

Incorporation of EDI into the Curriculum and Co-Curriculum

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Learning Objectives

At the completion of this activity, participants will be able to:

1. Identify current barriers to developing health disparities (HD) and cultural humility (CH) instruction in didactic, experiential, interprofessional, and co-curricular environments
2. Describe the role of HD and CH in professional identity formation
3. Devise a plan for meaningful incorporation of HD and CH into diverse learning environments

My Premise



I am not a DEI or HD/CH expert (I am a passionate educator who seeks to help myself and others achieve milestones in understanding and behaviors)



The foundation of DEI and HD/CH is research and internalization of social and geopolitical factors that set up some to fail and others to succeed “at all costs.”



Often, DEI and HD/CH center around their benefit to institutions and organizations, but should center around empowering individuals and communities so that new structures can emerge and old ones dismantled

Why Incorporate Cultural Humility and Health Disparities?

The Effect of Race and Sex on Physicians' Recommendations for Cardiac Catheterization



Unequal Outcomes

"A Hopkins surgeon focuses his research on finding out why certain groups of patients fare more poorly after trauma."

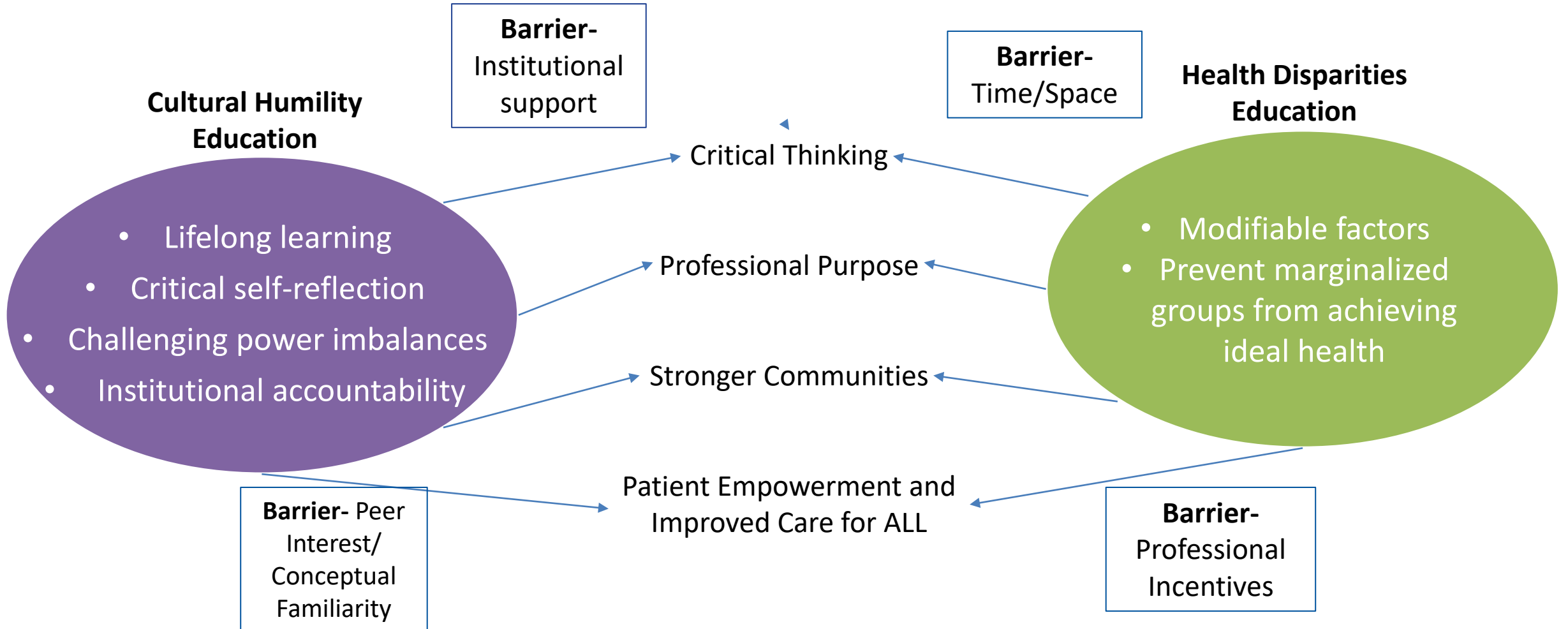


Race vs. Place "Can an integrated neighborhood in Southwest Baltimore help overturn decades of race-based assumptions about the origins of health disparities?"



1. Johns Hopkins Public Health. Beginnings bright & dark. *The Magazine of the Johns Hopkins Bloomberg School of Public Health*. Spring 2012.
2. Haider A. Unequal outcomes. *Dome of Johns Hopkins Medicine*. 2011 March; 62(3): 1-2.
3. Schulman KA, Berlin JA, Harless W, et al. The Effect of race and sex on physicians' recommendations for cardiac catheterization. *The New England Journal of Medicine*. 25 February 1999.

What are the Barriers?

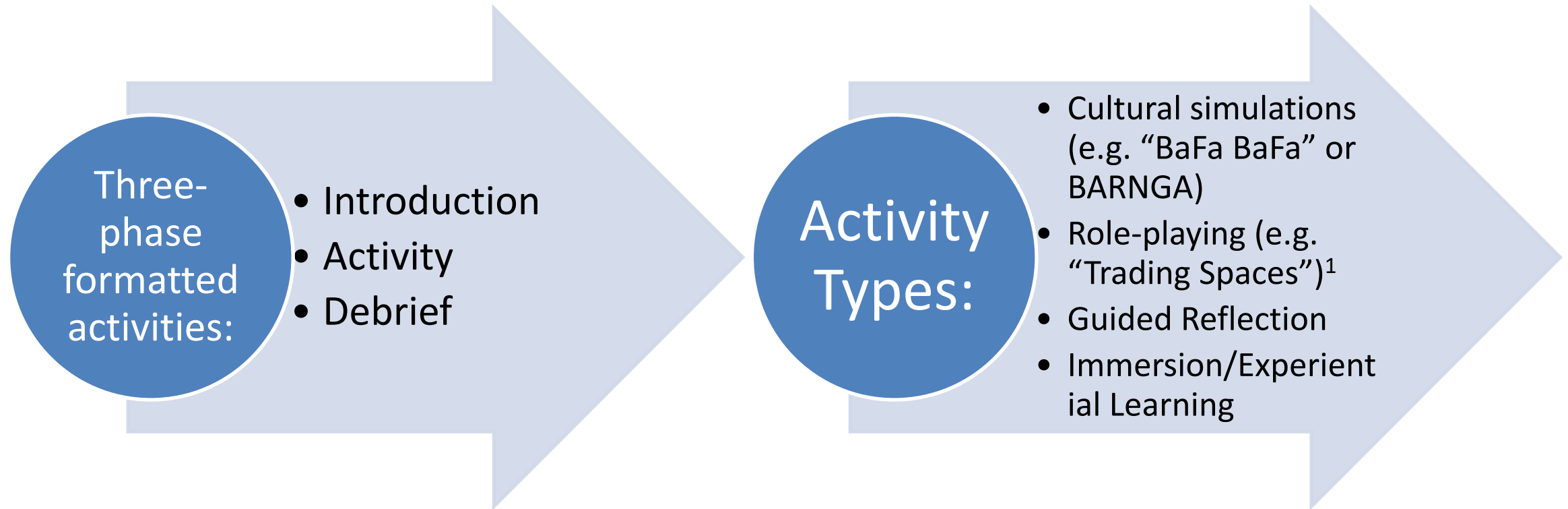


1. Disparities | Healthy People 2020. Office of Disease Prevention and Health Promotion. Updated February 6, 2022. Accessed December 29, 2022. <https://www.healthypeople.gov/2020/about/foundationhealth-measures/Disparities>.

2. Tervalon M and Murray-Garcia J. Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*. 1998 May; 9(2): 117.

Strategies for Incorporating HD and CH into the Curriculum and Co-Curriculum

Structuring the Activities



1. Prescott GM, Nobel A. A multimodal approach to teaching cultural competency in the Doctor of Pharmacy curriculum. *Am J Pharm Educ.* 2019;83(4):6651.

2. Brown B, Warren NS, Brehm B, et al. The Design and evaluation of an interprofessional elective course with a cultural competence component. *J Allied Health.* 2008;37(4):e316-e337.

3. Cushman LF, Delva M, Franks CL, et al. Cultural competency training for public health students: integrating self, social, and global awareness into a master of public health curriculum. *Am J Public Health.* 2015;105(S1).

Didactic Curriculum

- Multi-session activity within required credited course¹
- Credited elective course²
- Interdisciplinary program linked to required course³

1. Devraj R, Butler LM, Gupchup GV, et al. Active-learning strategies to develop health literacy knowledge and skills. *Am J Pharm Educ.* 2010;74(8):137.

2. Trujillo JM, Hardy Y. A nutrition journal and diabetes shopping experience to improve pharmacy students' empathy and cultural competence. *Am J Pharm Educ.* 2009;73(2):37.

3. Matthews JL, Parkhill AL, Schlehofer DA, et al. Role-reversal exercise with Deaf Strong Hospital to teach communication competency and cultural awareness. *Am J Pharm Educ.* 2011;75(3):53.

Experiential Curriculum

- Explanatory Models for Preceptor Assessment on IPPEs/APPEs:^{1,2}
 - LEARN (Listen, Explain, Acknowledge, Recognize, Negotiate)
 - RISK (Resources, Identity, Skills, Knowledge)
- Elective course involving longitudinal community engagement with public/private agencies (includes capstone project)³
- Interactive weekly sessions combined with reflection and application at IPPE site⁴

1. Kripalani S, Bussey-Jones J, Katz MG, et al. A prescription for cultural competence in medical education. *J Gen Intern Med.* 2006 Oct;21(10):1116-20.

2. Kagawa-Singer M, Kassim-Lakha S. A strategy to reduce cross-cultural miscommunication and increase the likelihood of improving health outcomes. *Academic Medicine.* 2003;78(6):577-587.

3. Schroeder K, Garcia B, Snyder Phillips R, et al. Addressing social determinants of health through community engagement: an undergraduate nursing course. *J Nursing Educ.* 2019;58(1):423-426.

4. Vyas D, Caligiuri FJ. Reinforcing cultural competency concepts during introductory pharmacy practice experiences. *Am J Pharm Educ.* 2010;74(7):129.

Co-Curriculum

- Peer-taught faculty supported training programs¹
- Community-based initiatives²
- Service-learning programs³
- International and interdisciplinary conferences/symposia^{4,5}

1. Garavalia LS, Chan L, Ortiz M, Muniz-Delgado M, Martinez JF. Student-led Co-curricular Medical Spanish Training in a Pharmacy Professional Program. *Curr Pharm Teach Learn.* 2017;9(4):644-651.

2. Lee BJ, Wang SK, So C, et al. A student-led health education initiative addressing health disparities in a Chinatown community. *Am J Pharm Educ.* 2017;79(9):132.

3. Fritsch MA, Culver N, Culhane N, et al. AdvoCaring: a cocurricular program to provide advocacy and caring to underserved populations in Baltimore. *Am J Pharm Educ.* 2016;80(7):126.

4. Mu K, Peck K, Jensen L, et al. CHIP: facilitating interprofessional and culturally competent patient care through experiential learning in China. *Occup Ther Int.* 2016;23:328-337.

5. McElfish PA, Moore R, Buron B, et al. Integrating interprofessional education and cultural competency training to address health disparities. *Teaching and Learning in Medicine.* 2018;30(2):213-222.

Strategies for Integration

- Mapping
- Scaffolding
- Spiraling
- Assessment linked to learning objectives

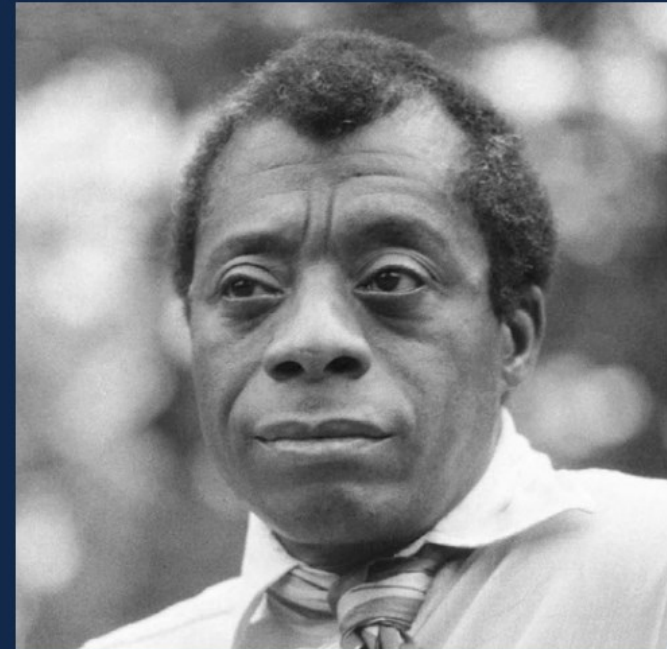
1. Rockich-Winston N, Wyatt TR. The case for culturally responsive teaching in pharmacy curricula. *Am J Pharm Educ.* 2019;83(8):7425.
2. Drame I, Gibson CM, Nonyel NP, et al. Strategies for incorporating health disparities and cultural competency training into the pharmacy curriculum and co-curriculum. *American Journal of Pharmaceutical Education.* 2022 Mar 1;86(3).

HD/CH and Professional Identity Formation (PIF)

Developing the JEDI Within!

*“Not everything that is faced can be changed,
but nothing can be changed until it is faced.”*

~James Baldwin



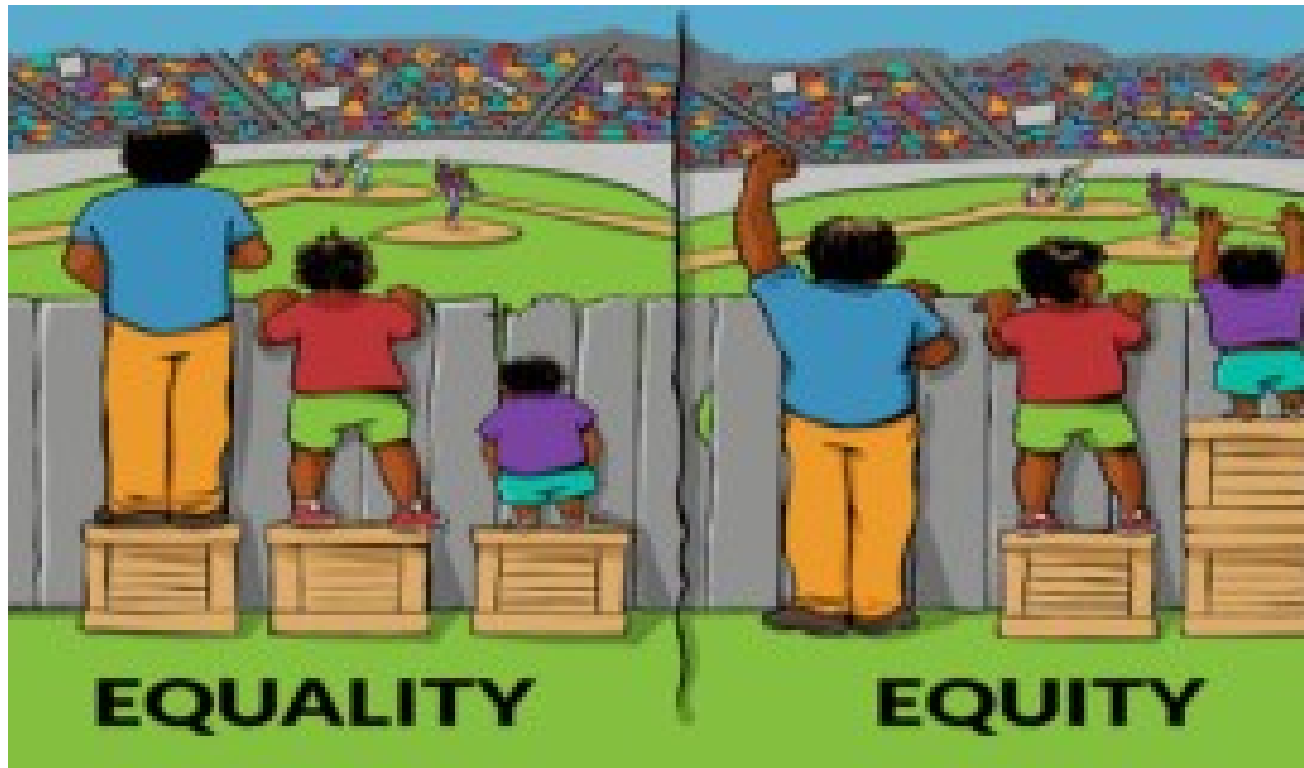
Allan warren, CC BY-SA 3.0 <<https://creativecommons.org/licenses/by-sa/3.0/>>, via Wikimedia Commons

Cultural Humility Underpins PIF

- *Identity*- the way in which one sees themselves and is seen by others
- *Professional identity*- an internal adoption of the norms of a profession such that one will “think, feel, and act” like a member of a community

*Cultural humility centers around critiquing such norms and developing how a professional thinks, feels, and acts when working across diverse cultures

Understanding Equality vs Equity vs Justice for PIF

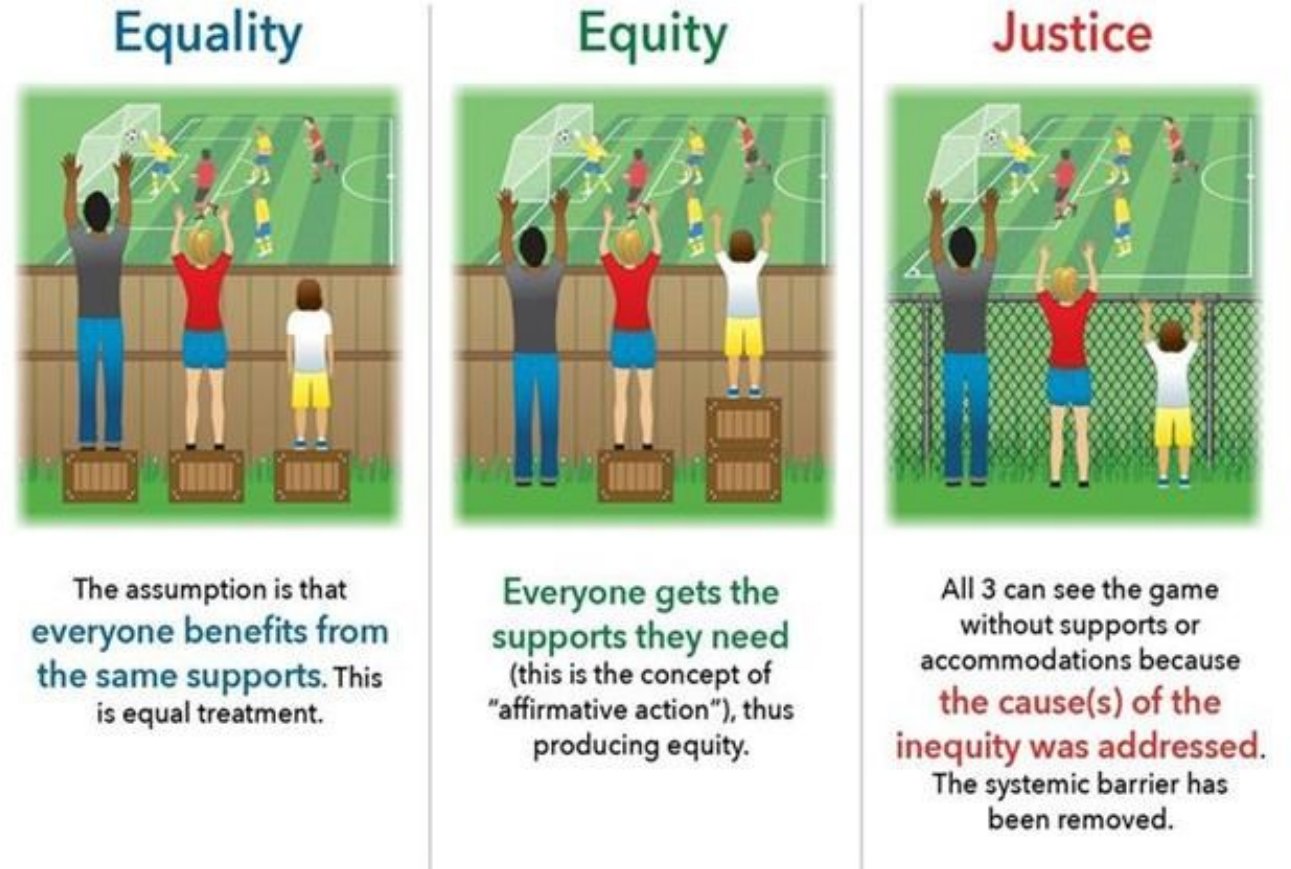


Why is this image problematic?

What should the pharmacist understand about this?

Elevating Justice

- Internalizing the tenets of CH and HD helps the pharmacist to devise why and how to elevate justice!



Courtesy of: Solano County California

Exercise

- Self-exploration provides an important starting point for the educator to begin planning his/her approach
- Please take **5 minutes** to explore the UNC JEDI Toolkit and complete the scavenger hunt!
- This activity will be followed by a **10 minute** debrief discussion

Acknowledgements

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Questions?

- Thank you!!