**Diversity, Equity, & Inclusion Initiatives & Best Practices**

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Introduction

It is the obligation of pediatric training programs to recruit, train and retain individuals from historically marginalized communities and backgrounds, so that the pediatricians of the future reflect the full spectrum of the populations we serve. This work requires intentional approaches to creating training environments that are equitable and inclusive.

Definitions

**Diversity** – The presence of different and multiple characteristics that make up individual and collective identities, including race, gender, age, religion, sexual orientation, ethnicity, national origin, socioeconomic status, language, and physical ability.

**Equity** – The process of identifying and removing the barriers that create disparities in the access to resources and means, and the achievement of fair treatment and equal opportunities to thrive.

**Inclusion** – Is creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to participate fully.

Intentionality

As program director, you will need to determine the overarching purposes of your DEI work. You may be starting with no infrastructure and looking to create a baseline of diversity and inclusion in the training program. You may be in a place with well-established programming and initiatives, a diverse and inclusive group of faculty and residents, and therefore are focusing on maintenance and enhancement. You may be seeking a transformative change in your program and department. Regardless of where you are starting from, intentionality in planning and implementation is crucial to meeting the needs of your program and creating a process that can be regularly reviewed and updated as the needs evolve.

Coordinating with your department and institution

As a program director you will want to leverage any efforts occurring at the departmental and institutional level so that you are not “reinventing the wheel.” There is also a great deal of value in vertically structured DEI initiatives that allow trainees to connect with faculty, fellows, and peers.

There are a number of ways to do this:

1. Connect with Vice Chairs for DEI or DEI program officers in the clinical departments/hospital system, your affiliated medical school, or institutional GME structure.
2. Connect with program directors outside of pediatrics to build relationships and programming for residents and fellows across disciplines.
3. Collaborate with program directors in your home department GME programs.

Faculty engagement and training

Like all other program activities, faculty engagement beyond program leadership is crucial. Your faculty will have a wide range of skills, attitudes, and competency with regard to DEI work. Collaborate with faculty already engaged in this work but be mindful that many faculty engaged in DEI work are uncompensated for their time and may already be over-extended.

If your institution does not have resources focused on faculty development in creating a diverse, inclusive, and equitable learning environment, there are some currently available resources to help achieve this listed at the end of this section.

Curriculum Integration

Program directors are tasked by the ACGME to recruit and retain a diverse and inclusive workforce of residents and fellows. Recent additions to ACGME requirements include demonstration of competence in “anti-racism, anti-oppression, recognizing explicit and implicit biases, and health care inequities”, and “systematically analyzing practice using quality improvement methods, including activities aimed at reducing health disparities.” Programs must also provide a learning environment that is free “from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, and staff.”

Various models exist to integrate elements of diversity, equity, and inclusion into the core curriculum. MedEdPortal has an entire collection of curricula focused on Diversity, Equity, and Inclusion available for residency programs to use. One of the first challenges for program directors is to determine the content areas covered in a residency program’s DEI curriculum, including but not limited to those noted in the table.

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| **Table: Potential content Areas for DEI curricula** |
| Adverse Childhood Experiences  Allyship  Anti-Bias Training and Implicit Bias  Anti-Racism in Medicine  Cultural Humility and Sensitivity  Health Disparities for Marginalized Populations  Health Equity  Health Policy  Human Rights  LGBTQIA+ Health  Microaggressions  Mitigating Anti-Racist Behaviors  Refugee, Asylum, and Immigrant health  Social Justice  Trauma-Informed Care |

Programs can often find a range of DEI expertise within the department, from interested faculty members willing to train up in certain areas based upon clinical experience to national experts. Program Directors can also advocate for protected time for faculty to dedicate to DEI curricula. Hospital or institutional offices of diversity, equity, and inclusion may also serve as content experts. Outside of the medical center, faculty experts from undergraduate campuses of universities, local community organizations, or student-based affinity groups can also serve as important sources of content experts.

It is recommended that program directors make DEI curricula a priority within the didactic curriculum interspersed throughout the longitudinal calendar. Integrating DEI topics in core medical conferences can also reinforce learning from a DEI curriculum. Programs have also developed social medicine or advocacy rotations, or entire program tracks to further develop residents who have a strong interest in this area.

Residency Recruitment

Creating a diverse residency program should be a recruitment priority for program directors and other program and institutional leadership. Gonzaga et. al. created a useful framework when creating an effective recruitment strategy:

1. Setting diversity as a priority – such as including diversity as a priority on website & other marketing materials and explicitly discussing DEI initiatives during the interview process
2. Seeking out diverse candidates – such as conducting holistic review of applicant pool and attending regional and national meetings of student run organizations such as the SNMA (Student National Medical Association) and the LMSA (Latino Medical Student Association).
3. Implementing Inclusive Recruitment practices – including anti-bias training of interviewers, conducting holistic reviews of applicants, and use of structured interview questions
4. Investing in trainee success – such as bystander training, faculty development, and having support programs in place for mentorship, career development, research.
5. Building the pipeline – collaborating with local schools to increase the pipeline of underrepresented in medicine (URiM) students entering STEM careers.

Additional strategies that have been employed by residency programs to build a diverse residency program include hosting and funding rotations for URiM applicants, holding URiM-focused recruitment days, second visit days or open houses. Programs have also created systems to connect URiM candidates to residents to help develop stronger relationships with the program.

Supporting URiM Trainees

While recruitment is a key priority for residency programs, it is not sufficient and cannot be the end goal. Support and development of URiM trainees is the goal for a truly diverse and equity physician workforce. We must endeavor to create an environment in which URiM trainees can thrive. This can be accomplished through education, community-building, mentorship, and sponsorship.

Creating a program that provides mentorship for URiM residents includes early identification of mentors of similar background in order to reduce the isolation that many trainees experience. Connecting URiM residents with affinity groups will help build the sense of community, especially for those identities that can be “unseen,” such as certain disabilities or members of the LGBTQIA+ community. Encouraging involvement in affinity groups at the medical school, including SNMA or LMSA, and involvement with the institution’s office for diversity, equity, and inclusion can support trainees.

While mentorship provides guidance and allows a mentee to learn from a mentor’s experience and example, sponsorship expands the mentee’s visibility in medicine, models self-advancing behaviors, and more importantly, involves the resident in experiences that provide opportunities for career advancement. Program directors and faculty often can serve as sponsors for our URiM residents, and numerous programs are available to help residents advance their careers. This includes programs sponsored by APPD, such as the AIMS program and the Academic Pediatric Society’s NADEP UIM Mentoring Program. Crucial to a trainee’s success is creating a supportive learning environment. Bystander and allyship/upstander training for residents and faculty as well as faculty development on mentoring across differences will help build success.

Dealing with Bias Events Involving Residents

Residents may experience bias or microaggressions in interactions with patients, faculty, other trainees, and other employees. As always, your primary role as PD is to support your resident and establish a course of action that is consistent with program, department, and human resources policies. Encouraging residents to use reporting systems for discrimination and abuse, and having a clear and transparent process to manage issues and complaints with clear outcomes will help improve the overall learning environment. This may include removal of faculty or site involvement in residency education should a learning environment not be proven safe for URiM residents.

If your department/institution does not have a reporting process, consider developing one that is multidisciplinary and shares the responsibility of responding beyond the residency program.

Defining Your Role in Responding to External Events

Many residents expect their program director to acknowledge or respond to major events outside the purview of the residency training program. When, where, and how to do this is not always straightforward, especially when the events have differing impacts on the individual residents within your program. Two key points are: 1) reach out directly to affected residents; and 2) develop a consistent communication process. Here are two resources from the business world that describe a structured approach for leadership.

<https://hbr.org/2022/03/how-to-talk-to-your-team-about-distressing-news-events>

<https://board.fastcompany.com/blog/responding-to-current-events-that-impact-employees>

Resources

*Curricula*

ACGME Equity Matters:

Launch page for several resources: Self guided CME, ACGME created videos for teaching, toolkits for holistic recruitment and equity culture development

<https://dl.acgme.org/pages/equity-matters>

APPD Curricula for Anti-Racism Resource:

Searchable and sortable resource list for programs hosted on APPD website. Each resource has been reviewed by 2 reviewers from 3 of our learning communities (Curriculum LC, Under-represented in Medicine LC, Advocacy LC).

<https://www.appd.org/about/curricula-for-anti-racism/>

Association of American Medical Colleges Toolkit:

Collection of AAMC developed workshops, resources and external links to wide array of organizations and resources <https://www.aamc.org/professional-development/affinity-groups/cfas/diversity-inclusion-toolkit/resources>

MedEd Portal DEI Collection:

Peer reviewed workshops and curricula (not all pediatrics specific)

<https://www.mededportal.org/dei>

*Articles*

JGME Article Collection: A continuously updated collection of JGME articles related to diversity, equity, inclusion, and justice in graduate medical education

<https://meridian.allenpress.com/jgme/pages/diversity_equity_inclusion_justice>

Yemane L and Omoruyi E. Underrepresented in medicine in graduate medical education: Historical trends, bias, and recruitment practices. *Curr Probl Pediatr Adolesc Health Care* 2021; 51: 101088

Freeman BK and Smith TK. Clinical and educational training about diversity, equity, inclusion, and justice for pediatric residents. *Pediatr Ann.* 2023; 52(7): e256 – e260

Gonzaga AMR et al. A framework for inclusive graduate medical education recruitment strategies: Meeting the ACGME Standard for a Diverse and Inclusive Workforce. *Acad Med.* 2020; 95: 710 – 716

*Programs for URiM Trainees*

APPD Advancing Inclusiveness in Medical Education Scholars Program (AIMS):<https://www.appd.org/resources-programs/educational-resources/appd-aims/>

APS New Century Scholars Program:<https://www.academicpeds.org/programs-awards/mentorship-program/new-century-scholars-program/>

APS NADEP UIM Mentoring Program:<https://www.academicpeds.org/programs-awards/mentorship-program/>

AAP Community Health and Advocacy:<https://www.aap.org/en/advocacy/community-health-and-advocacy/>