

Diversity, Equity, and Inclusion 2.0+: Thinking Beyond Recruitment

(Partnership of APPD Learning Communities: URM in Peds GME & LGBTQA+)

Lahia Yemane, MD

Michelle Brooks, C-TAGME

Rebecca Blankenburg, MD, MPH

Stanford Medicine

Patricia Poitevien, MD, MSc

Brown University

Emma Omoruyi, MD, MPH

UTHSC Houston

Beth Payne Wueste, MAEd, C-TAGME

UTHSC San Antonio

Choose a Table!

- Please choose a table to sit at with a topic area you want to focus on during the workshop. If multiple people from same institution, pick different topics!
- Recruitment
- Community Building
- Learning Environment

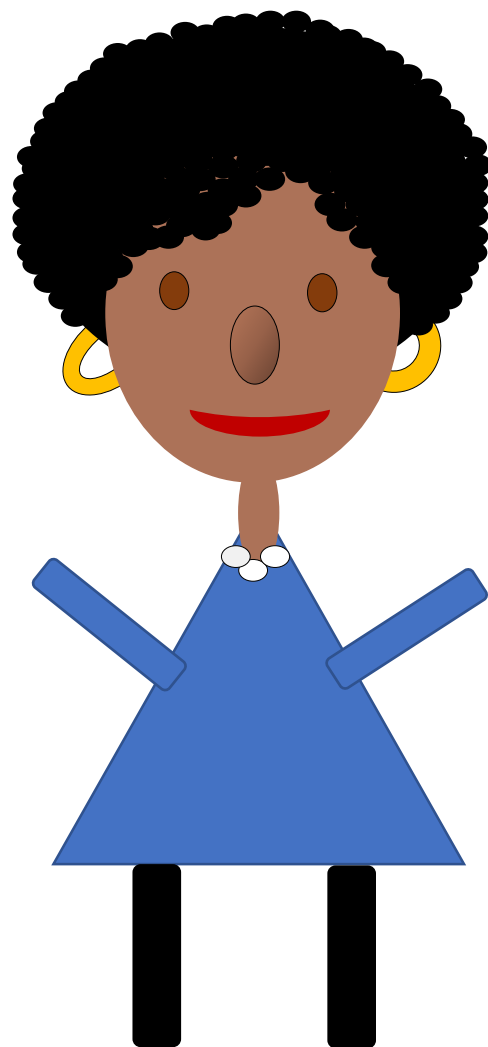
Disclosures

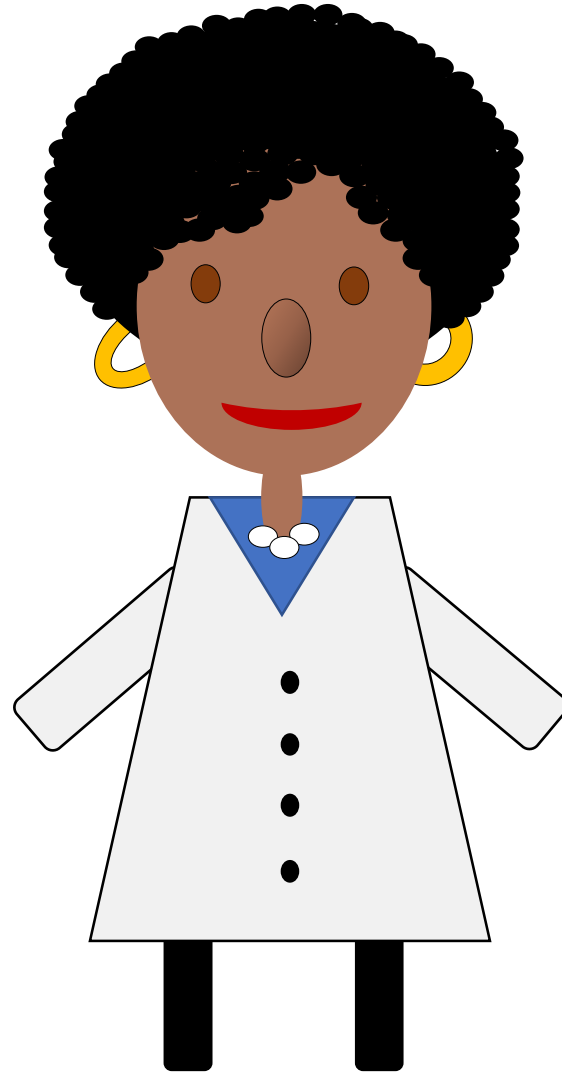
- The authors have no financial relationships or conflicts of interest to disclose

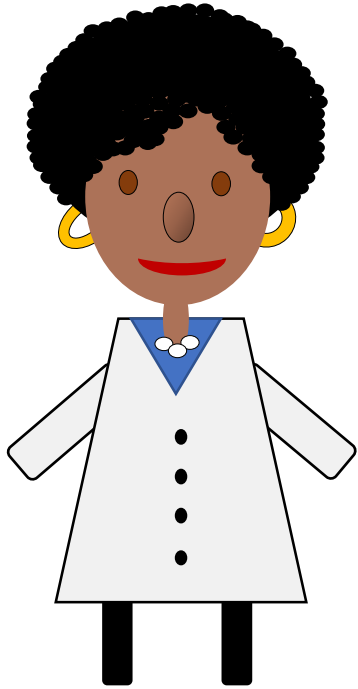
Objectives

- Discuss the distinction between diversity, equity, and inclusion
- Discuss the new ACGME common program requirement, and its implications, regarding recruitment and retention of a diverse and inclusive workforce
- Examine opportunities, challenges, and lessons learned from a variety of institutions
- Create action plans to make our home institution's workforce more diverse and inclusive

Small Group Activity







Question

Eleanor Equity felt that her program director would support her no matter what and developed a true kinship with her fellow residents. She had a true sense of belonging and felt respected.

This is an example of:

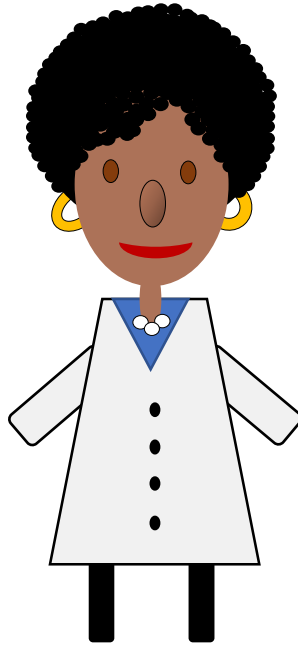
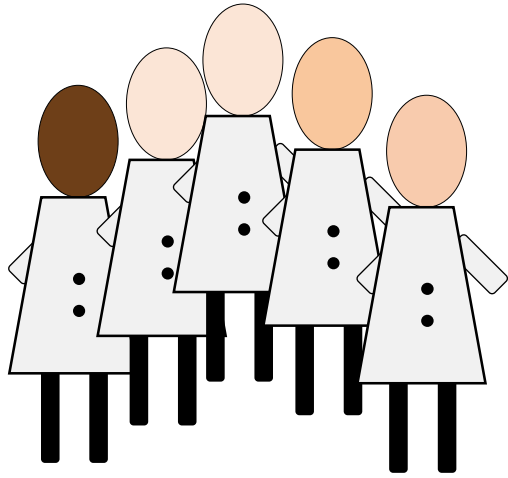
- a) Diversity
- b) Social Justice
- c) Inclusion
- d) Culture
- e) Climate

Answer

Eleanor Equity felt that her program director would support her no matter what and developed a true kinship with her fellow residents. She had a true sense of belonging and felt respected.

This is an example of:

- a) Diversity
- b) Social Justice
- c) Inclusion**
- d) Culture
- e) Climate



Question

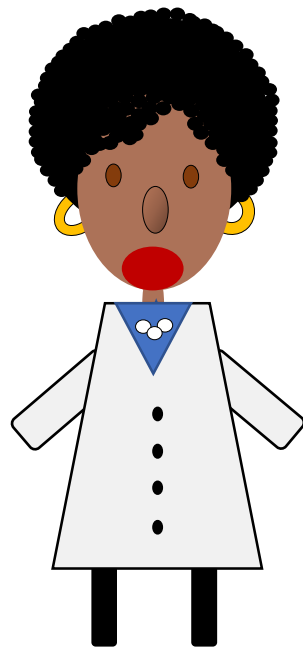
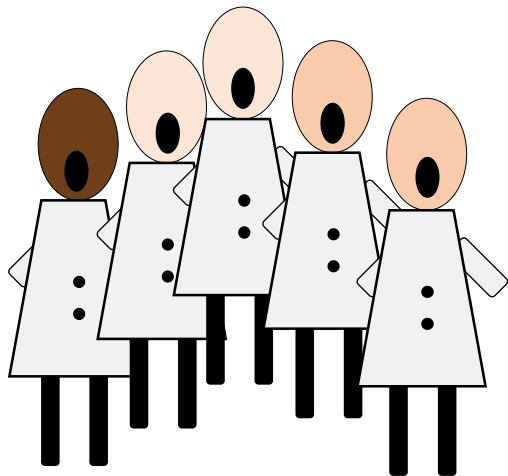
“ I really hope she is on some kind of birth control. The last thing this Mom needs right now is another child.” This statement is an example of:

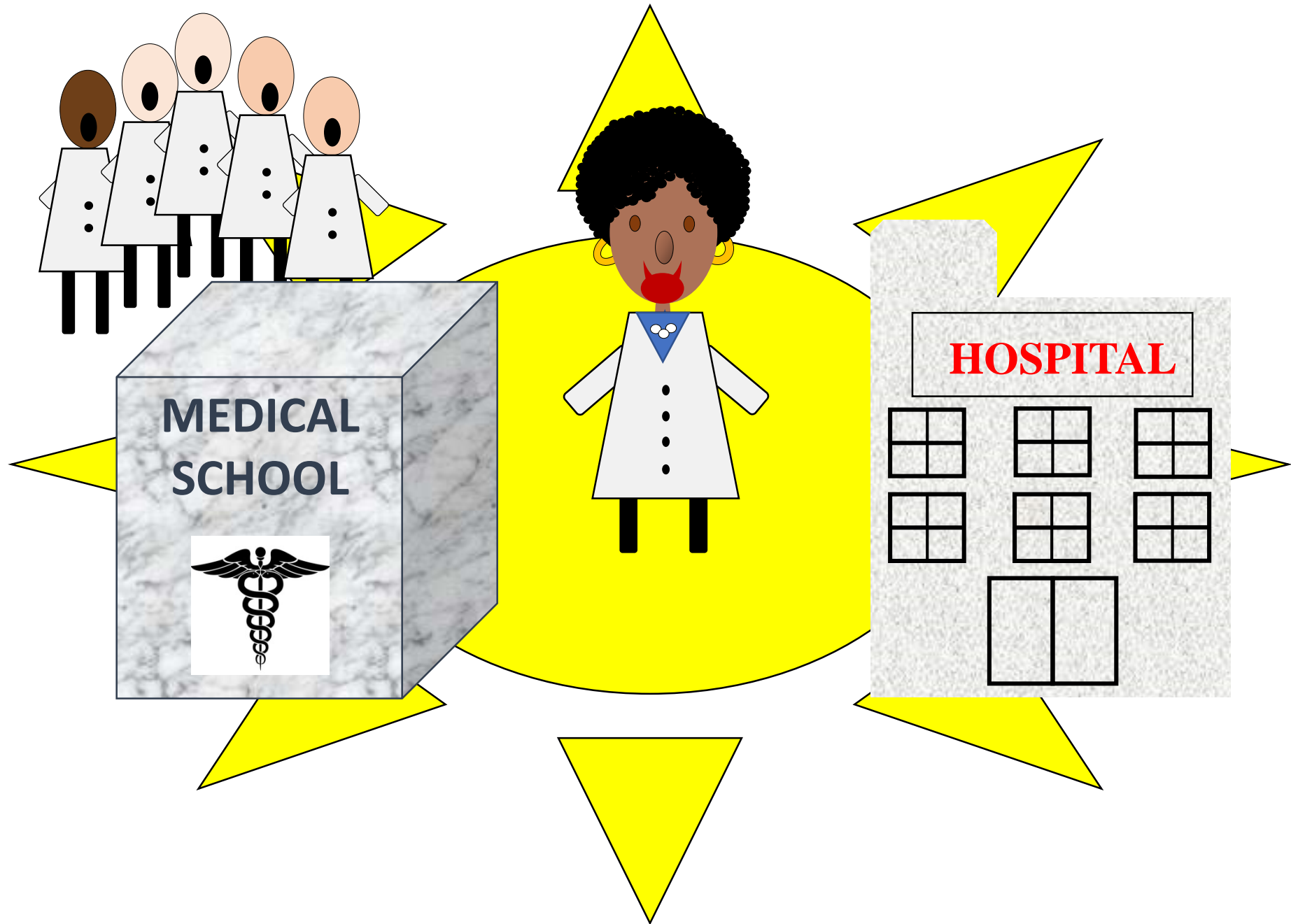
- a) Explicit bias
- b) Microaggression
- c) Heterosexism
- d) In group bias
- e) Social Oppression

Answer

"I really hope she is on some kind of birth control. The last thing this Mom needs right now is another child." This statement is an example of:

- a) Explicit bias
- b) Microaggression** (also - Implicit bias)
- c) Heterosexism
- d) In group bias
- e) Social Oppression





Question

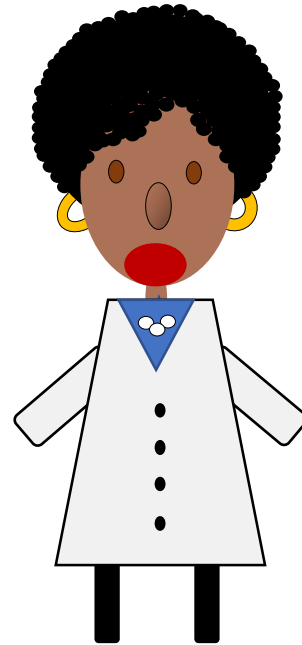
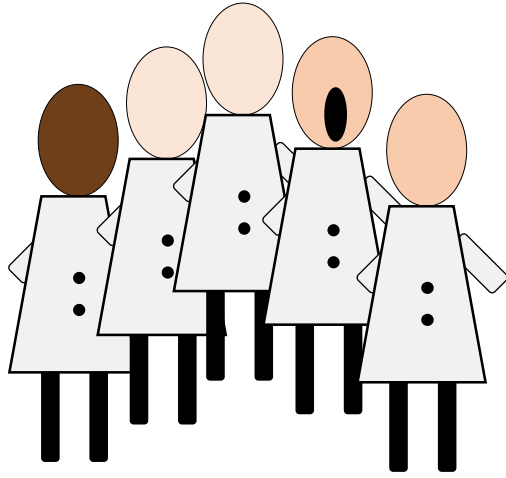
By speaking with the Case Manager and by saying to the team, “I just spoke with her about her statement and discussed the potential negative impact of bias. Let’s continue rounds and debrief this afternoon on how that encounter made everyone feel. I’ll also discuss with the Nurse Manager and our PD to see what we can do to better educate our staff,” the Attending is demonstrating and creating the _____ of the Pediatric Department:

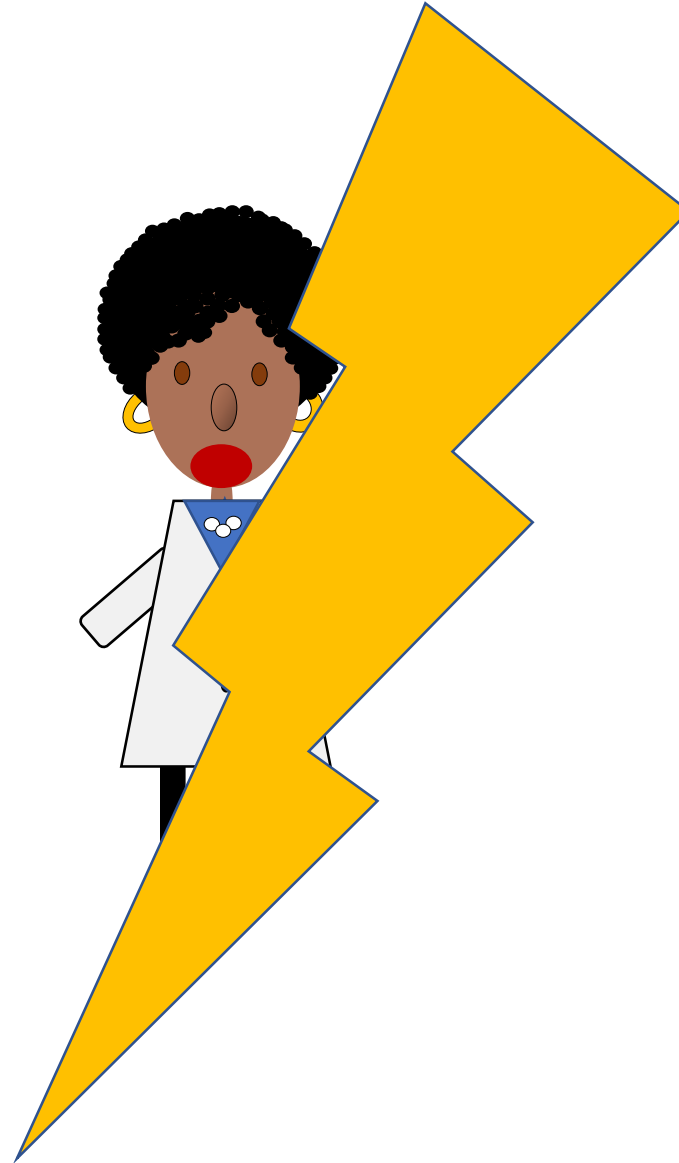
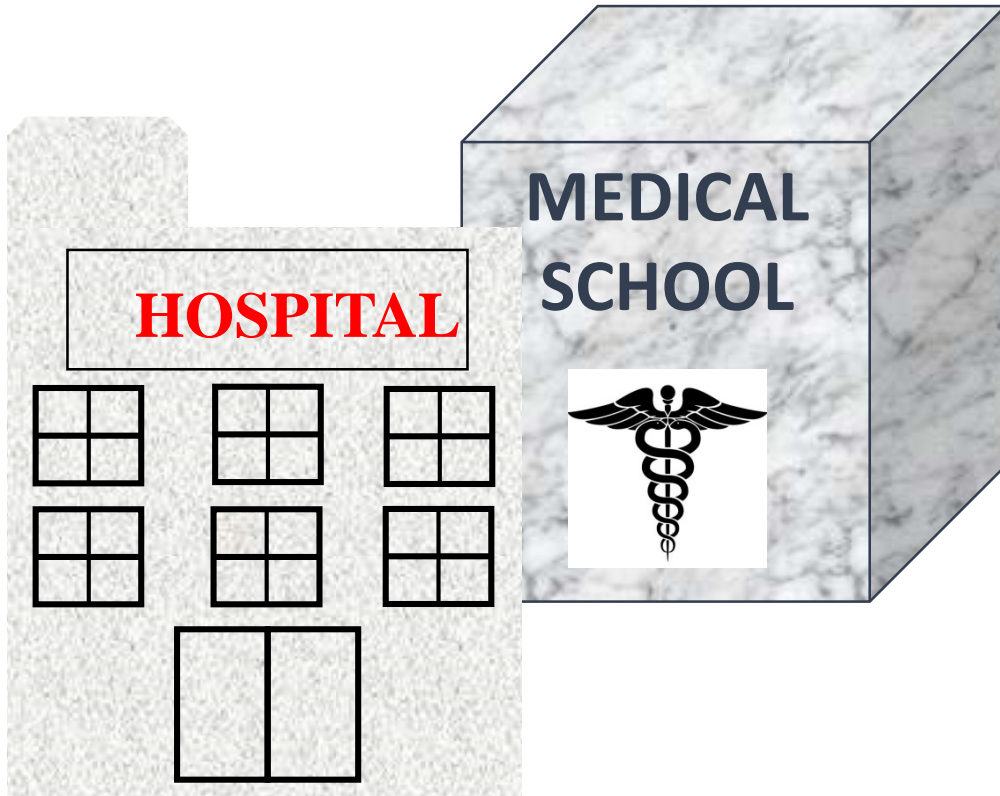
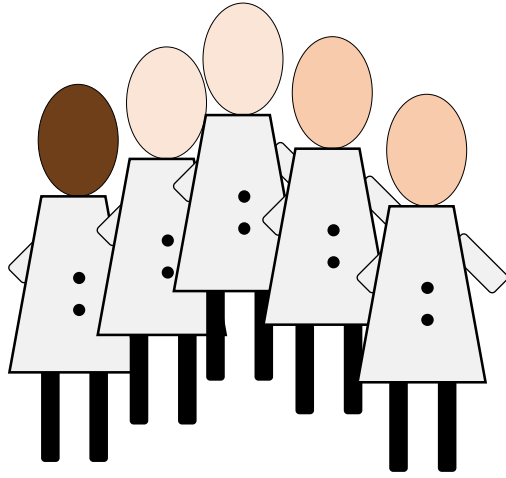
- a) Diversity
- b) Inclusion
- c) Privilege
- d) White Fragility
- e) Culture

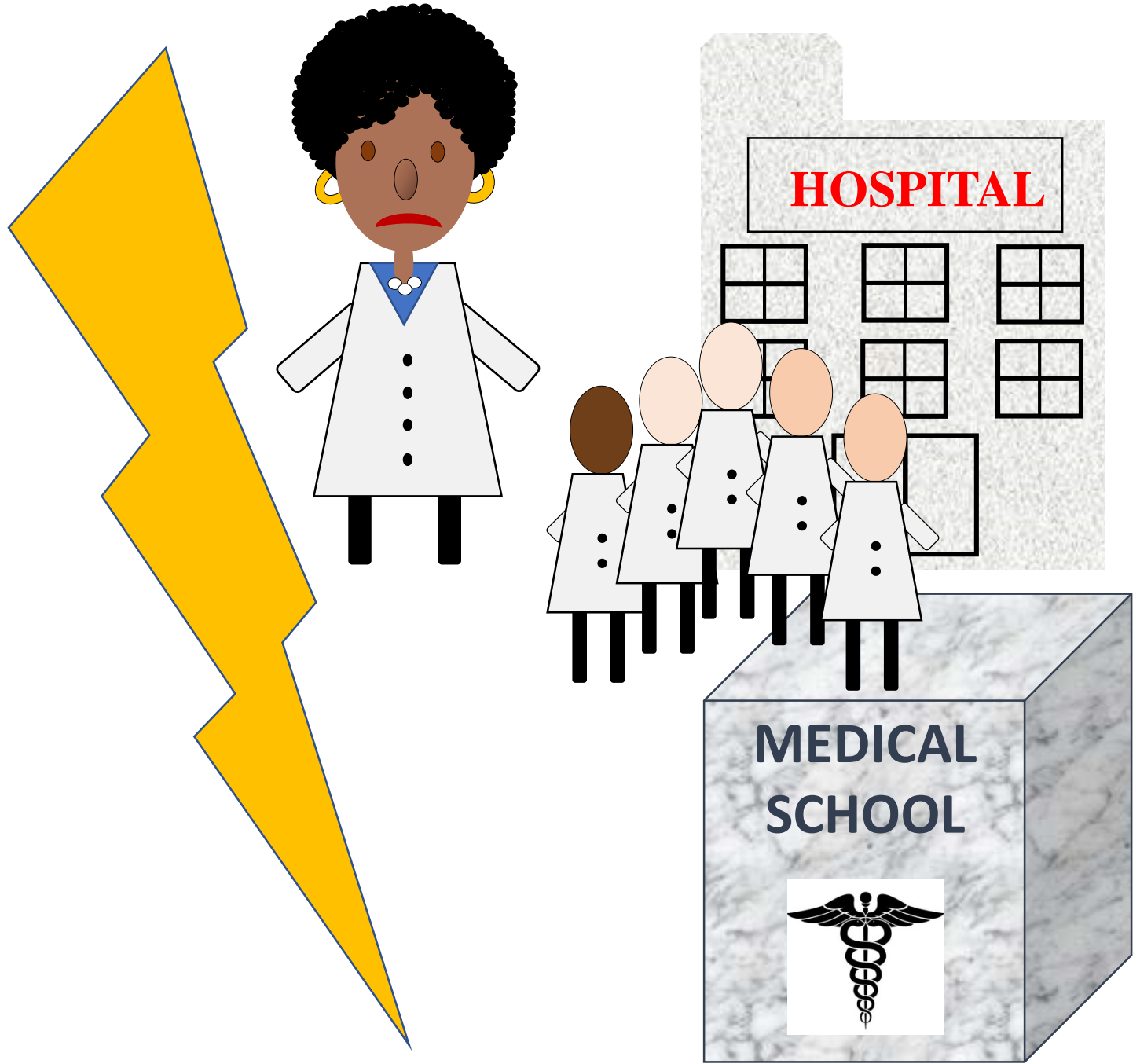
Answer

By speaking with the Case Manager and by saying to the team, “I just spoke with her about her statement and discussed the potential negative impact of bias. Let’s continue rounds and debrief this afternoon on how that encounter made everyone feel. I’ll also discuss with the Nurse Manager and our PD to see what we can do to better educate our staff,” the Attending is demonstrating and creating the _____ of the Pediatric Department:

- a) Diversity
- b) Inclusion
- c) Privilege
- d) White Fragility
- e) Culture**







Question

The resident who was born of immigrant parents with accents felt isolated and helpless when her entire team appeared to agree with the Case Manager's racist statements. This is an example of feeling _____?

- a) Privilege
- b) Stereotyped
- c) Empowered
- d) Marginalized
- e) Included

Answer

The resident who was born of immigrant parents with accents felt isolated and helpless when her entire team appeared to agree with the Case Manager's racist statements. This is an example of feeling _____?

- a) Privilege
- b) Stereotyped
- c) Empowered
- d) Marginalized**
- e) Included

Question

By supporting or ignoring the Case Manager's comment, patient care could have been compromised. Imagine this was happening in every department, in every unit. Imagine no one feels comfortable taking action because this is how it has always been and this is the behavior that is role modeled. This is an example of:

- a) The Hidden Curriculum
- b) Spotlighting
- c) Social Justice
- d) Silencing
- e) Racism

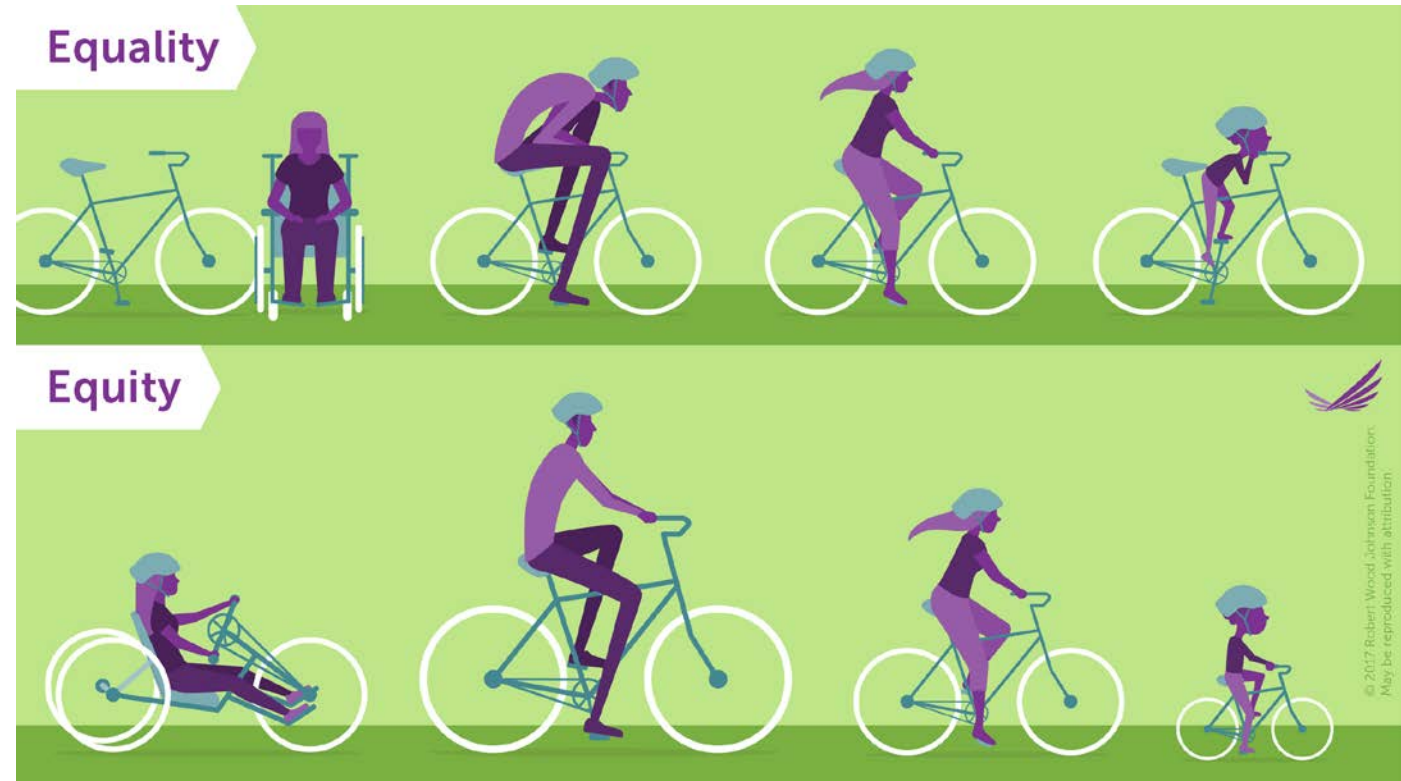
Answer

By supporting or ignoring the Case Manager's comment, patient care could have been compromised. Imagine this was happening in every department, in every unit. Imagine no one feels comfortable taking action because this is how it has always been and this is the behavior that is role modeled. This is an example of:

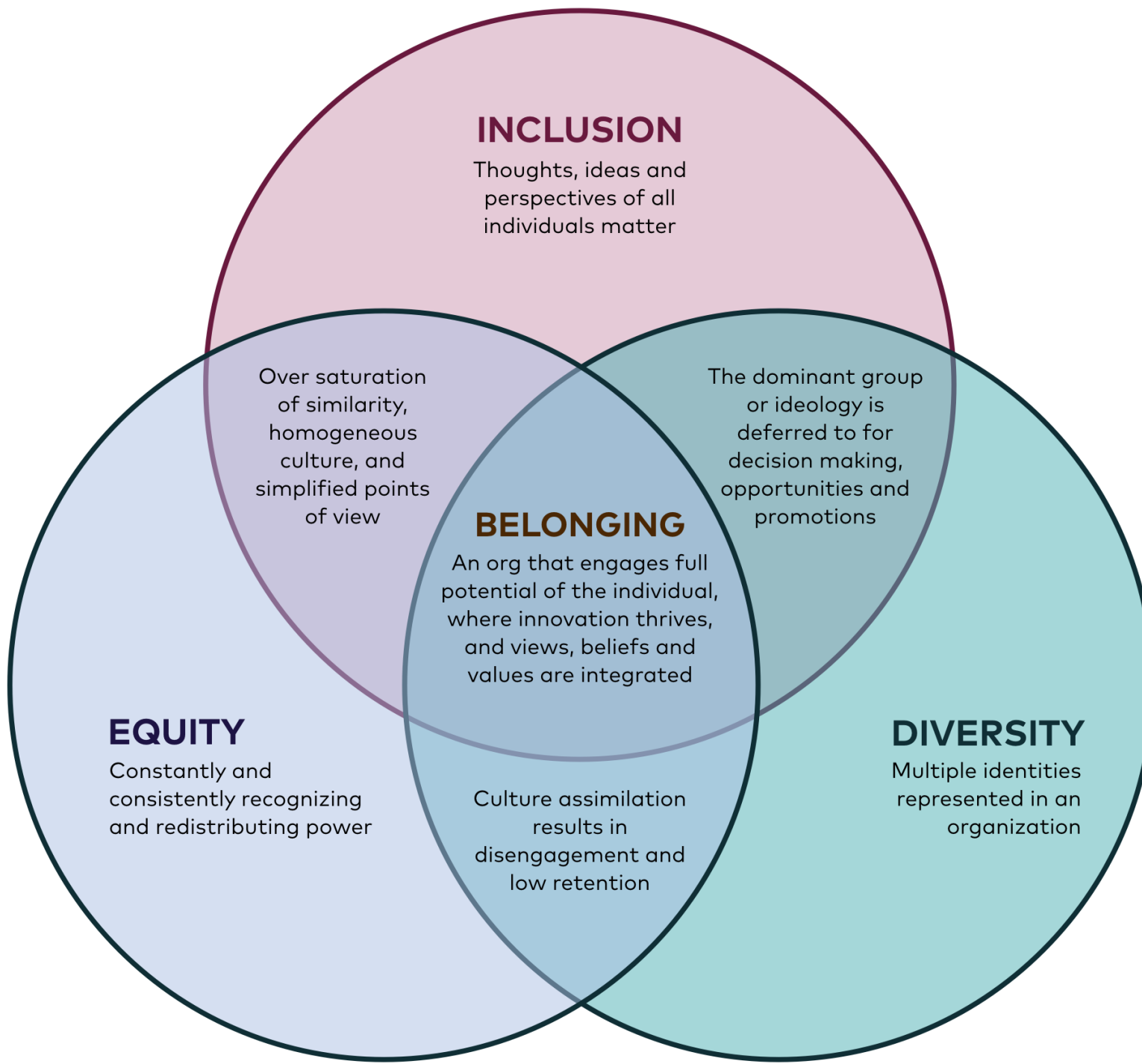
- a) The Hidden Curriculum**
- b) Spotlighting
- c) Social Justice
- d) Silencing
- e) Racism

Definitions

- **Diversity:** being composed of different elements (ex, race/ethnicity, SES, age, gender, sexual orientation, abilities)
- **Inclusion:** intentional practices and policies that create engagement to ensure that people with different identities feel valued and welcomed
- **Equity:** creating opportunities for *equal* access and success



<https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html>



<https://medium.com/@krysburnette/its-2019-and-we-are-still-talking-about-equity-diversity-and-inclusion-dd00c9a66113>

Background: ACGME Requirement¹

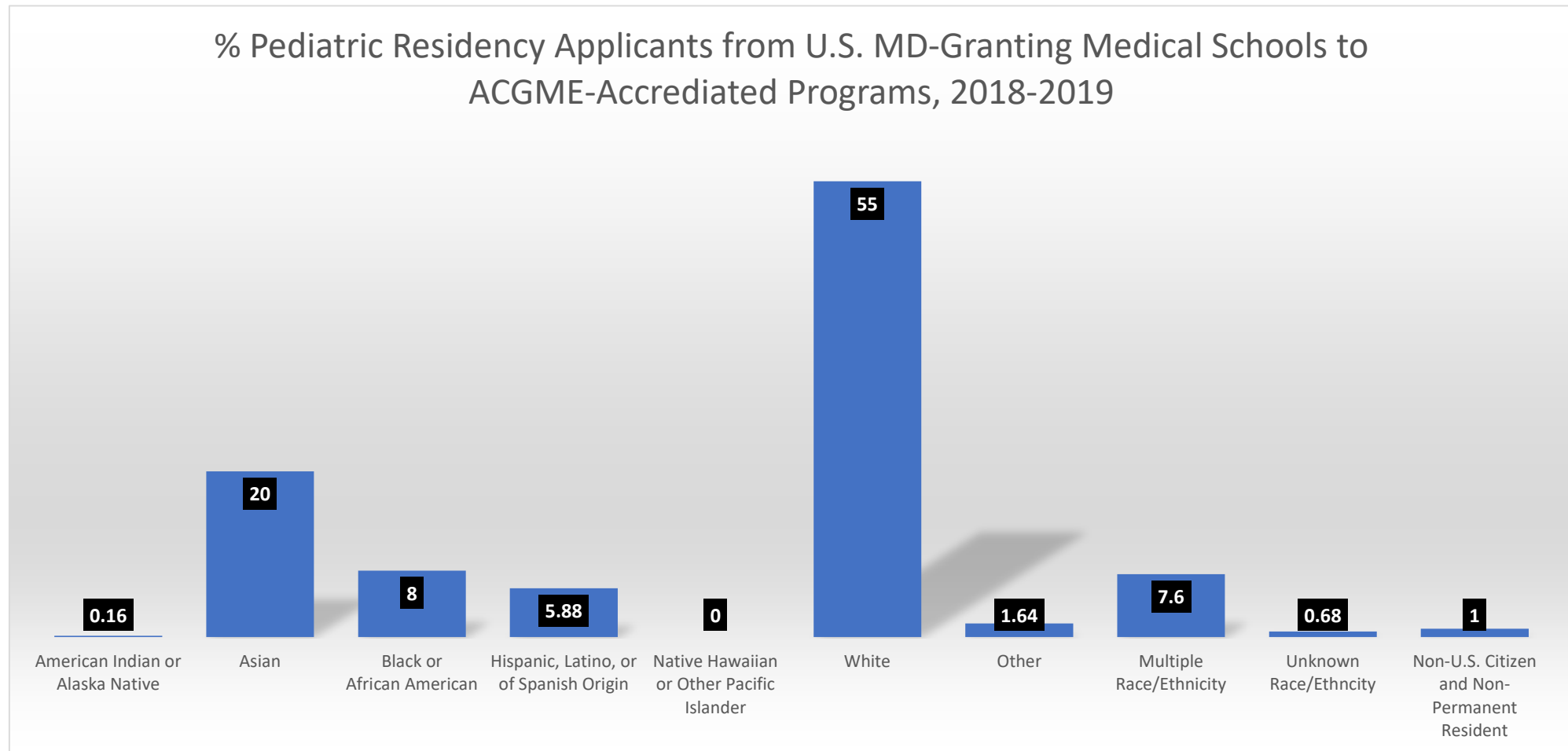
- Previously, the terms “diverse” and “diversity” were only used once and in reference to patient care
 - *“Residents are expected to demonstrate: sensitivity and responsiveness to a **diverse patient population**, including but not limited to **diversity in gender, age, culture, race, religion, disabilities, and sexual orientation**”*
- Portion of revised preamble (new)
 - ***“Graduate medical education values the strength that a diverse group of physicians brings to medical care.”***

Background: ACGME Requirement¹

- I.C. The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. ^(Core)

Background and Intent: It is expected that the Sponsoring Institution has, and programs implement, policies and procedures related to recruitment and retention of minorities underrepresented in medicine and medical leadership in accordance with the Sponsoring Institution's mission and aims. The program's annual evaluation must include an assessment of the program's efforts to recruit and retain a diverse workforce, as noted in V.C.1.c).(5).(c).

Why Does This Matter: Diverse Recruitment



Graph created based on AAMC data:
<https://www.aamc.org/download/321566/data/factstablec5.pdf>

Why Does This Matter: Inclusion

- Minority Resident Physicians' Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace (2018)²
- 3 major themes:
 - Daily barrage of microaggressions and bias
 - Minority residents tasked as race/ethnicity ambassadors (“minority tax”)
 - Challenges negotiating professional and personal identity while seen as “other”
 - *Pressure to assimilate*
 - *Social isolation*
 - *Scarce professional mentorship*

Why Does This Matter: Equity

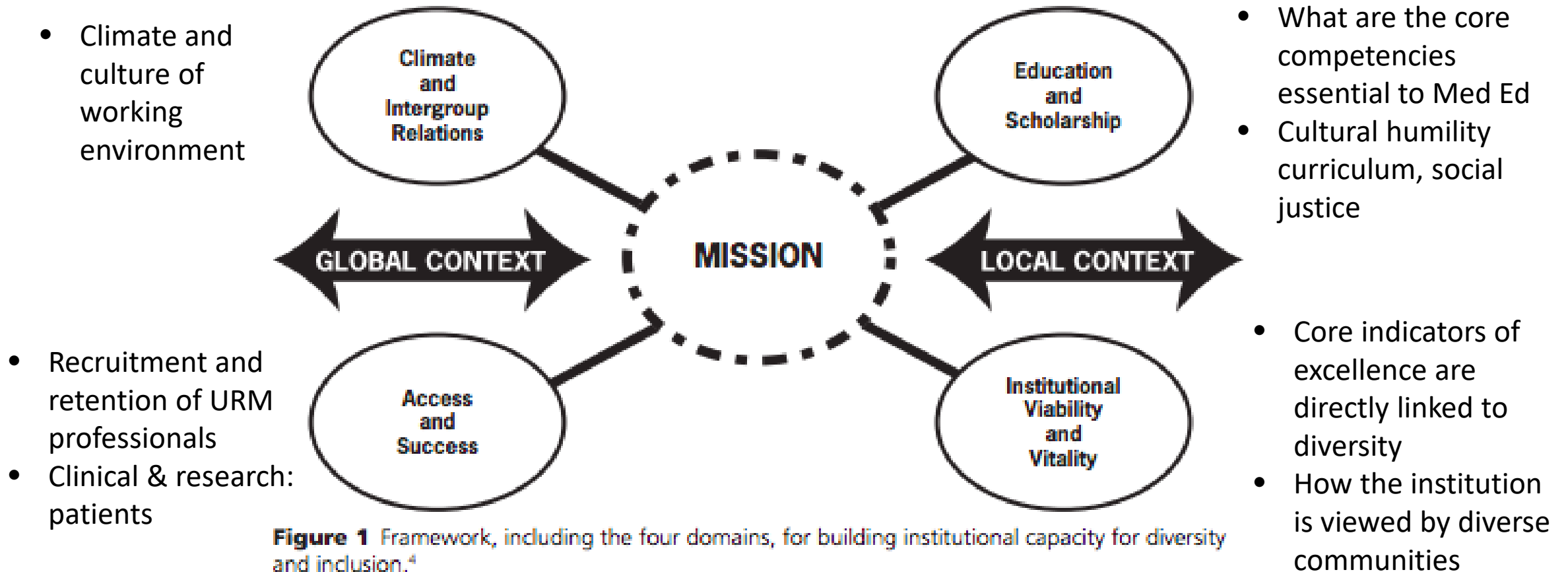
- Factors That Influence the Choice of Academic Pediatrics by Underrepresented Minorities (2019)³
 - Lack of other URMs in leadership positions
- Multiple studies on URM and women faculty disparities,
 - Promotions^{4, 5}
 - Compensation⁶
 - Lower career satisfaction, higher social isolation⁷

*“Focusing on obtaining higher numbers of minorities **without** addressing the specific challenges that minority residents encounter in the workplace is likely to result in continued disparities.”²*

You don't have to do this work alone.....

- The new ACGME requirement can be used to strategically advocate for additional support as this is required of all ACGME programs
- Personal stories
- Metrics/data
- Aligning mission and values
 - Find out your partners and resources within your sponsoring institution (ie, department, hospital, school of medicine, diversity offices)
 - Do you have other GME programs you can partner with, share best practices?
 - Medical school: LCME requirement for past 10 years....can you adapt some of their “policies and procedures”?

Building Institutional Capacity for Diversity and Inclusion in Academic Medicine⁸



Reflection & Small Group Activity

- Reflection & Share (5 min):
 - Within your chosen topic area, list at your program,
 - 2-3 current practices
 - 2-3 gaps or opportunities for improvement
- Small Group Work (15 min):
 - Choose a scribe for your group
 - Start working on action plans to brainstorm possible solutions to your gaps/opportunities
 - Develop 2-3 questions specifically for the panelists about your topic area

Moderated Panel Discussion

Continued Action Plan Creation

Large Group Action Plan Discussion

- Small group report outs:
 - pick at least 1 idea to share with large group
- Action plans will be compiled and sent to all participants in a follow-up email

Take Home Points

- Diversity, inclusion, and equity are intertwined, but distinct
- New ACGME common program requirement, effective July 2019, to engage in practices that focus on recruitment and retention of a diverse and inclusive workforce
- This new requirement provides an opportunity to advocate for support of diversity, inclusion, and equity practices in your training programs
- Take your great ideas from today back to your home institution and find out your resources and partners (hospital, school of medicine, GME office, diversity offices)

On the horizon....

- Call for applications in October: AIM (Advancing Inclusiveness in Medical Education) Program
 - Funding for underrepresented in medicine 2nd yr pediatric residents that are interested in careers in pediatric education to attend spring 2020 meeting
 - ½ day pre-conference
 - Paired with a mentor
- Survey through APPD LEARN exploring sense of belonging and professional identity formation of trainees underrepresented in medicine

Questions?
Please complete evaluation!

References

1. <https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRResidency2019.pdf>
2. 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;1(5):e182723.
3. Dixon, G et al. Factors That Influence the Choice of Academic Pediatrics by Underrepresented Minorities. *Pediatrics*, Vol 144, No. 2. August 2019.
4. Palepu A, et al. Minority faculty and academic rank in medicine. *JAMA*. Volume 280, 1998.
5. Fang D, Moy E, Colburn L, Hurley J. Racial and ethnic disparities in faculty promotion in academic medicine. *JAMA*. 2000;284.
6. Freund, K et al. Inequities in Academic Compensation by Gender: A Follow-up to the National Faculty Survey Cohort Study. *Academic Medicine*. Volume 91(8), August 2016.
7. Nivet MA, et al. Diversity in academic medicine no. 1 case for minority faculty development today. *Mt Sinai J Med*. 2008;75(6):491-498.
8. Smith, Daryl. Building Institutional Capacity for Diversity and Inclusion in Academic Medicine. *Academic Medicine*, Vol 87, No. 11. November 2012.