

Abstract: A Pilot Structural Competency Curriculum for Family Medicine Residents

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Structural competency is the ability to recognize and address the policies, institutions, and economic systems that cause health inequities. It was first developed by Helena Hansen and Jonathan Metzl in 2014 and has been taught in multiple disciplines and levels of training around the country, but has not yet been widely adopted as part of medical education. We implemented a pilot structural competency curriculum for a cohort of 11 Family Medicine residents training in Atlantic City, NJ, and qualitatively analyzed the effect on (a) resident knowledge, (b) empathy and burnout, and (c) clinical practice and advocacy. The curriculum consisted of 3 sessions, (1) Introduction to Structural Competency, (2) Health Insurance as a Structural Determinant of Health, and (3) Imagining and Implementing Structural Interventions. Overall, post-course surveys showed participants found the course engaging and useful, especially sessions 2 and 3. Despite the limitations of small sample size and short-term follow up, surveys showed modest improvements in resident burnout. Participants' level of confidence advocating for patients and addressing social and economic issues decreased following the course, perhaps indicating that increased awareness of structural issues was associated with short-term decreased confidence in addressing these issues. Further longitudinal structural competency education and research is needed to further characterize its effect on resident knowledge, burnout, and engagement in structural interventions, as well as quality of clinical care.