

## DIVERSITY AND INCLUSION RESOURCES BY COMMITTEE

The ACGME common program requirements taking effect in July 2019 have a new core requirement for a mission-driven systematic recruitment and retention of a diverse workforce. The LCME has a similar statute. Programs affiliated with a University may request a copy of LCME standard 3.3 that includes this data for faculty, senior administrators and staff.

*"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)."*

### **Diversity, Equity, and Inclusion (DEI) questions on ACGME Surveys:**

<b>Resident</b>	<b>Faculty</b>	<b>Resources given to following MPPDA committee</b>
To what extent has this program fostered an inclusive work environment (with respect to race, ethnicity, gender, sexual orientation, ability, or religion) where everyone belongs, fits in without extra effort, and is valued for who they are?	To what extent has this program fostered an inclusive work environment (with respect to race, ethnicity, gender, sexual orientation, ability, or religion) where everyone belongs, fits in without extra effort, and is valued for who they are?	<b>Accreditation</b>
How often have you experienced or witnessed abuse, harassment, coercion, or discrimination against any student, resident/fellow, or faculty member in your program?	How often have you experienced or witnessed abuse, harassment, coercion, or discrimination against any student, resident/fellow, or faculty member in your program?	<b>Accreditation</b>
To what extent does your program engaged you in ongoing, systematic efforts to recruit diverse residents/fellows?	To what extent has your program engaged you in ongoing, systematic efforts to recruit diverse residents/fellows?	<b>Recruitment and Research</b>
	How often have you participated in program-driven, ongoing, systematic efforts to recruit diverse individuals in the following categories: (pre-residency learners, including medical students, residents, fellows, faculty members, other GME Staff)?	<b>Recruitment and Research</b>
How effective has your program been in preparing you to interact with individuals of different backgrounds than yourself (for example, gender, age, face, culture, religion, national origin, socioeconomic status, and sexual orientation)?		<b>Curriculum</b>

**Accreditation Committee Resources:**

**Where to start:**

1. Read this super short, super actionable book: [What if I say the Wrong Thing? 25 Habits for Culturally Effective People](#)

2. Understand the factors that make an (non)-inclusive work environment and intervene to level the playing field (Aysola 2018, [https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2695077?utm\\_campaign=articlePDF%26utm\\_medium%3darticlePDFlink%26utm\\_source%3darticlePDF%26utm\\_content%3djamanetworkopen.2018.1010](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2695077?utm_campaign=articlePDF%26utm_medium%3darticlePDFlink%26utm_source%3darticlePDF%26utm_content%3djamanetworkopen.2018.1010)):

<b>Factors</b>	<b>Intervention:</b>
The Presence of Discrimination	Acknowledge it and talk about it! Plan for how it will be addressed when it occurs: e.g., <a href="https://www.jgme.org/doi/full/10.4300/JGME-D-19-00075.1">https://www.jgme.org/doi/full/10.4300/JGME-D-19-00075.1</a>
The Silent Witness	Bystander training during orientation for new interns/residents and for all faculty (Taj and Alda’s past workshop)
The interplay between hierarchy, recognition, and civility	Avoid in-group favoritism; apply criteria fairly for promotion and remediation (resource #1)  Promote civility, and hold community members accountable when they are disrespectful.  Ensure inclusive organizational policies and membership on committees (especially those with high impact and visibility)
The effectiveness of leadership and mentors	Make your standards explicit and keep them high. Avoid sentimentalism – be courageous in sharing constructive feedback so that out-group trainees can address them early and maintain an appropriate trajectory. The longer it takes one to be given feedback, the more difficult it will be to catch up. (resource #1)
Support for work-life balance	Recognize that inclusion is integral to workforce wellness and engagement.
Perceptions of exclusion by inclusion efforts	In addition to affinity groups (which are very important), make sure your inclusion efforts/committees include individuals from all backgrounds – race, ethnicity, religion, sexual orientation, sexual identity, etc – representing both one-up groups and one-down groups.

**COVID-19 specific resources:**

During the COVID-19 Pandemic, weaknesses in our society’s and in healthcare’s inclusivity has been made apparent. Many of our trainees, colleagues, and even patients of Asian descent have experienced increasing and horrible microaggressions. It has also further highlighted racial and economic health disparities and social determinants of health. We’ve gathered resources that have been developed and shared by an academic medical center (see UNC document).

**Curriculum Committee Resources:**

Research shows that trainees benefit from developing a diverse curriculum. Diversity in the curriculum enhances critical thinking by raising new issues and perspectives, by broadening the variety of experiences shared, and by confronting stereotypes on social, religious, economic, and political issues, on issues of gender, sexual orientation, and race/ethnicity.

The ACGME “CLER Pathways to Excellence Document” outlines quality improvement goals related to: *HQ Pathway 7: Residents, fellows, and faculty members deliver care that demonstrates cultural humility - Provides residents, fellows, and faculty members continual training in cultural humility relevant to the patient population served by the clinical site.*

<https://www.acgme.org/Portals/0/PDFs/CLER/1079ACGME-CLER2019PTE-BrochDigital.pdf>

**Where to Start:**

1. Achieve baseline of understanding regarding individual implicit biases through completing Harvard Implicit Bias testing for Race and Gender
  - Group 1 (minimum recommendation): Program Director, Associate Program Director(s), Clinical Competency Committee and Residents
  - Group 2 (expanded recommendation): Core Faculty and Subspecialty Education Coordinators for Med-Peds, Pediatrics and Internal Medicine

Harvard Implicit Bias testing – offers free online testing for implicit bias providing individual results.

<https://implicit.harvard.edu/implicit/>

2. Have chosen groups complete 1-hour Stanford Unconscious Bias Course

Resource	Content	Link
Stanford Unconscious Bias Course	-Free online 1 hour CME course -Develop strategies to correct/mitigate personal unconscious bias in daily interaction	<a href="https://med.stanford.edu/cme/courses/online/Bias.html">https://med.stanford.edu/cme/courses/online/Bias.html</a>

**Next Steps:** Additional PowerPoint training resources

Alda Maria Gonzaga, MD and Taj Mustapha, MD	The Impact of Unconscious Bias in Medicine – education and strategies for preventing/minimizing impact of unconscious bias	add link when we are done
The Science of Diversity and the Impact of Implicit Bias – Hannah Valentine, MD (NIH)	PDF PowerPoint presenting evidence for disparities in academia and strategies to mitigate bias	<a href="https://diversity.nih.gov/sites/coswd/files/images/2017-12/implicit_bias_talk_for_toolkit_pdf_508c_0.pdf">https://diversity.nih.gov/sites/coswd/files/images/2017-12/implicit_bias_talk_for_toolkit_pdf_508c_0.pdf</a>

Additional resources available in MPPDA Library

**Recruitment Committee Roles:**

1. Track and maintain ACGME and Web ADS requirements related to recruitment and retention of a diverse trainee workforce
2. Foster and compile best practices from Med-Peds programs to meet these ACGME requirements
3. Disseminate these best practices to the Med-Peds programs nationally
4. Maintain an annual presence for the MPPDA at the LMSA and SNMA national meetings in collaboration with NMPRA

**Recruitment Committee Resources (Where to start):**

1. Benefits of diverse workforce
  - a. Diverse teams make more accurate decisions (Rock, Grant and Grey. HBR. 9/22/16)
  - b. Reduce Health Disparities (multiple references)
  - c. Improved culture, creativity, productivity (multiple references)
2. How to accomplish
  - a. Stanford on-line implicit bias training course for all members of MP Program leadership, ranking committee and interviewers (for awards, clerkship grades and leadership positions) <https://online.stanford.edu/courses/som-ycme0027-unconscious-bias-medicine-cme>
  - b. Stereotype threat data (for standardized test scores) Steele and Aronson, Journal of Personality and Social Psychology, (69)5: 797-11, 1995
  - c. Create a psychologically safe culture (see accreditation committee)

**Research Committee Roles:**

1. Compile, maintain and track diversity data on MP programs through annual questions on the MPPDA Program Director Survey
  - a. Program Leadership
  - b. Core Faculty
  - c. Trainees
2. Annually solicit additional questions to the MPPDA Program Director Survey regarding diversity and inclusion

**Research Committee Resources:**

1. Inclusive demographic survey techniques