


# A Response to “Integration of Case-Based Dialogue to Enhance Medical Students’ Understanding of Using Health Communication to Address Social Determinants of Health” [Letter]

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## Dear editor

I read, with great interest, the article by King and Taylor investigating the integration of a case-based dialogue to enhance medical students’ understanding and application of social determinants of health (SDOH) in underserved communities.<sup>1</sup> Shedding light on the matter of SDOH education is critical, and clinicians and health systems alike have a responsibility to address barriers to health equality and equity.<sup>2</sup>

The study conducted by King and Taylor has demonstrated a statistically significant result in using a prospective pre-post-test design to integrate SDOH teaching into a 3rd year undergraduate medical course.<sup>1</sup> The study measures the impact of implementing SDOH teaching using a self-reported response method carried out by the undergraduate students.<sup>1</sup> It is suggested that by incorporating SDOH education into the curriculum, there is an opportunity to develop more “culturally sensitive medical clinicians”.<sup>1</sup> However, it is not adequately addressed how this initiative will create a lasting impact, that will improve both the cultural sensitivity and the clinical actions of these future doctors.

The objective of educating medical students and professionals in SDOH is to encourage understanding of the factors behind the development and perpetuation of inequities in health care, and fundamentally improve health outcomes and reduce health disparities.<sup>3</sup> It has been proposed that by structuring medical education to train critically conscious physicians, patients might experience less stigma and discrimination within the healthcare system.<sup>4</sup>

It has been postulated by Klein et al that through incorporating SDOH education at a later stage of medical curricula, when the recipients of the training were second and third-year residents, they were able to demonstrate a distinct change in behaviour in relation to SDOH.<sup>3</sup> This intervention helped doctors to engage patients from different socioeconomic backgrounds and motivated the doctors to make appropriate referrals to resources, to mitigate the impact of the SDOHs on these patients.<sup>3</sup>

Though the method used by King and Taylor is suitable for yielding a greater understanding of SDOH for these undergraduates, it could be suggested that a more appropriate evaluation of the outcomes of SDOH teaching would be to analyse a significant behaviour change among the students over an extended period of time, followed by assessing patient-related outcomes.

In conclusion, it is imperative to effectively integrate SDOH education into the medical curricula, to continue working towards a socially responsible healthcare system. King and Taylor’s study can be used as a reference for utilising practical methods of integrating SDOH teaching into medical curricula, however, directly observing patient-related outcomes would be a more reliable measure of the efficacy of such educational interventions.

## Disclosure

The author reports no conflicts of interest in this communication.

## References

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