Diversity & Inclusion
Striving for Excellence in Your Program

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• We have no conflicts of interest or financial disclosures
By the end of this session, you will be able to:

- Describe the importance of recruitment and support of LGBTQ, IMG, and URM trainees,
- Identify ways to assess the status of diversity in your residency program,
- Create a plan to support diversity at your residency program.

Learning Objectives
• Welcome, Introductions, & Overview
• Background
• Cross the Line Activity
• Assessing Diversity
• Reflect on your Program
• Planning for Diversity
• Commitment to action

Agenda
• “Diversity includes the entire spectrum of primary dimensions of an individual, including Race, Ethnicity, Gender, Age, Religion, Disability, and Sexual orientation” (REGARDS)

• “Secondary dimensions commonly include: communication style, work style, organizational role/level, economic status, and geographic origin.”

• “It is a simple fact that each of us possesses unique qualities along each of these dimensions.”

U.S. Department of Commerce and VP Al Gore’s National Partnership for Reinventing Government Benchmarking Study

What is Diversity?
The Case for Diversity

- Original demographic rationale
- Dividends of diversity – educational climate
- Dividends of diversity – research agenda
- Institutional driver of excellence

“Diversity is the engine pushing the ‘excellence’ locomotive along the tracks: Excellence cannot be achieved without diversity.”

Marc Nivet, Ed.D.

“We view diversity as something more than a moral imperative or a business necessity – we see it as a business opportunity.”

U.S. Department of Commerce and VP Al Gore’s National Partnership for Reinventing Government Benchmarking Study
Lesbian, Gay, Bisexual, Transgendered, Questioning & Allied (LGBTQA)
• The US physician workforce in academic medicine reflects neither the diversity of US society at large nor the diversity of the medical student population

• Little research available on LGBT physicians in training or physicians in the workforce

• Without explicit teaching about LGBT issues, physicians and medical students will reflect the same extent of homophobia and heterosexism that exists in broader society

• Health care professional training contributes to the stigma through the invisibility of sexual and gender identities in the curriculum

• Need to build a diverse academic medicine workforce, especially an educator workforce to instill in future physicians the knowledge, mentorship, abilities, and socialization skills to facilitate the elimination of health disparities

• The lack of culturally competent providers is a significant barrier to quality healthcare for many LGBT people.

LGBTQ - The Invisible Minority
- Stress of decision making concerning coming out
  - fear of discrimination and harassment
  - fear of negative comments ranging from stereotyping, jokes, ridicule, and judgments
  - fear may affect rank order list
- Lack of mentors or role models to offer guidance in professional issues surrounding LGBT identity
- No federal laws that consistently protects LGBT people from employment discrimination based on sexual orientation and gender identity
  - Fear of matching in a program in a state where it remains legal to discriminate based on sexual orientation or gender identity
• States that prohibit discrimination based on sexual orientation and gender identity (18 states and DC) California, Colorado, Connecticut, Delaware, DC, Hawaii, Illinois, Iowa, Massachusetts, Maine, Maryland, Minnesota, New Jersey, New Mexico, Nevada, Oregon, Rhode Island, Vermont, Washington

• States that prohibit discrimination based on sexual orientation only (3 states): New Hampshire, New York, Wisconsin

• LGBT protection in a non-discrimination policy is considered foundational to LGBT equity and inclusion, and sends a powerful positive message to LGBT faculty, residents, student

LGBTQ - As of May 2014
• According to the HRC’s annual HealthCare Equality Index (718 healthcare facilities rated by self report)

• In 2010, 94% of healthcare facilities reported having Sexual Orientation in Nondiscrimination policies and 32% reported having Gender Identity in employee Nondiscrimination policies

• In 2014, 96% reported having Sexual Orientation in Nondiscrimination policies and 85% had Gender Identity in employee non-discrimination policy

LGBTQ - The good news
LGBT Faculty and leaders bring great benefits to a school of medicine including:

- Serving as positive role models for LGBT students, residents, and staff
- Creating a positive shift in institutional views of LGBT personnel and patients
- Supporting research on LGBT health disparities
- Adding to a sense of acceptance, respect, and equity of the institutional environment.

Creating a welcoming, respectful climate for LGBT faculty and leaders will help retain them, help them be successful, and allows them to take a role among the champions for fair treatment for all diverse trainees, staff, and faculty

Benefits of LGBTQ Faculty
International Medical Graduates (IMG)
• 28% of physicians in the United States are international medical graduates (IMGs)

• States with the heaviest concentration of IMGs: New Jersey (45% of doctors); New York (42%); Florida (37%); and Illinois (34%)

• In 2014, 10% of matched applicants into categorical pediatrics were non-US IMGs

• In 2014, 17% of matched applicants into pediatric fellowship programs are non-US IMGs

• IMG physicians are more likely than USMGs to practice in an under-resourced area
1) IMG residents are socialized to their “home” culture
   - Can lead to team and patient communication difficulty
   - Influence of gender and religion in health care
2) IMG residents may not have an understanding the US culture or US medical system
   - Affects rapport building, shared medical decision making model
   - Impact of social determinants of health and importance of prevention

Broad Acculturation Needs
• Especially, non-native English speaking IMGs tend to feel social isolation

• Discrimination and insensitivity in the work place by colleagues is common for IMGs

• Significant stress for IMGs on the transition in and out of residency or fellowship, especially for those J1 visa holders

Discrimination and Isolation
• Necessary to have an understanding of acculturation needs of IMG residents

• Important to have an acculturation curriculum to address these needs

• ECFMG has online curriculum for residents: http://www.ecfmg.org/echo/kids-index.html which is a good starting place, but not sufficient
Ethnicities/ Races Underrepresented in Medicine (URM)
• American Association of Medical Colleges (AAMC)

• Evolves based on population demographics

As of 2013
• African American
• Hispanic
• American Indian/Alaska Native
• Native Hawaiian/Pacific Islander

URM in Pediatrics
Ethnic make-up of US children is far more diverse than their pediatricians. *Stoddard*

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<th>Ethnicity</th>
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<td>Asian/Pacific Islander</td>
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<tr>
<td>White</td>
<td>47.8</td>
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<tr>
<td>Hispanic</td>
<td>16.9*</td>
</tr>
<tr>
<td>Black/African American</td>
<td>14.3*</td>
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<tr>
<td>American Indian/Alaskan Native</td>
<td>7.8*</td>
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<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Child</th>
<th>Peds</th>
<th>Acad</th>
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<td>White</td>
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<td>American Indian/Alaskan Native</td>
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<td>0.4</td>
<td>0.15</td>
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</tbody>
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### Facilitators
- Scholarships
- Social support
- Professional exposure
- Mentors & role models
- Affirmations
- Connections

### Inhibitors
- Lack of support
- Discrimination
- Cultural representation
- Testing
- Self-limitation
- Financial factors

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**Influencers of Success**
CROSS THE LINE ACTIVITY
ASSESSING DIVERSITY
Small Group Instructions:
• 10 minutes
• Read & answer questions in handout #1.
• Discuss 1) questions that resonate with you and 2) advantages/ disadvantages/ barriers to use of the tool.
• Select a reporter to share themes with the larger group
MOVE INTO GROUPS BASED ON AREA OF INTEREST

LGBTQ, IMG, URM, Other?
REFLECTION

Instructions:

• 20 minutes
• Select a diversity issue at your program
• Complete the SWOT analysis for this issue at your program.
• Discuss your SWOT analysis in your small group
PLANNING FOR DIVERSITY

Tools and Resources
<table>
<thead>
<tr>
<th>Broad Themes</th>
<th>Specific Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Language Acquisition</td>
<td>• Slang and Lay Language&lt;br&gt;• Phone Communication&lt;br&gt;• Medical Abbreviations</td>
</tr>
<tr>
<td>Social Determinants of Health</td>
<td>• Family Structure&lt;br&gt;• Education System</td>
</tr>
<tr>
<td>Transitions In Care</td>
<td>• Documentation&lt;br&gt;• Presentations&lt;br&gt;• Training in Sign-out</td>
</tr>
<tr>
<td>Shared Medical Decision Making Model</td>
<td>• Patient-Centered Model of Care</td>
</tr>
<tr>
<td>Faculty Development</td>
<td>• Understanding IMG cultural norms</td>
</tr>
<tr>
<td>Pediatric Medicine</td>
<td>• Well Child Care&lt;br&gt;• Cross Gender Examination&lt;br&gt;• Contraception</td>
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</tbody>
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**IMG Curricula**
• LGBT-related curricular content is lacking in medical education.
  • AAMC: Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD - A Resource for Medical Educators
  • APPD: LGBTQA PEG
    • Curricula task force – Develop and Implement a National Sexual Minority Youth Curriculum addressing knowledge, skills, and attitudes needed to take care of this population

**LGBTQ Curricula**
<table>
<thead>
<tr>
<th>Broad Themes</th>
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</table>
| Knowledge- Definitions          | ▪ Components of sexual orientation  
▪ Gender Identity and Gender Dysphoria  
▪ Terminology related to sexual minority youth |
| Knowledge – Health Disparities  | ▪ Mental Health  
▪ Substance Abuse  
▪ Vulnerable Populations  
▪ Minorities who are LGBTQ |
| Knowledge – Transgender Populations | ▪ Unique health disparities  
▪ Transitioning  
▪ Developmental and Psychosocial Challenges |
| Knowledge – Laws, Policies, Resources | ▪ Discrimination Policies  
▪ Marriage/Adoption  
▪ Resources for bullying prevention/suicide prevention |
| Skills                          | ▪ Clinical Interviewing  
▪ Anticipatory Guidance  
▪ Creating a safe and welcoming environment |
| Attitudes                       | ▪ Recognizing personal bias  
▪ Making assumptions |

LGBTQ Curricula
• Provide opportunities to meet diverse trainees and faculty
  • Letters from faculty/ residents
  • Diversity meet & greets/ dinners
  • Diverse interviewer pool
• Provide information to help with budgeting
• Highlight diversity of patient population
• Highlight how diversity fits in with your institutional mission

URM - Recruitment
• Partner with student groups
  • Latino Medical Student Association (LMSA)
  • Student National Medical Association (SNMA)
  • Association of Native American Medical Students (ANAMS)
  • American Medical Student Association - LGBT Programming

• Special programs
  • Research programs
  • Mentoring programs
  • Funded elective programs

URM – Pre-recruitment
• Critical for advancement in academic medicine
• Non-white faculty are less likely to be promoted than white faculty
• African-American scientists 10% less likely than their white peers to obtain R01 grants

*Beech BM. Acad Med. 2013; 88: 541-549*
Mentorship

- URM faculty typically receive less mentoring than their non-minority peers
  - Covert racism
  - Disproportionate involvement in “non-career advancing” activities
  - URM faculty treat more financially marginalized patients

_Beech BM. Acad Med. 2013; 88: 541-549_
Mentorship

- Successful URM mentorship programs (junior faculty)
  - One-on-one mentoring by an experience investigator
  - Group based skill-building seminars
  - Access to pilot grants
  - Support for key leaders
  - Allocation of resources

Beech BM. Acad Med. 2013; 88: 541-549
• New Century Scholars (APA)
  • 2010
  • Six–seven PGY-2 chosen each year
  • Remain NC Scholars during their PGY-2 and PGY-3
  • Each resident is paired with (2) mentors
    • Senior Mentor
      • APA members at Associate Prof or Prof level
    • Junior Mentor
      • Fellows or junior faculty
  • Each receives a membership to APA and a travel grant to PAS
    • At PAS a day-long NCScholars conference is held
  • 60/63 have completed the program
  • 63% have entered academic pediatrics

Pachter LM. Acad Med. 2015
Strategic Partnerships
An institution that offers a medical education program must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other members of its academic community, and must engage in ongoing, systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.

Strategic Partnerships
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Centers of Excellence (COE)

Purpose

The Centers of Excellence grant program is part of a national strategy to improve the public's access to quality, culturally-appropriate health care by increasing the number of underrepresented minority students who enter and successfully graduate from health professions training programs.

Centers of Excellence grants help health professions schools improve information resources, clinical education, curricula, and cultural competency as they relate to minority health issues. Ultimately, Centers of Excellence grantees serve as innovative resource and education centers for the recruitment, training and retention of underrepresented minority students and faculty.

With Centers of Excellence funding, grantees offer programming that meets the following seven legislative purposes:

- Increase the competitive applicant pool for health professions schools;
- Expand programs to enhance underrepresented minority student academic performance;
- Improve recruitment, training and retention of...
DIVERSITY PLANNING

15 min

• In pairs or small group, complete the planning form for an issue of interest to you.
• Share with your group.
COMMITMENT & EVAL

Take a minute to decide what you can commit to working on in the next 12 months.

Please share with the large group.

2. Snowdon S. (2013) Recommendations for Enhancing the Climate for LGBT Students and Employees in Health Professional Schools: A GLMA White Paper


References-LGBTQA


References-URM