

# Addressing the gap: Didactics on healthcare disparities by medical students in their Internal Medicine core rotation

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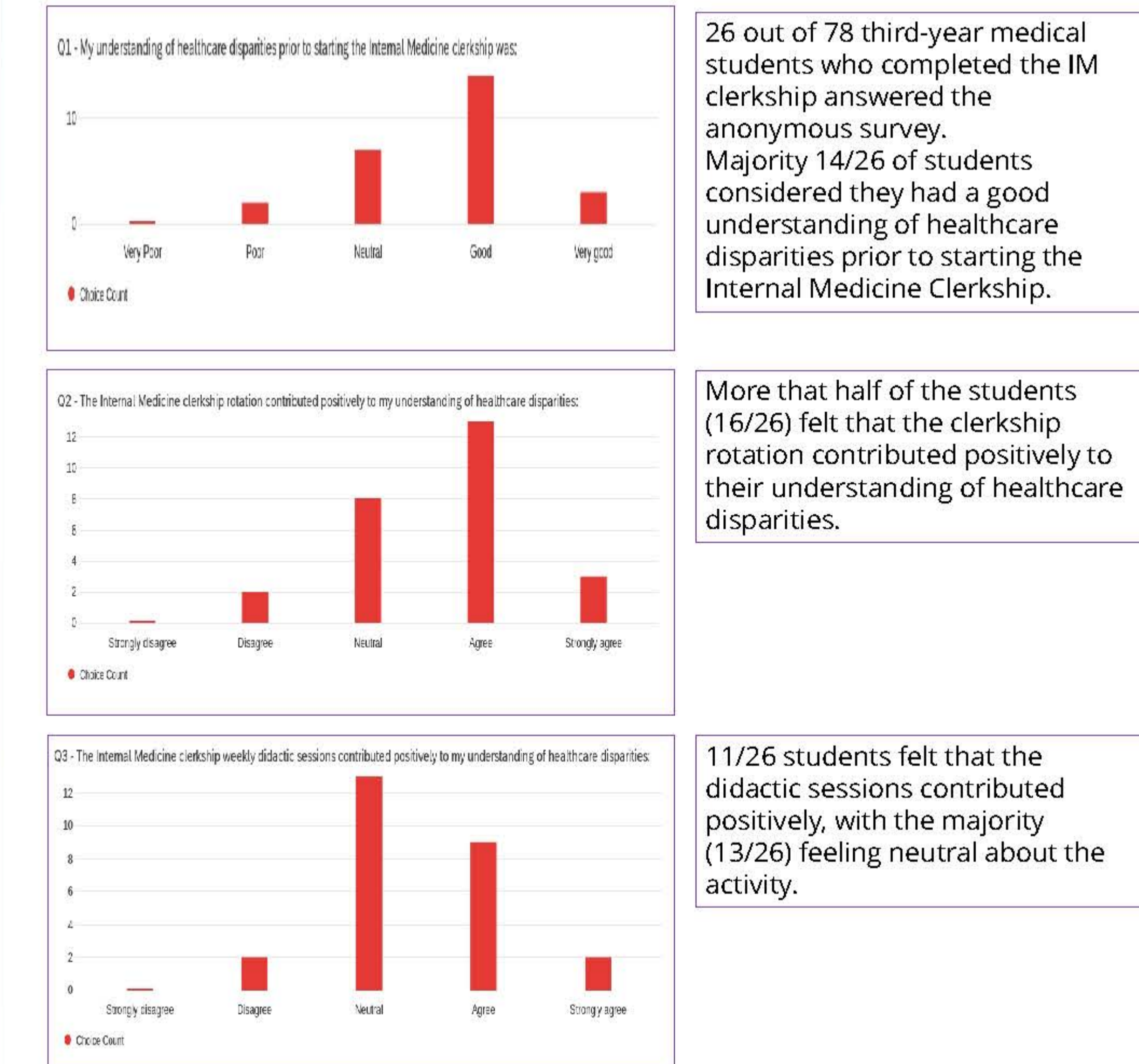
## Introduction

- The American Association of Colleges of Osteopathic Medicine (AACOM) Foundational Core Competencies for Undergraduate Medical Students, published in 2012, emphasizes the need to identify sources of disparities in population's health and access to care as part of the Practice-Based Learning and Improvement competency.
- A position paper published in 2007 provided guidelines for teaching health disparities to medical students and residents.<sup>2</sup> Medical schools and residency programs have been gradually incorporating different methods of teaching this complex topic.
- The clinical years of medical school represent a particular challenge for standardized delivery of content given that students are geographically dispersed.
- Third-year medical school course structure does not have formal academic activities dedicated to the instruction of population health disparities.
- We present here a model to incorporate healthcare disparities topics into the Internal Medicine clerkship.

## Methods

- The Internal Medicine (IM) core rotation is a 4-week duration course, with multiple clinical sites located in a diverse geographic area throughout the country
- Didactic meetings for the IM clerkship students were conducted once a week using a virtual platform.
- Students were required to do a brief 5-minute slide presentation on a preselected Internal Medicine topic, including a literature search on related healthcare disparities.
- A survey was conducted from November 09 to November 16, 2023, to assess students perceived baseline subject knowledge and whether the clerkship rotation and didactic sessions provided a positive impact.

## Results



## Conclusion

- Students' oral presentations to peers on healthcare disparities have the potential to increase awareness and reflection. Survey results shed light on students' perceptions of pre-existing knowledge and effectiveness of the learning method.
- Clinical core rotations represent opportunities to thread-in healthcare disparities didactics. Virtual platforms allow students interaction and consistency of content delivery, particularly in rotations where sites distance is an obstacle.
- The IM clerkship weekly didactic is a strategy to fulfill the AACOM competency requirements and motivate the students to actively engage in narrowing the gaps in health care outcomes.
- Further trials of diverse learning methods are necessary

## References

- Osteopathic Core Competencies for Medical Students, August 2012. American Association of Colleges of Osteopathic Medicine.
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- Smith RS, Silverio A, Casola AR, Kelly EL, de la Cruz MS. Third-Year Medical Students' Self-perceived Knowledge About Health Disparities and Community Medicine. PRiMER. 2021 Feb 25;5:9. doi: 10.22454/PRiMER.2021.235605. PMID: 33860164; PMCID: PMC8041226

### HEALTH EQUITY AND COPD

Race and gender disparities are evident in COPD underdiagnoses across all severities of measured airflow obstruction<sup>1</sup>

- Women were more likely than men, and black patients were less likely than white patients to carry a diagnosis of COPD
- Healthcare access limited. Spirometry less likely to be ordered in underserved populations

An Update in Health Disparities in COPD in the USA<sup>2</sup>

- Factors in physical environment leading to the development and progression of COPD
  - Strong association with state-wide smoking rates
  - Air pollution, rural living with exposure to pesticides, occupational exposures
- Risks are more often experienced by people of low SES, racial/ethnic minorities and women

### Health Equity

- People with lower incomes can have less access to healthcare
- Tobacco companies target specific groups
  - Advertise where they live, shop, and attend events.
- Solutions
  - Keep the prices of tobacco products high.
  - Reduce or eliminate the sale of tobacco products.
  - Improve access to treatments

### Racial Disparities in Incidence of Heart Failure - The CARDIA Study

- 2009 23 year cohort study of 5,115 patients, half black, half white, even male and female
- Evaluated incidence of heart failure
- Black patients found to significantly higher incidence of heart failure
- Why?
  - Disparities in case
  - Greater risk of clinically significant antecedents
- Difficult: to truly evaluate risk conferred by antecedents
- Note about risk/benefit ratios and cost effectiveness

### Pain Control Disparities

Significantly poorer pain control in:

- Young population
- Substance use disorder population

### Healthcare disparity influence on hypertension

- Public health crisis
  - Limited access
  - Lack of culturally competent care
  - Medication nonadherence
  - Low socioeconomic status
- Potential solutions
  - Simplification of medication regimen
  - Education programs
  - Create health promoting environments
  - Improve telehealth resources
  - Provide adequate training to all members of healthcare team

### Health Equity

"Women and Black adults waited longer in ER for chest pain evaluation"

- Women waited almost 11 minutes longer to be seen by a health-care professional compared to men
- Women were less likely to have an EKG or be admitted for observation
- Compared with white women, women of any other race or ethnicity waited 15 minutes longer for their initial evaluation, while men of any other race or ethnicity waited 10 minutes longer than white men

<https://newsroom.heart.org/news/women-and-black-adults-waited-longer-in-er-for-chest-pain-evaluation>