

Structural competency within medical education curriculum: creating an equity lens from the start

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Abstract

Structural competency can be defined as the trained ability to discern how a range of issues defined clinically as symptoms, attitudes, or diseases also represent the downstream implications of a number of upstream decisions about such matters including public policy, systems, infrastructures, medicalization, and even the definitions of illness and health (Metzl & Hansen, 2014). Structural competency consists of five competencies: 1) recognizing the structures that shape our clinical interactions; 2) developing an extra-clinical language of structure/systems; 3) rearticulating "cultural" formulations in structural terms; 4) observing and imagining structural interventions; and 5) developing structural humility. Introducing structural competency early in training can profoundly influence professional identity development, patient care, knowledge for practice, lifelong practice-based learning and improvement, and interpersonal collaboration and skills. Structural competency curriculum offers a framework for medical education to identify and address structural determinants of health and elaborate a critical analytical framework within medical education and beyond for systems-based practice, structural action, advocacy, and social responsibility (Bourgois et al., 2017).

OHSU's structural competency curriculum was originally developed in 2013 and derived from the open-source SC Bay Area/ UCSF Working Group curriculum. Today, it is a required course taught to all first-year medical students including those enrolled in a dual degree program. The vision of the structural competency course is to empower learners to interrupt, interrogate, and transform harmful structures in medical education and medicine to cultivate a growth learning environment and ultimately an empathetic workforce to improve health outcomes for patients' and colleagues "well-being".

Our conceptual framework for the curriculum is defining structural competency as "structural determinants of the social determinants of health†by identifying and examining influences of social structures (seeing the influences of social structures), structural analysis and structural humility (practice), and learning to respond within and beyond the clinic (strategies). This is achieved by six 2-hour sessions that include: 1) Introductions, Power, and Structures; 2) Structural Violence and Vulnerability; 3) Naturalizing Inequality; 4) Structural Competency and the Structures of Medicine and Healthcare; 5) Structural Racism; and 6) Responding to Harmful Structures and Beloved Community. Students are evaluated with pre- and post-session questionnaires that include multiple-choice and open-ended questions aimed to assess knowledge, attitudes, and behavior. Novel features of this updated curriculum include 1) active participation from second-year medical students to revise the original structural competency and 2) training second-year students to facilitate small group discussions.

The purpose of this presentation/poster is to introduce the current iteration of the structural competency curriculum and its development, process and outcome evaluations, and next steps for the curriculum including a wider implementation that extends throughout medical training and beyond.

Learning Objectives

- 1. Describe structural humility as an approach to apply in medical education, the clinic, and beyond.
- 2. Identify the influences of structural racism on patient health.
- 3. Generate (and practice) strategies to respond to structural racism in medical education and the clinic.

References:

Metzl JM, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. Soc Sci Med. 2014;103:126-133. doi:10.1016/j.socscimed.2013.06.032

Bourgois P, Holmes SM, Sue K, Quesada J. Structural Vulnerability: Operationalizing the Concept to Address Health Disparities in Clinical Care. Acad Med. 2017;92(3):299-307. doi:10.1097/ACM.00000000001294

Structural Competency Working Group at UCSF https://www.structcomp.org