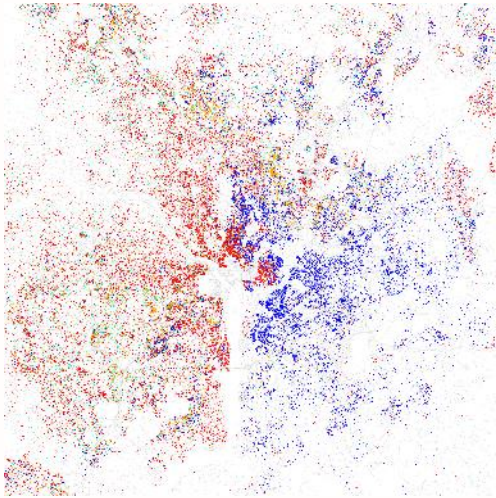


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DEI Initiatives to Achieve Systemic Equity in GME

March 17, 2022 | Children's National Hospital Pediatric Residency Program

Washington, DC



- Population: 700,000
  - Black or African American: 41.4%
  - Hispanic or Latino: 11.3%
- Immigrants: 12%
- LGBTQI+: 10%
- Below the federal poverty level: 15%

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Children's National Hospital

- About half of patients receive Medicaid
- 323-bed facility
- Numerous primary care sites in the DMV area



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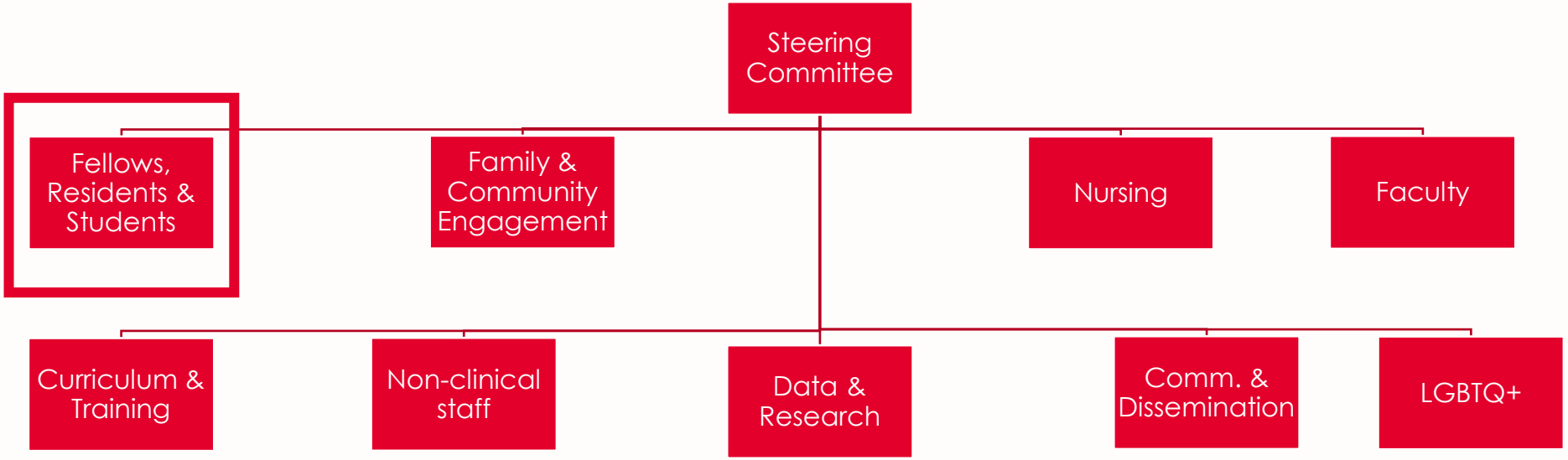
Children's National Pediatric Residency Program

- 40 interns per class in the pediatric residency
- Receives > 2,000 applications per year
- >50% of residents pursue fellowship
- 40% identify as UIM



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Children's National: Diversity Equity and Inclusion



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DEI Subcommittee on Trainees

Denice Cora-Bramble - CDO

Mary Hadley – CDO's Office

Aisha Barber* – faculty, Peds Res PD

Gabrina Dixon – faculty, UME

Danielle Dooley – faculty, Gen Peds, Advocacy

Leandra Godoy – faculty, Psychology

Eleanor Mackey – faculty, Psychology

Ariella Slovin – faculty, Gen Peds, UME

Tom Loke – faculty, Cardiology

Deepika Darbari – faculty, Hematology

Enrique Escalante – faculty, UME, GME

Jessica Hippolyte* – fellow, Emergency Medicine

Nilay Donmez – fellow, Nephrology

Bryanna Schwartz – fellow, Cardiology

Brandon Newsome – fellow, Psychiatry

Kelly Granger – fellow, Dentistry

Olufunke Martin – fellow, Oncology

Danoucheka Gelin – pediatric resident

Lucila Suarez – pediatric resident

Milki Anthony – medical student

Breana Bryant – research assistant

Carolina Hamidi-Imani - operations

Objectives & Key Results



Objectives

What do we want to accomplish?



Key Results

What does success look like?



Plans & Resources

How will we accomplish this in the current year?

What does success look like?

Who is responsible?

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Objective 1

Objectives

To foster equitable recruitment, retention, and inclusion practices that enhance diversity, equity, and retention of trainees at Children's National

Key Results

1. Annual evaluation of process and outcome metrics for equitable recruitment and inclusion in training programs
2. Formation and evaluation of UiM Mentorship Lattice Program.

Plans & Resources

- Antiracist Recruitment Practices
- UiM Mentorship Lattice Program

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Objective 2

Objectives

Integrate equity into the formal curriculum and clinical learning environment to mitigate the effects of bias, exclusion, racism, discrimination and all forms of oppression on patients, employees and trainees.

Key Results

1. Health equity concepts are incorporated into the majority of core conferences and clinical teaching.
2. Antiracism, equity, and inclusion are incorporated into formal evals of all faculty, conferences, and clinical rotations.

Plans & Resources

Evaluation of Bias in the Clinical Learning Environment

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Agenda

- Anti-racist Recruitment Practices
- Mentorship Lattice
- Evaluation of Equity and Bias in the Learning Environment
- Questions/discussion

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Anti-racist Recruitment Practices

Antiracist Recruitment Practices

Objectives

To foster equitable recruitment, retention, and inclusion practices that enhance diversity, equity, and retention of trainees at Children's National

Key Results

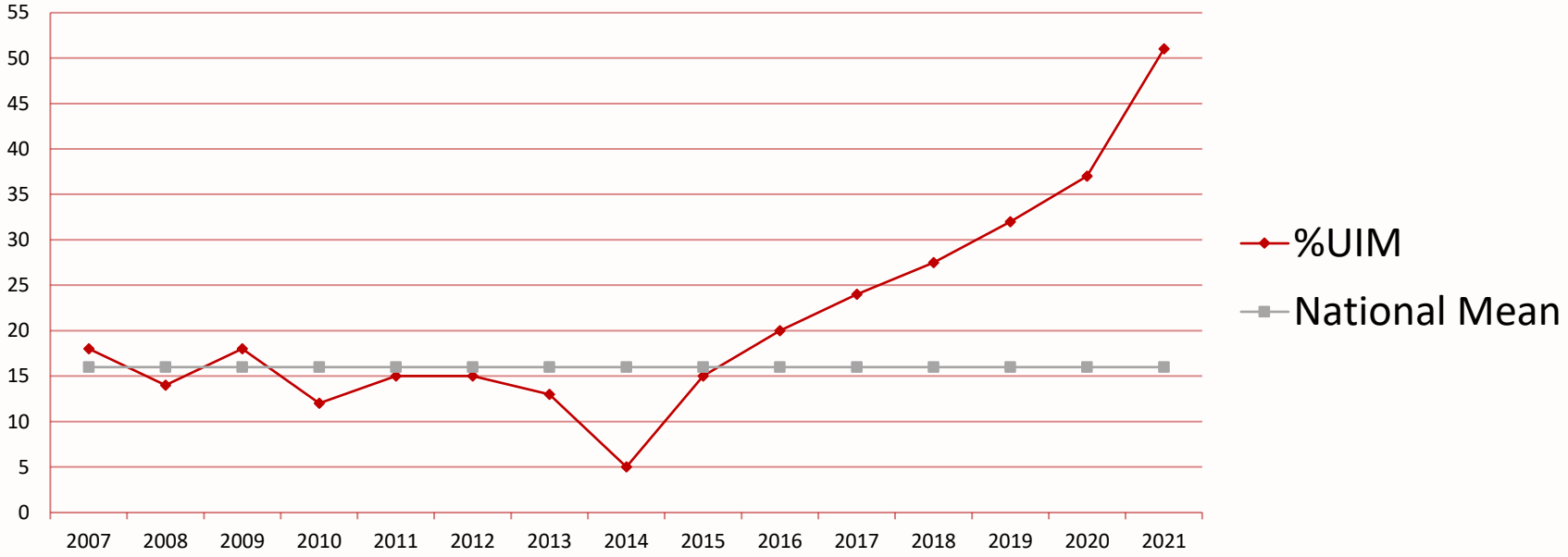
1. Annual evaluation of process and outcome metrics for equitable recruitment and inclusion in training programs
2. Formation and evaluation of UiM Mentorship Lattice Program.

Plans & Resources

- **Antiracist Recruitment Practices**
- UiM Mentorship Lattice Program

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Interns that self identify as UIM at CNH



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Anti-racist recruitment practices

Goal: Create a set of process and outcome metrics for anti-racist recruitment to increase diversity within GME

These can then be used by other programs to increase their own diversity

Anti-racist recruitment practices: Process Metrics

The program's commitment to equitable recruitment, diversity, inclusion, and health equity in **promotional materials and website.**



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Anti-racist recruitment practices: Process Metrics

The program participates in **pre-recruitment engagement** with potential UIM applicants (e.g. UIM student groups).

GW School of Medicine & Health Sciences







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Anti-racist recruitment practices: Process Metrics

Post-interview, pre-match surveys ask about perception of program's commitment to diversity (may include demographic data and importance of DEI/ health equity to applicants for subgroup analysis).



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Anti-racist recruitment practices: Process Metrics

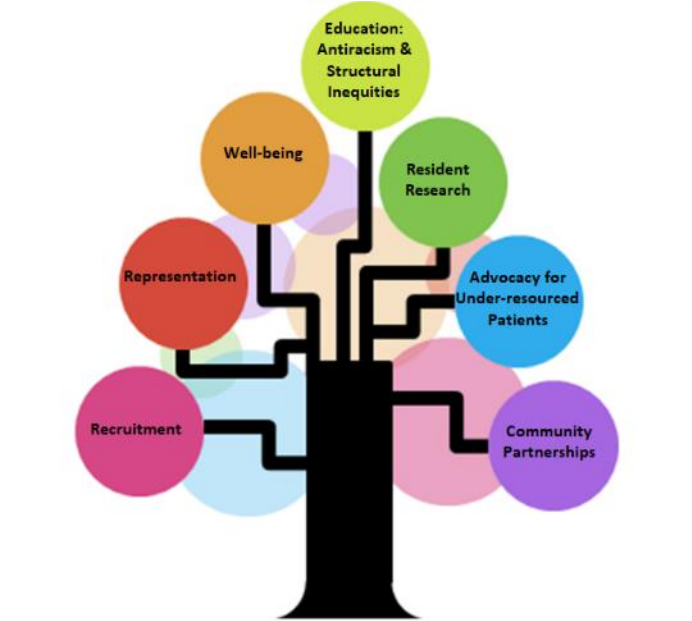
UIM faculty and trainees are engaged in recruitment. Consider how efforts are made to balance avoiding overwhelming UIM trainees and faculty with recruitment.



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Anti-racist recruitment practices: Process Metrics

During interview day, DEI efforts and health equity curriculum/exposure are addressed.



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Anti-racist recruitment practices: Process Metrics

Implicit bias training is required of all application reviewers, program directors, and interviewers. Completion is tracked.



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Anti-racist recruitment practices: Process Metrics

Procedures to screen applicants for interview, score applications, and score interviews are **holistic and focus on attributes and skills important to your program's mission.**



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Anti-racist recruitment practices: Process Metrics

The **program's mission statement** incorporates an emphasis on diversity, equity, and inclusion and is incorporated into the recruitment process for applicants and intern selection committee.

Anti-racist recruitment practices: Process Metrics

Procedures to screen applicants for interview, score applications, and score interviews are **reviewed by a resource external to your department** for potential bias.

Anti-racist recruitment practices: Process Metrics

Interview questions are reviewed to reduce the potential for bias.



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Anti-racist recruitment practices: Outcome Metrics

- % applicants → % invited → % interviewed (UIM)
- Score distribution comparison
- % matched/ offered/ accepted (general and UIM)
- Post interview surveys indicate that commitment to diversity is evident
- Graduation rate (general and UIM)
- Remediation rate (general and UIM)
- Graduate exit survey inquires about support/ inclusion experience (general and UIM)

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Mentorship Lattice

UiM Mentorship Lattice Program

Objectives

To foster equitable recruitment, retention, and inclusion practices that enhance diversity, equity, and retention of trainees at Children's National

Key Results

1. Annual evaluation of process and outcome metrics for equitable recruitment and inclusion in training programs
2. Formation and evaluation of UiM Mentorship Lattice Program.

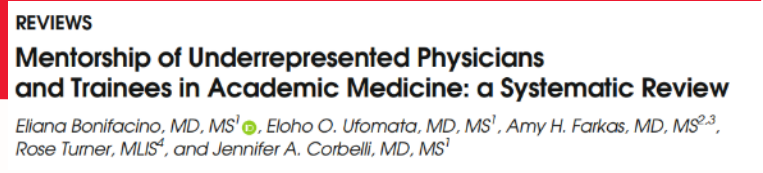
Plans & Resources

- Antiracist Recruitment Practices
- **UiM Mentorship Lattice Program**

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Why Focus on Mentorship

- Disparities within Physician Workforce
- Recruit & Retain UIM physicians
- Improve UIM physician and trainee experience
- UIM academic faculty are promoted at lower rates
- Disparities within scientific research (funding, publications)


REVIEWS

Mentorship of Underrepresented Physicians and Trainees in Academic Medicine: a Systematic Review

Eliana Bonifacino, MD, MS[1], Eloho O. Ufomata, MD, MS[1], Amy H. Farkas, MD, MS[2,3], Rose Turner, MLIS[4], and Jennifer A. Corbelli, MD, MS[1]

- Mentorship is <u>one proposed</u> mechanism to address disparities for UIM physicians and trainees
  - UIM physicians are less likely to have mentors both as trainees and faculty
- Associated with:
  - Increased career satisfaction
  - Research productivity
  - Promotion / Preparedness for junior faculty
- Themes
  - Institutional Support
  - Tailoring programs
  - Training mentors
  - Utilizing UIM and non-UIM mentors

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UIM Mentoring Lattice Community



Mentoring Dyads



UIM Community Building Events



Professional Development Series

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Mentoring Dyads

Intake Questions:

Name

Academic Rank

Clinical Division

Job Title

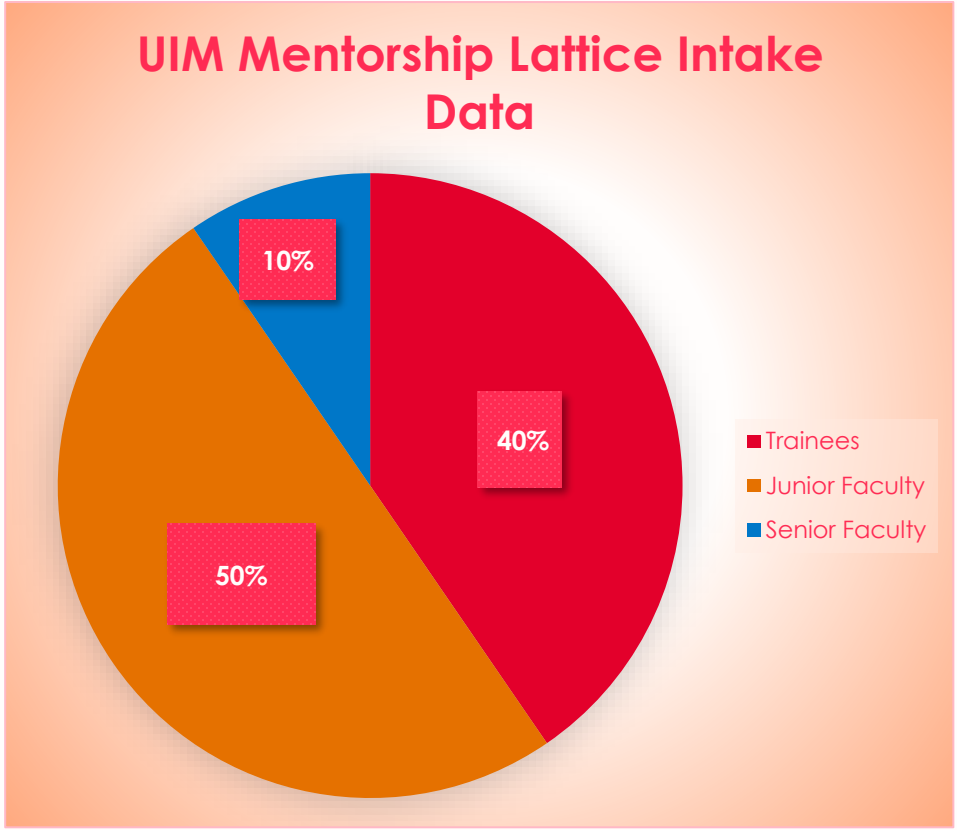
Hometown

College

Medical School

Clinical Interests

Academic Interests



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Mentor Dyad Agreement



Mentorship Lattice
Mentoring Agreement

Purpose:
The mentoring agreement will assist you in clarifying and documenting mutually agreed upon goals and expectations that will serve as the foundation for your mentoring relationships.

Instructions:
Please discuss and complete this mentoring agreement during your first meeting. This template is expected to be altered over time to meet individual needs over the course of the year.

Resident Name: _____

Junior Mentor Name: _____

Senior Mentor Name: _____

1. What do you hope to achieve as a result of this mentoring relationship (ex: gain perspective relative to skills necessary for success in academia, explore new career opportunities/alternatives, obtain knowledge of organizational culture, networking, leadership skill development, etc)?

2. What are your career goals for the next:
   a. 1 year?
   b. 3 years?

3. What are your long-term career goals?

4. What steps will you take in the next year to achieve the specific goals you stated above?

5. What steps will your junior and/or senior mentor take in the next year to help you achieve these goals?

6. Share your plans for meeting logistics:
   a. How often will you meet with your junior and/or senior mentor?
   b. How will you meet (email check in, conference call, Zoom, in person)?

7. What three topics will be the focus of your next meeting?

8. Next Meeting (Date/Time) _____

Resident Signature: _____ Date:

Junior Mentor Signature: _____ Date:

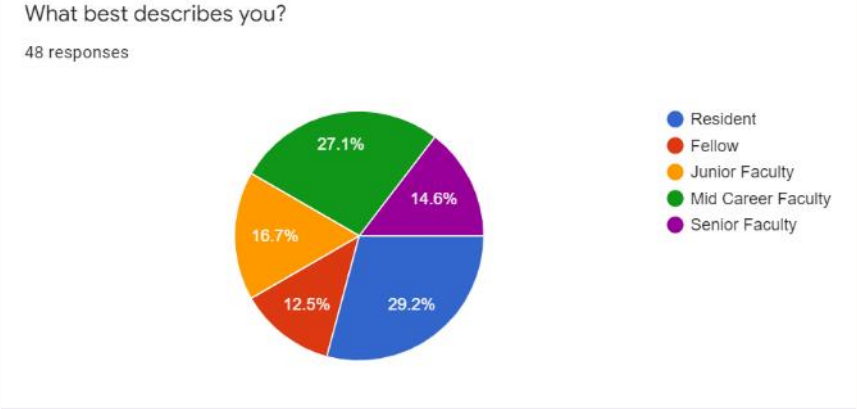
Senior Mentor Signature: _____ Date:

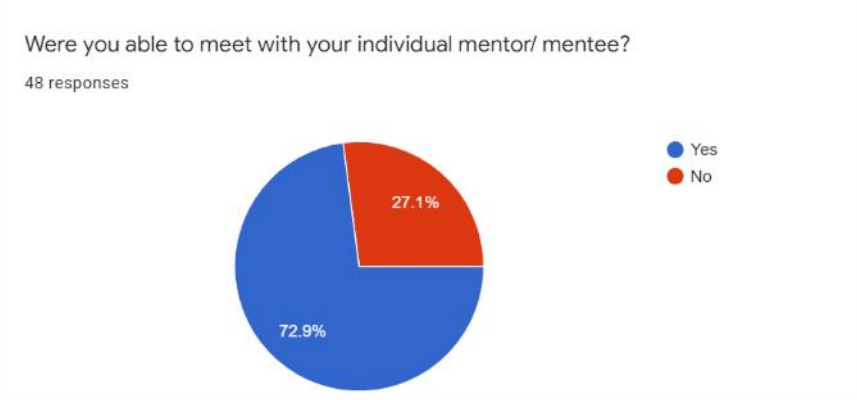
Mentorship Lattice Mid Year Evaluation

Great program with working with the mentors and learning from them. Luckily, my mentor sent me her CV and I sent her mine ahead of the meeting which made the meeting much more fruitful. I also made sure to create a list of questions based on our shared interests looking at the mentorship form.

Much needed program!

In terms of barriers to meeting mentors/mentees - busy schedules for everyone in the setting of the worsening COVID-19 pandemic and various competing obligations including clinical duties and projects/initiatives.





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We are excited to introduce Children's National's new
Underrepresented in Medicine (UIM) Mentorship Lattice Community!

Program Description: The goal of this program is to build a network of mentorship where residents, fellows and junior faculty who consider themselves UIM due to race, ethnicity, sexual orientation, or gender identity, connect with role models and mentors from both UIM and other backgrounds. We aim to build community and advance careers through the program's 3 core elements: community building, professional development series, and a lattice of mentoring dyads. Mentees and mentors have been paired for AY22. We continue to welcome senior mentors from UIM and other backgrounds. We plan to recruit additional mentees in AY23.

Announcing the AY22 UIM Mentorship Lattice Professional Development Series!
All trainees and faculty house-wide are welcome to join the professional development series.
To adhere to COVID precautions, if you plan to attend in person you must RSVP using this link and receive confirmation from Ms. Mary Hadley. Though there is limited in person space, we encourage mentees and mentors to attend in person.

Date	Topic	Speaker
6/24/2021 5:30p	Mentee-Mentor Relationships	Dr. Denice Cora-Bramble
8/5/2021 5:30p	Financial Planning	Dr. Tanya Hinds Dr. Mekela Whyte-Nesfield
10/27/2021 5:30p	Academic Advancement	Dr. Stephen Teach
12/9/2021 5:30p	CVs and EPs	Dr. Priti Bhansali Dr. Neha Shah
2/24/2022 5:30p	Grants and Funding	Dr. Vittorio Gallo
4/21/2022 5:30p	Leadership Skills	Ms. Brandy Hall
June – TBD	Healthy Lifestyle for Physicians	Dr. Qadira Ali

Contact Us:
CNH Diversity Equity and Inclusion Subcommittee on Students, Residents, and Fellows
Mary Hadley mhadley@childrensnational.org, Jessica Hippolyte jhippolyte1@childrensnational.org, Aisha Barber aisha.barber@childrensnational.org

Professional Development Series

The UIM Mentorship Lattice large group sessions have been absolutely fantastic !!! They have been extremely informative and high yield. I am so incredibly grateful for this program as I have not received this information from anywhere else thus far in my career and it is so important to know for promotion and professional development. THANK YOU SO MUCH FOR CREATING THIS AMAZING PROGRAM!!!

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UIM Community Building Events



Next Steps

- End of Year Program Evaluation Survey
- Scholarship
- Funding
- Recruitment of new mentors & mentees for AY22-23
- Discuss expansion to medical students and beyond

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Evaluation of Equity and Bias in the Learning Environment

Equity and Bias in the Clinical Learning Environment

Objectives

Integrate equity into the formal curriculum and clinical learning environment to mitigate the effects of bias, exclusion, racism, discrimination and all forms of oppression on patients, employees and trainees.

Key Results

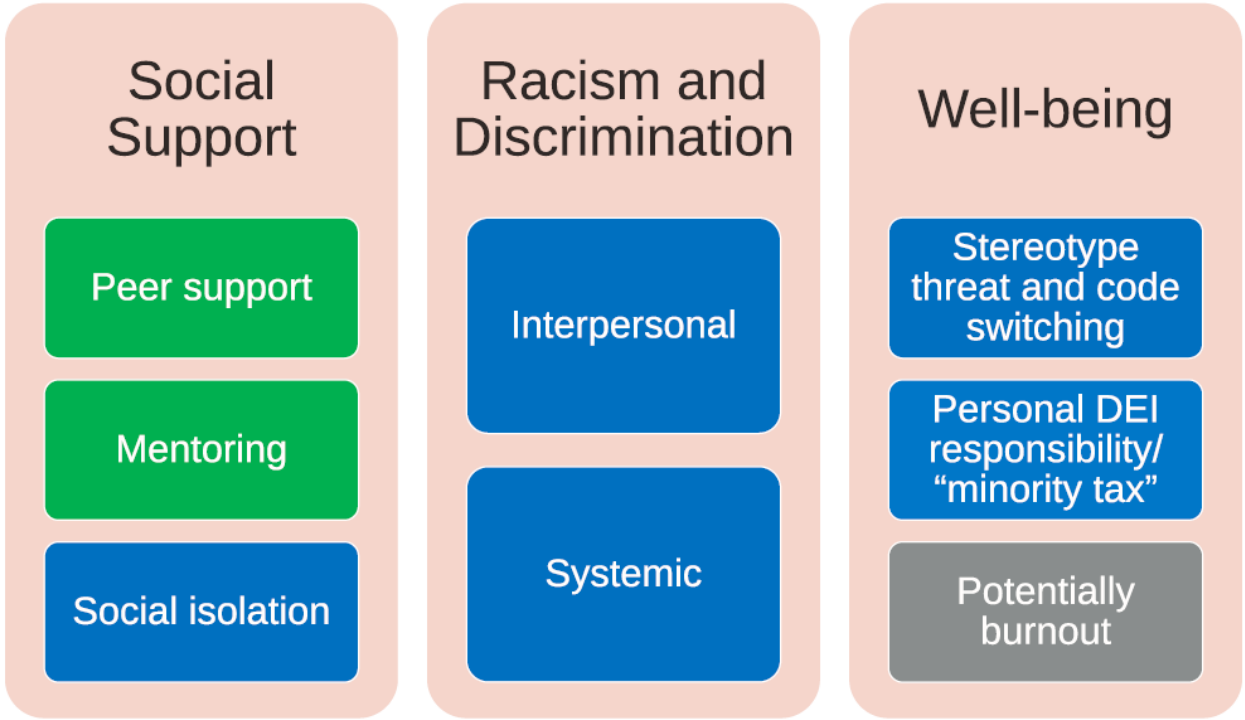
1. Health equity concepts are incorporated into the majority of core conferences and clinical teaching.
2. Antiracism, equity, and inclusion are incorporated into formal evals of all faculty, conferences, and clinical rotations.

Plans & Resources

Evaluation of Equity and Bias in the Clinical Learning Environment

Children's National

Equity and Bias in the Clinical Learning Environment



Brown, Al-Hassan, Barber. Inclusion and equity: Experiences of underrepresented in medicine physicians throughout the medical education continuum. Curr Probl Pediatr Adolesc Health Care 2021;000:101089

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Equity and Bias in the Clinical Learning Environment

Factors

Experiencing bias

Observing bias

Bias in teaching

Bias in clinical decision-making

Consequences

Inequitable evaluation

Inequitable remediation

Stereotype threat, cultural representation

Isolation and emotional distress

AY21 Evaluation Pilot

1. Education about systemic inequities and social determinants of health were incorporated into this rotation. [Likert]
2. Clinical decisions accounted for the potential for bias based on social identities. For example, the potential for implicit bias related to race or ethnicity to impact clinical decision-making was discussed and accounted for with the healthcare team. [Likert, Comments]
3. Teaching during this rotation (experiential, bedside, clinical, didactic) acknowledged the potential for bias based on social identities. For example, noting historical misconceptions about risk factors for medical conditions related to patients' race. [Likert, Comments]
4. Did you experience bias or microaggressions during this rotation? (examples provided, encouraged to report via incident reporting system) [no, sort of, yes]
5. Did you observe bias or microaggressions during this rotation? (examples provided, encouraged to report via incident reporting system) [no, sort of, yes]

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Bias & Inclusion Rotation Evaluations

AY22 Goals

1. Adjust questions
2. Generate faculty and divisional interest
3. Expand to all resident-of-rotation evaluations for core rotations
4. Determine whether effectively feeding into formal institutional bias reporting system

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Quarters1 & 2

Resident of Rotation - Bias Evaluation Questions (07/01/2021 - 11/18/2021)	Outpatient Rotations	Inpatient Rotations	Emergency Department	Total
Number of Evaluations	54	133	53	240
1. Incorporating education about systemic inequities and social determinants of health. (1 - poor, 2 - fair, 3 - good, 4 - very good, 5 - excellent)	4.26	2.9	3.21	3.27
2. Accounting for the potential for bias based on social identities into clinical decisions. (For example, the potential for implicit bias related to race or ethnicity to impact clinical decision-making was discussed and accounted for with the healthcare team.) (1 - poor, 2 - fair, 3 - good, 4 - very good, 5 - excellent)	4.13	2.9	3.21	3.24
3. Acknowledging the potential for bias based on social identities in teaching (experiential, bedside, clinical, didactic). (For example, noting historical misconceptions about risk factors for medical conditions related to patients' race). (1 - poor, 2 - fair, 3 - good, 4 - very good, 5 - excellent)	4.11	2.9	3.28	3.25
4. Did you experience or observe bias or microaggressions during this rotation? Examples of bias: o Derogatory comments were made about your/your patient's race or ethnicity (for example, said people of your race or ethnicity, aren't very smart or can't do the job) o Jokes were told about your/your patient's religious identity. o Slurs were used to describe you/a patient based on sexual orientation. o You/a patient received different treatment because of gender identity. o You were excluded from social interactions during or after work because of your age. o Failure of coworker to give you information you need to do your job because of your nationality. (1 = none, 2 = somewhat, 3 = yes)	1.03	1.14	1.09	1.1

ional.

Quarters 1& 2

Comments

Health equity was often at the forefront of the conversation on rounds

We had several non-binary patients, and many team members, including attendings, fellows, and nurses did not use their pronouns appropriately/consistently despite residents providing frequent reminders.

We also never discussed the huge racial implications in treating patients with sickle cell disease which was very hard for me as a resident to grapple with. I think it should be part of orientation to acknowledge the systemic racism and biases that play into our patients' experience of medical care

Divisional Support for Next Steps

1. Developmental approach to processing rotation-specific evaluations and aggregate normative data.
2. Encourage them to take the health equity modules that are required of all residents.
    1. AAP Fighting Racism to Advance Child Health
    2. Healthcare Equality Index: Promoting LGBTQ Patient Centered Care
        1. Introduction to Expanding Cultural Competency with LGBTQ Youth
        2. LGBQ Healthcare and Cultural Competency
        3. Healthcare Needs of Transgender Youth
3. Build and share health equity article teaching resource repository
4. Faculty development needs assessment that's coming.
5. Offer subcommittee as consultants and partners in the journey

Thank You

