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# Assessing Trainee Understanding of Health Equity & Diversity

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## Introduction

- In order to improve outcomes for people with disabilities and their families, LEND trainees must develop an understanding of the complex factors that contribute to health equity. This includes an understanding of their communication skills, values and beliefs, ethics and professionalism and cultural competence as it relates to their practice. The NH-ME LEND Program's commitment to health equity and diversity is reflected in ongoing program evaluation efforts which includes an analysis of trainees' MCH Leadership Competencies Self-assessments in the areas of health equity and diversity.
- Improved scores on self-report measures of leadership competency indicate greater leadership self-efficacy and confidence (Fernandez et al., 2015). This argument rests on theories of self-efficacy (Bandura, 1977) and leadership self-efficacy (McCormick, 2001; MaChida & Scbabroeck 2011; Olsen, 2013). The belief that one has developed greater leadership skills, leads to greater confidence and the likelihood that one will apply the skills in practice.
- Ensuring that NH-ME LEND trainees are developing the skills necessary to promote health equity and cultural sensitivity in their professional practice is a program priority.
- This poster will 1) provide an overview of the curricular components related to health equity and diversity, 2) report on six cohorts of trainees' self-assessments in these areas, and 3) share trainees' personal reflections on their growth.

"LEND has provided me with a good base of knowledge regarding cultural competence, and how to integrate cultural competency into practice in order to be the best clinician and health care provider possible."

## Curriculum Components

### MCH Leadership Competencies Self-assessment



- Trainees complete self-assessments on specific competencies related to cultural competence and health equity.
- These include self reflections on personal values and beliefs, ethics and professionalism, communication, family centered care, and working with communities and systems in culturally sensitive ways.

### Didactic Instruction



- Trainees complete a four-week module on social determinants of health, health equity, and cultural competence as it applies to interdisciplinary practice.
- A three-hour Interdisciplinary Leadership Intensive is devoted to development of the specific leadership skills needed to address issues of health equity.
- Didactic sessions utilize team-based learning methods and case-based application exercises to support practical application of skills in interdisciplinary teams.

### Field Placements & Reflection

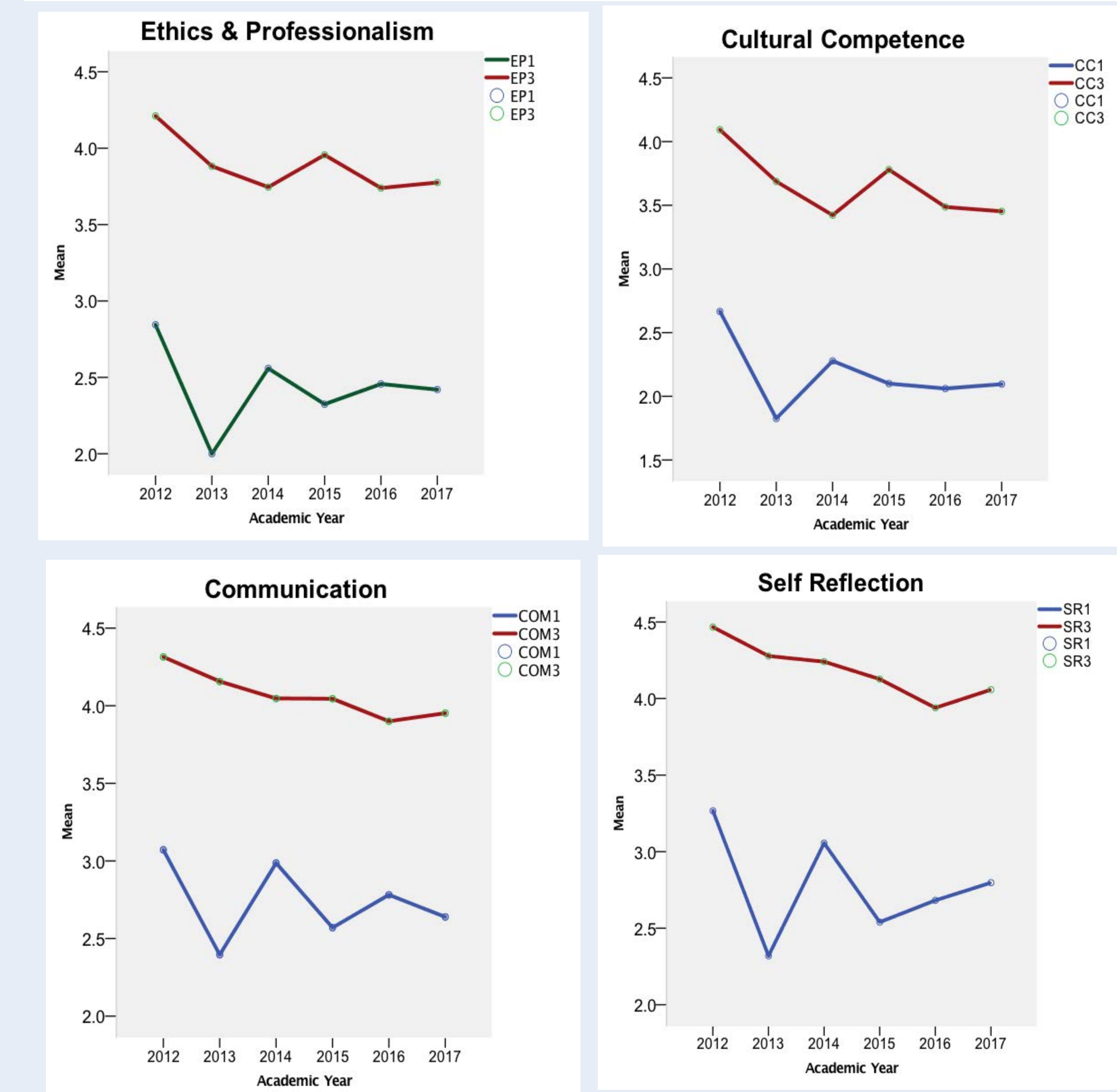


- Several NH-ME LEND clinical and leadership field placements serve culturally and linguistically diverse populations.
- In didactic sessions, trainees are asked to reflect on their clinical and leadership experiences and to bring practice dilemmas for deliberation on interdisciplinary teams.

## Trainee Self-assessment Scores

Health equity and diversity are emphasized in the following four MCH Leadership Competency areas. Mean scores at Time 1 and Time 3 are reported across six cohorts of trainees. Scores reflect the following competency levels:

No Experience (1 to 1.5), Awareness (1.5 to 2.4), Knowledge (2.5 to 3.4), Skill (3.5 to 4.4), and Leadership (4.5 to 5) .



## Discussion

- In competency areas related to developing an understanding of health equity and diversity, trainees consistently reported higher level of competency at the end of the program. Time 3, mean scores fell in the "Skill" range for all six cohorts.
- Many trainees reported lacking practical experience working with culturally/linguistically diverse populations.