

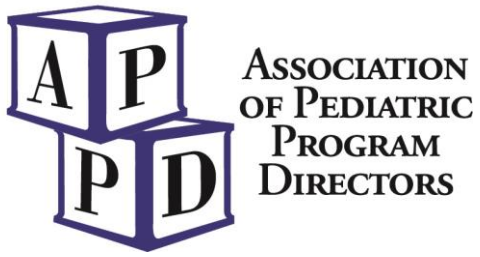


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Creating a Climate Committed to Social Justice and Inclusion

APPD Fall Meeting Skill Building

10/11/18



D&I Skill Building Group

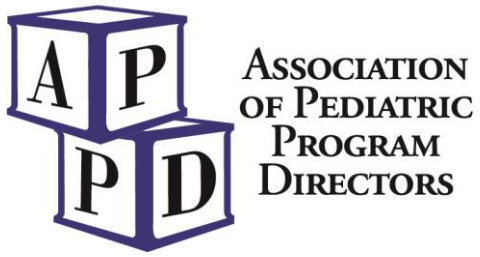
- ▶ Pat Poitevien MD, MSc
 - ▶ Director, Pediatric Residency Program
 - ▶ Hasbro Children's Hospital / Warren Alpert Medical School at Brown University
- ▶ Michelle Barnes MD
 - ▶ Associate Program Director, Pediatric Residency Program
 - ▶ University of Illinois at Chicago
- ▶ Karla Au Yeung MD
 - ▶ Director, Pediatric Residency Program
 - ▶ Valley Children's (Affiliated with Stanford School of Medicine)



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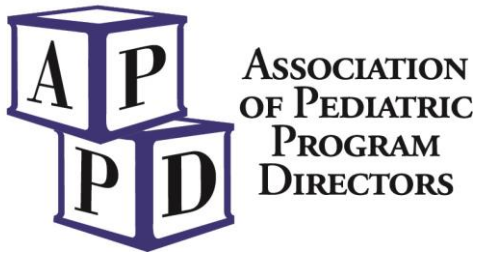
D&I Skill Building Group

- ▶ Brian Lurie MD, MPH
 - ▶ Faculty General Pediatrics Director Outpatient Clinic
 - ▶ Carolinas Medical Center, Levine Children's Hospital
- ▶ Sydney Primis MD
 - ▶ Director, Pediatric Residency Program
 - ▶ Carolinas Medical Center, Levine Children's Hospital
- ▶ Michelle Brooks C-TAGME
 - ▶ Residency Program Coordinator
 - ▶ Stanford Children's Health



APPD Learning Communities

- ▶ Community Health and Advocacy Training
 - ▶ Michelle Barnes, Co-Chair
- ▶ LGBTQA+
 - ▶ Michelle Brooks, Chair
 - ▶ Brian Lurie, Past Chair
- ▶ Underrepresented Minorities in Pediatric GME
 - ▶ Pat Poitevien, Past Co-Chair



Rules of Engagement

- ▶ Share talk time / Share the space
- ▶ Risk Taking - to learn from each other we are going to ask people to step out of their comfort zones
- ▶ Support - We have to support people when they are out of their comfort zones
- ▶ Confidentiality
- ▶ Respect - Every individual's perspective is valued and considered legitimate for that person
- ▶ All feedback and comments should be made with the desire to educate, not hurt



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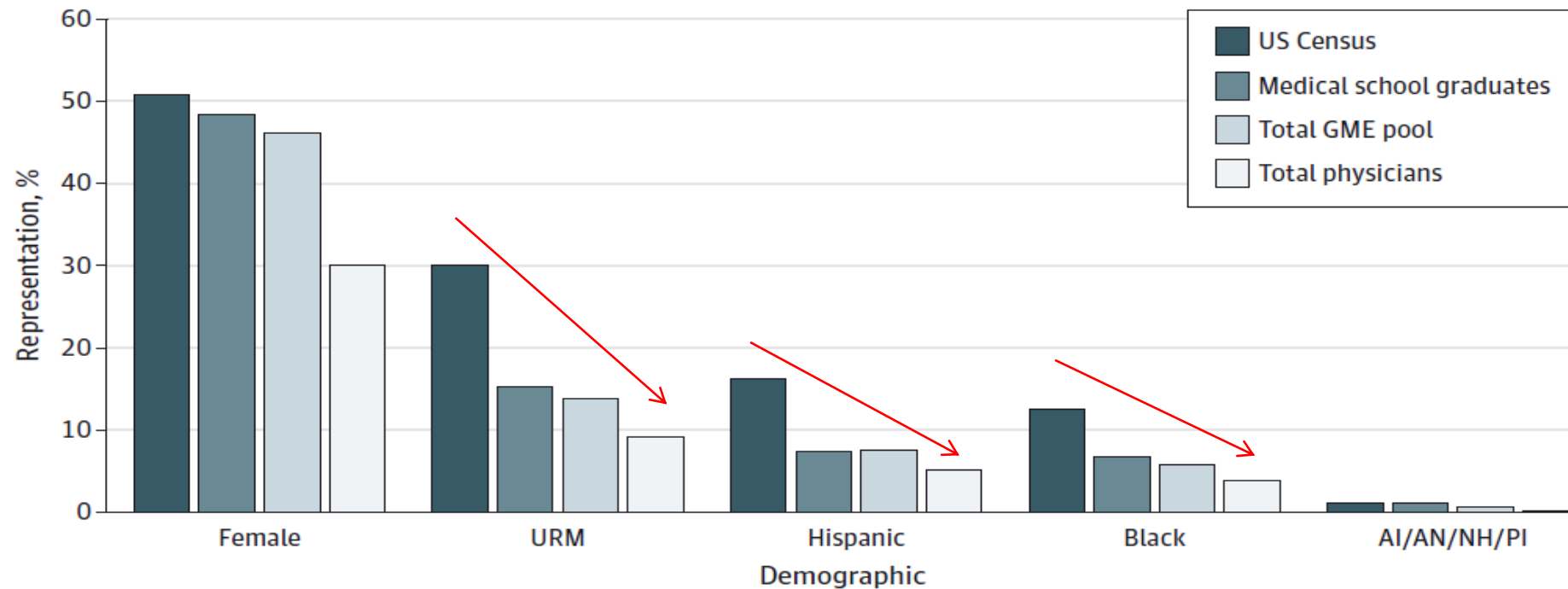
Diversity in Academic Medicine

Current Trends



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Figure 1. Distribution in the 2010 US Population, 2012 Medical School Graduates, 2012 Practicing Physicians, and the 2012 Graduate Medical Education (GME) Trainee Pool



Deville C, et al. *Diversity in Graduate Medical Education in the US by Race, Ethnicity and Sex*. JAMA Internal Med. 2015



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Current Trends

Table. Comparison of Pediatricians With Current Underrepresented Population

Population	%						
	White	Asian	Black/African American	Other	Hispanic	American Indian/ Alaska Native	Unknown
All US children	55.70	3.60	15.50	3.10	22.40		
Pediatricians in 2008	73.20	12.30	7.40		6.40	0.40	
Academic pediatricians in 2012 according to AAMC	63.00	11.00	3.30	2.70	4.70	0.15	14.00

Abbreviation: AAMC, Association of American Medical Colleges.

Walker L, et al. *Pediatric Faculty Diversity; A New Landscape for Academic Pediatrics in the 21st century*. JAMA Pediatrics. 2013



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TABLE 3 Representation of Racial and Ethnic Diversity by Level

Group (N)	Residents (3832)	Clinical Fellows (2286)	Research Fellows (945)	Faculty (11 168)	Residency Directors (118)	Division Chiefs (837)	Vice Chairs (197)	Chairs (65)
African American, %	6.6	4.7	2	4.2	2.5	2.3	1.0	4.6
Native American or Alaska Native, %	0.3	0.2	0.1	0.1	0	0.2	0.5	0
Asian American, %	14.9	19.7	32.7	14.4	4.2	7.8	4.6	0
Latino, %	5.1	5.6	3.7	4.4	2.5	3.6	1	9.2
Hawaiian or Pacific Islander, %	0.4	1.4	0.4	0	6	0	0	0
White non-Hispanic, %	70	56.8	42.5	73.2	79.7	80.3	87.8	86.2
LGBT, %	0.8	0.3	0.2	0.4	5.1	1.0	2.0	0
Physically disabled, %	0.4	0	0.1	0.2	0	0.4	1.5	0
Unknown, %	1.5	11.2	18.2	2.7	0	4.4	1.5	0

Mendoza F, et al. *Diversity and Inclusion Training in Pediatric Departments*
Pediatrics.2015

Current Trends

- ▶ Physicians who self identify as underrepresented
 - ▶ Are more likely to enter into primary care
 - ▶ Are more likely to provide care for patients in underserved areas
 - ▶ Are more likely to provide care for non-English speaking populations



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Inclusion

Current Climate

Diversity without Inclusion

- ▶ 2218 Medical School Faculty Surveyed across 26 institutions
- ▶ 512 (23%) were URMM
 - ▶ URMM endorsed higher leadership aspirations
 - ▶ URMM rated their institutions lower on cultural dimensions of relationships and inclusion
 - ▶ URMM rated their institutions lower on URMM equity and institutional efforts to improve diversity
 - ▶ 22 % (112) reported they had personally experienced racial/ethnic discrimination by a superior or colleague
 - ▶ 12% (64) reported this occurred in the last two years

Pololi LH, et al. *The Experience of Minority Faculty Who Are Underrepresented in Medicine at 26 Representative US Medical Schools*. Acad Med. 2013

Diversity without Inclusion

- ▶ 29 Faculty @ JHU SOM participated in focus groups to discuss the institutions cultural diversity climate



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Re Climate...

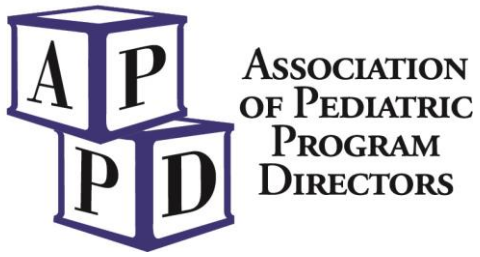
- ▶ *“Unless I identify myself as a gay man, which until I tell you that, you don’t know, I may have to stand and listen to somebody say things that are very derogatory about me and others that, in polite company, they wouldn’t do for a person whose diversity is outwardly visible.”*

Re Bias...

- ▶ *“...when you think about practices that may or may not impact your career development, I think you have to kind of choose your battles very selectively because you’ll be confronted with topics of conversation and points of view that can be very viscerally offensive. I mean whenever I hear people talk...about ‘we are all going to STD clinic, that’s where you can recruit large numbers of African Americans’ and when I hear that, its offensive.”*

Diversity without Inclusion

- ▶ 96 Faculty across 5 medical institutions interviewed to ascertain their assessment of the culture of academic medicine
- ▶ Purposeful over sampling of women and URMM Faculty



Re culture

- ▶ *“So academic medicine is a foreign culture that isn’t friendly to American Indians and Latinos. You’re not going to attract Latinos, American Indians who have a community bent, who want to change social systems, who have a sense of family and community. Its very hard for us to fit in at academic institutions, where that’s about the individual.”*

Re Bias

- ▶ *“If the majority of patients that you are treating are African American and very poor and uneducated, and I’m African American, well, people are sometimes not able to make the distinction between some of those patients and you.”*



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Re Diversity Practices

- ▶ *“The minorities see academia as an environment they can potentially thrive in and they get played. They become the representative in that it shows that the institution is doing something about health disparities, and they get used, and they also don’t wind up in decision making circles.”*

Diversity without Inclusion

- ▶ 27 URM Resident Physicians participated in interviews

Box. Interview Guide

1. Tell me a little bit about your experience as a resident so far.
2. What is it like to be an underrepresented minority at your program?
3. Can you recall a time when race affected your experiences as a resident? Tell me about it.
4. How, if at all, does race feature in your thought process as you go about your workday?
5. Have you ever experienced discrimination at your institution? If so, tell me about it.
6. If you have experienced discrimination, how did you perceive the level of support from coworkers or supervisors in those instances?
7. Suppose that you had 1 minute to talk to the CEO of your institution about the diversity climate at your program. What would you say?
8. What could administrators do to make the diversity climate better for you?

Diversity without Inclusion

▶ Microaggressions

- ▶ *“Wow. You’ve really come a long way. You know, like, being like a Mexican, that’s just...I didn’t expect somebody to be that well educated. And I said, Oh Wow. Well I did go to school, and I’ve been here for a while. And I’m actually not from Mexico, but I’m proud of my heritage. Actually I’m fourth generation.”*
- ▶ *“Yeah. You just told someone who’s had an Afro for the last 2 years who finally got their hair flat-ironed once, and you’re like ‘Oh, your hair looks so professional!’”*

Osseo-Asare A, et al. *Minority Resident Physicians’ Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace.* JAMA Network Open. 2018

Diversity without Inclusion

- ▶ URM Trainees as Race/Ethnicity Ambassadors
 - ▶ *“...you get tapped to do various things, and some of it is stuff that you’re interested in and some of it is because they need, not necessarily a token individual, but somebody to be representative of all the ideas of minorities because you have that insight.”*

Osseo-Asare A, et al. *Minority Resident Physicians’ Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace*. JAMA Network Open. 2018



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Diversity without Inclusion

- ▶ Challenges Negotiating Personal and Professional Identity While Seen as “Other”
 - ▶ *“For me its like I have this part of my culture that just never really gets any attention during the workday...it’s not like I get to share any part of my culture because people don’t necessarily know anything about it to ask or seem to really care.”*
 - ▶ *“I get in work mode and I prepare myself. I put my shield up because you never know who’s going to be acting what kind of way in my department. I just can’t be how I am at home or with my friends.”*

Osseo-Asare A, et al. *Minority Resident Physicians’ Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace.* JAMA Network Open. 2018



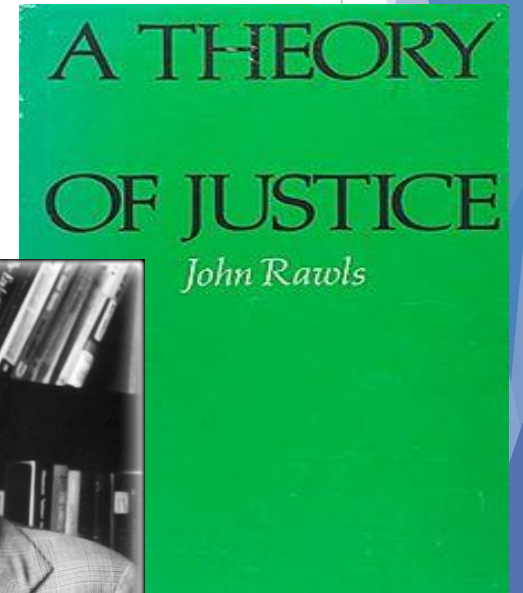
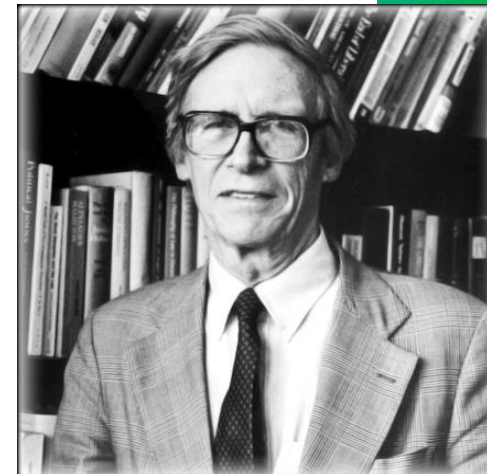
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Social Justice In Medical Education

Call to Action

Social Justice

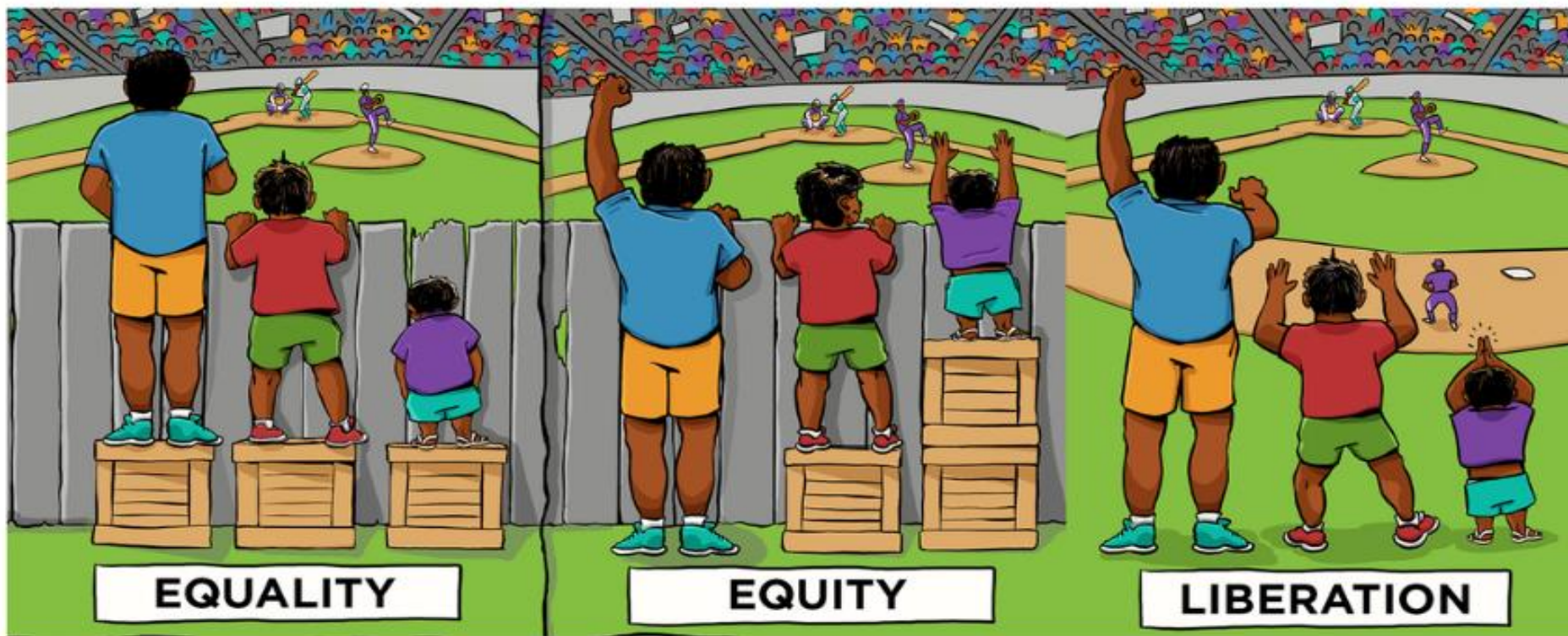
- ▶ John Rawls; A Theory of Justice - 1970
- ▶ A Theory of Justice must regulate “the inequities in life prospects between citizens that arise from social starting positions, natural advantages and historical contingencies.”
- ▶ The veil of ignorance



Social Justice in Medical Education

- ▶ The underrepresentation of some racial/ethnic groups in medicine is rooted in
 - ▶ A history of segregated and unequal medical education
 - ▶ Barriers to professional advancement
 - ▶ A socioeconomic/political system in which racial / ethnic minorities receive lower quality education at every level
 - ▶ A culture in which institutional and interpersonal racial discrimination remains a reality

Orom H, et al. *The Social and Learning Environments Experienced by Underrepresented Minority Medical Students*. Acad Med. 2013.



G&O

- ▶ Consider your identity and how facets of that identity impact your everyday life
- ▶ Examine how power and privilege may be impacting your training program
- ▶ Develop language to discuss issues of diversity and inclusion with key stakeholders
- ▶ Make a “Diversity and Inclusion” assessment of your own program
- ▶ Discuss strategies to mitigate the impact of explicit and implicit bias in the GME environment
- ▶ Develop strategies to engage trainees in lessons about social justice in medicine
- ▶ Share Best Practices
- ▶ Practice skills learned for creating an inclusive and diverse training program



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Circles of *My* Multicultural Self

Identity, Power and Privilege



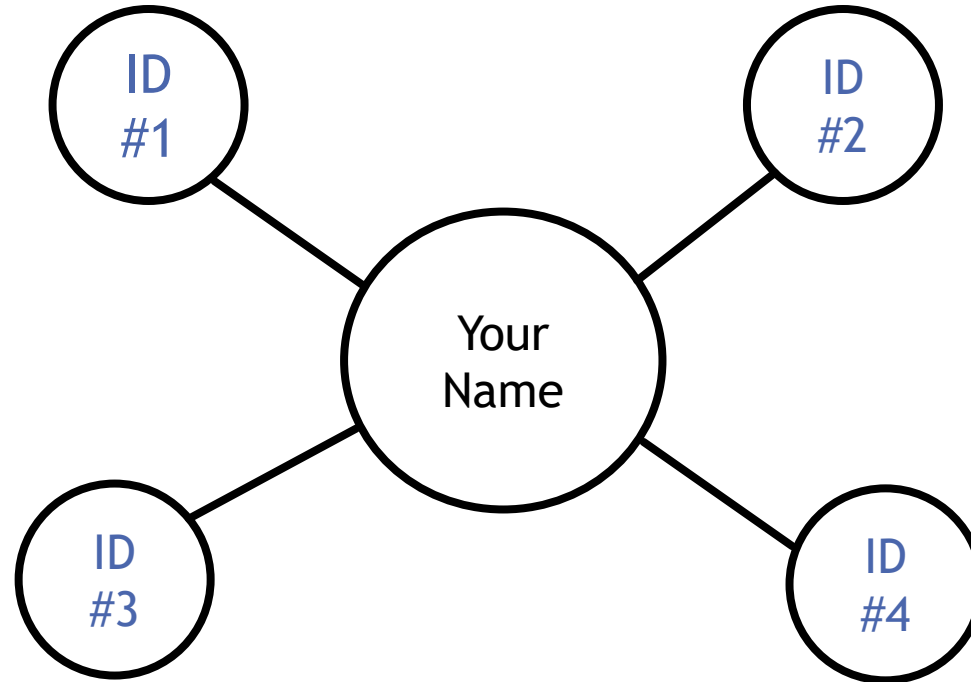
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Circles of My Multicultural Self

1. Pair up
2. Center Circle:
→ Your Name
3. Outer Circles:
→ Dimensions of your identity

EXAMPLES:

Race, Gender, Religion,
Profession, Sibling,
Spouse, Parent



4. Share 2 Stories
w/Partner:
→ 1 *Painful* & 1 *Proud* story
5. Share a stereotype with
your partner about one
dimension of your identity
that fails to describe you
accurately.



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Tape on the Forehead Activity



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Activity



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Discussion

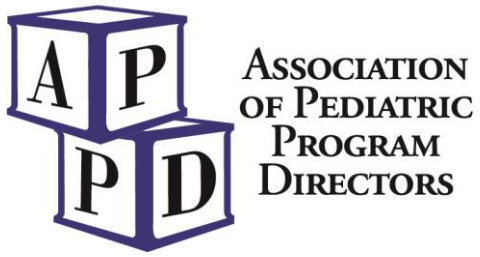
- ▶ What happened?
 - ▶ How did you come together?
 - ▶ What did it feel like?
 - ▶ How do you feel now?
- ▶ Have you experienced or witnessed these dynamics in other settings?

Mainstream

- ▶ The center or in-group.
 - ▶ The mainstream sets the tone for a group organization or society.
 - ▶ Its preferences become the norms for the group, and it provides most of the leadership for carrying out the mission of the group.
 - ▶ The mainstream may or may not be conscious of its role and higher status
 - ▶ Everyone is a member of some mainstream or other
 - ▶ even a working class Jewish radical lesbian may be able-bodied, for example, and "able-bodied" is a mainstream identity.

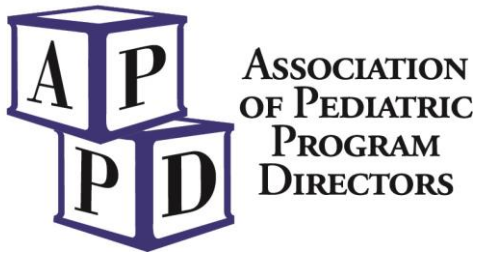
Margin

- ▶ The periphery or out-group.
- ▶ **Marginalized:** Excluded, ignored, or relegated to the outer edge of a group/society/community.
- ▶ Everyone is a member of some margin or other
 - ▶ even a white, heterosexual, owning-class, Protestant man may be a vegetarian, or a "night person" who hates working before noon.



Think about a time you were in the margin

- ▶ What was it like to be in the margin?
- ▶ What did the mainstream seem like to the margin?
- ▶ What would you like to say as a marginalized person to the mainstream?



Think about...

- ▶ How do dynamics of privilege and marginalization impact the success of trainees and faculty?
- ▶ What is the impact of structural bias on trainees and faculty?
- ▶ List examples of how structural bias occur in our programs.



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Common Fears and Difficult Conversations around Inclusion

Definitions

What role do you have at your home institution?

A. Fellowship PD

B. Associate PD

C. Program
Coordinator

D. Residency PD

E. Other

Select the definition of PREJUDICE

- A. Free from all favoritism;
eminently fair
- B. Preconceived opinion
that is not based on reason
or actual experience
- C. Prolonged cruel or
unjust treatment or control

Select the definition of DISCRIMINATION

- A. the unjust treatment of different categories of people or things, especially on the grounds of race, age or sex
- B. the action or state of setting someone or something apart from other people or things
- C. equal treatment of all rivals or disputants

Select the definition of STRUCTURAL RACISM

- A. antagonism directed against someone of a different race based on the belief that one's own race is superior **A**
- B. a system whereby public policies, institutional practices and cultural norms reinforce ways to perpetuate racial group inequity **B**
- C. the unjust or prejudicial treatment of different categories of people or things especially on the grounds of race, age or sex **C**
- D. a feature section in Architectural Digest **D**

Select the definition of HETEROSEXISM

A. a gender classification

B. a system of bias, attitudes and discrimination in favor of opposite sex sexuality and relationships

C. irrational fear, or aversion to, or discrimination against homosexuality

D. an adults-only resort in Jamaica

Select definition of TOXIC MASCULINITY

A. a punk rock band

B. a narrow and repressive description of manhood defined by violence, aggression and the subordination of women

C. possession of qualities traditionally associated with men

D. a cologne by Calvin Klein

Select the definition of WHITE FRAGILITY

- A. a state in which a minimal amount of racial stress becomes intolerable to the majority race , triggering a range of defensive moves
- B. a new brand of whisper-soft and facial tissue
- C. assumptions and stereotypes about white people

Select the definition of ALLY

- A. an individual who acknowledges and wields the power of their privilege to support and champion equitable treatment of marginalized groups
- B. a member of your crew in Fortnite
- C. an individual who sides with you whenever there is conflict at your institution



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Wellness Break



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The Pediatrician and Social Justice

Spent



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Poverty in America



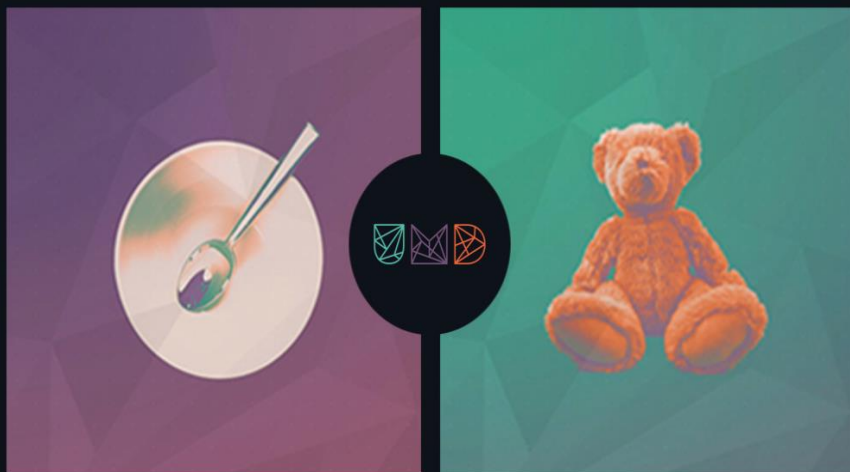


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playspent.org

IT'S JUST STUFF.
UNTIL YOU DON'T HAVE IT.

USE YOUR NAME FOR GOOD AT
NAMESFORCHANGE.ORG →



CONTINUE TO →

~~SPENT~~

What does poverty look like?

- ▶ How does someone in poverty earn their income?
- ▶ What are their expenses?
- ▶ How does income impact the ability to...
 - ▶ Meet basic needs?
 - ▶ Provide for one's family?
- ▶ What issues did the game raise for you?
- ▶ How did this make you consider what is necessary vs. what is a luxury?



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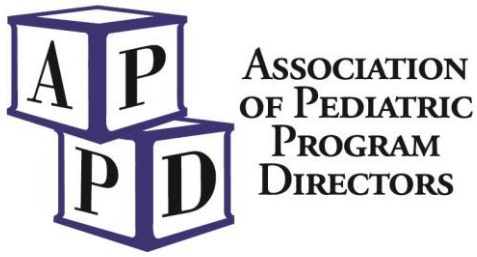
Explicit bias and the Muslim intern

The scenario...

- ▶ You are an attending on nights in the ER.
- ▶ You just heard from the head nurse, Ronnie, that the father of a patient, told your intern, Amina, that the family did not want a Muslim doctor.
- ▶ Ronnie told you that Amina looked very upset and is now in an empty exam room where she is collecting herself. Ronnie suggested that you look in on her.
- ▶ When you walk in Amina is obviously crying...

Consider in Pairs...

- ▶ How did the interaction go?
- ▶ Have you ever been in this situation?
- ▶ How did it feel as the PD to support the resident after this interaction?
- ▶ How did it feel as the resident to talk to your PD about this interaction?
- ▶ What surprised you most about this discussion?



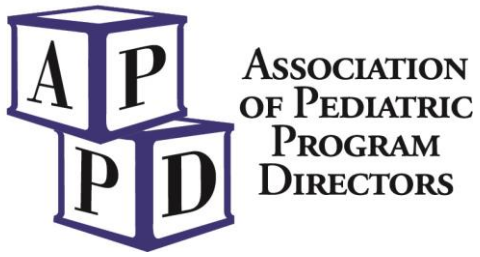
Consider at Your Tables...

- ▶ Have you ever been in this situation?
- ▶ What if you were the faculty member on service with the resident? How would you support the resident through this experience?
- ▶ How do you discuss this interaction with your housestaff? What are important issues to address?



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Implicit bias and the well-intentioned resident



Consider...

- ▶ How did the interaction go?
- ▶ Has anyone ever been in this situation before?
- ▶ How did the faculty member engage the resident after this interaction?
- ▶ What if you are the faculty member on service with the resident? How would you provide feedback to the resident around this experience?
- ▶ How do you discuss this interaction with your housestaff? What are important issues to address?



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Game of Life

Design Your Own Residency Program



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The Game of Life

We don't get to pick some aspects of our lives

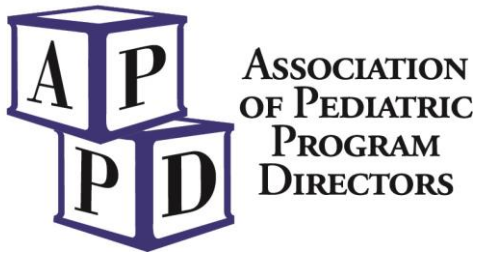
What would you do if
you were given a
different life?





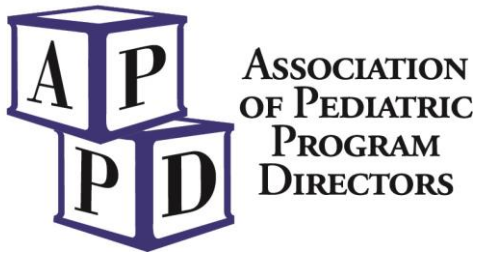
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Wrap-up



Summary

- ▶ Diversity and Inclusion are distinct entities
- ▶ You cannot support and sustain a diverse climate without inclusion
- ▶ You cannot support and sustain an inclusive environment without acknowledging social injustice



Take-aways

- ▶ Recognize the impact power and privilege have on your trainees
- ▶ Empowered you with language to engage stakeholders in these conversations
- ▶ Make an objective assessment of your program/department/institution
- ▶ Engage your trainees in education about social justice
- ▶ Support your faculty and trainees when they are faced with examples of implicit or explicit bias

References

- ▶ <http://www.ncra.ca/equity/ncra-anti-oppression-toolkit.pdf> (Includes the tape on the Forehead Activity p 13)
- ▶ https://www.uml.edu/docs/Glossary_tcm18-55041.pdf (Diversity and Social Justice glossary of working definitions)
- ▶ <https://www.aamc.org/download/335956/data/cultureclimatewebcastguide.pdf> (AAMC Assessing Institutional Culture and Climate)
- ▶ Walker L, et al. *Pediatric Faculty Diversity; A New Landscape for Academic Pediatrics in the 21st century*. JAMA Pediatrics. 2013
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Thank You!