PROMOTING DIVERSITY IN THE PIPELINE OF PHYSICIANS

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Objectives

• Stimulate a discussion and an assessment of diversity efforts in your training program

• Consider the components that are missing and practice having conversations about the challenges face enhancing and/or maintaining the diversity in your program.

• Discuss approaches to recruiting and supporting a more diverse residency applicant pool
  • Holistic review of residency applicants
  • Enhance mentorship activities in your program
Outline

• Why is this important?
  • Disparities in the Physician Workforce

• What are the barriers to our success?

• Program Director Role in Change

• Boots on the ground strategies
  • Recruitment
  • Mentorship

• How do we talk to administration/leadership about this?

• Monitoring Progress
Diversity

• “the state of having people who are different races or who have different cultures in a group or organization”

Source: Merriam-Webster's Learner's Dictionary
Diversity in pediatric patients

• In 2010, 50.4% of infants in the US were minorities
• 1 in 4 US children live in an immigrant family
• Asian American and Latino groups account for 75% of the growth of the US child population over the past 2 decades

Mendoza, Pediatrics 2015
US Census future estimates

• By 2020, 44.5% of all children will be minorities
• By 2050, 1 in 3 children will live in an immigrant family
• The proportion of Latino children in the US will equal the proportion of non Hispanic white children, each 36%

Mendoza, Pediatrics 2015
Racial and Ethnic Disparity in Health Care

• Any differences by patients’ race or ethnicity not related to patient preferences or clinical appropriateness
Racial and Ethnic Disparities exist in the care of our patients

- Cancer
- Premature birth
- HIV
- Obesity
- Sickle cell disease
- Autism spectrum
- Down syndrome
- Pain management
- Cerebral palsy

- Asthma
- Cystic fibrosis
- ADHD
- Diabetes
- End of life discussions
- Mental Illness
- Traumatic brain injury
Power Shuffle

• Honor confidentiality.
• Unconditionally respect yourself and others.
• Speak for yourself only.
• Actively listen: consider other people's words as gifts.
• No put-downs or hostile analysis. Avoid interpreting other people's experience.
• Give caring feedback.

• This exercise will include a dialogue, not a debate. There are no losers or winners.
• Agree to disagree.
• Everyone has the right to pass.
• It is okay to express your emotions.
• No "rescuing."
• Take responsibility for your own learning - ask for what you need.
Questions to consider during the debrief

1. How did it feel to be in the group which had to walk across?
2. How did it feel to be in the main group and watch others cross?
3. What surprised you during this exercise?
4. What is the significance of what you experienced during this exercise... for your school (department/division/program)? For your own practice of medicine? For health care in general?
5. How would you feel if your doctor belonged to one of the groups mentioned in this exercise (not your own)?
6. How does this activity build community and individual courage?
Program Self-Assessment
Making the argument for diversity

• Align with the strategic goals of your institution
• Make the moral argument
• Link diversity goals with quality measures, safety measures, patient satisfaction, employee satisfaction
• Create objective, measurable goals – define your ROI
• Be prepared to discard ineffective diversity tools for better ones
Recruitment Efforts
The mission of the Pediatric Residency at Children's Hospital of Pittsburgh of UPMC is to **educate and support a diverse group of residents** in an innovative and collaborative environment. Our graduates are exceptional pediatricians equipped to succeed in their unique career paths promoting the health and wellness of children and communities.
Preparation
Assess Your Program

• Track the numbers of
  • URM applicants
  • URM interviewees
  • URM candidates ranked “to match”
  • URM physicians joining your program

• Know your faculty data
  • Department statistics of URM faculty

• Know your culture of diversity
Ask for an External Look

• Current residents of under-represented backgrounds (if you have any)
• Medical students
• Faculty
• Another program director
• Staff members
Our external look

- Website
  - Diversity corner
  - Mission
  - Faces
  - Faculty

- Open conversation
  - It okay the PD isn’t an URM
  - Ask questions about what it’s like
  - Be prepared for the answer

When things go well, look in the mirror.

When things don’t go well, look in the mirror.
What we did
(everything they told us)

• Diversity and inclusion committee
• Website updates
• Recruitment efforts
• Resident conversations
• Meetings with UPSOM students
• Outreach to other schools
  • GME office, Faculty Grand Rounds, Society meetings
Prepare your partners

• Show your faculty that this is important

• Selection Committee
  • Faculty development on unconscious bias
  • Have everyone do the IAT

• Interviewers
  • Best practices on how to talk about diversity (even if you’re not from an URM background)
  • How to open the door to talking with the candidate about their background
Recruitment Season
Step One

• Examine the applicant pool
• Look at schools who traditionally train URM physicians
• Ask yourself why certain students might not be applying
• Track URM applicants separately
  • Invite “risky” applicants
Holistic Review

• Flexible, highly-individualized process
  • Balanced consideration
  • Multiple ways applicants prepare for and demonstrate suitability

• Under this framework, candidates are evaluated by criteria that are
  • Institution-specific
  • Broad-based
  • Mission-driven
  • That are applied equitably across entire applicant pool

AAMC Roadmap to Diversity: Integrating Holistic Review Practices into Medical School Admission Processes, 2010
Application Review

• EAM
  • Experiences
  • Attributes
  • Metrics

• We are pretty comfortable with metrics

AAMC Roadmap to Diversity: Integrating Holistic Review Practices into Medical School Admission Processes, 2010
Experiences

• How did this applicant get here?
  • Highlights of life’s story

• Examples
  • Care for a family member
  • Employment history
  • Geography distance
  • Research
  • Volunteerism
Attributes

• Skills and abilities
• Personal and professional characteristics
• Demographics

• Examples:
  • Listening skills
  • Multilingual abilities
  • Intellectual curiosity
  • Socioeconomic status
  • Parental education levels
Where do we find these?

• MSPE
  • Opening paragraphs
  • Comments

• CV
  • Volunteerism
  • Leadership

• Personal statement

• Letters
  • Perseverance, leadership, resilience, communication
Review the sample ERAS application

Assigns roles: PD, APD, selection committee member
Interview Day

• Consider offering a URM focused day
  • Gather faculty and residents together for a “pre-” event
• Plant your residents with an interest in diversity at key moments
  • Lunch, tour, morning report
• Match faculty and applicants
• Address diversity in your remarks
Address Diversity in Your Remarks

- Diversity and Inclusion Committee
  - Activities/successes
- Mentoring program
  - Mentor training?
- Faculty Development
- Integration into noon conference series
The Interview

• Faculty match is important

• Consider adding a member of your diversity committee to the itinerary

• Ask about attributes that are strengths

• Allow applicants to address struggles they may have had
  • Lower board scores, repeat course work, time off

• Be explicit about program commitment to diversity
Follow Through

• Make sure candidate receive an email from you after the interview day
• Follow up on questions they may have raised
  • Ask a URM faculty member or resident to reach out to them by phone
• Address concerns about neighborhoods, houses of worship, family, institutional diversity
• Consider a “second look”
Rank Meeting

• Assign an advocate for the URM applicants  
  • Diversity committee member
• Include separate spreadsheet  
  • Spend time addressing experiences and attributes at more length
• Know these candidates better than the rest  
  • Do your homework  
  • Call the Dean of Students or letter writers
Sealing the Deal

• Email again and offer to answer questions
• Ask your residents to call and follow up
• If you do a second look day
  • Add a breakfast/lunch with URM faculty
• Inquire about opportunities for significant others
On boarding and Residency Training
Post Match

• Reach out to matched URM residents to personally address concerns about the move
• Include questions about the interview environment in your post match survey
• Debrief with your team about the barriers that might have occurred with each of these applicants you did not catch
Check in Early

- Consider pairing them with a URM senior resident early in the year
- Have resources available for personal needs
  - Housing, restaurants, houses of worship
- Advisor assignment
  - Layered mentorship
- Personal emails and an early meeting
Advising and Mentorship Programs

• Mentorship is the most powerful intervention to improve success of residents from diverse backgrounds

• Consider a URM mentor (if available
  • Support the lived experience of being a minority in medicine

• Early and special attention to support their weaknesses
  • Efficiency
  • EMR/note writing
  • Preparation for in training exam

“\textit{I am honored to stand under the shade of a tree I did not plant.}”
Dr. Valerie Montgomery-Rice
Set The Stage

• Be clear about your commitment to their success
• Be clear that you are there to support them through any difficulties they may face
  • May want to explicitly acknowledge that they may be treated differently than their majority colleagues and that you are available to talk with them at any time
• You are mentoring the future URM leaders in academic medicine
Resident Retention and Support

• Address fellowship plans early
• Ask about (encourage) plans to stay in area
• Inquire frequency in small groups about the culture of diversity
• Be specific: what do we need to do to keep you here?
Social Networking

• Encourage them to get involved with professional groups:
  • Student National Medical Association (SNMA)/National Medical Association
    • Gateway Society
  • Latino Medical Student Association (LMSA)
  • Minority Housestaff Association
  • PrideHealth
Break the Silence: Time to Talk about Race and Racism

• Faculty need not only the ability to recognize prejudice and discrimination but also the tools to speak up against it when they witness it

• Don’t avoid discussions – be fearless

• Don’t pretend discriminatory incidents don’t happen
  • Silence in the face of injustice not only kills any space for productive conversations, but also allows cancerous ideas to grow

Acosta & Ackerman-Barger. Acad Med 2016 Sep 20 ePub ahead of print
Celebrate Diversity

• Advocate for diversity
  • Students, residents, faculty
• Advocate for discussions about diversity
  • Round table discussion
  • Meet the professor sessions

• These expressions of a strong commitment to diversity go a long way and can have a huge impact on your institution’s culture
Crucial Conversations
Crucial Conversations

• What makes a conversation “crucial” vs. typical?
  • First, opinions vary
  • Second, the stakes are high
  • Third, emotions run strong
Crucial Conversations

• Why don’t crucial conversations tend to go well?
  • Emotions tend to rule
  • Your body physically reacts
  • We are under pressure
  • We are stumped
  • We act in self defeating ways
Typical Responses in a Heated Discussion

• Masking, Avoiding, Disengaging = SILENCE
• Controlling/coercing, Labeling, Attacking/Belittling = VIOLENCE
8 Core Principles of Crucial Conversations

1. Begin to recognize the conversations that have you stuck
2. Start with the Heart: Focusing on what you really want
3. Learn to Look: How to Notice When Safety Is At Risk
4. Make it Safe
5. Master [your own] stories
6. Learn how to effectively share your own views: [STATE your Path]
7. How to encourage others when they get emotional to share their own views and get back to the facts [AMPP]
8. Move to Action
#1 Recognize a crucial conversation

- Stuck conversation
- Stuck issues
- Feelings of
  - Anxiety
  - Fear
  - Judgement
  - Anger
#2 Start with the Heart

• What do I really want for myself? And others? The relationship?
• How would I behave if I really wanted these results?
• Refuse the “sucker’s choice”
#3 Learn to Look

- In the midst of the conversation, learn to recognize when things are not going well
- Step out of the content of the conversation and observe how the conversation is going
#4 Make it Safe

- Conditions of Safety  Mutual Purpose and Mutual Respect
  - Apologize
  - Contrast to Repair Misunderstandings
  - Use CRIB
    - Commit to seek mutual purpose
    - Recognize the purpose behind strategy
    - Invent a mutual purpose
    - Brainstorm new strategies
#5 Master Your Own Stories

Inciting Event

Facts | Interpretation | Emotion | Behavior

See and hear | Tell a Story | Feel | Act

Silence

 Violence
#6 Learn how to Effectively Share Your Views

• Share your facts
• Tell your story
• Ask for others path
• Talk tentatively
• Encourage testing
#7 Encourage Others When They Get Emotional

- Ask to get things rolling
- Mirror to confirm feelings
- Paraphrase to acknowledge the story
- Prime when you are getting nowhere
#8 Move to Action

• Decide how you’ll decide
• Document decisions and follow up
Role Play

• Break into groups of 3
• Identify Roles (A,B,C)
  • A = yourself
  • B = Chair/Administrator/Faculty Member
  • C = Observer
• Review handout describing roles
• Conversation 5 mins
• Debrief 5 mins
• Change roles