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Implementation of a Fictional Character-Based Privilege Walk Instrument Focused on Intersectionality and Social Determinants of Health in Portugal

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Abstract
Health inequities arise from structural social determinants that are systematically underrepresented in medical curricula. The Privilege Walk is a reflective activity in which participants advance or retreat in response to statements about their life circumstances. Adapted for undergraduate medical education, it was redesigned around four researcher-designed fictional characters with distinct intersectionality profiles, each grounded in Portuguese epidemiological data. The instrument comprises 30 questions across 19 social determinant domains; each question is paired with a reflection note anchored in national health statistics, establishing a direct link between the activity and documented health inequalities. Piloted with 40 second-year medical students (University of Aveiro, 2025–26), the activity achieved 100% comfort and 100% perceived learning relevance. This work presents the instrument's design rationale, pilot results, and its potential as an adaptable international toolkit.

Background information
Structural competency refers to the ability to recognise and respond to the forces that shape health (Metzl & Hansen, 2014); it is a recognised medical education competency. Experiential methods are essential for its development. The classical Privilege Walk, however, has not been validated for use in medical education contexts requiring data-grounded reflection, and its reliance on personal disclosure creates barriers for vulnerable students. This work addresses that gap: a Fictional Character-Based Privilege Walk designed to preserve the experiential impact of the activity while removing disclosure risk, and to anchor each statement in documented Portuguese health inequalities rather than relying on subjective perception alone.

Methodological approach
Development Context
Developed for the second-year CHAI module (Social Sciences, Humanities, Arts and Research) within the Integrated Master of Medicine, University of Aveiro, academic year 2025–2026.

Instrument Structure
Thirty questions spanning 19 social determinant domains: gender and identity, ethnicity and origin, socioeconomic status, sexual orientation, disability, age, migration status, mental health, health literacy, housing, and others. Each question is paired with a reflection note anchored in Portuguese epidemiological data, making the link between personal position and structural health inequality explicit and evidence-based.

Fictional Characters: Design and Rationale
Four fictional characters with distinct intersectionality profiles were designed by the research team based on Portuguese demographic and epidemiological data. Characters bear fictional names, nationalities and biographies, deliberately removing the need for personal self-disclosure and redistributing emotional burden. Each profile was constructed manually to ensure coherent, plausible intersectionality patterns aligned with real social strata in Portugal. Students are assigned one character per group and respond as that character throughout the activity.

Pilot Implementation
Forty second-year MIM students (University of Aveiro, 2025–2026). Eight groups of five students, each assigned one fictional character. An anonymous post-activity questionnaire was administered after session end: 12 Likert-scale items (1–5) and 4 open-ended questions. Response rate: 20% (n=8).

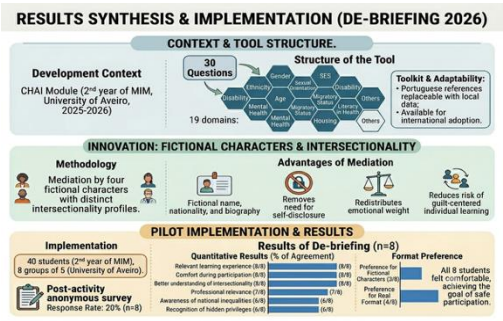

Fig. 1. Implementation of a Healthcare-related Privilege Walk.

Results
Quantitative (n=8): 8/8 (100%) relevant learning experience; 8/8 (100%) felt comfortable participating; 8/8 (100%) better understanding of intersectionality applied to health; 7/8 (87.5%) activity relevant for professional training; 6/8 (75%) increased awareness of national health inequalities; 6/8 (75%) recognised structural privileges not previously conscious of. Only 3/8 explicitly preferred fictional characters; 4/8 disagreed. Critically, all eight felt comfortable, indicating the format achieved its primary objective of safe participation regardless of format preference. Qualitative (thematic analysis, three themes): (1) Emotional impact: frustration at structural disadvantage, recognition of unseen privilege; (2) Clinical relevance: need to adapt communication and integrate social context into practice; (3) Critical engagement: questioning the transformative potential of experiential learning.

Discussion & Conclusions
The epidemiological anchoring of each reflection note directly addresses the link between methodology and health inequalities: each question maps onto a documented health disparity, grounding the activity in evidence. Fictional characters eliminated self-disclosure constraints while achieving universal comfort. This reflects a principle of universal design in education: designing for the most vulnerable participant benefits all. The instrument is presented as an adaptable toolkit; epidemiological references are designated as placeholders for local data, enabling international adoption. Future work should include larger samples and validated instruments for measuring structural competency.

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