sought to enhance the VTCIM residency's educational foundation with a Diversity, Disparities, and Inclusion in Medicine (DDIM) curriculum.

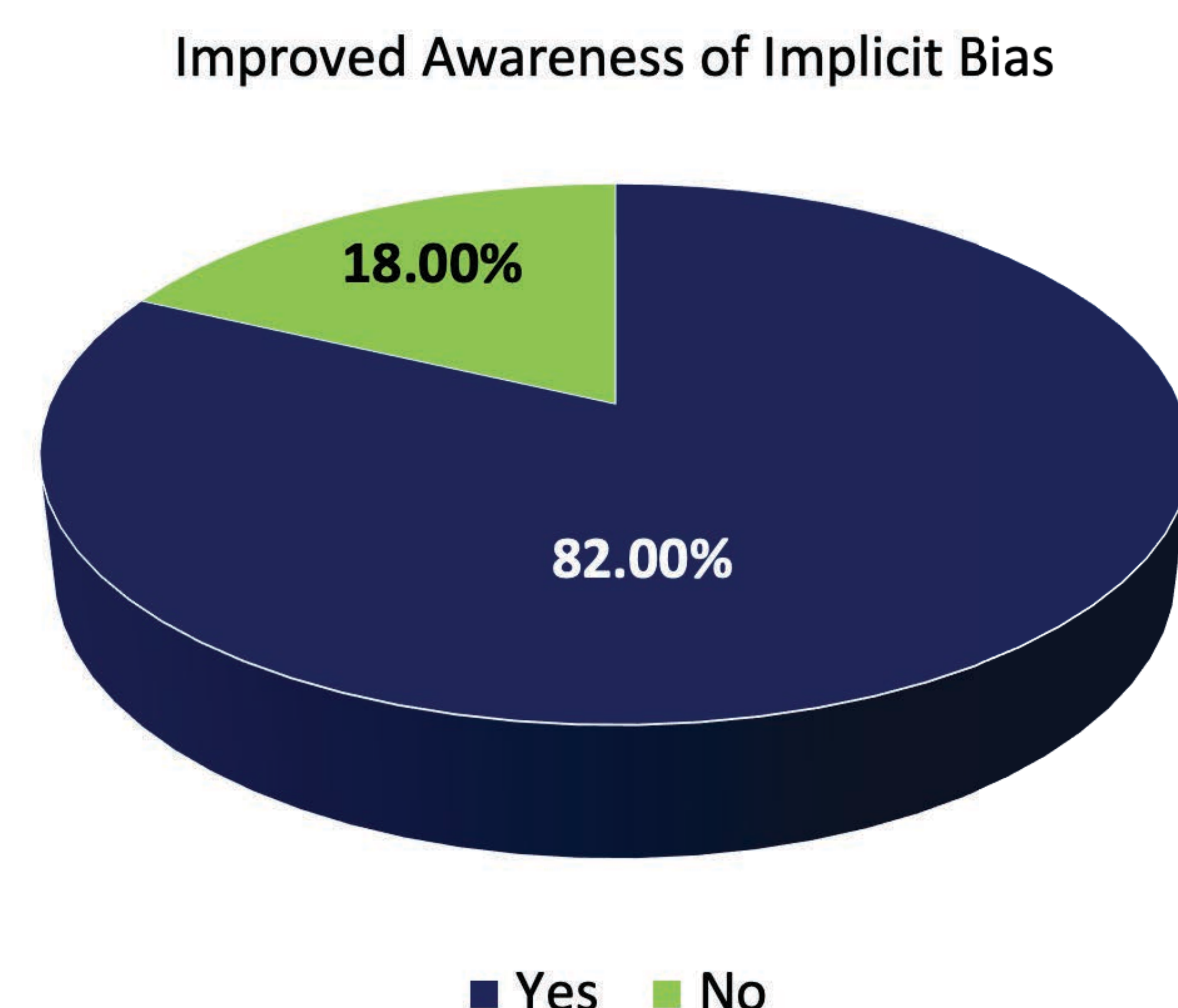
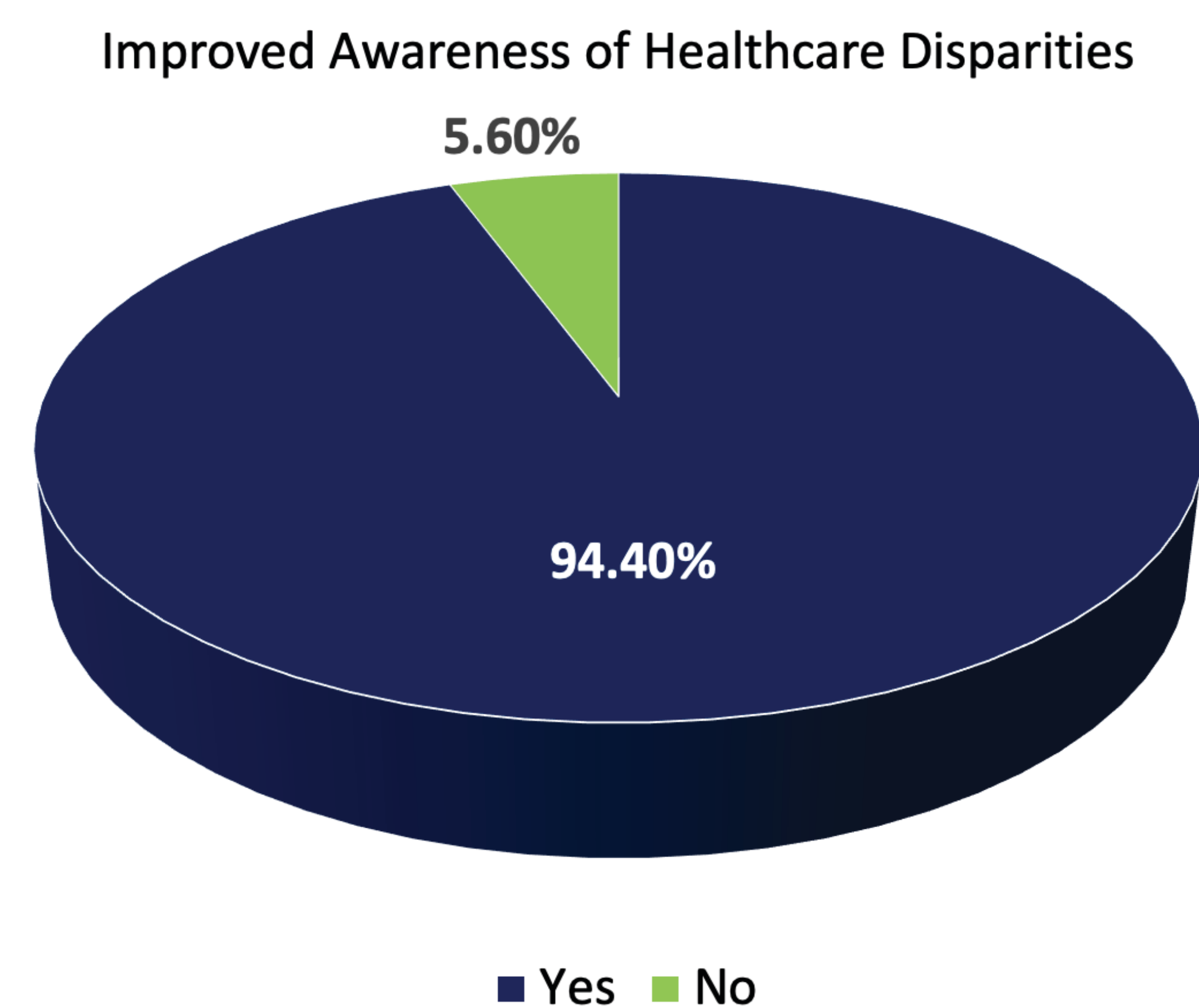
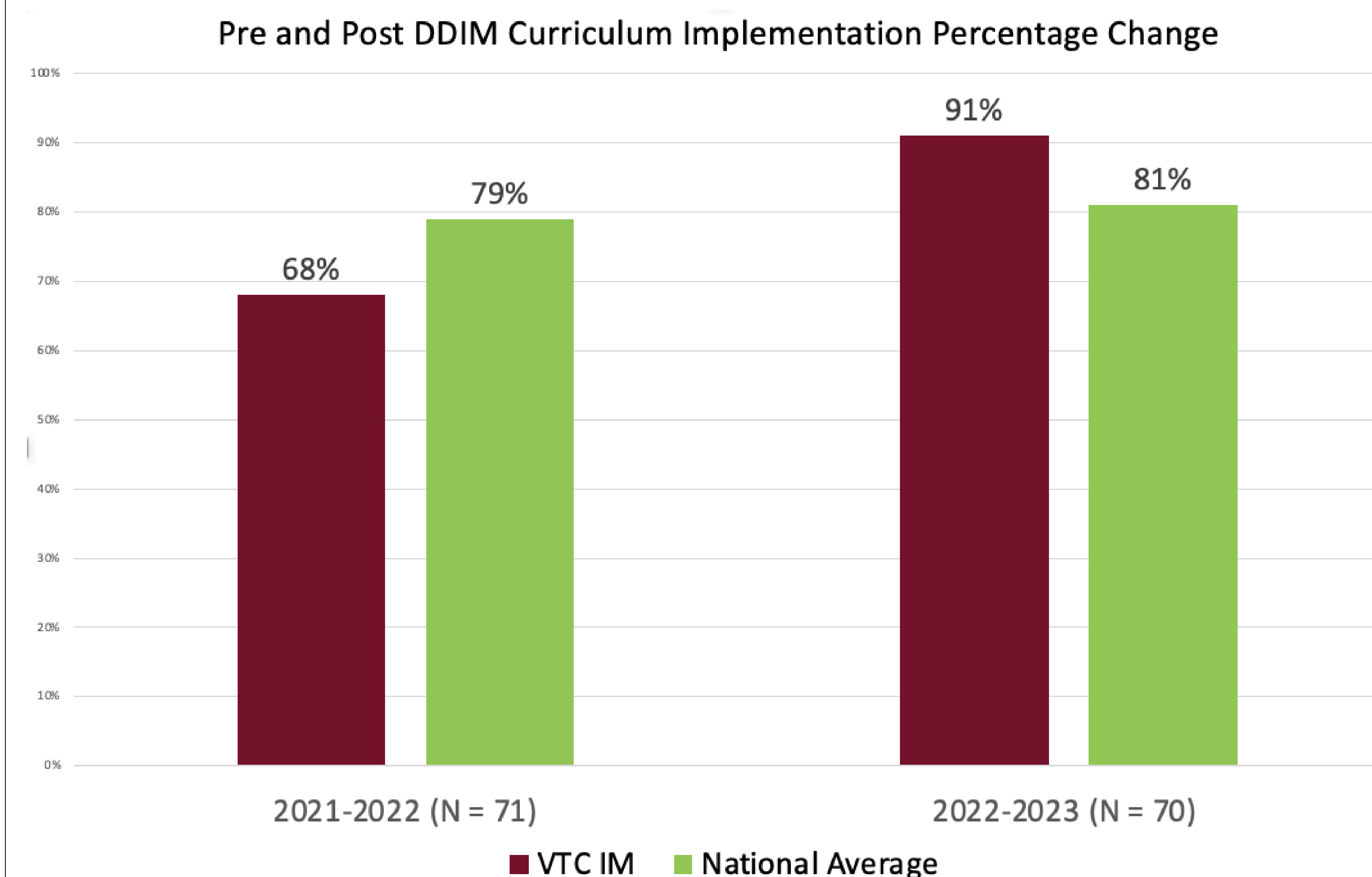
METHODS

Multiple modalities were utilized for the DDIM curriculum. The "National Institute of Health (NIH) populations of health disparities" topics were chosen as each month's theme. Content was delivered via multiple avenues to include our weekly newsletter and a monthly Morning Report. One academic half day was dedicated to DDIM with speakers from the local free clinic, Rescue Mission, and Carilion's Diversity, Equity and Inclusion department invited to teach. First-year residents were required to work in the free clinic, a river cleanup was hosted, and a Medical Grand Rounds was delivered on environmental sustainability in medicine.

Outcomes were measured based on pre and post implementation ACGME National survey results and an internally created survey focusing on knowledge gain.

RESULTS

ACGME survey results showed a 23% absolute increase in resident recognition of health care disparities teaching.



DISCUSSION

A variety of avenues for content exposure, including weekly newsletter resources, monthly morning reports, volunteer activities, and grand rounds prevent excess workload and are effective in providing learners with DDIM topics of critical importance in medicine.

Further curriculum development aimed at increasing exposure to other demographics, religions, ethnicities, and abilities is a needed area of growth in resident education.

VTCIM's DDIM curriculum and subsequent survey results highlight the positive impact that our innovative DDIM curriculum had on resident growth.

New areas for growth for subsequent years include expounding upon the DDIM curriculum, along with rotating residents in the local Rescue Mission Homeless Shelter clinic as part of an outpatient elective.

Despite VTCIM's success, surveys were created internally for the purpose of evaluating this curriculum. Validated surveys to assess bias are an area of substantial need in both medical and general education overall.

REFERENCES

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