DEI Crash Course for Faculty: Addressing Bias in Your Residency Program

APPD 2023 Pre-Conference Workshop
Confronting Racism Action Team

March 28-31, 2023
Atlanta Marriott Marquis
Atlanta, GA
Welcome

- Andria Tatem
- Margarita Ramos
- Sarah Gustafson
- Robert Trevino
- Theiline T. Gborkorquellie
- Lanre O. Falusi
- Mollie Grow
- Michael Weisgerber
- Jo-Ann Nesiam

- Su Ting-Li
- Kimberly Montez
- Ana Mauro
- Stacey Laurent
- David Turner
- Chandra Smith
- Annie Gula
- Eyad Hanna
- Beth Nelsen
- Michelle Barnes
Land and Sovereignty

The Association of Pediatric Program Directors meeting is located on homelands of the Muscogee (Creek) people who lived, worked, produced knowledge on, and nurtured this land. We acknowledge though we are not the traditional stewards of these lands, we must commit to understanding the histories and current experiences of Native American peoples as we work toward more diverse, equitable, and inclusive health care.

Emory University Land Acknowledgment
APPD Confronting Racism Action Team
How to Talk About Native Nations
Native-Land.ca

Native Land app
iOS App Store
Google Play Store
Ground Rules

• Assume positive intent from others
• Show respect to colleagues, presenters, and other perspectives
• Use "I" statements, avoid generalizations
• Be nonjudgemental about the perspectives of others
• Avoid discussing other's experiences outside of this training
Trigger Warning

• This presentation may be uncomfortable for some and may trigger an anxiety response for others.
Background
Rationale
Entrustable Professional Activities
EPA 14 for General Pediatrics

EPA 14: Use Population Health Strategies and Quality Improvement Methods to Promote Health and Address Racism, Discrimination, and Other Contributors to Inequities Among Pediatric Populations

Judicious Mapping to Competencies Critical to Entrustment Decisions*

| SBP 1: | Patient Safety |
| SBP 2: | Quality Improvement |
| SBP 3: | System Navigation for Patient Centered Care – Coordination of Care |
| SBP 5: | Population and Community Health |
| PBLI 1: | Evidence-Based and Informed Practice |
| PBLI 2: | Reflective Practice and Commitment to Personal Growth |
| P 1: | Professional Behavior |
| ICS 2: | Interprofessional and Team Communication |

*Modified based on Pediatrics Milestones 2.0. ©2021 ACGME/ABP. All rights reserved.
Ice Breaker Activity
Developing a Health Equity Curriculum for Faculty: A National Needs Assessment

Theiline Gborkorquellie, MD, MHS, Cara Lichtenstein, MD, MPH, Anthony Artino, PhD, Aisha Barber, MD, MEd, Lin Chun-Seeley, MA, Yael Smiley, MD, Danielle Dooley, MD, MPhil, Olanrewaju Falusi, MD, MEd

March 28-31, 2023
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Disclosure

• I have no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.
Why is this important?

• 2019 American Academy of Pediatrics (AAP) seminal policy statement on racism

• American Board of Pediatrics: Entrustable Professional Activity 14

• Several published curricula on racism and implicit bias largely focused on trainees, none focused on faculty

Objective

To conduct a national faculty needs assessment related to teaching and modeling health equity principles to inform the design of a health equity curriculum for faculty.

Research Question:

What knowledge and skills do pediatric academic faculty need in order to effectively teach about health equity?
Curating Survey Content

Robert Wood Johnson Foundation
World Health Organization
Cochrane Equity Methods Group
U.S. Dept. of Health and Human Services

PROGRESS refers to:
- Place of residence
- Race/ethnicity/culture/language
- Occupation
- Gender/sex
- Religion
- Education
- Socioeconomic status
- Social capital

https://methods.cochrane.org/equity/projects/evidence-equity/progress-plus
Survey Tool Development

First iteration:
- 96 Likert-type survey items
- 4 open-ended items

7 Expert Reviews
6 Cognitive Interviews

Final instrument:
- 55 Likert-type survey items
- 4 open-ended items

Disseminated to core teaching pediatric faculty from a representative sample of U.S. pediatric residency programs
Results

50 (23%) U.S. pediatric residency programs agreed to participate

Of 1933 faculty surveyed, 997 responded
(52% response rate)
### Demographics*

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Region</strong></td>
<td>9 regions - East North Central to West South Central</td>
</tr>
<tr>
<td><strong>Program Type</strong></td>
<td>42% Free-standing, 36% University-based, 8% Public general hospital</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td>56% White, 12% Asian/Pacific Islander, 4% Black</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td>71% not of Hispanic or Latinx origin, 4% Hispanic or Latinx</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>51% Female, 26% Male</td>
</tr>
</tbody>
</table>

*For each category, there was approximately 18% missing data (not reported)
Confidence in Ability to Teach Residents
Health Equity Topics

Confidence Level 1-5
1=Not at all confident
2=Very little confident
3=Moderately confident
4=Extremely confident

- Formal Didactic Setting
- Clinical Setting

Topics:
- LGBTQIA+ Populations
- Bias/Microaggressions
- Neighborhood Environment
- Environmental Factors
- Effect of Employment on Family
- Social Exclusion
- Education Access/Quality
- Access to Affordable Quality Health Services
- Income Inequalities
- Racism
- Food Insecurity
- Early Childhood Development

APPD 2023 Annual Spring Meeting
During FORMAL DIDACTIC TEACHING, how confident are you in your ability to teach residents about the following social constructs and structural drivers of health?

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBTQIA+ populations</td>
<td>2.65</td>
<td>1.109</td>
</tr>
<tr>
<td>Bias/microaggressions</td>
<td>2.73</td>
<td>1.075</td>
</tr>
<tr>
<td>Neighborhood environment</td>
<td>2.74</td>
<td>1.091</td>
</tr>
<tr>
<td>Environmental factors that influence health (i.e., lead, global warming, pollution, water quality)</td>
<td>2.74</td>
<td>1.095</td>
</tr>
<tr>
<td>Effect of employment status on child/family welfare</td>
<td>2.78</td>
<td>1.146</td>
</tr>
<tr>
<td>Social exclusion or marginalization</td>
<td>2.78</td>
<td>1.068</td>
</tr>
<tr>
<td>Education access and quality</td>
<td>2.80</td>
<td>1.121</td>
</tr>
<tr>
<td>Access to affordable health services of decent quality</td>
<td>2.81</td>
<td>1.085</td>
</tr>
<tr>
<td>Income inequalities</td>
<td>2.88</td>
<td>1.119</td>
</tr>
<tr>
<td>Racism</td>
<td>2.91</td>
<td>1.043</td>
</tr>
<tr>
<td>Food insecurity</td>
<td>2.92</td>
<td>1.135</td>
</tr>
<tr>
<td>Early childhood development</td>
<td>3.27</td>
<td>1.180</td>
</tr>
</tbody>
</table>

1-Not at all confident  
2-Somewhat confident  
3-Moderately confident  
4-Quite confident  
5-Extremely confident
While **TEACHING IN A CLINICAL SETTING** (e.g., outpatient clinic, inpatient hospital wards, etc.), how confident are you in your ability to teach residents about the following social constructs and structural drivers of health?

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBTQIA+ populations</td>
<td>2.67</td>
<td>1.131</td>
</tr>
<tr>
<td>Environmental factors that influence health (i.e., lead, global warming, pollution, water quality)</td>
<td>2.73</td>
<td>1.086</td>
</tr>
<tr>
<td>Neighborhood environment</td>
<td>2.76</td>
<td>1.073</td>
</tr>
<tr>
<td>Social exclusion or marginalization</td>
<td>2.78</td>
<td>1.088</td>
</tr>
<tr>
<td>Bias/microaggressions</td>
<td>2.79</td>
<td>1.048</td>
</tr>
<tr>
<td>Effect of employment status on child/family welfare</td>
<td>2.83</td>
<td>1.091</td>
</tr>
<tr>
<td>Education access and quality</td>
<td>2.84</td>
<td>1.104</td>
</tr>
<tr>
<td>Income inequalities</td>
<td>2.85</td>
<td>1.098</td>
</tr>
<tr>
<td>Racism</td>
<td>2.88</td>
<td>1.045</td>
</tr>
<tr>
<td>Food insecurity</td>
<td>2.90</td>
<td>1.136</td>
</tr>
<tr>
<td>Access to affordable health services of decent quality</td>
<td>2.96</td>
<td>1.024</td>
</tr>
<tr>
<td>Early childhood development</td>
<td>3.24</td>
<td>1.161</td>
</tr>
</tbody>
</table>
# Priority Topics for Faculty Development Training in Health Equity

<table>
<thead>
<tr>
<th>Topic</th>
<th>Mean*</th>
<th>Std Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effect of Employment status on child/family welfare</td>
<td>3.33</td>
<td>0.84</td>
</tr>
<tr>
<td>Environmental factors that influence health</td>
<td>3.34</td>
<td>0.95</td>
</tr>
<tr>
<td>Early Childhood Development</td>
<td>3.34</td>
<td>1.05</td>
</tr>
<tr>
<td>LGBTQIA+ populations</td>
<td>3.47</td>
<td>0.96</td>
</tr>
<tr>
<td>Income Inequalities</td>
<td>3.49</td>
<td>0.90</td>
</tr>
<tr>
<td>Education Access and Quality</td>
<td>3.53</td>
<td>0.89</td>
</tr>
<tr>
<td>Bias/ Microaggressions</td>
<td>3.61</td>
<td>1.00</td>
</tr>
<tr>
<td>Neighborhood Environment</td>
<td>3.78</td>
<td>0.86</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>3.79</td>
<td>0.83</td>
</tr>
<tr>
<td>Access to Affordable Quality Health Services</td>
<td>3.89</td>
<td>0.87</td>
</tr>
<tr>
<td>Social Exclusion or marginalization</td>
<td>4.01</td>
<td>0.88</td>
</tr>
<tr>
<td>Racism</td>
<td>4.09</td>
<td>0.89</td>
</tr>
</tbody>
</table>

1-Lowest priority  
2-Lower priority  
3-Moderate priority  
4-Higher priority  
5-Highest priority
Barriers to Curriculum Implementation

- Limited time for this training: 81.2%
- Difficulty with engagement if the training were delivered virtually: 38.7%
- Lack of institutional support: 28.9%
- Lack of comfort with the topic: 24.8%
- Difficulty learning the topic: 12.5%
- Health equity training is unlikely to change my practice: 6.9%
- Lack of personal interest in the topic: 5.6%
- The topic does not apply to my professional work: 3.3%
Conclusions

• Data gathered will inform design of a faculty health equity curriculum that is generalizable and reproducible

• Future analysis of the qualitative survey data and individual semi-structured interviews

• Continued improvements to faculty development approach
Acknowledgements

• We would like to sincerely thank all faculty members who participated in our national survey.

• This research was performed in collaboration with the Children's National Building Equity in Graduate Medical Education (BEING) Initiative which is funded by the Children’s National Hospital Rozanski Training Fund.
Next Steps

• Interested in participating in Phase 2 of our national needs assessment?
  • A single 45-minute interview
  • 20 interview slots available
  • $40 gift card

• Please contact us using the QR code, or email: tgborkorq@childrensnational.org

• Thank you! Questions?
How to Mitigate Bias in Evaluations

Drs. Margarita Ramos, Kimberly Montez, Robert Trevino, Su-Ting Li, Michelle Barnes

Adapted from: Fishman et al. How to Write High-Quality Evaluations Without Bias. OPENPediatrics. 2022; https://www.youtube.com/watch?v=kMr1NK3Mwx0
Objectives

1. Demonstrate examples of implicit bias in evaluations and future implications on trainees
2. Utilize a systematic approach to narrative feedback for trainees
3. List strategies to reduce bias in clinical evaluations
# Session Overview

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mins</td>
<td>Background</td>
</tr>
<tr>
<td>11 mins</td>
<td>Breakout Session</td>
</tr>
<tr>
<td>12 mins</td>
<td>Discussion of Breakout Session</td>
</tr>
<tr>
<td>2 mins</td>
<td>Wrap-Up</td>
</tr>
</tbody>
</table>
Background: Bias in Evaluations
Evaluations

• Integral part of the personal and professional growth of trainees

• Required process for trainees to continue towards academic and professional advancement
AAMC & NIH Definitions

• **Underrepresented in medicine (URiM):** racial and ethnic populations underrepresented in medical profession relative to their numbers in the general population

• **Implicit bias:** Form of prejudice that occurs automatically and unintentionally, that nevertheless affects judgments, decisions, and behaviors


Definitions

• **Competency-based behaviors**: skills and behaviors noted and measured

• **Personality-based behaviors**: judgements made upon perceived characteristics
Bias in Evaluations

- Demonstrated along multiple dimensions

- Socio-economic status
- Disability
- Religious ideologies
- Gender
- Race and ethnicity
- Sexual orientation
- And more…

Fishman et al. How to Write High-Quality Evaluations Without Bias. OPENPediatrics. 2022: https://www.youtube.com/watch?v=kMr1NK3Mwx0

APPD 2023 Annual Spring Meeting
Racial and Ethnic Bias

• Underrepresented in medicine (URiM) trainees described more commonly using personal attributes

<table>
<thead>
<tr>
<th>Personality-based</th>
<th>Competency-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pleasant</td>
<td>• Comprehensive</td>
</tr>
<tr>
<td>• Caring</td>
<td>• Conscientious</td>
</tr>
<tr>
<td>• Poised</td>
<td>• Thorough</td>
</tr>
<tr>
<td>• Assertive</td>
<td>• Knowledgeable</td>
</tr>
</tbody>
</table>
## Gender Bias

<table>
<thead>
<tr>
<th>Codes With Male Predominance</th>
<th>Codes With Female Predominance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good clinical skills</td>
<td>Good presentations</td>
</tr>
<tr>
<td>Constructive feedback given <em>specific</em> to resident</td>
<td>Constructive feedback given <em>not specific</em> to resident</td>
</tr>
<tr>
<td>Efficient</td>
<td>Caring</td>
</tr>
<tr>
<td>Intelligent</td>
<td>Enthusiasm</td>
</tr>
<tr>
<td>Use of evidence-based medicine</td>
<td>Trustworthy</td>
</tr>
<tr>
<td>Prepared</td>
<td>Helpful</td>
</tr>
</tbody>
</table>
Impact of Bias in Evaluations
Amplification Cascade

Teherani et al. Academic Med, 2018
Examples of Bias in Feedback

- “As a Black woman, I’ve been told to “calm down” as I appeared frustrated while defending my point during rounds.”

- “As a woman, I was told to not be “too assertive”, even while running a code on a patient”

- “As a woman with an accent, I’ve been told to read about concepts so that I can understand them more clearly, as if my accent implied I had difficulty understanding them.”
Examples of Bias in Feedback

• “As a non traditional student with an age difference between my peers, I was told I should focus on rotations that highlight my communication skills with patients and families rather than select fast-paced rotations that rely heavily on procedures.”

• “As a gay man, I was told that I needed to ‘tone it down’ and try being less sassy or else I wouldn’t get promoted, and my career would suffer because people wouldn’t take me seriously.”
Strategies for Effective Feedback
Effective Feedback: “BOATS”

- Behavior-focused
- Observable
- Actionable
- Timely
- Specific

Fishman et al. How to Write High-Quality Evaluations Without Bias. OPENPediatrics. 2022: https://www.youtube.com/watch?v=kMr1NK3Mwx0
Intern demonstrated an exceptional fund of knowledge. She applied her understanding at the bedside in managing our patients with the level of skill we typically see in a second-year resident. She was well prepared with all the information needed to formulate treatment plans, and her ability to prioritize and integrate bits of evidence into a cohesive and logical story was especially noteworthy. She initiated literature searches to supplement her understanding and to address questions raised by the team. Intern was both efficient and thoughtful in her management. She was generous in teaching students in a kind, respectful manner. She was an eager learner and a quick study with deft technical ability. Her performance was exemplary.
Breakout Session
Breakout Session

• Read through prompt

• Identify areas of biased language

• Rewrite evaluation in an unbiased way that focuses on behaviors (will need to use imagination)
Jordan was a great student during their rotation; they were a team player and demonstrated enthusiasm for learning. They had a good attitude with patients. They have a solid fund of knowledge that was not always evident as they did not always share their thoughts during rounds, and sometimes appeared shy in front of patients and families. In the teamroom, they were articulate and clear. They need to continue working on increasing their confidence and medical knowledge for improvement of patient care. They will be a great physician.
Breakout Session Discussion
Jordan sometimes appeared shy in front of patients and families...
Jordan sometimes appeared shy in front of patients and families...

- Not clear about what behavior should be changed
- “Shy”: Avoid using these adjectives
Jordan sometimes appeared shy in front of patients and families...

• “Jordan had difficulty voicing plans for patients during rounds, finishing each point of their plan with “after confirming with the senior resident”. Then they would ask the senior resident for confirmation of what they had just said. Jordan was encouraged to try to answer questions about their assessment and plan, while knowing they have the help of the team if they need it.”
...They had a good attitude with patients.
...They had a good attitude with patients.

• Provide specific feedback about what you saw
• Include examples of actions you observed
…They had a good attitude with patients.

- “Jordan spent time after rounds with the patients, updating them of the plan of the day and getting to know them better. Multiple patients commented on how helpful Jordan’s time was to help them understand what was going on during their hospital stay.”
“They have a solid fund of knowledge that was not always evident as they did not always share their thoughts during rounds, and sometimes appeared shy in front of patients and families. In the teamroom, they were articulate and clear. They need to continue working on increasing their confidence and medical knowledge for improvement of patient care. They will be a great physician.”

- May demonstrate implicit bias and stereotyping
- Be mindful of using correct pronouns throughout
They have a solid fund of knowledge that was not always evident as they did not always share their thoughts during rounds, and sometimes appeared shy in front of patients and families...She needs to continue working on increasing their confidence and medical knowledge for improvement of patient care. She will be a great physician.

• “When discussing disposition plans for patients, Jordan was encouraged to decide whether they thought patients should be stable to go home, or whether they would benefit from continued inpatient care.”
“They were a great team player.”

- Nonspecific feedback
- Unactionable
- Not behavioral focused
“They were a great team player.”

“Jordan always took the time to offer help to address multiple pending tasks even for patients they were not directly caring for. They actively participated in discharge rounds, paged consultants, worked with Pharmacy for medication reconciliation, and updated family members who were not able to be in the hospital.”
Final evaluation

“Jordan always took the time to offer help to address multiple pending tasks even for patients they were not directly caring for. They actively participated in discharge rounds, paged consultants, worked with Pharmacy for medication reconciliation, and updated family members who were not able to be in the hospital. Jordan spent time after rounds with the patients, updating them of the plan of the day and getting to know them better. Multiple patients commented on how helpful Jordan’s time with them was to help them understand what was going on during their hospital stay.

Jordan had difficulty voicing plans for patients during rounds, finishing each point of their plan with “after confirming with the senior resident”. Then they would ask the senior resident for confirmation of what they had just said. When discussing disposition plans for patients, Jordan was encouraged to decide whether they thought patients should be stable to go home, or whether they would benefit from continued inpatient care. Jordan was encouraged to try to answer questions about the patients' assessment and plans, while knowing they have the help of the team if they need it.”
Tips for Writing Effective and Unbiased Feedback
Tips for Written Feedback

• Be specific with observed behaviors; may be helpful to keep a written log for tracking

• Review and edit your evaluation to evaluate for bias; have a colleague read your evaluation

• Use tools such as a gender bias calculator: www.tomforth.co.uk/genderbias

Fishman et al. How to Write High-Quality Evaluations Without Bias. OPENPediatrics. 2022: https://www.youtube.com/watch?v=kMr1NK3Mwx0
Summary

• Implicit bias can have a negative impact on evaluations and the future of trainees

• Review and edit evaluations

• Utilize the BOATS mnemonic to use elements of effective feedback and to reduce bias
  • Behavior-focused
  • Observable
  • Actionable
  • Timely
  • Specific

Fishman et al. How to Write High-Quality Evaluations Without Bias. OPENPediatrics. 2022: https://www.youtube.com/watch?v=kMr1NK3Mwx0
References

• Fishman et al. How to Write High-Quality Evaluations Without Bias. OPENPediatrics. 2022: https://www.youtube.com/watch?v=kMr1NK3Mwx0
• UCSF Equity in Assessment Guidelines and Checklist: https://meded.ucsf.edu/faculty-educators/equity-assessment-guidelines-and-checklist
Incorporating Antiracism into Didactic Teaching

Including the MPPDA Annual Meeting

March 28-31, 2023
Atlanta Marriott Marquis
Atlanta, GA
Learning Objectives

• Describe **guiding principles** for incorporating antiracism into didactic teaching

• Identify **key resources** on antiracism to utilize in didactic teaching

• Develop an **action plan** to incorporate antiracism resources into future teaching
Guiding Principles

(why)
Spoiler Alert!: Future Discussion Prompts

• What is an important priority for your program around faculty development?
• What resource(s) on one of websites mentioned today would help you?
• What do you want to bring back to your program?
• Who will win the men’s and women’s NCAA basketball tournament?
Does this sound familiar?

"I have to talk about antiracism in my presentation about congenital cardiomyopathy (or otitis media or anemia or...)? Where would I start??"

"I only have 45 mins for this didactic session... There's already so much to cover!"

"Antiracism is a critical topic, but I don't feel confident in my ability to teach it!"
Why include antiracism in didactic teaching?

Experiencing racism is significantly related to worse overall health.

Racial health disparities persist in nearly every aspect of pediatric care.
Why include antiracism in didactic teaching?

Framework for antiracism education for faculty development

Sotto-Santiago et al. Academic Medicine 2022
Resources for Didactic Teaching

(how)
I want to find a repository of resources for our residents and faculty to address their personal and professional anti-racism and diversity needs—how do I do that?
1. Go to APPD Confronting Racism website and select “Curricula for Anti-Racism”
2. Scroll down and download CFARGOFAR

The CFAR-GO-FAR matrix allows the user to identify a certain element of the EPA addressing racism and inequities and corresponding educational strategies that are used in existing curricula. CFAR-GO-FAR lives at the link below as a 2 worksheet excel document. Worksheet one is the complete matrix.

APPD’s Confronting Racism Action Team – Residency Curriculum Subgroup

Curricula For Anti-Racism

Our subgroup's goal is to assist residency programs in beginning or enhancing curricula that train anti-racist pediatrics who have the necessary knowledge, skills, and attitudes to become pediatricians who celebrate diversity and proactively engage with and advocate for systems and structures to improve the care of marginalized populations.

The view-only excel document link is below. The 2nd worksheet with references can be sorted by domain. For example, if looking for references about domain 1 (Recognizing one’s professional responsibility to populations, communities, and society at large) just sort or filter that column. Also, if searching for a keyword in a title just use “CTRL-F” and search for a term. For example, if looking for titles about resources about microaggressions try searching for that term.

Download excel document
3. Find row with comprehensive resources (domain 8)
4. Find column with specific educational strategies or for toolkits spanning all modalities
5. Review list of references and identify a match for your needs

<table>
<thead>
<tr>
<th>Primary Domain</th>
<th>Secondary Domain</th>
<th>Title</th>
<th>Citation</th>
<th>Direct link if available</th>
<th>Brief Description</th>
<th>Start up resources needed</th>
<th>Time investment</th>
<th>Format (workshop, didactics, OSCE/sim)</th>
<th>Target audience</th>
<th>Audience size</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Collaborating with diverse stakeholders in the development and/or implementation of initiatives to improve health outcomes</td>
<td></td>
<td>APA's Anti-Racism &amp; Diversity Toolkit</td>
<td><a href="https://www.apa.org/dpol/anti-racism/diversity-toolkit/">https://www.apa.org/dpol/anti-racism/diversity-toolkit/</a></td>
<td></td>
<td>Comprehensive Toolkit with over 50 individual resources that are well-organized in a user-friendly website. The Academic Pediatric Association (APA)’s Anti-Racism and Diversity Taskforce created this toolkit to support pediatric clinicians in all facets of their academic practice, including leadership, education, and more.</td>
<td>Significant</td>
<td></td>
<td>Workshop, didactics, book</td>
<td>Any type of audience - just needs to be tailored</td>
<td>Any size - can be tailored to size</td>
</tr>
</tbody>
</table>

**Outcomes**

- A variety of outcomes are listed in the individual resources

**What pieces are available to me**

- Over 50 different resources are listed with links to take you to a variety of materials including articles, videos, podcasts, and more

**Curriculum Strengths**

- It is a comprehensive resource for all types of people/learners: Vast repository of resources for programs of all sizes, and meets the needs of clinicians at every level of career, trainee, and hospital/medical school leadership

**Potential pitfalls**

- May require someone who knows how to address uncomfortable situations/topics. No evaluation of toolkit's usefulness, etc.

**Potential modifications**

- Each individual resource may include modifications

**Other Comments**

- This is a must-see website with so many great resources you are likely to find multiple ones that will help your program
6. Go to link to get to comprehensive resource: APA Anti-Racism & Diversity Toolkit

Anti-Racism & Diversity Toolkit

Introduction

The Academic Pediatric Association (APA)'s Anti-Racism and Diversity Taskforce, tasked with determining tactics to combat systemic racism and discrimination against the underrepresented in academic pediatrics, created this toolkit to readily equip academic pediatricians with the necessary resources to achieve these goals. This toolkit is made to support pediatric clinicians in all facets of their academic practice, including leadership-practice, peer-peer, provider-patient, and educator-trainee interactions.
APA Anti-Racism & Diversity Toolkit

Section A

Section A provides a framework for personal reflection and organizational needs.

- What are Racism and Anti-Racism?
- How can I recognize racism or prejudice in my own professional environment?
- How do I create an environment of inclusivity and equity in my academic practice? How do I become an Anti-Racist?

Section B

Section B of this toolkit provides a wealth of resources, in various forms, to allow for further exploration into the topics of anti-racism, diversity, equity, and inclusivity.
6. check out another comprehensive resource like the Brown University Toolkit
Inclusive Curricula and Teaching

Educators interested in developing inclusive curricula, and their inclusive teaching skills, may want to check out the resources provided by the Brown University Warren Alpert Center for Teaching and Learning and the Program in Educational Faculty Development, including the AMS Creating Inclusive Curricula Guide, and on-eight-minute video on Reviewing Distractions for Instructors: Practical Tips for Faculty.

Resources from the Association of American Medical Colleges (AAMC)

The AAMC provides a variety of professional development resources and opportunities, including sexual and gender minority health resources and workshops on unconscious bias. The Advancing Health Equity: A Guide to Language, Normatives and Concepts may be of particular help.

Resources and opportunities are also provided by their Group for Women in Medicine and Science. Additionally, the AAMC’s Academic Medicine has compiled a collection of articles on addressing race and racism in medical education.

Implicit Bias Training

Professional development sessions on Implicit Bias can be provided by the AMS Office of Diversity and Multicultural Affairs free of charge for your group or community by request. To request a session, please contact rose@brown.edu. Resources and trainings are also available from the AAMC.

Diversity and Inclusion Initiatives

Institutional Diversity and Inclusion Action Plans (DIAPs) can be accessed via the Office of Institutional Equity & Diversity. A variety of initiatives and groups regarding diversity and inclusion, and aimed at supporting the AMS, Brown and hospital DIAPs, are sponsored by the AMS Office of Diversity and Multicultural Affairs. There are also local resources and programs designed specifically to support Women in Medicine and Science, including the Rhode Island Medical Women’s Association, and the national Time’s Up! Healthcare organizations.

https://www.brown.edu/academics/biomed/faculty-development/diversity-inclusion
Creating Inclusive Curricula

Considerations for review of curricular materials for inclusivity, diversity, and bias-free instruction

Images

- Do the images included in my presentation portray individuals of varied gender, age, and skin color?
- Are the images I include as examples of “typical” pathology diverse enough so as to prevent stereotyping? This may be especially important for pathology associated with social stigma. For example, only including images of young people when discussing STIs may give the impression that only young people are at risk and should be screened.

Language & Terminology

- Does my use of language promote a provider/patient divide, or do I acknowledge that learners in my audience may have personal experience with the content I am presenting? For example, in a talk about mental illness, do I discuss patient behavior as what “they” do and provider behavior as what “we” do without acknowledging potential learner experience?
OR

6. check out a teaching resource like the checklist on the George Washington site
7. Review resource and see if it fits your program’s needs.

8. If you found what you are looking for then work with your local team to implement things from this comprehensive resource!
I want to find an article describing an approach to faculty development to develop antiracist medical educators. How do I do that?
1. Go to APPD Confronting Racism website and select “Curricula for Anti-Racism”

2. Scroll down and download CFARGOFAR
3. Find row that addresses professional responsibilities and life-long learning (domain 1)
### 4. Find column with article in domain 1

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<tr>
<th>Domain</th>
<th>Article in Domain 1</th>
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<td>Domain 2</td>
<td>Article 2</td>
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<tr>
<td>Domain 3</td>
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## 5. Review list of references and identify a match for your needs

### Reference # | Primary Domain | Secondary Domain (# applicable) | Title | Citation | Direct link if available | Brief Description | Start up resources need | Time investment | Format (workshop, didactics, OSCE/sim) | Target audience |
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<tr>
<td>2</td>
<td>Recognize one’s professional responsibility to populations, communities, and society at large</td>
<td></td>
<td>Health Equity Rounds: An Interdisciplinary Case Conference to Address Implicit Bias and Structural Racism for Faculty</td>
<td>Perdomo J, Tolliver D, Hsu H, et al. Health Equity Rounds: An Interdisciplinary Case Conference to Address Implicit Bias and Structural Racism for Faculty. MedEdPORTAL. 2019;15:10858. doi:10.15766/mep_2374-8265.10858</td>
<td><a href="https://www.mededportal.org/doi/10.15766/mep_2374-8265.10858">https://www.mededportal.org/doi/10.15766/mep_2374-8265.10858</a></td>
<td>Longitudinal case-based curriculum for interdisciplinary training levels (residents and faculty, etc.) to facilitate and participant time, space or virtual, AV equipment.</td>
<td>Quarterly, 1 hour sessions (however, like all case conferences, requires hours of planning for each session) but could be adjusted, would guess few hours prep per session for already built cases and more</td>
<td>Case conference; Workshop: Interdisciplinary, including faculty and residents</td>
<td></td>
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<tr>
<td>3</td>
<td>Recognize one’s professional responsibility to populations, communities, and society at large</td>
<td>Cultural</td>
<td>Cultural Complications: Why, how, and lessons learned [This is an M&amp;M format, evidenced-based curriculum designed to be delivered via a hospital M&amp;M conference covering 12 DEI themes with]</td>
<td>Harris CA et al., Cultural Complications: Why, how, and lessons learned, The American Journal of Surgery, <a href="https://doi.org/10.1016/j.amjsurg.2020.09.002">https://doi.org/10.1016/j.amjsurg.2020.09.002</a></td>
<td><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7561931">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7561931</a></td>
<td>Cultural complications curriculum designed to be delivered via a hospital M&amp;M conference covering 12 DEI themes with</td>
<td>Monthly for 20 min is suggested, but could be a different frequency; 20 minutes per conference (12 total) and not required but encouraged prep time likely ~30 min per session</td>
<td>Didactics; M&amp;M (could also be adapted for other formats such as case conference)</td>
<td>All health care providers, interdisciplinary team, faculty and trainees</td>
<td></td>
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</tbody>
</table>
6. Go to link to get the resource:
7. Review resource and see if it fits your program’s needs.

8. If you found what you are looking for then work with your local team to implement things from this comprehensive resource!
Let's develop an action plan!

(now)
Discussion Prompts

• What is an important priority for your program around faculty development?
• What resource(s) on one of websites mentioned today would help you?
• What do you want to bring back to your program?
• Who will win the men’s and women’s NCAA basketball tournament?
Upstander Training
Teaching Faculty to be UPstanders

Andria Tatem, Elizabeth Nelson, Eyad Hannah
Definitions

- Upstander
- Bystander
- Aspiring Ally
- Silent Collusion
- Microaggressions
- Overt Discrimination/Harassment
UPstander

- A person who intervenes or "ACTS IN SUPPORT" of the individual being targeted
BYstander

- A person who "WITNESSES" an individual being targeted
Aspiring Ally

- Supportive association with another person or group; more specifically, with members of marginalized or mistreated group to which one does not belong.
Silent Collusion

• Silence = Agreement

Our silence is deafening and deadly

James Brown
microAGGRESSIONS

“brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative...slights and insults.”
Overt Discrimination

• Direct
• Intentional
Why should we be allies?

- Understanding Allyship is key to helping us all practice and evolve our roles in advancing health equity and creating inclusive health care settings.
OBJECTIVES
Acknowledge…

…my imposter syndrome

Andria Tatem, Beth Nelson, Mike Weisgerber, Becky Blankenburg, Michelle Barnes, Tyree Winters, Beth Wueste, Dena Hofkosh, Franklin Trim, Jeramiah Cleveland; Aisha Barber, Val Cohran, Dedrick Moulton, Conrad Cole, Dennis Spencer, Elizabeth Mileti, Monique Galpin, David Moser, Joyce Gоins-Fernandez, Nicole Del-Castillo, Denise Martinez, Kanya Ferguson, Mike Tansey, Hannas (Emily, Dexter, Maya, Michael, Haifa, Michael, Mazen), Chris Shields, Shad St. Louis, Kevin Watson, Temara Hajjat, Faith D. Ihekweazu, Amy Stier, Amal Shibli-Rahhal, Paras Bassuk, Dasia Taylor, Luke Dillon, Laura Gray, Eric Howard, Andrea Jayne, Claire McGranahan, Justin Bullock, Mike Colburn, Katie Larson-Ode, Andrea Swenson, Keenan Crow, Crystal Tsai, William Liu
Tools for Responding to Patient-Initiated Verbal Sexual Harassment: A Workshop for Trainees and Faculty

Lauren E. Hock, MD, Patrick B. Barlow, PhD, Brittni A. Scruggs, MD, PhD, Thomas A. Oetting, MD, MS, Denise A. Martinez, MD, Michael D. Abràmoff, MD, PhD, Erin M. Shriver, MD

Download at MedEdPortal or EyeRounds.org (search Harassment)
I-RESPOND Download

A. Facilitator Guide

B. Presentation

C. Harassment Tool Kit

D. Pre- and Postworkshop Survey

E. MedEdPortal Article
I-RESPOND Pocket Card

**IF YOU ARE HARASSED AND DECIDE TO RESPOND...**

1. Use “I” Statements
   - “I feel uncomfortable when you comment on my [physical appearance/race/religion/age/etc.].”

2. Repeat and Clarify Statement
   - “Help me understand what you mean by that” or “I heard you say ______. Will you clarify what you meant?”

3. Emphasize Shared Goals
   - “I want to give you the best care that I can, but comments like that distract from my ability to focus on your care. Let’s keep our conversation professional.”

4. Set Boundaries
   - “Our hospital policy does not allow for discrimination on the basis of [race/religion/gender/sexual orientation].” If you continue, I will have to leave the room.”

5. Patient Actions Rather than Person
   - “I felt disrespected when you said that” is less likely to make a harasser respond defensively than “You are disrespectful.”

6. Offer an Alternative
   - “I’d prefer if you call me Doctor, rather than baby or honey.”

7. Separate Intent from Impact
   - “I’m sure you didn’t mean to be hurtful, but I feel uncomfortable when you said that, but it made me feel...”

8. Don’t Use Humor
   - Use humor with caution as exaggeration or sarcasm may be misconstrued as reinforcement of prejudice.

**Putting it all together (example statement)**

“I’m sure you didn’t mean to be hurtful, but I feel uncomfortable when you comment on my [appearance/identity/ethnicity]. I want to give you the best care that I can so let’s keep our conversation professional.”

**IF YOU OBSERVE HARASSMENT OF A COLLEAGUE...**

1. Establish a Culture of Openness and Respect
   - Expect that harassment will happen and recognize it when it occurs. “I wish that inappropriate comments and harassment by patients and visitors did not occur. But it does. I want to hear when things like this happen, it’s important that everyone feel safe and supported here.”

2. Assess the Situation
   - Does the person who was harassed appear uncomfortable or upset? Nonverbal cues should clue you in to whether the person desires help handling the situation.

3. Respond to the Harassment in Real Time
   - “Mr. Z, we want to give you the best care and ask that you treat all of our team members with respect.” “We don’t tolerate that kind of language here. Let’s keep it professional.” Provide the harassed with an opportunity to leave the room.

4. Validate and Offer Support
   - “That was a difficult encounter. How are you doing?” “I want you to feel empowered to speak up in a situation like this. You have my support.”

5. Debrief with Individual and Team
   - “I would like to take some time to acknowledge and reflect on how that encounter felt for everyone.” “How do you think the encounter went? How can I be more prepared for the next time to ensure a better outcome for everyone involved?”

6. Encourage Reporting and Documentation of Patient Harassment
   - Create a written record of the incident.
Establish a culture of openness and respect
Expect that harassment will happen and recognize it when it occurs. “I wish that inappropriate comments and harassment by patients and visitors did not occur. But it does. I want to hear when things like this happen. It’s important that everyone feel safe and supported here.”

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  Use humor with caution as exaggeration or sarcasm may be misconstrued as reinforcement of prejudice.

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Putting it all together (example statement)

“I’m sure you didn’t mean to be hurtful, but I feel uncomfortable when you comment on my [appearance/identity/background]. I want to give you the best care that I can so let’s keep our conversation professional.”
Reporting Mistreatment

Show of hands...

• Do you have a process in your hospital/institution?

• If one of your residents experienced mistreatment, would they know how to report it?
Things to Consider

• Who “owns” the process?

• Is it accessible?

• What information is collected?

• How is information collected?

• To whom do the reports go when submitted?
Things to Consider

• How are investigations conducted?

• Are confidentiality and anonymity assured?

• How do those that reported receive updates?

• How are data tracked and reported?
Small Group Sharing

- Discuss any or all of these as a table – 5 minutes total

- Be as vulnerable (or not) as you want to be

A time when you witnessed something as a bystander and wished you would have done something differently

A time when you were an upstander. What was that like?

A time you experienced identity-based harassment and how you and/or others handled it in the moment
Large Group Sharing

• Be as vulnerable (or not) as you want to be

A time when you witnessed something as a bystander and wished you would have done something differently

A time when you were an upstander. What was that like?

A time you experienced identity-based harassment and how you and/or others handled it in the moment
Summary
Questions