

STRUCTURAL COMPETENCY DEBRIEFING STEMS EXAMPLE SHEET

**From: “Addressing Inequity and Building Structural Competency Through
Simulation: An Online Transformative Learning Workshop”
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To construct these debriefing stem examples, we combed through our respective libraries of simulation cases. Issues of structural inequity were inherent in these cases, though inconsistently addressed in debriefs. This underscores how the structures that shape health outcomes are universal; as medical educators, it is our duty to develop and share the language to address them. Having example language will hopefully help facilitate these conversations in simulation debriefs:

1. Learner Self Assessment:

- What structural factors do you think influenced this patient’s arrival to our Trauma Bay with gunshot wounds?... *[Follow-up: “What can we do to modify these factors in our community?”]*
- “What are some racial/gender permeations in this case?”¹
- “How do you think this patient’s living situation affected her discharge from the emergency department?”
- “What structural factors do you think affected the management of this patient, who came to the emergency department as a survivor of intimate partner violence?”

¹ *Attributed to: Josepha Campinha-Bacote, PhD, MAR, PMHCNS-BC, CTNA, FAAN. Columbia School of Nursing Annual Innovations in Simulation Summit. Dismantling Structural Racism With and Within Health Care Simulation. November 10, 2020. New York, NY.*

2. Focused Facilitation (i.e., Advocacy-Inquiry or “Kessler Q3”)

- “I heard the parent report that this child’s severe DKA was secondary to inability to afford insulin. This gave me not only a deeper understanding of their situation, but additional motivation to expedite and perfect my care, knowing that price gouging critical meds perpetuates systemic oppression. I’m curious if others heard this, and if that colored your experience or care here?” *[Follow-up: “In our post-case learner summary, we will include a list of action-items that providers can take to advocate against medication price gouging.”]*
- “I noticed that there was debate within the team about giving this patient with acute sickle cell vaso-occlusive episode the full 6mg of morphine that her mother said she usually gets. Knowing the literature that we tend to undertreat pain in Black, Hispanic, and female patients, particularly with this disease process, I’m curious to hear more about your discussion and concerns around pain medications in this case” *[Follow-up: “How might we ensure the appropriate balance between adequate dosing and screening for narcotic abuse?”]*

3. Directive Feedback:

- “In this case, the infant had an undiagnosed ductal-dependent cardiac lesion due to poor prenatal care in the context of recent immigration to the United States. I’d like to highlight that unauthorized immigrants are excluded from ACA benefits and not all states have adopted Medicaid expansions. Universal healthcare, including programs that would cover unauthorized immigrants through existing structures, might close this gap, and we will share such resources in the post-learning summary.”
- “This infant presented with critical hypothermia due to heat being shut off by their landlord. Laws like NYC’s Heat Laws are critical to protect renter rights to heat and hot water, though they do require enforcement. Inequity in urban temperature regulation is a consequence of segregated zoning laws and ‘environmental sacrifice zones.’ Our post-learning summary will provide additional resources you can share with patients.”