

BCH Academy Seminar Series

September 9, 2025

Inclusion and Accessibility in Health Professions Education: From Programs to Practice in Changing Times

Moderators:

Jennifer Arnold, MD, MSc

Eva Gómez, PhD RN NPD-BC CPN

Invited Presenters:

Sonia Ballal, MD

Dionne Graham, PhD

Amanda Grice, MS, RDMS

Alisa Khan, MD, MPH

Jacqueline Jimenez-Maldonado, MSW, LICSW, MBA

Nora Renthal, MD, PhD



Disclosures

The speaker(s) do not have relevant financial relationships to disclose.



Objectives

1. By the end of the seminar, participants will be able to name at least two hospital initiatives that incorporate inclusion and accessibility strategies in clinical education.
2. Participants will be able to identify practical strategies for integrating inclusion and accessibility practices into their everyday clinical education.
3. Participants will be able to share with their colleagues at least one core principle or strategy from the seminar that can be adapted to their unique educational context.



BCH Declaration To Equitable Care

Boston Children's is unwavering in its commitment to ensuring every child has access to the care they need and deserve. Our commitment aligns with our Boston Children's Hospital Declaration on Equity, Diversity and Inclusion. The declaration established 6 goals to elevate health equity as an enterprise priority, core to everything we do:

- **Goal 1:** Boston Children's is committed to being an inclusive environment that does not tolerate any form of racism, discrimination, or bias.
- **Goal 2:** Boston Children's is committed to recruiting, developing, and retaining a diverse workforce.
- **Goal 3:** Boston Children's is committed to eliminating structural racism from all policies, guidelines, and practices.
- **Goal 4:** Boston Children's is committed to comprehensively educating employees on the impact of racism on child health, unconscious bias, bystander-upstander awareness, and the role of difficult conversations in culturally effective pediatric care delivery.
- **Goal 5:** Boston Children's is committed to being a leader in eliminating child health disparities in our community and our nation.
- **Goal 6:** Boston Children's Hospital is committed to leading in the development, implementation, and tracking of metrics for equity, diversity, and inclusion.

6



Disability is Part of the Human Condition

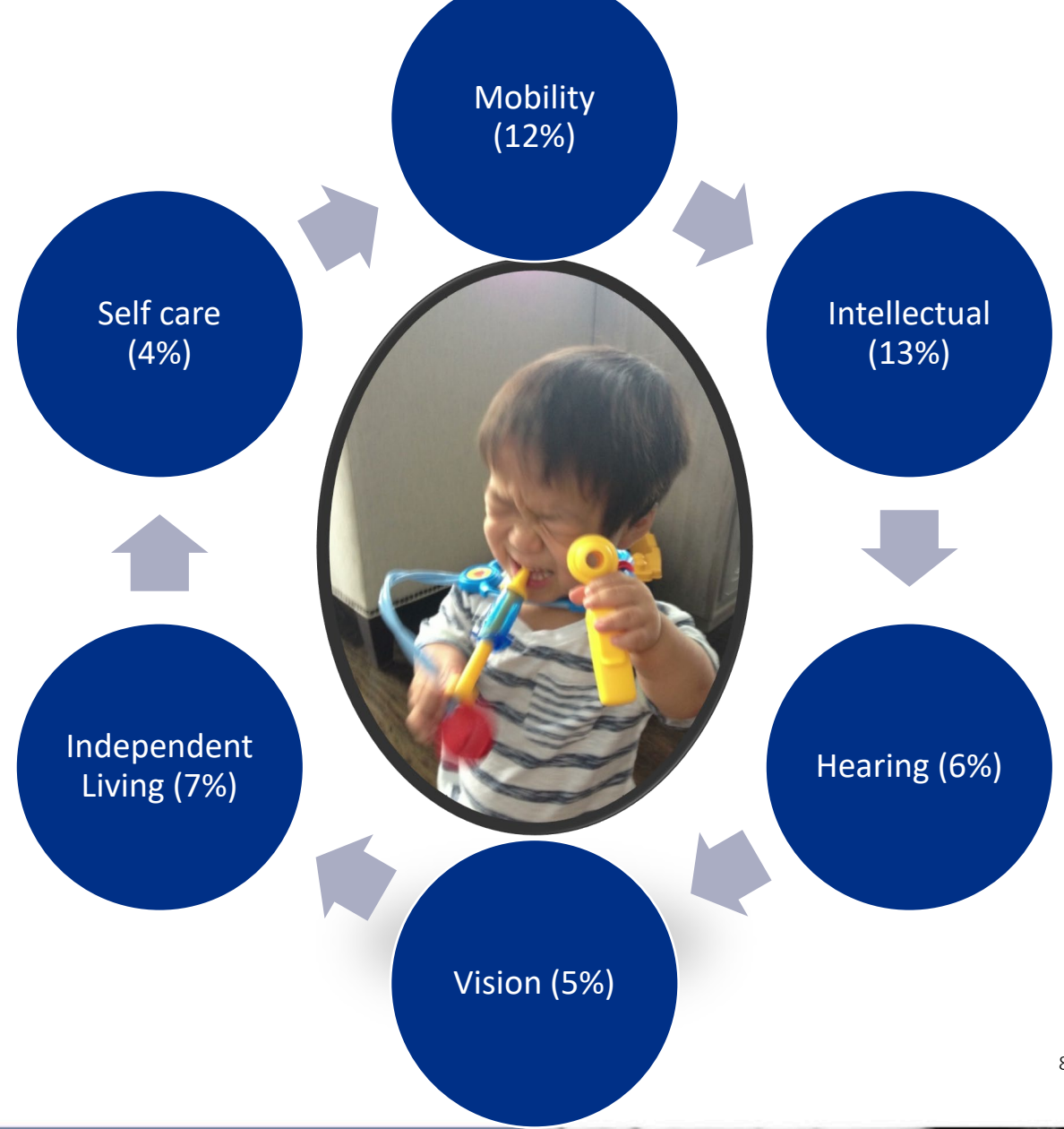
Disability is the only minority group that every single human being can be a part of, and will experience at some point in their lives, for some period of time



Disability By the Numbers

- **27%** of our population has a disability (61 million Americans)
- Only **40%** of physicians report being very confident treating physically or intellectually disabled patients
 - Only **56%** strongly agreed that they'd welcome disabled patients into their practice
- More than **4/5** of physicians report that people with disabilities have "worse" quality of life

Iezzoni LI, 2021, CDC



8



People with Disabilities Suffer Healthcare Disparity

- People with disabilities have greater morbidity and mortality:
 - Obesity
 - Diabetes
 - Cardiovascular disease
 - Addiction
 - Mental illness
- 1 in 4 adults do not have a usual healthcare provider
- 1 in 4 adults have had an unmet health need due to cost yearly
- 1 in 4 adults have not had a routine health exam in last year
- People with disabilities who also belong to one or more other populations with health disparities fare even worse



Iezzoni LI, 2021 9
CDC



Disability Healthcare Milestones

NIH designation of people with disabilities as a population with health disparities (September 2023):

- Recognizes the need for research advances to improve our understanding of disparate health outcomes
- Illuminates the data that has shown disabled individuals experience significant disparities in their rates of illness, morbidity, mortality and survival, driven by social disadvantage, compared to the health status of the general population.
- Helps to encourage research specific to the health issues and unmet health needs of these populations



10



Panel Presentations

Inclusion and Accessibility in Health Professions Education: From Programs to Practice



Health Equity Huddles: Gastroenterology

Presenting: **Sonia Ballal, MD**

14



Boston Children's

Where the world comes for answers



Heath Equity Huddles: Gastroenterology

- **Description:** short, facilitated, case-based dialogues for **multidisciplinary inpatient** team members to discuss bias, racism and stereotypes which could impact patient care
- Each dialogue begins with a case and discussion questions
- The facilitator will also introduce a tool for participants to consider using. For example, the “Be Aware and ACT” framework for upstander intervention towards a microaggression



Health Equity Huddles: Gastroenterology

Set the stage

- Introductions
- Share guiding principles
- Create safe space

Case description

- HPI is focused on the patient experience, less so the medicine

Group discussion

- How do bias, racism, and stigma play a role in this case?
- Perspective taking exercises

Concept

- Introduce a new tool for intervention, provide resources

Conclusion

- Open floor for any last reflections
- Feedback and thanks



Health Equity Huddles: Group Discussion

Perspective taking

Take a moment to imagine yourself in this patient's shoes.

What would your goals be for this visit?

How would you want the medical team to respond to your concerns?

As a parent, how would you want the team to respond to you/your child?

Exploring the care team's approach

In your experience, how has pain been perceived by members of the medical team?

Is pain perceived differently within certain patient populations? By medical teams towards certain patient populations?

How might bias or racism played a role in this case and understanding the patient's pain?

Thinking of ways to improve the care we give

What are effective ways you have seen functional diagnoses communicated to patients and families?

As a member of the team overhearing the conversation, how could you have intervened?

How might you change your approach next time managing a patient's pain?



Key Inclusivity/Accessibility Principles

Setting a tone of inclusive learning from the onset

"We will..."

- **Engage** actively and respectfully with the aim of understanding others' views and experiences
- **Trust** that people are always doing the best that they can
- **Remember** the learnings while respecting confidentiality
- **Avoid** blaming or shaming
- **Embrace** discomfort in the spirit of growth

Listening without judging

Equipping learners with a tool

- Evidence-based Bystander to upstander intervention
- Health equity checklist



Application to Clinical Teaching & Supervision

Listening without judging:

- Closing out a Health Equity Huddle

How am I similar or different from the other participants in this case, whether patient or care team member?

What privileges and power do I have in this or similar situations?

Every huddle is different because of the participants and what they bring



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Health Equity Quality Improvement Toolkit

Presenting: Dionne Graham, PhD and Amanda Grice, MS, RDMS

22



Health Equity Quality Improvement Toolkit

- **Description:** A collaborative initiative by the Office of Health Equity and Inclusion (OHEI) and the Program for Patient Safety and Quality (PPSQ). This comprehensive resource offers educational modules, a resource library, workbook activities, and office hours. It features seven educational modules designed to guide teams in developing a health-equity related initiative from start to finish.
- **Goal:** To help teams identify, understand, and address disparities in the care and outcomes of patients through quality improvement tools and approaches.
- **Audience:** All BCH Employees who are interested in promoting health equity through quality improvement.



Key Inclusivity/Accessibility Principles

Integrate Health Equity and Quality Improvement (QI)

- To embed health equity into quality improvement, making it an integral part of our organizational culture and everyday practices.
- A proactive approach to incorporate health equity into every stage of QI project planning.

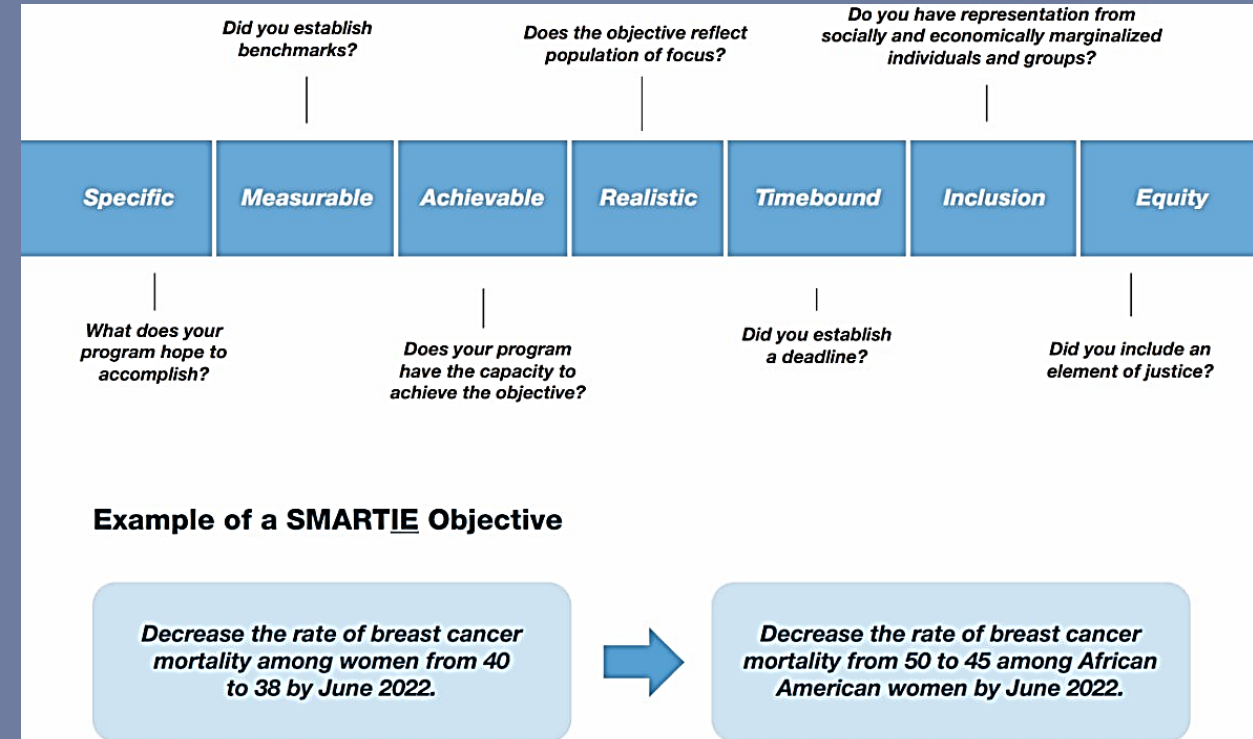


Application to Clinical Teaching & Supervision

Integrate Health Equity and QI

- **Strategy:**

- Develop SMARTIE Aims for QI projects.
- Visit the Toolkit Website for additional resources:
<https://bostonchildrenshospital.org/health-equity-quality-improvement-toolkit>



CDC From SMART to SMARTIE Objectives



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- Toolkit Website:
<https://bostonchildrenshospital.sharepoint.com/sites/HealthEquityQualityImprovementToolkit>

Join our email list!



You can also connect with us at healthequitytoolkit@childrens.harvard.edu



Incorporating Cultural Humility to Support Inclusive Clinical Learning

Presenting: **Jacqueline Jimenez-Maldonado, MSW, LICSW, MBA**
Program co-created with **Eva Gómez, PhD RN NPD-BC CPN**



Incorporating Cultural Humility to Support Inclusive Clinical Learning

Description: Interactive education session 60-90 minute designed to foster inclusive learning environments by promoting cultural humility among healthcare professionals. Participants explore concepts such as intersectionality, power imbalances, and learner-centered care through reflection, discussion, and practical strategies.

Goals:

- To encourage lifelong self-reflection and self-awareness in clinical interactions.
- To address and redress power imbalances between providers, learners, and patients.
- To promote culturally safe and respectful environments that support diverse identities and experiences.
- Equip participants with practical tools, such as the Learner Mindset and A.W.E. Question, to navigate bias, power imbalances, and difficult conversations.

Audience: All healthcare professionals, including faculty, residents, medical students, nurses, social workers, and clinical staff and non-clinical staff.



Key Inclusivity Principle #1

Judger vs. Learner Mindset

This principle helps individuals recognize and shift their internal dialogue to foster openness and growth in interactions.

Judger Mindset: Reactive and assumption-driven, often leading to blame, defensiveness, and limited problem-solving.

Learner Mindset: Intentional and curiosity-driven, encouraging constructive questions, adaptability, and collaboration.

Shift Strategy:

- **Pause and Notice** when you're in a Judger mindset.
- **Ask a Switching Question** like “Am I willing to shift?”
- **Reframe Your Thinking** with learner-focused questions.
- **Take Action** based on a growth-oriented approach.



29



Key Inclusivity Principle #2

Use the A.W.E. Question

The A.W.E. Question (“And What Else?”) is a simple yet powerful tool that encourages deeper reflection and expands possibilities during conversations and decision-making.

Definition: Asking “And What Else?” helps individuals move beyond surface-level responses, uncover additional insights, and explore alternative perspectives.

Application:

- Use during self-reflection to identify hidden assumptions or overlooked options.
- Apply in coaching or mentoring to support learners in discovering their own solutions.
- Encourage curiosity and open-ended thinking in clinical education and patient care.



Application to Clinical Teaching & Supervision #1

Scenario: After a family meeting, a learner says, “The parents didn’t ask any questions. I don’t think they care about the treatment plan.”

1. Pause and Notice:

“Let’s take a moment to reflect. What assumptions might be influencing that conclusion?”

2. Ask a Switching Question:

“Are you willing to shift your perspective?”

3. Use the A.W.E. Question:

“And what else might be going on for the parents?”

“And what else could explain their silence? Could it be cultural norms, emotional overwhelm, or past experiences with healthcare?”

4. Reframe with Learner Questions:

“What do I want to learn about their communication style or concerns?”

“What small step can I take to create space for their voice in the next interaction?”

5. Connect to Cultural Humility:

“Cultural humility reminds us that silence doesn’t mean disengagement. How can we approach this family with openness and curiosity, rather than judgment?”



Thank you!

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Boston Children's Hospital
Program for Language Equity



Boston Children's Hospital
Until every child is well™



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Alisa Khan MD, MPH

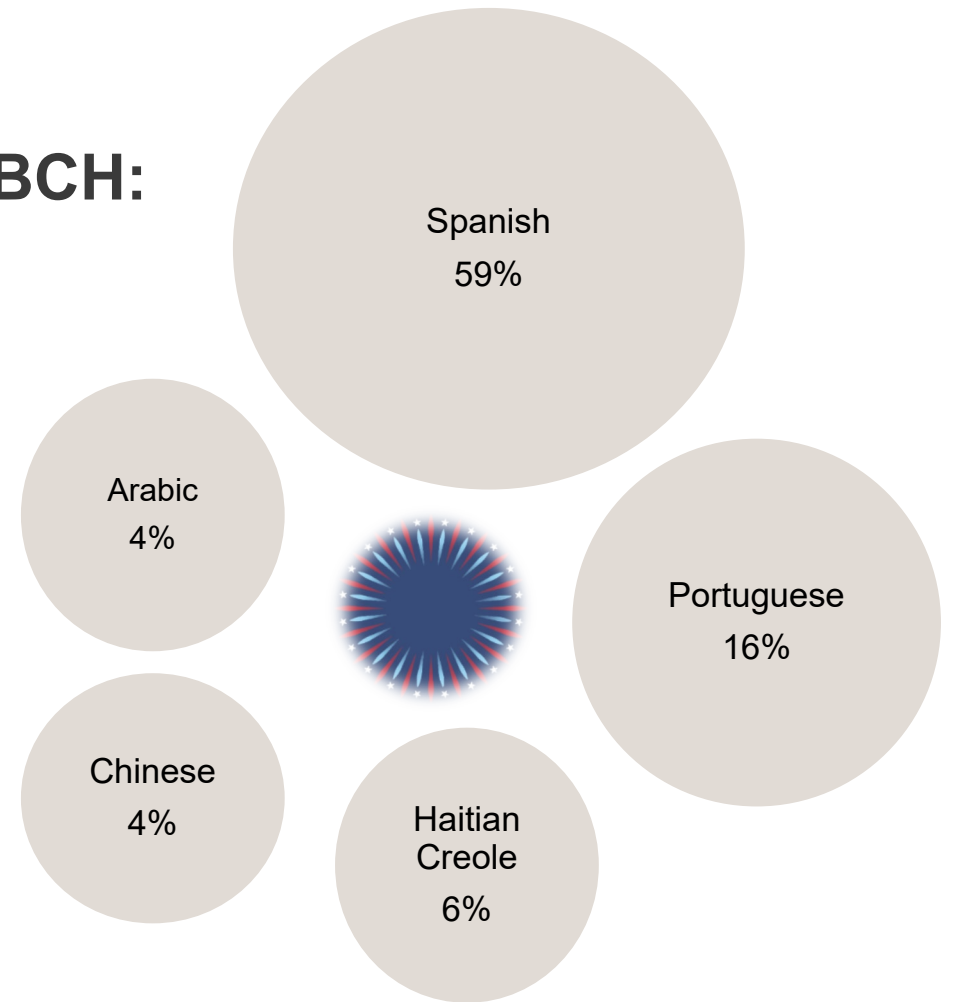
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Prevalence

~25 million people in
the US (8.6%)
&
12% of BCH patients
use languages other
than English (LOE)

Top 5 Spoken Languages at BCH:



Outcomes & Federal Regulations

Gaps in language access

- ↑ **Readmissions**
- ↑ **Length of stay**
- ↑ **Line and surgical infections**
- ↑ **Pressure ulcers**
- ↑ **Costs**
- ↓ **Adherence**
- ↓ **Satisfaction**

Civil Rights Act of 1964 (Title VI)

- Prohibits exclusion and **discrimination by national origin** for any program receiving federal financial assistance

DHHS Regulations

- Require all recipients of federal financial assistance from HHS ensure **meaningful access** for people that use LOE

Section 1557 of the Affordable Care Act

- Language access is a **fundamental right to all**
- Stipulates need for translated discharge materials and consents



The Program for Language Equity (PLE)

Started in 2024 with support from Wendy Chung in DOP & Chris Landrigan in Division of General Pediatrics

Mission:

- To improve language equity at BCH and other pediatric hospitals through high-quality research, clinical care, medical education, and advocacy

Vision:

- To transform healthcare delivery to include and prioritize individuals who speak languages other than English

Audience:

- Trainees, nurses, physicians, and families



Boston Children's Hospital

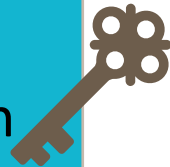


HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Key Inclusivity/Accessibility Principles of the PLE

Language Equity

- Ensuring every person — regardless of language skills or preference — has **equal access** to information, resources, and opportunities to achieve their best health and overall well-being



Language Justice

- Creating **inclusive multilingual spaces** where all languages valued equally and speakers of different languages benefit from listening to and sharing with one other



Goals

Scale **translation and cultural adaptation** of written hospital materials



Provide consultation and advice for **research** to advance language equity



Train providers in language equity best practices in conjunction with BCH Language Services



Promote **scholarship** focused on language equity



Identify challenges and opportunities across hospitals in adherence to language equity best practices



Advocate to regulatory, licensing, legislative, improvement, and funding agencies



How Can the PLE Help?

Advice & consultation for multilingual education projects

Advocacy & story banking

Inventory existing trainings and projects

Grantsmanship

Staff training (in partnership with Languages Services)

Office hours



Language Equity Pearls for Clinical Education



Model language equity and work towards language justice



Language equity requires extra time – embrace and plan for it



Always ask: does this need resource to be interpreted (verbally) or translated (written)?



Partner with multilingual families and staff for projects and trainings



Translation and cultural adaptation improves English materials too



Reach out to BCH Language Services for interpretation and translation



Reach out to PLE for support, training, advocacy, methods guidance!



The Disability Competent Care Educational Initiative: An Educational Approach to Inclusive Medicine

Nora E. Renthal, MD, PhD
Skeletal Health Center | Division of Endocrinology

42



Disability Competent Care Educational Initiative

- Description: A multi-modal educational program designed to increase knowledge, skills, and confidence among healthcare professionals in providing high-quality, equitable care to patients with disabilities
- Goals:
 - Increase awareness of ableism in healthcare and its impact on patient care.
 - Teach practical strategies for improving communication, physical access, and decision-making support for patients with diverse disabilities.
 - Foster self-reflection and accountability, promoting a culture of inclusion and respect.
 - Build sustainable competency by integrating disability-focused content into standard medical and nursing education and enterprise-wide MYRs.
- Audience: All employees/staff of Boston Children's Hospital who regularly interact with patients and families.



Key Inclusivity/Accessibility Principles

Objective 1: Recognize Ableism in Healthcare

- Increase awareness of ableism
- Understand impacts on patient care
- Identify bias, microaggressions, and barriers



Objective 2: Implement Access & Accommodations

- Know how to request accommodations (BCH site)
- Follow rules for access and accommodations
- Arrange supports (ASL, braille, large print)



Application to Clinical Teaching & Supervision

Objective 1: Recognize Ableism in Healthcare

- Teach trainees to recognize structural ableism, including the inflexibility of care systems that creates barriers for PWD
- Provide feedback when trainees use ableist language in rounds, discussions, or charting



Objective 2: Implement Access & Accommodations

- Coach trainees to assess accessibility and accommodation needs in daily practice
- Teach trainees to regularly inquire about needs and provide accommodations (BCH site)



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