## **Supplementary Appendix**

The authors have provided this appendix containing additional information about their work.

Supplement to: Clark L, Hughes TM, Shah R, Trevedi A, Hess L. Medical Student-Driven Efforts to Incorporate Segregated Care Education Into Their Curriculum. *AMA J Ethics*. 2023;25(1):42-47. doi: 10.1001/amajethics.2023.42.

Appendix 6. Segregated Care and Medical Education Curriculum Inclusion: Proposal

# **Segregated Care and Medical Education Curriculum Inclusion**

PROPOSAL: Roadmap, Medical Education Program Objectives, Objectives, & Metrics Icahn School of Medicine at Mount Sinai (ISMMS)

### Roadmap

Below is a high-level roadmap that outlines how segregated care curriculum should fall across all four years of medical student education. The goal in outlining this roadmap is to demonstrate how segregated care should be fully integrated into, rather than merely tacked onto, the ISMMS curriculum to ensure that it is both longitudinal and sustainable.

### Year 1:

- Orientation:
  - Identity in medicine session: encouraging students to reflect on their access to medicine, or lack thereof, has influenced their identity formation
  - Large group discussion defining race and racism: also define segregated care, and position it as a form of structural racism
  - Acknowledge that students at Mount Sinai may be on Medicaid; have an optional, separate info session for:
    - 1) signing up for Medicaid or resources to other people who can help
    - 2) different insurance options
    - 3) how the school can help advocate on students' behalf, for example if students have issues getting specialty care, access to medications, high co-pays due to their insurance-status
    - 4) have a run-through of what services are available for free, through student health.

### o InFocus 1:

- Topic 1 Racism and Bias Current Goal: "Contextualize Tuskegee in a more comprehensive history of scientific racism and anti-blackness"
  - Modified Future Goal: Contextualize Tuskegee in a more comprehensive history of scientific racism, <u>medical segregation</u>, and anti-blackness
- Art and Science of Medicine:
  - Ethics case studies:
    - Have at least one ethical case study focus on our participation as physicians in a segregated system
  - Topic 1 Racism and Bias Current Goal: "Describe what is meant by 'minority stress' and how this impacts chronic illness"
    - Modified Future Goal: Describe what is meant by "minority stress" and how this impacts chronic illness (be sure definition of "minority stress" includes segregation by patient insurance status)

- Topic 1 Racism and Bias Current Goal: "Mitigate unconscious bias in clinical reasoning and practice strategies to navigate experiences of unconscious bias in upcoming clinical rotations"
  - Modified Future Goal: Mitigate unconscious bias in clinical reasoning and practice strategies, <u>actively including interpersonal</u> <u>and structural bias pertaining to patient insurance status</u>, to navigate experiences of unconscious bias in upcoming clinical rotations
- History and Physical Exam: Learning how continuity of care differs for privately insured vs. publicly insured (or uninsured/underinsured) patients and how to tailor history and physical exams appropriately, in a non-judgemental way. Issues that may come up: a patient not knowing their "primary care provider" (i.e. see various providers in one facility); a patient having irregular care (last seen a provider in X years); a patient not knowing their medical history ("poor rapport" with previous providers), etc. Standardized patient scenarios should incorporates racism and bias, including (1) patients who have/are experiencing racism, (2) providers who are racist, and (3) patients who are racist
- Patient presentations across all courses:
  - Course directors actively and intentionally include patients' insurance status and other examples of racism/bias into patient presentations. This includes asking all patients who are comfortable about it, and pointing out examples for students how the patients' experience would have differed had they had different or no coverage. What are strategies that patients or doctors have "worked the system" in order to meet their patient needs (i.e. did they apply for PDAP to assist with medication payments, etc.)?
  - Ask all patients how they think racism or bias might have impacted their care (or their disease)

#### Year 2:

- o InFocus 3:
  - Dual Loyalty:
    - This session currently uses case studies to introduce the concept that as physicians, we will often have loyalty to multiple competing interests (e.g. the involvement of the criminal justice system in healthcare)
    - At least one case study in this session should focus on segregated care, and payment models that influence/promote this system (i.e. why patients on Medicaid are more likely to have higher morbidity/mortality in surgical outcomes, why hospital laborists take care of women in labor who don't have a private attending, how low-reimbursement rates impact waiting times for specialty care, etc.)
- Art and Science of Medicine

- Standardized patient scenario that incorporates racism and bias, including (1) patients who have/are experiencing racism, (2) attendings and residents who are racist, and (3) patients who are racist
- Patient presentations across all courses:
  - Course directors actively and intentionally include patients' insurance status and other examples of racism/bias into patient presentations. This includes asking all patients who are comfortable about it, and pointing out examples for students how the patients' experience would have differed had they had different or no coverage. What are strategies that patients or doctors have "worked the system" in order to meet their patient needs (i.e. did they apply for PDAP to assist with medication payments, etc.)?
  - Ask all patients how they think racism or bias might have impacted their care (or their disease)

### Year 3:

- InFocus 6-7: Filling out the segregated care survey and taking time to reflect on how segregated care is impacting their education.
  - Introduce the concept of moral injury, and educate students on how this can relate to their experiencing of segregated care
- Clinical skills crash course:
  - Define segregated care, and prepare clinical students for (1) how/where they can expect to see it, (2) how it has impacted the education of previous generations of students, and (3) how they can report it/what they should report.
- Coordinate with each clerkship director to highlight in each orientation how segregated care is present in their current practices and what they've done to mitigate it. Examine what "values" the practice of segregated care upholds in their practice and discuss strategies to challenge them i.e. how to challenge the notion that "poor people are for training."
- Incorporate reporting concerns of effects of segregated care on patients within the current reporting mechanisms for mistreatment.

#### Year 4:

- o InFocus 8:
  - Incorporate a discussion of segregated care into lectures on healthcare financing and career planning:
    - How/why providers choose to treat certain patients vs others?
    - How/why providers choose to work in private vs public health systems?
    - What are the financial implications of these decisions?
    - Provide an overview of segregated care at a city level (New York Health and Hospitals vs. private hospital system) and implications of working in each system.

## Across all four years:

 All preceptors who are practicing physicians who see patients should disclose what types of insurance they accept, similar to how we typically do conflicts of interest and financial disclosures. This should be applied to both preclinical lecturers and clerkship preceptors. This transparency will actively solicit questions and understanding from students as to what informed their decision to see these patients.

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## **Medical Education Program Objectives (MEPOs)**

ISMMS has four core competencies that its medical student graduates must meet upon graduation: (1) Patient Care, (2) Scientific and Medical Knowledge, (3) Learning, Scholarship and Collaboration, and (4) Professionalism and Advocacy. All curriculum is carefully mapped to these competencies to ensure integration into broader ISMMS values and objectives. Segregated care curriculum will map to these competencies as follows:

## Competency 1: Patient Care

## E. Medical Decision-Making

- 1. Initiate diagnostic and management plans appropriate to the patient and clinical setting.
- 2. Plan for safe transitions across the care continuum, with attention to patient safety, health literacy, and support systems.
- 3. Apply the principles of evidence-based medicine to clinical decision-making through the appraisal of scientific literature.

## Competency 2: Scientific and Medical Knowledge

- D. Social Determinants of Health
  - 1. Recognize the impact of structural and social determinants on health.
  - 2. Describe the concept of human rights and its impact on health.
- E. Health Care Resources and Delivery Systems
  - 2. Describe the U.S. healthcare system, including predominant methods of insurance coverage.
- F. Ethical Principles of Medical Practice and Research
  - 1. Recognize ethical principles and dilemmas in the practice of medicine and research.
  - 2. Describe current laws and policies that affect medical practice.
- Competency 3: Learning, Scholarship, and Collaboration
  - N/A

# Competency 4: Professionalism and Advocacy

#### A. Service

- 1. Demonstrate a concern for the vulnerabilities of patients.
- 2. Advocate for individual and community access to health care and resources that promote health.
- 3. Show concern for the basic needs and life circumstances of patients.
- 4. Demonstrate a commitment to the health care needs of communities.

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## **Objectives**

By the end of their time at ISMMS, all medical students should be able to meet the following objectives pertaining to segregated care. <u>Note that these objectives map to metrics (subsequent proposal section, below).</u>

- Objective 1: to define segregated care and identify the systems and policies that create, enable, and uphold segregated care
- Objective 2: to identify where segregated care exists within the Mount Sinai Health System specifically, and prepare for how segregated care will impact their own education
- Objective 3: to empower medical students to recognize segregated care in practice during their clerkships, and subsequently, to provide students with the skills to analyze and communicate their experiences around segregated care, to report concerns as a form of mistreatment
- Objective 4: to encourage critical discourse and proactive decision-making among medical students about their future career participating in a segregated system, and how to use their collective power to actively advocate against its existence and push for desegregation throughout their careers

### **Metrics**

Our goal is to ensure that all objectives are measurable in some way; accordingly, we have mapped each objective to at least one outcome metric. This will enable the ISMMS Curriculum Team to assess the impact this is having as students. Note that not all metrics are quantifiable, as much of this content requires a more holistic approach to evaluating student competency than more traditional medical education.

- Objective 1 Metric(s):
  - Large and small group participation/reflection: orientation; Art and Science of Medicine; InFocus 1/3; patient presentations
  - Written reflection exercise: InFocus 1
  - Multiple choice questions: InFocus 3 quiz
- Objective 2 Metric(s):
  - Large and small group participation/reflection: InFocus 3; year 3 clinical skills crash course; patient presentations
  - Multiple choice questions: InFocus 3 quiz
- Objective 3 Metric(s):
  - Large and small group participation/reflection: year 3 clinical skills crash course;
    clerkship discussions
  - Reporting mechanism utilization
- Objective 4 Metric(s):
  - Large and small group participation/reflection: InFocus 8
  - Not formally assessed: ISMMS graduate involvement at the cutting edge of desegregating care clinically (at locations where they do residency, fellowship,

and hold faculty positions), in health policy, and in research and advocacy-driven careers

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#### Resources

Below is compiled past work that the segregated care Student Workgroup has produced for past curricular presentations. These are captured for reference, with the goal of being able to build upon these materials rather than reinventing the wheel. Additional materials, slides, readings, and data available upon request.

- MS1 Orientation
  - o August 2020
  - Slides <u>here</u>
- MS2 InFocus 3
  - o October 29, 2020
  - Slides here
- Chats for Change: Desegregating Care, Thinking Globally, Acting Locally
  - o October 27, 2020
  - Slides <u>here</u>
  - Notes and action items distributed to all attendees <u>here</u>
- Segregated Care Curriculum Inclusion: Brainstorming Meeting
  - December 3, 2020
  - o Slides here

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### **Acknowledgements**

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