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**Introducing the Social Determinants of Surgical Health into Contemporary Medical Education: An Efficacy Evaluation of Operation Equity, a Curriculum on Surgical Equity**

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# Introduction & Methods

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**Purpose:** Evaluate effectiveness of “Operation Equity: An Introduction to Social Determinants of Surgical Health”

## **Course Design:**

- 10 sessions x 1.5 hours / session
- Met virtually every other week from January 6, 2021 to May 11, 2021

## **Mixed Methods Approach:**

- Pre and Post Course Survey
- Quantitative: Likert scale and multiple-choice questions
- Qualitative: Thematic analysis on open-ended questions and case scenario examining general attitudes and goals

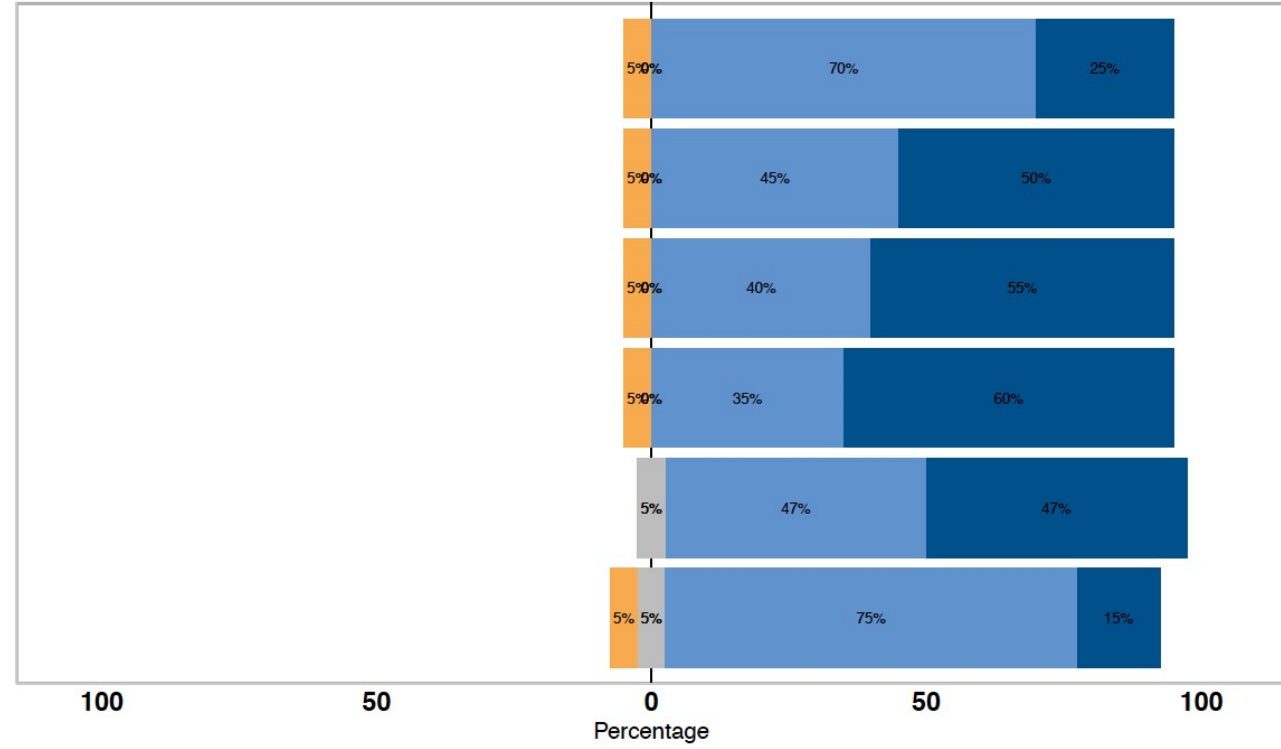
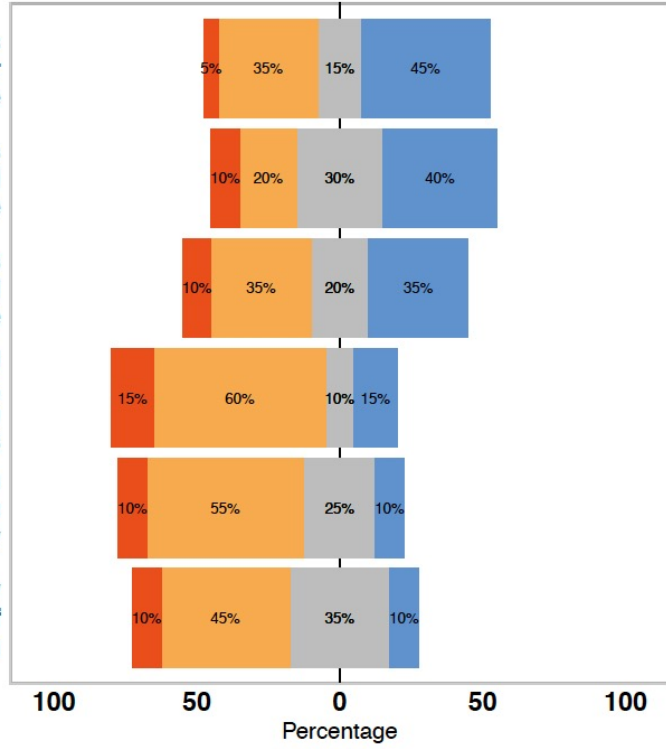
# Results

## Center for Surgical Health: Operation Equity Survey Responses

Pre-Class Data

Post-Class Data

- I am able to describe how systemic barriers perpetuate disparities in access to care for surgical disease
- I am able to describe how systemic barriers perpetuate disparities in outcome of surgical disease
- I am able to describe how systemic barriers perpetuate disparities in quality of surgical care
- I am able to identify strategies for talking about sensitive health topics (ie, gender-affirming surgery, weight loss) with patients
- I am able to identify strategies providers can use to address health care health disparities in surgery
- I am able to facilitate interdisciplinary dialogue about the social determinants of surgical health



■ Strongly disagree 
 ■ Somewhat disagree 
 ■ Neither agree nor disagree 
 ■ Somewhat agree 
 ■ Strongly agree

# Results

Theme	Quotes from Pre and Post-Course Survey
<b>Bias</b>	<u>Pre</u> : “These are deeply rooted obstacles to access surgery like racial biases among health care providers, SES, geographical proximity, and patient beliefs that prevent them from getting the operations that they need.”
<b>Attitudes Toward Social Determinants of Surgical Health and Systemic Barriers</b>	<u>Post</u> : “[I] feel like I gained a sense of changes I personally can make in the outpatient setting when evaluating patients for surgery.”
<b>Changes in Career Goals or Interests</b>	<u>Post</u> : “[M]y impression was that many surgeries can be prevented with adequate primary care, and I thought I would feel discouraged to treat so many things that could have been prevented. I now know that surgery is much broader than I thought it was and that being a surgeon could still involve working towards equity and care for underserved populations in different ways.”

# Conclusion

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- This course led to **self-reported improvements** in
  - **understanding** individual, provider, and systemic **bias**
  - **confidence** speaking to others about **social determinants of surgical health**
  - **identification of strategies** to mitigate **barriers to surgical equity**

## Future Directions:

- Use course data to **inform next iteration** in Spring 2022
- **Collaborate** with peer institutions to **expand the reach** of formal surgical equity curricula
- Engage a **national audience** on the **need for surgical equity**