SMALL GROUP DEBRIEF & DISCUSSION OF STRUCTURAL COMPETENCY & COMMUNITY HEALTH CONNECTION SITE VISITS

NOTE TO PUBLIC: Community Health Connections (CHC) is a required orientation program for first year medical students at the Warren Alpert Medical School of Brown University. This is how it is described to incoming students: "An important part of your four years here will be interacting with the communities beyond the walls of AMS, which is part of the impetus behind the Community Health Connection (CHC). During your orientation, second, third, and fourth year students will introduce you to neighborhoods, individuals, and communities that make up the Ocean State, and a few of the organizations that are working in these communities. This will be a primer on resources that can aid you in caring for Rhode Islanders as you move forward in your medical school career. As part of your HSS (Health Systems Science) course, CHC will also be an opportunity for you to move from text to reality. We've assembled an array of organizations for you to visit that serve a diversity of people in the state. Think of the CHC as part orientation, part field trip, and part conversation starter. Your class will be split up into small groups and you'll be accompanied by a member of the second, third, and fourth year MD class. The CHC was conceived of and implemented by students, for students. Those of us that are accompanying you will be volunteering their time during the last week of their summer to meet you, hang out with you, and generally be friendly. All of them have done some work with different populations in Rhode Island, so you can talk to them about that, or you can just take comfort in the fact that there's one dedicated person traveling with you whose sole job is to make sure you don't get left behind when the bus leaves."

INTRODUCTION: A large and growing body of evidence indicates that societal inequities in the United States and globally correspond to marked disparities in health. The influence of such inequities on health has long been noted by clinicians and public health practitioners, but such content has been incorporated unevenly into medical education and clinical training.

Proposed by clinicians and scholars in the medical social sciences, a "structural competency" framework calls for a "shift in medical education…toward attention to forces that influence health outcomes at levels above individual interactions."

"Structures" or "social structures" in this sense indicate the policies, economic systems, and other institutions (policing and judicial systems, schools, etc.) that have produced and maintain social inequities and health disparities, often along the lines of social categories such as race, class, gender, and sexuality.

Through this small group session, students will examine structural competency as a model for addressing health inequities and reflect on ways in which the sites they have visited may or may not be addressing the needs of their population with a structural framework in mind.[1]

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[1] Neff, J., Knight, K.R., Satterwhite, S., et al. J GEN INTERN MED (2017) 32: 430. https://doi.org/10.1007/s11606-016-3924-7

OBJECTIVES:
- Define structural humility and describe it as an approach to apply in and beyond the clinical setting.
- Identify the influences of structures on patient health and give examples from site visits, while describing insights on each site's provision of medical care and social services to underserved patients and communities.

MATERIALS:
- Name tags
- Attendance sheet
- Pens
- I am… handouts
- Index cards
- K-W-L chart paper
- Plus-Delta chart paper
- Chart paper markers
- White board markers

OUTLINE:
1. Part I - Group Introductions & I am… Activity (2:00 - 2:15 pm; 15 minutes)
2. Part II - Reflective Writing and Discussion (2:15 - 2:55 pm; 40 minutes)
3. Part III - Break (2:55 - 3:00pm; 5 minutes)
4. Part IV - Community Site Visits (20 minutes)
5. Part V - Wrap-up (10 minutes)

TIPS FOR FACILITATORS:
Please note that the tips below by far are not all encompassing and only serve as a starting place. Before beginning your preparation, please carefully read articles on structural competency and strategies for leading difficult conversations from Teaching Tolerance, Harvard Graduate School of Education: Usable Knowledge, and Anti-Defamation League. Also, be sure to familiarize yourself with the presentation "Looking Upstream: Addressing Social Determinants as Members of the Medical Community."

- **Prepare in advance.** Good facilitators make their work look effortless and natural, but prepare in advance to be effective. Take into consideration the "who, what, why, and where" of this session to help you figure out the "how."
- **Know yourself.** Before facilitating a discussion about possibly sensitive topics, it is important that you consider your own biases or confusion surrounding the issue. How have you come to know what you know or think what you think? Why have you valued

some information or sources over others? When seeking to help students understand others or study historically sensitive topics, it is important to discuss the concepts of empathy and perspective. We are all products of our society and culture, and attitudes and values change. Discussing a moment when your own ideas have changed may help model the open-mindedness and conscientious self-reflection that you hope to inspire.

- **Be an active facilitator.** You should neither dominate the discussion nor passively observe. Your role should include intervening in the discussion to:
  - Provide reminders about respecting the right of others to have differing opinions,
  - Re-word questions posed by students,
  - Correct misinformation,
  - Ask for clarification,
  - Review the main points, and
  - Make reference to relevant reading materials that students can refer to after class.
- **Be prepared to deal with tense or emotional moments.** When discussing sensitive issues or difficult topics, it is very possible that some students will get angry or upset. If this happens, remain calm and try to turn it into a learning experience. Don't avoid the issue, but do defer it until you make a plan for dealing with it if necessary.
- **Reflect.** Encourage students to actively reflect on the comments made by other students, especially those they may disagree with. Ask students to think about whether there are new ideas, opinions or opportunities for further discussions, awareness and reflection.
- **Staying on-task and on-time.** This session had a lot to get accomplished in a short amount of time. With groups of passionate and knowledgeable people, it is easy to veer off onto other topics or easily get side-tracked by minute details of a conversation.
- **Use the "Parking Lot" method**. When someone raises an interesting point that does not relate to the topic of discussion, say the following: "Thank you for that point, Tim. However, Microsoft Visual Studio tools go beyond the purpose of this meeting. Let me write down that item in the parking lot and if we have time at the end of the session, we can explore that point further."
- **Stimulating productive inquiry.** While passionate people often have a lot to say and suggestions for action, it is not uncommon for groups to experience lulls in an ongoing conversation or a stand-still in a single event. You might want to use the following techniques to keep the conversation going.
  - Use probing questions
  - Call on individuals in the group
  - Invite debate
- **This is an active process that involves continuous learning and reflecting.** No one can be an expert or all-knowing when it comes to topics like racism and other structural forms of oppression. Express this to your students and let them know that you are here because you want to help them learn.

PART I - GROUP INTRODUCTIONS AND I AM... ACTIVITY (15 minutes)

Starting with the facilitator(s), have everyone in the group quickly go around and introduce themselves:
- Name
- Pronouns
- Year
- **Finish the sentence**: "The most important thing you should know about me is…" (If possible, your response for this should ideally be something related to the discussion the group is about to have.)
- **Introduction to sites.** Have students say the name of the two (2) sites they visited and one-to-three words to describe each site (or how they feel about each site). Facilitators do not have to do this portion.

Example: "My name is Eloho Akpovi, my pronouns are she/her/hers, and I'm a second year. The most important thing you should know about me is that I first began teaching workshops on structural forms of oppression and their impact on health right after I graduated from college in 2014."

Now, distribute the "I am…" handouts. Ask participants: "Who are you? On this handout, write your name in the center and then fill out each bubble with a descriptive word or words about who you are." Give students 5 minutes to fill it out, then ask participants to volunteer and share what they wrote. It is important to recognize introverts by saying *"I'm/We're not going to call on anyone because we respect our participants who are introverts."* After the volunteer participants have shared, you can ask:
- What similarities/differences did you notice between our volunteers?
- Did you identify with what someone else said during their introduction? If so, how?

Before continuing to the next part of the session:
- **Check in.** Restate the goal of the conversation, make sure that people still want to have this discussion.
- **Acknowledge the hopes and fears that everyone brings to the table.**
- **Create some group norms.** Ask students to brainstorm norms for the group discussion as a group. Once brainstorming is complete (on the whiteboard), be sure to add any below that the group may have missed, saying *"These are all great norms that the group has come up with, and we'd like to add some additional ones that we hope will help us throughout this conversation."*
  - **Acknowledge that racism, sexism, class-ism, heterosexism, and other institutionalized forms of oppression exist.** This is the starting point of the conversation. We may disagree as to the nature of the problem, but denial of the problem is a non-starter. That said, it is important to keep everyone at the table. So, if there are people who do not personally believe that racism, etc., is a problem, they are asked to suspend that belief for the duration of the meeting and move forward with the question "What if it is true?"

- **Participate by actively listening and actively sharing.** Participation is a two-way street. Listening is as important as sharing. Participants should agree to do both.
- **Speak from your own experience instead of generalizing.** "I" instead of "they," "we," and "you."
- **Avoid minimizing or dismissing others' experiences.** Like our eye color, our experiences aren't right or wrong, they just are. The question is what we can learn from the experience we do have and how can we gain access to others' experiences. And recognize that multiple perceptions and experiences can co-exist and that others' experiences are just as real and valid as your own.
- **Assume good intentions but also acknowledge impact.** Everyone is in the room because they desire to learn and to make things better. However, it is important to be aware that our words and actions to impact the lives of others. Hear first, then respond to the opinions, not the person.
- **Push back respectfully.** It is likely that people will not agree with each other. It is important that people are able to disagree with each other's opinions and that they do so in a way that does not create a hostile environment where people fear speaking up for fear of being attacked.
- **Acknowledge emotions up front.** There are many emotions that may come up when talking about race and other structural issues such as fear, anger, hurt, and frustration. These are not easy emotions to manage and they are not easy emotions for others to deal with. Therefore, it is important that people be allowed to express how they feel and to be comfortable with the discomfort. However, it is important the emotions do not detract from the objective of the conversation.
- **Create a "brave space" for honest discussion.** Components of a brave space are listed below. Note that some of these components might have already appeared above. Feel free to reiterate them or simply skip those that are repeated.
  - "Controversy with civility," where varying opinions are accepted
  - "Owning intentions and impacts," in which students acknowledge and discuss instances where a dialogue has affected the emotional well-being of another person
  - "Challenge by choice," where students have an option to step in and out of challenging conversations
  - "Respect," where students show respect for one another's basic personhood
  - "No attacks," where students agree not to intentionally inflict harm on one another
- **Emphasize confidentiality about who said what.** "Undoubtedly, the ideas we talk about in class will spill over into conversations with people outside of class, and that's fine. But disclosing who said what can impair a sense of safety."

PART II - REFLECTIVE WRITING AND DISCUSSION (40 minutes)
Reflective writing. Project the following questions on the screen. Instruct students to individually reflect (i.e., think) about each of the questions and to note their response in writing on one side of an index card, one response per card. They are welcome to write more than one

response/idea/thought per question, but each individual response/idea/thought should get its own index card. On the other side of the index card, they should write the question number so that the group will know what question each index card goes with. Remind them to try NOT TO PUT THEIR NAME OR ANY IDENTIFIERS on the index card to make the exercise as anonymous as possible:

1. What surprised you about Providence? (i.e., from the maps shown in the presentation and/or from your site visits)
2. Why do you think you went to visit those sites last week?
3. What do you think of when you hear the term "structural competency?"
4. Does structural competency have a place in medicine? Why or why not?
5. What can you take away from the presentation and your visits that will inform your first year of medical school (in light of the fact that you will have a Doctoring community mentor and you will be engaging with patients this year)?

Group discussion. Give students ~10-15 minutes to work on answering these questions. When they are finished and have turned in the cards they wrote on back to you, sort the cards by question number (1-5). For each question, re-reading the question and the respective responses on the card to the group. You are welcome to get students involved in this process by having each take a turn in reading the cards out loud. Encourage group discussion of both the questions and the responses (either one card at a time or after all cards have been read), using some of the discussion questions below and any others that you can think of as the discussion progresses. It might be helpful to work through questions 3 and 4 together:

- What surprised you about Providence? (i.e., from the maps shown in the presentation and/or from your site visits)
  - Was there anything that you weren't surprised to find out about Providence?
  - Has this changed your idea of the type of city/town/place Providence is? If so, in what ways? If not, why not?
- Why do you think you went to visit those sites last week?
  - What do you think was the purpose of the site visits given the presentation you received on Wednesday?
  - How have they impacted, if at all, your perspective of your role as a medical student and future physician?
- What do you think of when you hear the term "structural competency?" Does structural competency have a place in medicine? Why or why not?
  - Prior to hearing the presentation, had you heard about the concept of "structural competency?"
  - After hearing the presentation, what are your thoughts on it?
  - What about structural humility?
  - Does it fit into your lived experience (i.e., in school, as a volunteer, in the workplace, etc.)?
  - What would it mean for medicine as an institution to address racism and other systemic forms of oppression?

- What can you take away from the presentation and your visits that will inform your first year of medical school (in light of the fact that you will have a Doctoring community mentor and you will be engaging with patients this year)?
  - How can we effectively provide care for patients dealing with structural inequities?
  - What barriers might exist to make it difficult to provide care for patients dealing with structural inequities?

Check in. Now that all ideas have been put out there, ask the group "What do we now know?" AND "What *don't* we know?" Use the K-W-L chart to record their responses.
- **Complete Column "K"**: "What *did* we **K**now about structural competency?" (before medical school started)
- **Complete Column "W"**: "What *don't* we know? What else do you **W**ant to know about structural competency?"
- **Complete Column "L"**: "What do we now know/have we **L**earned about structural competency?"

PART III - BREAK (5 minutes)

"Sit in a comfortable position. Start breathing naturally, inhaling through your nose and exhaling through your mouth. Once you feel settled, begin to count your breaths, one for an inhale, two for an exhale, three for an inhale, and so on. Once you reach 10, start again at one for a total of three rounds."

Have students stand up and stretch. This is a perfect time for anyone to take a bathroom break if they need to.

PART IV - COMMUNITY SITE VISITS (20 minutes)

NOTE: If you begin to run out of time and aren't able to make it to this section with your groups, that is OK! The most important part of this session is the conversation about, which will elicit some discussion about sites anyway. Jump to the last section if you run out of time to talk about this section.

[Descriptions of 2018 CHC sites](#).

In-depth discussion about the visits. Use the following discussion questions to guide students in teaching each other about each of the sites they visited and reflecting on how the sites might demonstrate structural competency (if at all) in the work that they do.
- What populations does your organization service, and why? What structures make these services necessary?
- How does each site address health for their population using a structural vs individual approach? Provide specific examples.

- Do these organizations work to bring about sustainable change or is their target population dependent on their services? If not, what could they do differently to empower this population? And, what may be restricting them from being able to do so?
- Do you see yourself getting involved with any of the organizations discussed today? Whether or not you do, how can you use your understanding of structural humility as an asset for the organization?
- For the sites that provide medical services, what systems (i.e., single payer system, sliding scale, insurer-based models) drive their policies and practices? Why is that? Who do these policies help and/or hurt?
- How do structures influence society's perception of health, wellness, and healthcare? Give examples. How do our perceptions influence these structures?

PART V - NEXT STEPS & WRAP-UP (10 minutes)
Briefly revisit the ground rules. Encourage students to (figuratively) take it with them through their medical school experience and beyond, as they are certainly applicable outside of HSS.

Close the meeting with a plus/delta. *Acknowledge everyone's hard work.* Allow students the opportunity to reflect on how the session went today. Have them go around the room saying how they feel about how things went or what they got out of the discussion. Record responses in their response column on the chart paper
- **+**: what they liked, what they learned
- **Δ**: what can be improved in the future

Remind students that this is an active process that involves continuous learning and reflecting. No one can be an expert when it comes to topics like racism and other structural forms of oppression. Encourage them to continue to engage in conversation with each other and with others, and seek us (Eloho, Vivian, and Krissia...and yourself/yourselves if you feel comfortable) out if they would like to know about more opportunities to engage with the work.