CREOG Helath Equity Curriculum Facilitator’s Manual

In today’s complex world of medicine, it is becoming increasingly important for physicians to understand the impact of societal and behavioral factors on the health outcomes of their patients. The CREOG Education Committee has developed this curriculum on health equity to help to prepare residents to better understand their patients’ health concerns and to develop partnerships to improve their health outcomes. This curriculum covers a broad array of topics including:

1. Social Determinants of Health and Health Care Disparities
2. Review of the medical literature on health disparities and health care disparities in OBGYN
3. The impact of bias on the care of our patients
4. A practicum on assessing health disparities in your own patient populations

The curriculum is designed to provide an informational core on the topic from which to launch small group discussions and projects that may be adapted to the unique environments of each program. Each section focuses on a core topic and may be used as a stand-alone session. However, there is much overlap between topics and program directors are encouraged to customize the number of sessions, length, content and group activities to accommodate their own needs. The ultimate goal of this curriculum is to assure that all residents have an understanding of the societal and behavioral forces that contribute to the health outcomes of their patients and the unique role that they play as physicians in advocating for their patients’ needs. This knowledge will prepare them to identify and address the unique needs of their own patient populations and to work with them to achieve health equity for all.

Each section includes a short slide set reviewing key points for the topic. There is also an annotated bibliography from which the program director may select to provide a background to prepare both faculty and residents to participate in discussions of the material. Each section also has a short facilitators’ manual to assist the faculty in developing lesson plans for this session and in developing and proctoring small group discussions and projects that will encourage residents to apply these concepts in their own practices.

An important prerequisite for successfully launching this curriculum is faculty development. Many programs are without content experts on these subjects. However, most can identify faculty with an interest in these areas particularly as they apply to their own practices. We strongly encourage you to identify these faculty “champions” early in the planning for this curriculum. They can then aid in the design of specific sessions and serve as faculty preceptors in the group activities. Most importantly they can subsequently reinforce the concepts addressed in didactics when the residents seek to apply them to their clinical environments during actual patient care. This role modeling is thought to be an
important factor in helping residents to incorporate the principles addressed in this curriculum into their own practices.

These topics are increasingly being addressed in the curriculum of many medical schools. House staff may have some prior knowledge of the subject matter in these sessions and some prior experience in applying it to patient care. We therefore strongly encourage you to begin your curriculum planning with a needs assessment for your learners. This will allow you to balance the time you devote to introducing or reinforcing foundational knowledge with applying this knowledge in discussions of the needs of your own patients and residents.

The ultimate goal for this curriculum is to enable residents to apply the concepts discussed here to their own practices both during their training and in their later careers. Measuring the outcomes of this curriculum may assess the residents’ knowledge of the material reviewed through quizzing or through portfolio projects such as reflections on the application of the information to their clinical experiences. Another measure of success may be how their own patient care reflects the incorporation of screening for social determinants of health and referrals for assistance for patients within your health system. Discussions in these sessions should challenge residents to develop potential questions for them to research, identifying the demographics and needs of their own patients. Residents should be encouraged to identify resources within your health care system to help them gain an understanding of the work currently being done there and ways they can become involved in developing solutions for the problems they identify. Residents should also be encouraged to work within their patient communities to form collaborations and partnerships that support health equity and maximize health outcomes for all. We encourage program directors to follow the progress of these efforts and celebrate them with their residents and faculty. By placing a high priority on these efforts during training, we reinforce the imperative to continue this important work in their subsequent careers.

**CREOG Education Committee Working Group on Health Equity**

Rebecca P. McAlister, MD  Washington University St. Louis, Missouri  
Marygrace Elson, MD  University of Iowa, Iowa City, Iowa  
Maria Manriquez, MD  University of Arizona Phoenix, Arizona  
Veronica Gillispie, MD  Oschner Clinic, New Orleans, Louisiana  
Karen George, MD  George Washington University, Washington, D.C.  
Cinna Wolmuth, MD  White Memorial Medical Center, Los Angeles, California  
Anita Blanchard, MD  University of Chicago, Chicago, Illinois  
Kristin Atkins, MD  Howard University Washington, D.C.  
Stephanie Mann, MD  University of Vermont, Burlington, Vermont  
Jennifer Hamm, MD  University of Louisville, Louisville, Kentucky