

The Power of JEDI: Building a concentration for postdoctoral fellows to provide culturally informed care

Purpose: Sensitivity to the diversity and intersectionality factors of patients and their family is an important part of best practice models. Having culturally competent providers leads to more positive outcomes in patient care (e.g., Sandeen, Moore, Swanda, 2018) and can help minimize healthcare inequities (e.g., Hill, Jones, & Woodworth, 2020). Despite the importance of culturally competent care in academic medicine, there is a lack of training programs, particularly postgraduate experiences, that focus on cultivating clinical care through the lens of diversity, equity, and inclusion (DEI). This is striking given the unique opportunity afforded by postgraduate training to dedicate to developing different skillsets and professional values. An overfocus on didactics is too common; rather, more active approaches in skill development through clinical services and supervision are needed. Graduate medical education needs to include more focused efforts on thoughtful care for the diverse communities we serve (Elliot, 2021) and increased transparency in the implementation of justice, equity, diversity, and inclusion (JEDI) work.

Objectives: The aim of this qualitative improvement project was to create a training experience for postdoctoral fellows to support the intentional application of providing culturally informed care that can be modelled and adapted in other areas of academic medicine.

Methods: Review of literature as well as clinical training programs regarding evidenced-based practices for psychology training in the application of JEDI care demonstrated a clear need for intentional programming in skill development. Initial reviews of the American Psychological Association Psychology Training and statements on diversity allowed for better understanding of baseline competencies. Within this context, training objectives and competency goals were created. Several stakeholders with dedication to teaching/training and DEI work were then invited to share their feedback on objectives and competencies. After several revisions and considerations, the JEDI concentration was piloted with two postdoctoral psychology trainees in Developmental Pediatrics for the 2022-2023 academic year.

Results: We created a training plan and areas of competency for the JEDI concentration to support postdoctoral psychology fellows as well as trainees at the predoctoral clinical level (psychology externship and internship). Competencies were developed in the areas of didactics, clinical care (assessment/ evaluation and intervention), scholarly work and research, as well as advocacy and teaching. Developmental level of the trainee as well as focus on the experience of the learners were intentionally considered across competencies. We also considered parallel competencies for supporting JEDI mentors who could demonstrate this work by practicing cultural humility, participating in self-improvement activities, as well as showing leadership in DEI initiatives.

Conclusion: In a society where diverse backgrounds are becoming the majority, it is essential that clinicians provide culturally informed healthcare. Training needs to focus on the early and intentional application of culturally informed care to promote excellent clinicians. Lessons learned from the development of the JEDI concentration can be applied to other areas of academic medicine. We are

piloting this program during the 2022 – 2023 academic year and plan to collect data in order to measure outcome and success of the concentration.