



**PrMEIR INNOVATION GRANT 2022-2023 Theme:
Improving Health Equity Education: Advancing Assessment
to Inform Curriculum, Evaluate Interventions, Ensure
Competence and Capture Impact
Call for Submissions**

About PrMEIR Innovation Grants

The PrMEIR Innovations Grants Program expands the capacity of the NYU School of Medicine to do cutting edge medical education research by providing seed grants and support to an ever enlarging and vibrant community. 63 projects have been funded since program inception, many leading to merit-based external funding and publications in peer-reviewed journals. This work enriches the medical education community in general and supports our place among the top-tier US medical schools.

2022-2023 Theme: Improving Health Equity Education: Advancing Assessment to Inform Curriculum, Evaluate Interventions, Ensure Competence and Capture Impact

Health equity is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices. **There is widespread recognition of the need for urgent action to improve medical education in health equity to more effectively address society's health needs.**

Since 2008, The Society of General Internal Medicine's Health Equity Commission has defined learning objectives for health inequity curricula. These learning objectives focused on: 1) attitudes such as mistrust, unconscious/implicit bias and stereotyping that practitioner and/or patients may bring to the clinical encounter; 2) knowledge of the multi-factorial etiologies of health disparities *and* the many solutions required to eliminate them; and 3) effectively communicating across cultures and social identities, including trust-building. Subsequently, others added to these learning objectives the importance of structural competence – recognizing the structural inequities that produce health disparities – and re-articulating cultural presentations in structural terms. The Association of Medical Colleges has identified key health equity competencies within its broader set of quality and safety competencies (e.g., uses referrals and local resources to meet the needs of patients and patient populations with social risk factors; tailors care plans around patient-specific social needs; implements strategies to mitigate explicit and implicit biases that may negatively affect clinical decision-making). And the American Medical Association's Center for Health Equity includes in its strategic plan for advancing health equity the following educational objectives: 1) strengthen physicians' knowledge of public health and structural/social drivers of health and inequities; 2) empower physicians and health systems to dismantle structural racism and intersecting systems of oppression; and 3) equip physicians and health systems to improve services, technology, partnership and payment models that advance public health and health equity. The Accreditation Council for Graduate Medical Education and the Liaison Committee on Medical Education now have requirements for healthcare disparities education to improve care for underserved patient populations. The American Board of Internal Medicine has voiced a commitment to health equity and in 2021 started conversations with relevant stakeholders around adding health equity content to the ABIM assessments.

Residency and medical schools are now all committed to implementing health equity curriculum and training but many are not sure of how best to do so and even fewer have the critical assessment data needed to drive curricular design, evaluate effectiveness, define and measure competencies, and establish achievement of both immediate and longer-term outcomes across multiple layers of influence (e.g., learners/trainees, educators, the learning environment/culture, institutions, health care teams, health care systems, patients and populations). The literature is lacking particularly, in innovations and implemented curricula that contain such rigorous assessment.



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This year's PrMEIR Innovation grants is co-sponsored by NYU Langone Health's Institute for Excellence in Health Equity to align efforts around medical education as one of the four core pillars of the Institute. The goal of this RFA is to support educational efforts that address the societal need for physicians who are well equipped to address

healthcare disparities and health equity as clinicians, as educators, and as clinical system leaders. **Innovations in medical education that focus on using assessment to inform curricular design and evaluate interventions, that seek to establish impact with measures that move beyond knowledge and attitudes, that focus on designing/validating new approaches for assessment of clinical skills central to health equity, and/or that are designed to capture impacts of health equity education on patient outcomes are of particular interest.**

We are interested in supporting **assessment** in health equity education broadly and will consider a broad range of proposals. Efforts focused on integrating health equity education and training (and assessments) will be considered more favorably than those that are developed/implemented as silo-ed, standalone units/experiences. Examples of possible projects are listed below but the list is not meant to be exhaustive – we welcome additional proposals that align well with the main goal of this RFA: **Improving health equity education by advancing assessment strategies that can inform curricular design, evaluate interventions, ensure competence, and capture impacts.**

Examples of possible proposals:

- Comprehensive description and analysis of current curricular efforts in the areas of health equity education.
- Systematic/Scoping review of current efforts to assess health equity competencies and practices with recommendations for next steps
- In-depth needs assessment to inform design and implementation of innovative educational and training activities for health equity
- Review and refinement of conceptual models, competency frameworks, and/or theories to guide the development and/or validation of assessment strategies/measures (e.g., structural competence or critical consciousness conceptual models; existing competency sets from national organizations (AAMC, ACGME, AMA); learning, education and/or professional identity theories that specify key measurement constructs; consider adapting to specific learners, developmental stages, clinical contexts, or learning environments
- Define key health equity learning objectives and ensure linkages to curriculum and assessments
- Create and pilot performance workplace-based assessments of health equity competencies (skills, practices) or improve existing assessments
- Establish benchmarks, expectations, standards for health equity competencies using appropriate methodologies (e.g., standard-setting processes, in-depth qualitative processes, etc)
- Build validity evidence for assessments of health equity skills (e.g., addressing bias, incorporating social determinants of health into history gathering and treatment planning, combatting discrimination, discussing racism, debriefing micro-aggressions) by linking to intended outcomes at the appropriate levels (e.g., at the learner, educator, learning environment, clinical team, health care system, patient and population health levels)



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- Identify mechanisms for implementing continuous quality improvement measures that can monitor, inform, and evaluate health equity education and training activities
- Evaluating faculty development programs with health equity aims by assessing impact on faculty (engagement in health equity efforts, confidence in the ability to have productive and structurally competent interactions with learners and patients around racism and other forms of discrimination) and the learning environment (e.g., perceived implicit/explicit bias), on learners/trainees (including not only health equity competencies but important domains such as trust of faculty and the institution), and, whenever possible, downstream impacts on patients

Applicant Eligibility

Faculty of NYU Professional Schools and Colleges are eligible to submit applications.

Application Guidelines

Please submit a Letter of Intent (LOI) of no more than 1,000 words by **April 8, 2022** via REDCap at: <https://openredcap.nyumc.org/apps/redcap/surveys/?s=P8NY4J4NPFM3H4FM>

Applicants will be notified by **April 13th, 2022** if selected to submit a full proposal. Full Proposals will be due **June 1st, 2022**.

The LOI must contain the following elements:

- Name and Information of submitting Principal Investigator (PI) & Co-PIs: Names, Titles, and Affiliations
- Project Title and Aims (including study aims and learners involved). Please limit this section to 250 words.
- Brief Summary of Project (including ID or IS focus of project. methods, measures, sample, expected results, impact on medical education). Please limit this section to 750 words.
- Co-Investigators and Collaborators
- Amount of Funding Requested (Maximum amount: \$15,000) and itemized budget
- Projected Start Date and Duration of Project

You may work on your LOI over multiple sessions, however, you must save the “Save and Return Later” response before logging off. **You are strongly encouraged to compose the bulk of the LOI in a Word document and copy and paste into the online form.**