



# Development of a Health Disparities Track for Stanford Surgery Residents



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## Background/Need

Disparities in surgical need, access, outcomes, and quality are prevalent just as in all areas of medical care. We aim to incorporate formal health disparities and diversity, equity, and inclusion (DEI) education into Stanford surgical training for all residents with the goal of developing socially responsible surgeons better equipped to address these issues. We also seek to provide additional education and training opportunities for residents seeking deeper career development and leadership in these areas.

## Partners

### Stanford Surgery JEDI (Justice, Equity, Diversity, Inclusion) Council:

The JEDI Council is a committee of Stanford Department of Surgery residents, fellows, faculty, and staff committed to promoting diversity, equity, and inclusion within the field of surgery, healthcare, and the community at large. All are welcome to join and participate. JEDI is led by Dr. Jill Helms, Vice Chair of Diversity and Inclusion, and Dr. Micaela Esquivel, Co-Chair. Dr. Carlie Arbaugh, is a Stanford Medicine alumnae (Class of 2019), current Stanford General Surgery Resident, and resident representative in JEDI.

### Stanford Surgery Education Council:

The Stanford Surgery Education Council is composed of Stanford Department of Surgery (General Surgery, Plastic Surgery, and Vascular Surgery) clerkship, residency, and fellowship program directors and managers as well as other surgery education leadership.



Link to Stanford Surgery JEDI Council Page:

<https://surgery.stanford.edu/about/diversity/JEDI-council.html>

Link to Stanford Surgery Diversity, Equity, and Inclusion (DEI) Page:

<https://surgery.stanford.edu/about/diversity.html>

## Methods/Approach

We distributed a Qualtrics survey via residency program email listservs to Stanford surgery residents including general surgery, plastic surgery, and vascular surgery residents. Demographic information collected included residency program and post graduate year. The survey also included five questions about resident level of interest and likelihood of participating in various elements of the proposed health disparities track. The survey was estimated to take less than five minutes to complete and each survey participant received a \$5 Amazon gift card as a thank you for their time and feedback.

## Results

There were 35 total survey participants, an estimated 38% of all Stanford Department of Surgery residents.

### **Resident Survey Participant Demographics:**

- 20 (57.1%) participants were general surgery residents, 10 (28.6%) plastic surgery, 3 (8.6%) vascular surgery, and 2 other (5.7%, cardiac and ophthalmology).
  - This distribution correlates with the respective sizes of the surgical residency programs (i.e. general surgery as the largest and vascular surgery as the smallest).
- In terms of postgraduate year (PGY), 7 (20.0%) were PGY1s, 8 (22.9%) PGY2s, 11 (31.43%) PGY3s, 4 (11.43%) PGY4s, 2 (5.7%) PGY5s, 1 (2.9%) PGY6, and 2 (5.7%) PGY7s.
  - Notably, this demonstrates participation from both junior and chief level surgery residents, but especially strong participation among junior residents. Junior resident participation is promising as these residents still have numerous years of training in the Stanford Surgery residency programs and therefore more opportunities to participate in the health disparities track as it grows.

### **Resident Survey Participant Interest & Likelihood of Health Disparities Track Participation:**

- 27 (77.1%) participants were interested or very interested in receiving *more formal education about health disparities*.
- 24 (68.6%) participants were interested or very interested in *connecting with other trainees, faculty, and staff interested in health disparities work*.
- 26 (74.3%) participants were likely or very likely to participate in *health disparities related quality improvement projects*.
- 28 (80%) participants were likely or very likely to participate in a *community-based volunteer day if clinical time were protected*.
- 28 (80%) participants were likely or very likely to participate in *mentoring/pipeline programs if clinical time were protected*.

### **Overall:**

- This survey demonstrated that there is strong interest among Stanford surgery residents in receiving more formal health disparities and DEI education as well as having more training opportunities.
- ~75-80% of survey participants expressed that they are interested or very interested and likely or very likely to participate in these five elements of the proposed health disparities track.
- We look forward to collecting more in person, verbal feedback at our Stanford Surgery resident community dinner scheduled for April 2023!



Medical students in their surgery clerkship and faculty at the University of Global Health Equity (UGHE) in Rwanda, including in the simulation lab, during a recent global surgery and medical education away rotation including Dr. Carlie Arbaugh (Stanford General Surgery, pictured with UGHE students and faculty on left), Dr. Jaclyn Wu (Stanford General Surgery), and Dr. Nikola Teslovich (Stanford Urology).

## Outcomes/Lessons Learned

With a Stanford Surgery JEDI Council grant and Stanford Surgery Education Council support, we are working to develop a surgery resident health disparities track. Current elements of the track include:

- **Health disparities/DEI focused general surgery resident core course** at least twice per academic year. We invited our first guest faculty speaker and had our inaugural health disparities track core course in February 2023.
- **Health disparities/DEI guest speakers at Stanford Department of Surgery Grand Rounds.** Our most recent DEI visiting guest speaker was also in February 2023.
- **Surgical disparities focused general surgery resident journal club** at least twice per academic year. We have selected our first surgical disparities journal article and prepared the presentation and discussion points with plans to present at general surgery resident journal club this spring or summer 2023.
- **DEI related resident dinner discussions** to foster community. Our first catered resident dinner is scheduled for April 2023.
- **Away clinical and medical education partnerships in underserved communities.** An independent general surgery and obstetrics/gynecology away clinical rotation at the Alaska Native Medical Center (ANMC) in Anchorage, Alaska was funded by the Stanford Center for Innovation in Global Health (CIGH) and completed in June 2022. We sent our first two general surgery residents and a urology resident on a medical education rotation to the University of Global Health Equity in Rwanda where they served as visiting instructors in the medical student surgery clerkship (see photos). We have plans to re-establish a relationship with Hospital de la Familia Foundation in Guatemala April/May 2023.
- **Health disparities track website** as a centralized space for education and training opportunity information (e.g. conferences, online trainings, away rotations, mentorship/pipeline programs). This is in development with plans to go live this spring or summer 2023.
- **Community-based resident volunteer day** - We are in discussion with Stanford Surgery residency leadership about protecting one day per year for resident team based community volunteering with local organizations. We plan to pilot this with the current general surgery professional development/research residents this summer or fall 2023.
- One general surgery resident and one plastic surgery resident were accepted into and joined the **Stanford Medicine LEAD (Leadership Education in Advancing Diversity) Program** this academic year (2022-2023) and will present group workshops at the Stanford Diversity and Inclusion Forum in May 2023.
- Encouraging and supporting Stanford Surgery resident, faculty, and staff **participation in Stanford pipeline and mentorship programs** such as SMASH Med, Navigating Medicine, SCORE, etc.

## Conclusions/Recommendations

The development of socially responsible physicians and surgeons is a key component of medical and surgical education and training. We are delighted by the positive survey response we received from Stanford Surgery residents and are excited about the health disparities track elements that we have had success in developing and implementing so far. We welcome your feedback and any potential collaborations in this work!

## Acknowledgements

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