ACGME Equity Matters™

Morgan Passiment
Program Director, Diversity Initiatives
ACGME

Organization of Program Directors Spring Meeting
April 20, 2023
Chicago, IL

ACGME EQUITYMATTERS™

Objectives

1. Explain key elements of ACGME Equity Matters™
2. Describe approaches developed in the first cohort
3. Opportunities to engage

The ACGME Diversity, Equity, and Inclusion Team

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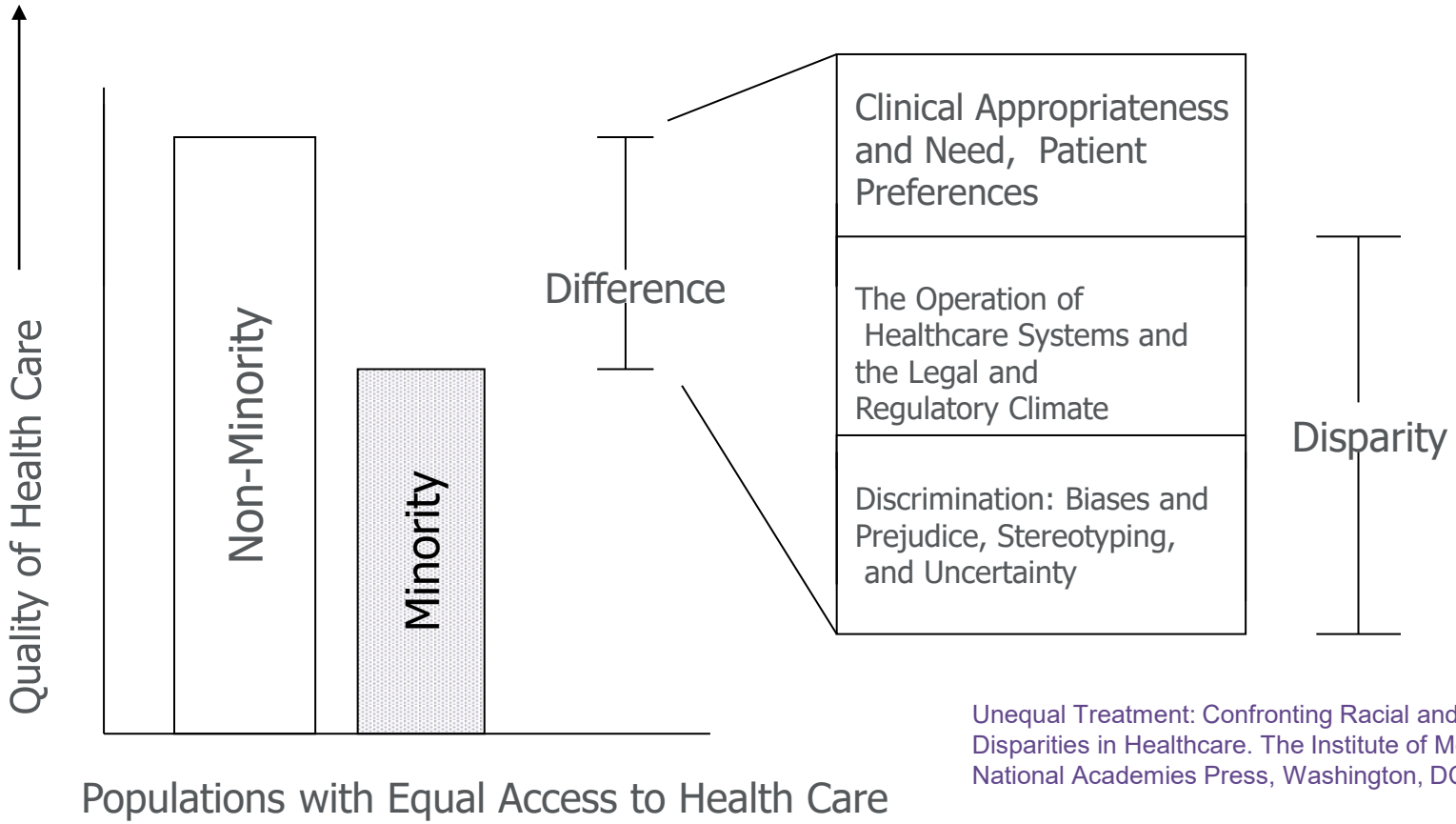
DEI Policy and Research Analyst

IOM Report: Differences, Disparities, and Discrimination

Disparities- Racial or ethnic differences in healthcare that are not due to access related factors, clinical needs, patient preferences, or the appropriateness of the intervention.

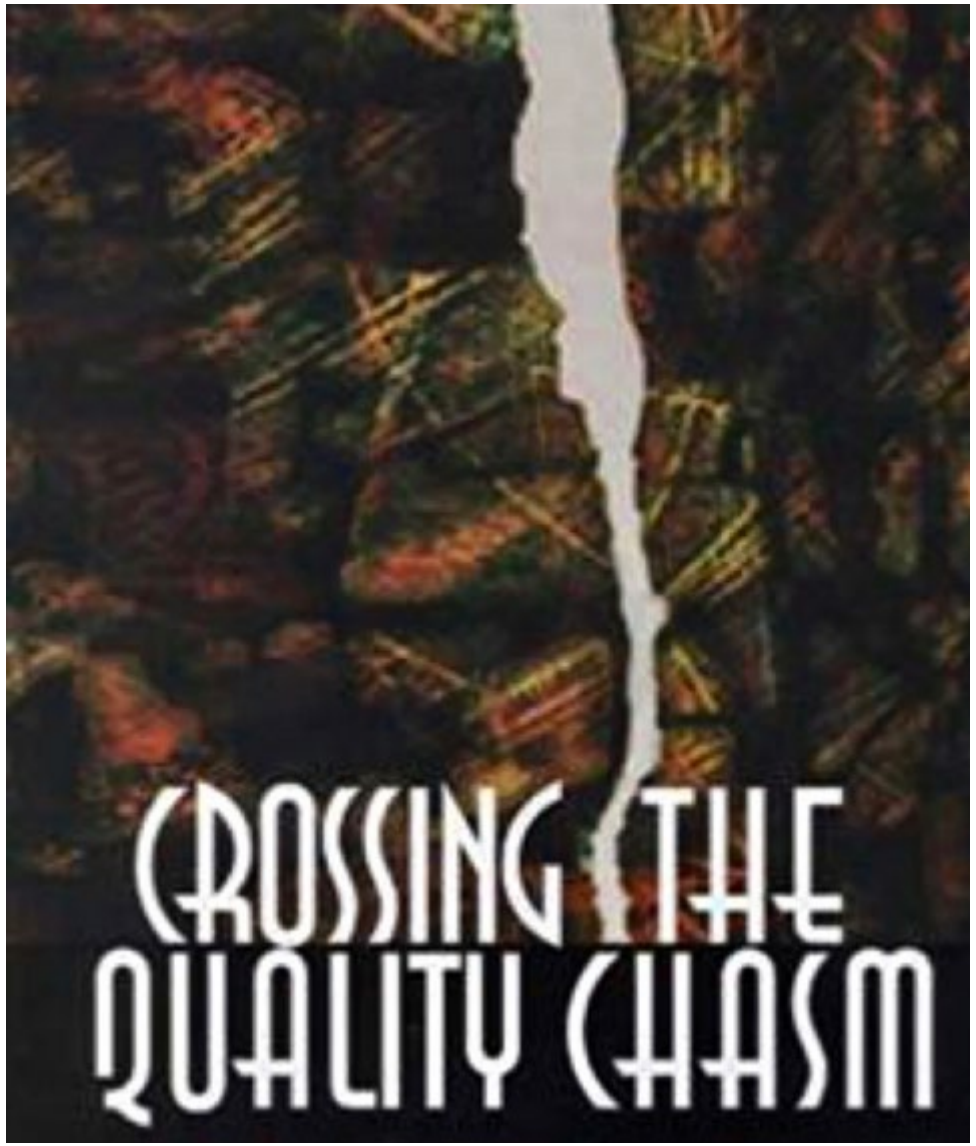


Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare. The Institute of Medicine, National Academies Press, Washington, DC. 2002

Crossing the Quality Chasm – Six Aims for Improvement

- Safety
- Timeliness
- Effectiveness
- Efficiency
- Equity
- Patient-Centeredness

IOM Crossing the Quality Chasm: A New Health System for the 21st Century, 2001



How fair is medical education?

- Structural racism refers to systematic racial bias embedded into the normative functions of society
- Theory of racialized organizations argues it is enacted through formal and informal processes in organizations that privilege certain groups at the expense of others
- Medical education is a racialized organization

Annals of Internal Medicine ACADEMIA AND THE PROFESSION

Medical Schools as Racialized Organizations: A Primer

Max Jordan Nguemeni Tiako, MD, MS; Eugenia C. South, MD, MS; and Victor Ray, PhD

The year 2020 saw the largest social movement in response to the police killings of Black people and anti-Black racism in U.S. history. As a result, medical schools and professional societies such as the American Medical Association and the Association of American Medical Colleges are reckoning with their role in perpetuating racial inequity and the impact of structural racism on medical training. Whether these efforts will translate into meaningful change has yet to be determined. Success depends on a deep understanding of the fundamental role racism plays in how medical schools function and an acknowledgment that current organizational structures and processes often serve to entrench, not dismantle, racial inequities. Drawing on racialized organizations theory from the field of sociology, this article gives an overview of scholarship on race and racism in medical training to demonstrate how seemingly race-neutral processes and structures within medical education, in conjunction with individuals' biases and interpersonal discrimination, serve to reproduce and sustain racial inequity. From entrance into medical school through the residency application process, organizational factors such as reliance on standardized tests to predict future success, a hostile learning climate, and racially biased performance metrics ultimately stunt the careers of trainees of color, particularly those from backgrounds underrepresented in medicine (URM). These compounding disadvantages contribute to URM trainees' lower matching odds, steering into less competitive and lucrative specialties, and burnout and attrition from academic careers. In their commitment against structural racism in medical training and academic medicine, medical schools and larger organizations like the Association of American Medical Colleges should prioritize interventions targeted at these structural barriers to achieve equity.

Ann Intern Med. 2021;174:1143-1144. doi:10.7326/M21-0369 Annals.org
For author, article, and disclosure information, see end of text.
This article was published at Annals.org on 1 June 2021.

Over the past year, leading professional medical organizations, such as the Association of American Medical Colleges, as well as many individual medical schools have affirmed their opposition to structural racism through solidarity statements and the creation of task forces. Whether these efforts will translate into meaningful change has yet to be determined. Success depends on a deep understanding of the fundamental role racism plays in how medical schools function and an acknowledgment that current organizational structures and processes often serve to entrench, not dismantle, racial inequities.

Structural racism refers to a form of systematic racial bias embedded in the "normal" functions of laws and social relations. The theory of racialized organizations argues that structural racism is often enacted through formal and informal organizational processes that privilege certain racial groups at the expense of others (1). Organizations shape resource distribution in ways that constrain (or enable) expression of individual agency, or the ability to shape one's future and achieve goals. Under the theory, resources include tangibles like financial assets, as well as intangibles like mentorship and career development opportunities. The theory argues that Whiteness functions as a credential, providing greater access to leadership or the benefit of uneven application of formal rules and policies.

This article provides a primer on the seemingly race-neutral structures (such as admissions metrics of success, learning climate, and leadership opportunities) that negatively impact the educational experiences and outcomes of racial and ethnic minorities, especially those underrepresented in medicine (URiM)–namely Black, Hispanic, and Indigenous students (as defined by the Association of American Medical Colleges).

Racialized Metrics of Success Determine Admission and Advancement Through Medicine

Historical and contemporary patterns of racial exclusion are built into formally race-neutral measures used to grant students admission to and assess their success in medical school and residency, including the Medical College Admission Test, the U.S. Medical Licensing Examination, and honor society membership. Disparities in Medical College Admission Test performance partially reflect cumulative disadvantage faced by URiM students due to lack of access to resources; thus, the test serves as a barrier to entry (2). In addition, URiM applicants report a lack of the shadowing and extracurricular educational opportunities valued in the admissions process (3). The overreliance on test scores and mainstream extracurricular activities is an institutionalized mechanism of racial exclusion that curtails the career choices of URiM applicants.

Membership in Alpha Omega Alpha (AOA), the medical honor society, is an important medical school achievement leading to subsequent career opportunities. A national study showed that Black and Asian students were, respectively, 6 and 2 times less likely to be AOA members than White applicants regardless of objective characteristics otherwise associated with AOA membership (4). These inequities, albeit structural, are mediated and abetted by individual biases manifesting in the form of interpersonal discrimination, implicit biases, and a racialized uneven application of rules.

Racialized Learning Climate and Culture

Scholars describe a divide between URiM students and those from the "doctor dynasty"–mostly White students who enter medical school with greater familiarity with the hidden curriculum (like leveraging social capital toward finding mentors, and career advancement opportunities) (5) which may facilitate a greater sense of belonging. On the other hand, URiM students report a hostile learning environment characterized by racial stereotyping and discrimination, low social support, and feeling stigmatized as "out of place" (6). In a nationwide sample of medical students ($n = 3756$), 81% and 94% of participants reported witnessing discrimination toward students and negative role modeling, including physicians speaking negatively about Black patients (7). In addition, URiM students perceive that during clinical rotations, their White colleagues receive better treatment and greater inclusion in the social aspects of the workplace and thus are more likely to be invited to participate in clinical care (6). Discrimination and lack of inclusivity likely affect academic performance (8) and selection of specialty.

The subjectivity of clerkship evaluations, which are influenced by social interactions with supervisors and are

Nguemeni Tiako, M.J., South, E.C. and Ray, V., 2021. Medical Schools as Racialized Organizations: A Primer. *Annals of Internal Medicine*.

Major Contributors to Health Care Inequities

1. Implicit bias
2. Microaggressions
3. Stereotype bias (ableism, sizeism, xenophobia, povertyism, ageism)
4. Structural and institutional racism (Example: resource allocation)
5. Loss of trust

Wyatt R, Tucker L, Mate K, et al. A matter of trust: Commitment to act for health equity [published online ahead of print, 2023 Jan 22]. Healthcare (Amst). 2023;11(1):100675.

Manchanda, E., Sivashanker, K., et. al. Training to Build Antiracist, Equitable Health Care Systems. AMA J Ethics. 2023;25(1):E37-47.

Common Program Requirement I.C.

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 workforce** of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. (Core)

Common Program Requirement VI.B.6.

VI.B.6. Programs, in partnership with their Sponsoring Institutions, **must** provide a **professional, equitable, respectful, and civil environment** that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. (Core)

ACGME Equity Matters™ Initiative

ACGME EQUITYMATTERS™

Components of ACGME *Equity Matters*™

Expert Modules

Learning Communities

Resource Collection

Textbook

ACGME EQUITYMATTERS™ ONLINE LEARNING 2022

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

These self-directed educational resources provide diverse perspectives while raising historical and current injustices in the medical education system in an organized and intentional way.

45+ EDUCATIONAL VIDEOS

13 MODULES

2 TOOLKITS

EDUCATIONAL CONTENT INCLUDES:

- Foundations of Diversity, Equity,
- and Inclusion (DEI)
- Key Challenges in DEI and Anti-Racism
- Racial and Ethnic Experiences
- Identities and Populations
- Holistic Recruitment
- Equity Practice

2,190

ONLINE LEARNERS

25

CONTINUING MEDICAL EDUCATION CREDITS OFFERED

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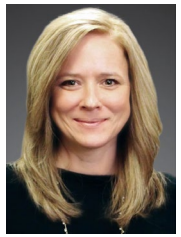

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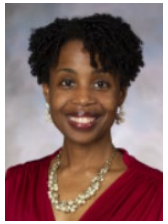

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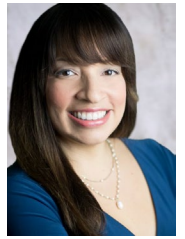

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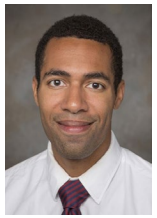

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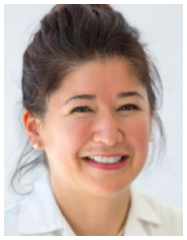

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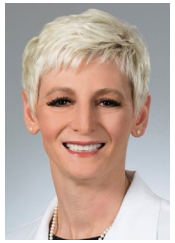

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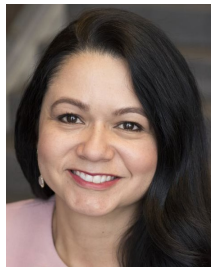

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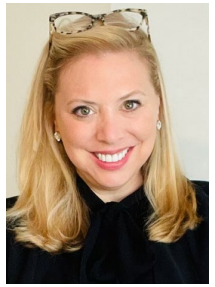

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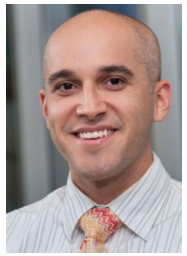

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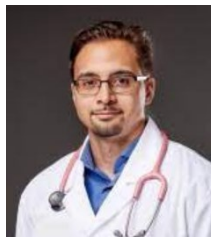

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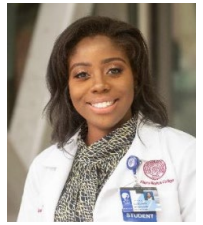

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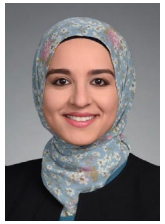

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BLOCK 1: FOUNDATIONS OF DIVERSITY, EQUITY, AND INCLUSION

- Trauma-Responsive Cultures Part 1 (35 mins)
- Trauma-Responsive Cultures Part 2 (45 mins)
- The History of Race in Medicine: From Enlightenment to Flexner (32 mins)
- The New History of the Intersection of Race in Medicine: Fast Forward to 2021 (24 mins)
- Building Safe and Courageous Spaces in Graduate Medical Education (32 mins)
- Federal Regulations (17 mins)
- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity (21 mins)
- Intersectionality: A Primer (20 mins)
- Patient Safety, Value, and Healthcare Equity: Measurement Matters (26 mins)
- Using a Structured Approach to Recruit Diverse Residents, Fellows, and Faculty (33 mins)

Toolkits

Equity Practice:

- Environmental Equity Assessment
- The Power of Culture
- Allyship: Foundations, Skills, and Frameworks
- Acting to Dismantle Racism
- Protocols for Building Bias Response

Holistic Recruitment:

- Holistic Principles in Resident Selection
- Process Maps and Strategies
- Equity-Based Assessment in Recruitment
- Process, Outcomes, and Sustaining Meaningful Change

To access, register through the link or QR code below. Allow up to 24 hours for confirmation.

LEARN at ACGME

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

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Readiness Assessment

Conducting a self-analysis of why things exist in the current state provides a valuable baseline. Self-assess current policy & procedure budget decisions, norms, culture, stakeholders, organizational history, etc., that must be considered to address problems identified. This tool is divided into four key areas of impact: leadership, workforce, workplace, and patients.

Readiness Assessment		Response
Leadership		
Strategic Plan	Identify and briefly describe where DEI and anti-racism is in the organization's strategic plan and any specific DEI plan or policies in place to support the plan, level of board commitment.	
Stakeholders	Identify stakeholders that have formal responsibility for DEI efforts within organizational staff and membership	
Demographics	Identify the current sex, race, and ethnicity make-up of the c-suite of the organization, board, and elected leadership	
Organizational Resource Allocation	Provide the organization's annual budget currently dedicated to DEI.	
Workforce		
DEI Recruitment and Retention Programs	Briefly describe the current DEI recruitment and retention programs for your organization and your specialty. Such as pipeline, pathway programs for residents, faculty, and staff.	
Demographics	Identify the current sex, race, and ethnicity make-up for all members of your organization.	
Workplace		
Culture Assessment	Briefly describe the results of any culture or environmental survey of your organization and specialty.	
Education Curricula	Briefly describe any DEI and anti-racism curricula currently implemented.	
Patient		
Tracked Disparities	Does your organization track health care disparities for your specialty? How are these data tracked and reported?	
Demographics	Identify sex, race, ethnicity, primary language, payor mix and/or socio-economic status make-up of patient population.	

Bias Response Framework

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Bias Response Framework		Examples
Name It	• What are the issues happening here?	• Hierarchy? • Safety in learning environment? • Trauma response activation? • Stereotype threat? • Gender power dynamic? • Appropriate feedback? • Teaching style/technique?
Frame It	• What policies do we have in place that guide and inform this incident? • What training do we have in place to teach, prepare and inform? • What aspects of this need immediate attention? More comprehensive approaches?	• Resident handbook • Title IX policies • Faculty handbook • Faculty onboarding and in-service sessions • Resident onboarding and orientation
Reflect On It, Get Curious	• Why did this happen? • What is the context? • Has this happened before? • What information is missing, unseen, or unsaid? • What is the macro view?	• History of medical education (No SPs; students practiced on each other) • Teaching in the hallway, on the fly • Check faculty evals and complaints record • How often might this be happening because we overlook it? (iceberg) • Why would someone be so activated by touch?
Identify Gaps and Stakeholders	• Do we have policy addressing this? If so, does it need revising? • Who was harmed and/or impacted? • Who is accountable for improvement here? • Who needs to be aware and	• Policies do not address touching in teaching environment • Resident whom it happened to, plus all residents who witnessed. • Attending, department chair, education vice dean, DIO • Balancing our actions with realities of hierarchy and retaliation.

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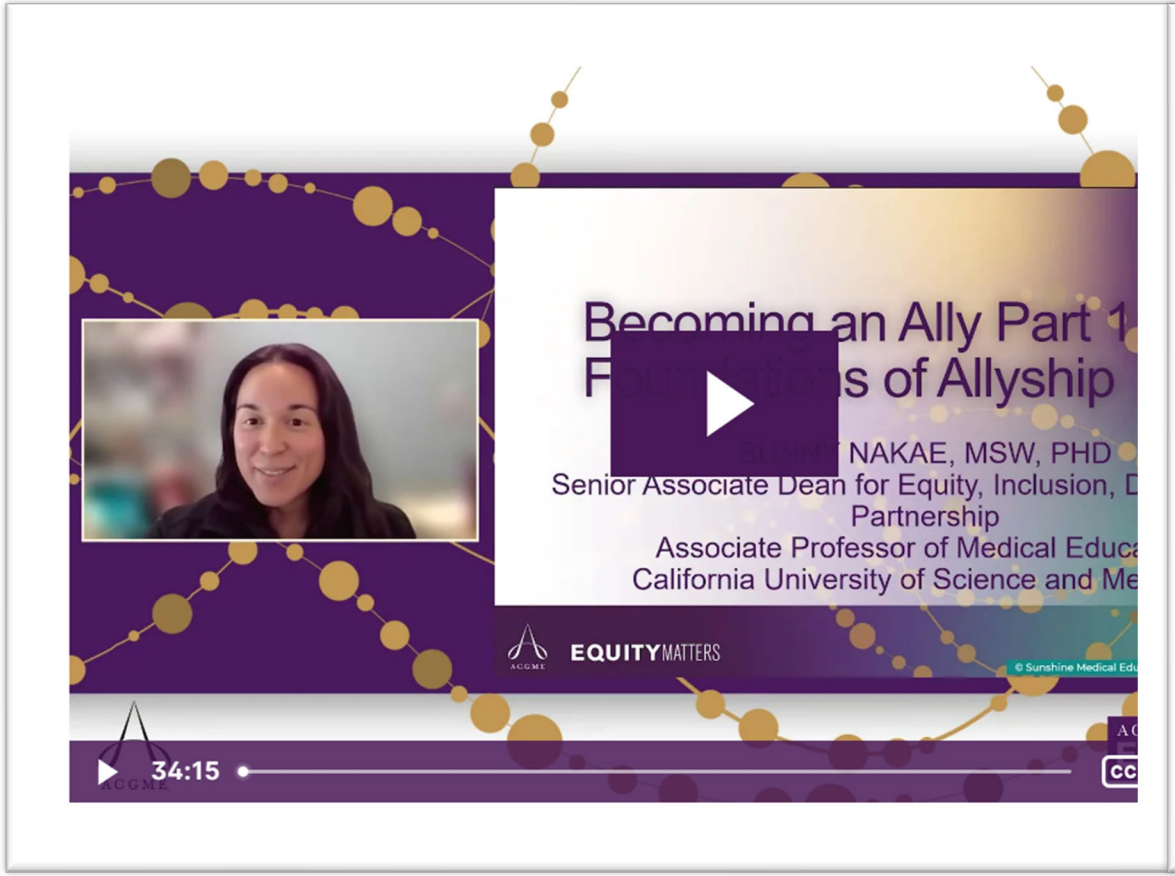
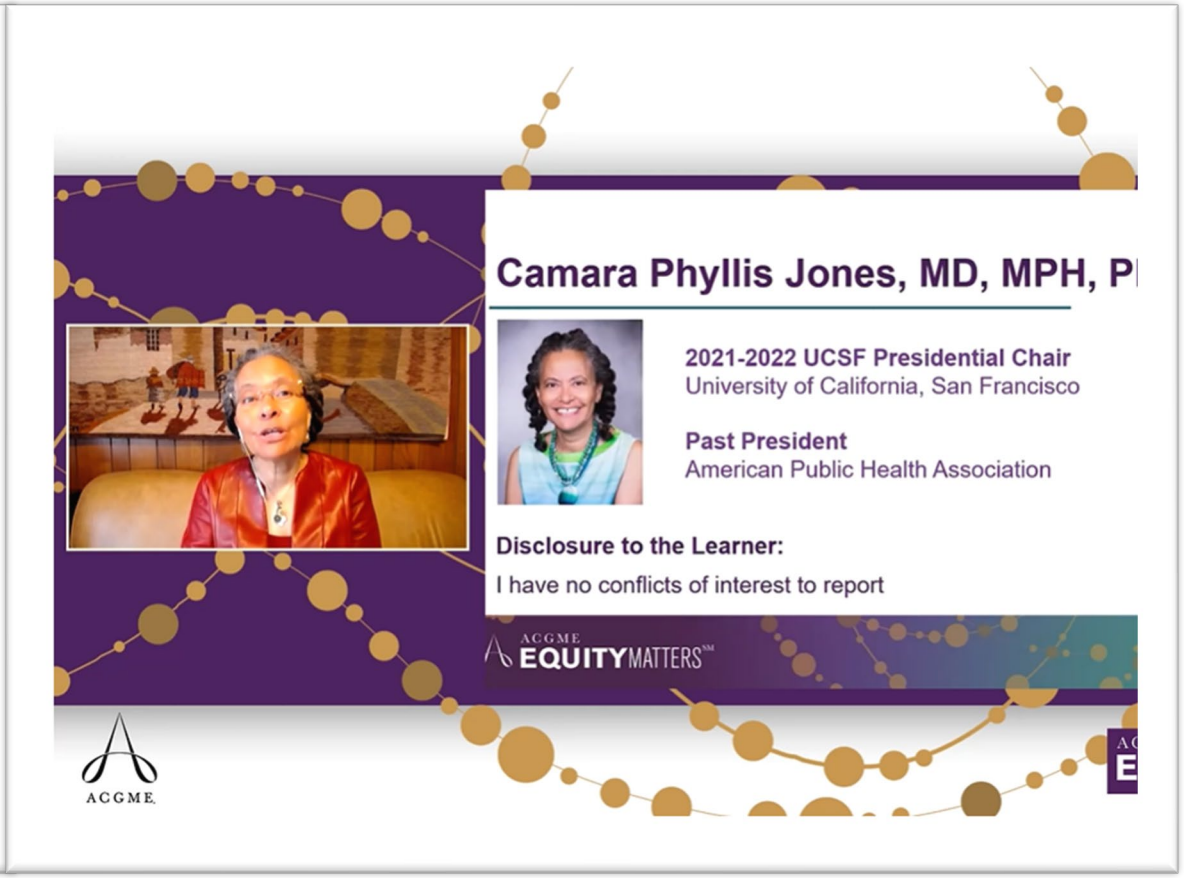
Educational Videos





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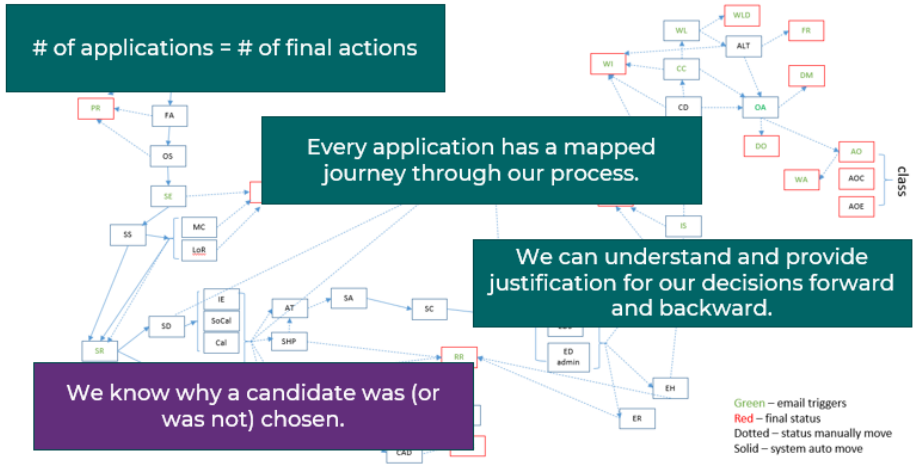
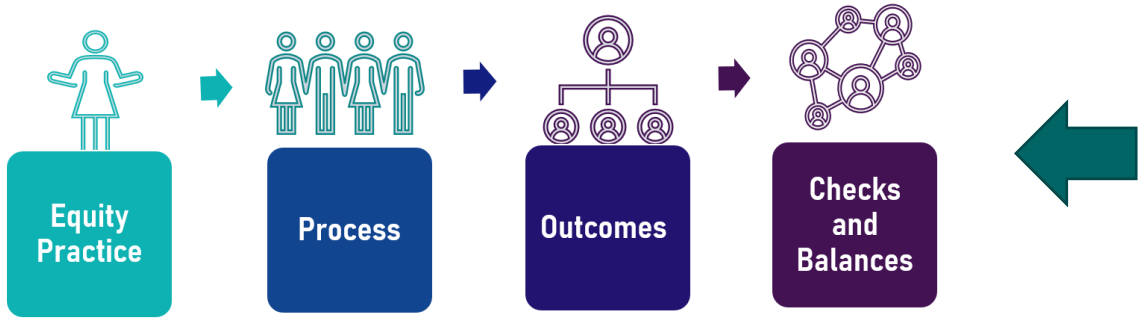
Holistic Recruitment

EACM Criteria Identification Tool

Map the Process





Program Example: Applicant Characteristics in EACM framework

Connection to immigrant population
- Experiences: Personal or family experiences as an immigrant, Experience working with immigrant/refugee population
- Attributes: Language Skills

Geographic connection
- Experiences: Geographic tie to state

Adaptable (Attribute)

Resilient (Attribute)

Academic success
- Experiences: Distance traveled
- Metrics: Grades, Scores
- Competencies: Patient Care

Prior research productivity
- Metrics: Publications

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EQUITYMATTERS™ LEARNING COMMUNITIES 2022

SUPPORTED BY BLUE CROSS BLUE SHIELD OF ILLINOIS AND COUNCIL OF MEDICAL SPECIALTY SOCIETIES

4 LEARNING COMMUNITIES

- Blue Cross and Blue Shield of Illinois
- Council of Medical Specialty Societies
- Diversity, Equity, and Inclusion (DEI) Leadership
- Organization of Program Director Associations

6 CAPSTONE PROJECT THEMES

- Clinical Care
- Pathway Programs
- Systems of Practice
- Faculty Development
- Curriculum Development
- Resident/Fellow Recruitment

250+ PARTICIPANTS

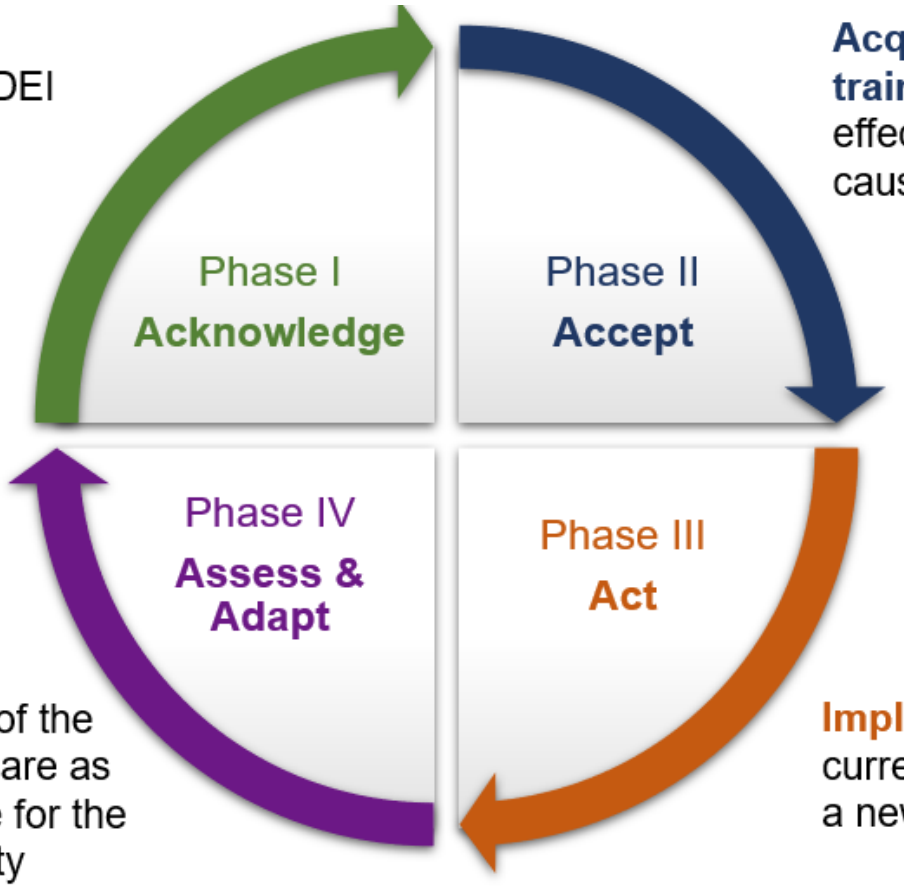
- DEI OFFICERS
- C-SUITE LEADERS
- GRADUATE MEDICAL EDUCATORS
- RESIDENTS AND FELLOWS

50+ LEARNING SESSIONS

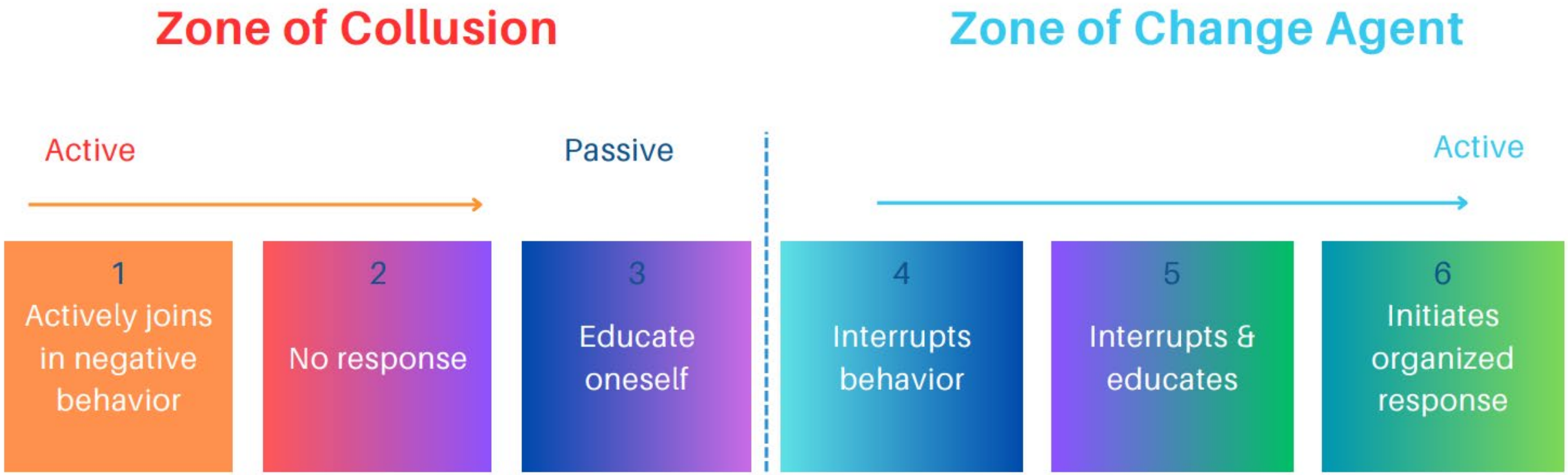
16 EXPERT FACILITATORS

18 MONTHS

PROGRAM FORMAT



We must understand self to be change agents



Adapted from Karen Bradberry, PhD, Greenhill School of Texas

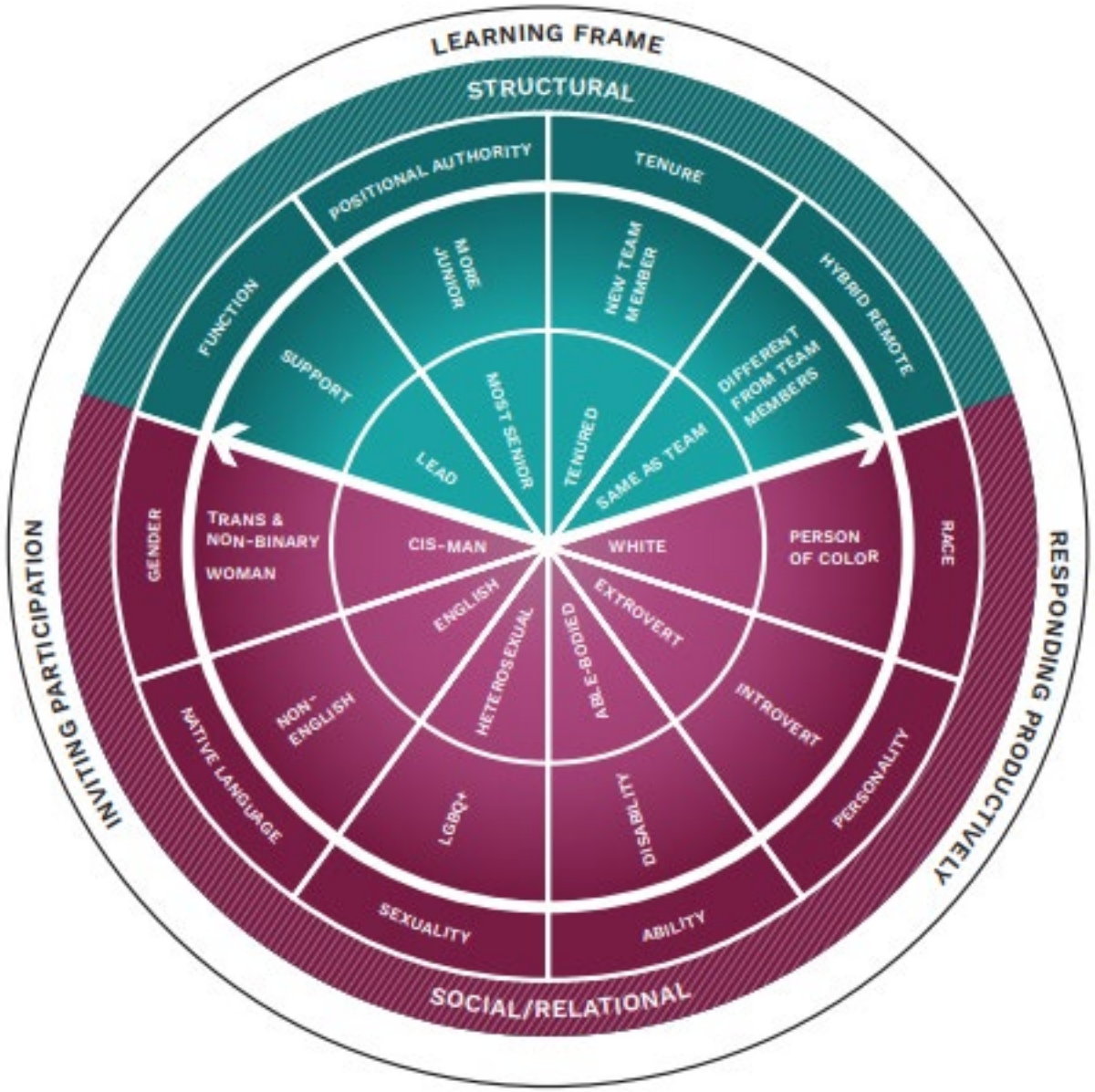
Psychological Safety

"a belief that **one will not be punished or humiliated for speaking up** with ideas, questions, concerns, or mistakes, and that **the team is safe** for interpersonal risk-taking"

-Amy Edmondson

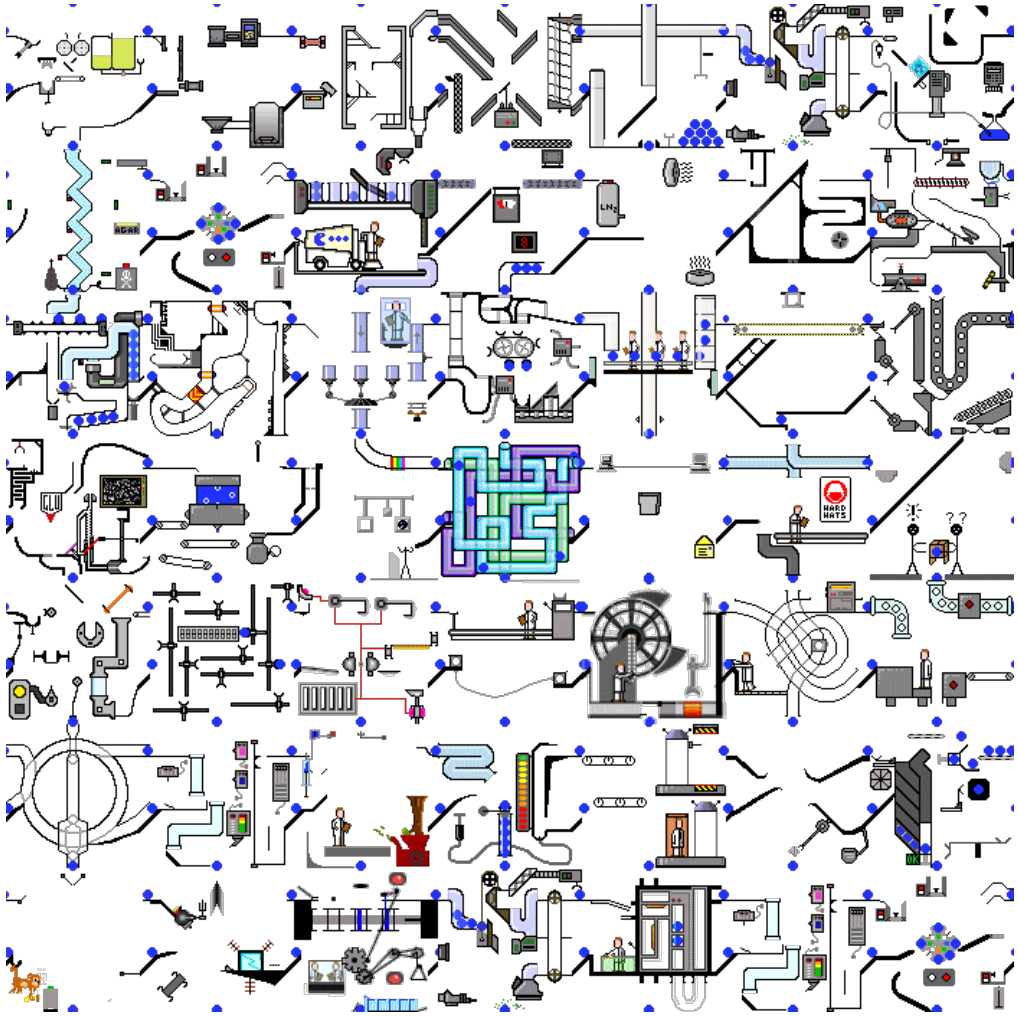
This is about Power Dynamics

Power Perspective



Looking at Psychological Safety Through an Equity Lens. Adapted from "Workforce America! Managing Employee Diversity as a Vital Resource," McGraw-Hill Professional Publishing, 1990

We must understand systems to disrupt them



Langley et al 2009

Tolerance for Change

Disruptive

Change our goals and vision, putting assets at risk in order to serve different audiences

Transformational

Change our goals, requiring us to change our assumptions and learn a new skills

Improvement

Do what we already do, but do it better

Project Design, Implementation, and Assessment

Component	Description
Awareness of need	Diagnostic activities, readiness assessment, interviews and questionnaires
Communicate Plan	Explain ‘why’ change, create a sense of urgency, and build a coalition
Desire to Change	Compelling catalyst with the right balance of disconfirmation, survival anxiety, and psychological safety
Resistance Management	Create a movement with buy-in and motivation for change
Sponsorship	Guidance about why, what, removing barriers, and partnerships
Knowledge and Training	Skilling up, coaching, and community
Reinforcement	Anchor new approaches in culture, positive feedback and encouragement
Corrective Action	Create short-term wins, test ideas and adjust as needed
Measurement	Assess and monitor to maintain the gains
Celebration of Success	Acknowledge the wins, recognition and rewards

ACGME EQUITYMATTERS™ SYMPOSIUM 2022

The inaugural *ACGME Equity Matters* Symposium was held December 14-15, 2022.

1 NETWORKING RECEPTION

12 SMALL-GROUP DISCUSSIONS

16 VIRTUAL POSTERS

31 IN-PERSON PRESENTATIONS

142 ATTENDEES

97 PERCENT OF ATTENDEES AGREED THE EVENT PROVIDED INSIGHTS VALUABLE TO THEIR WORK

"This experience was transformative."

"Meeting and hearing renowned experts in the fields with real value-based missions."

"The willingness to support colleagues by sharing learning and experiences."

"Learning about the vast number of initiatives birthed as a result of this program. Truly inspiring!"

Participating OPDA Members

- **Preventive Medicine Program Directors (PMPD)** - Filling the Gaps and Laying the Foundation for Expansion of DEI within the Preventive Medicine Specialty
- **Association of Pediatric Program Directors (APPD)** - Building and Strengthening UIM Mentorship Pathways Across the Continuum
- **Council of Resident Education in Obstetrics and Gynecology (CREOG)** - Creating Resources for Belonging in Ob/Gyn Residency Programs
- **Council of Residency Directors in Emergency Medicine (CORD)** - Increase engagement of associate members at medical schools or healthcare centers affiliated with (HBCUs) to improve faculty leadership and student advising for EM field
- **Association of Pathology Chairs (PRODS-Program Directors Section)** - Creating a Toolkit for Achieving Gender Rank Equity in Academic Pathology Departments
- **Association of Family Medicine Residency Directors (AFMRD)** – Programs assessment of Diversity Milestones
- **Association of Program Directors in Radiology (APDR)** - Using a Checklist to improve belonging and ADS Data Collection
- **Association of Program Directors in Surgery (APDS)** - Evaluating the Diversity and Inclusion of the APDS annual meeting from 2010-2022

Leadership Engagement

ACGME EQUITYMATTERS™

Inclusive Membership Data Collection: The American Academy of Neurology

Project Team: Mary Post, MBA, CAE, Chief Executive Officer; Orly Avitzur, MD, MBA, FAAN, AAN President; Deanna Ekholm, MA, SPHR, Chief HR and Diversity Officer; Christi Kokaisel, MBA, CAE, CCXP, Senior Director, Membership; Chris Keran, Senior Director, Member Insights; Tasha Ostendorf, MS, Senior Research Analyst; Leah Wallgren, EDI Administrator

AMERICAN ACADEMY OF NEUROLOGY®

Project Description

To meet our commitment to be a fully inclusive, deliberately diverse organization promoting neurologic health equity and actively working to recruit and support a diverse membership, it is important to learn about the background of AAN members, which supports creating a culture of inclusion and belonging. Our project looked at best practices in member data collection in U.S. based associations that serve members worldwide, with the intent to expand the member profile demographic categories of (race/ethnicity, gender identity, sexual orientation, and disability), to allow for more accurate representation of our members. Collection of this data in an inclusive manner allows for assessment of the diversity of the AAN and its leadership and contributes our overall EDI strategy. We are better able to serve our members when we understand who our members are.

Project Timeline & Update

- ☑ **STEP 1**: Assess current data measures and practices
- ☑ **STEP 2**: Meet with internal membership teams to learn about system constraints and capabilities
- ☑ **STEP 3**: Research and education on data collection best practices as well as systems to support and maintain good data collection (majority of work in this phase)
- ☑ **STEP 4**: Review by other Committees and stakeholders
- ☐ **STEP 5**: Official recommendations to Board of Directors
- ☐ **STEP 6**: Implementation
- ☐ **STEP 7**: Communication to membership
- ☐ **STEP 8**: Evaluation

Process and Outcomes

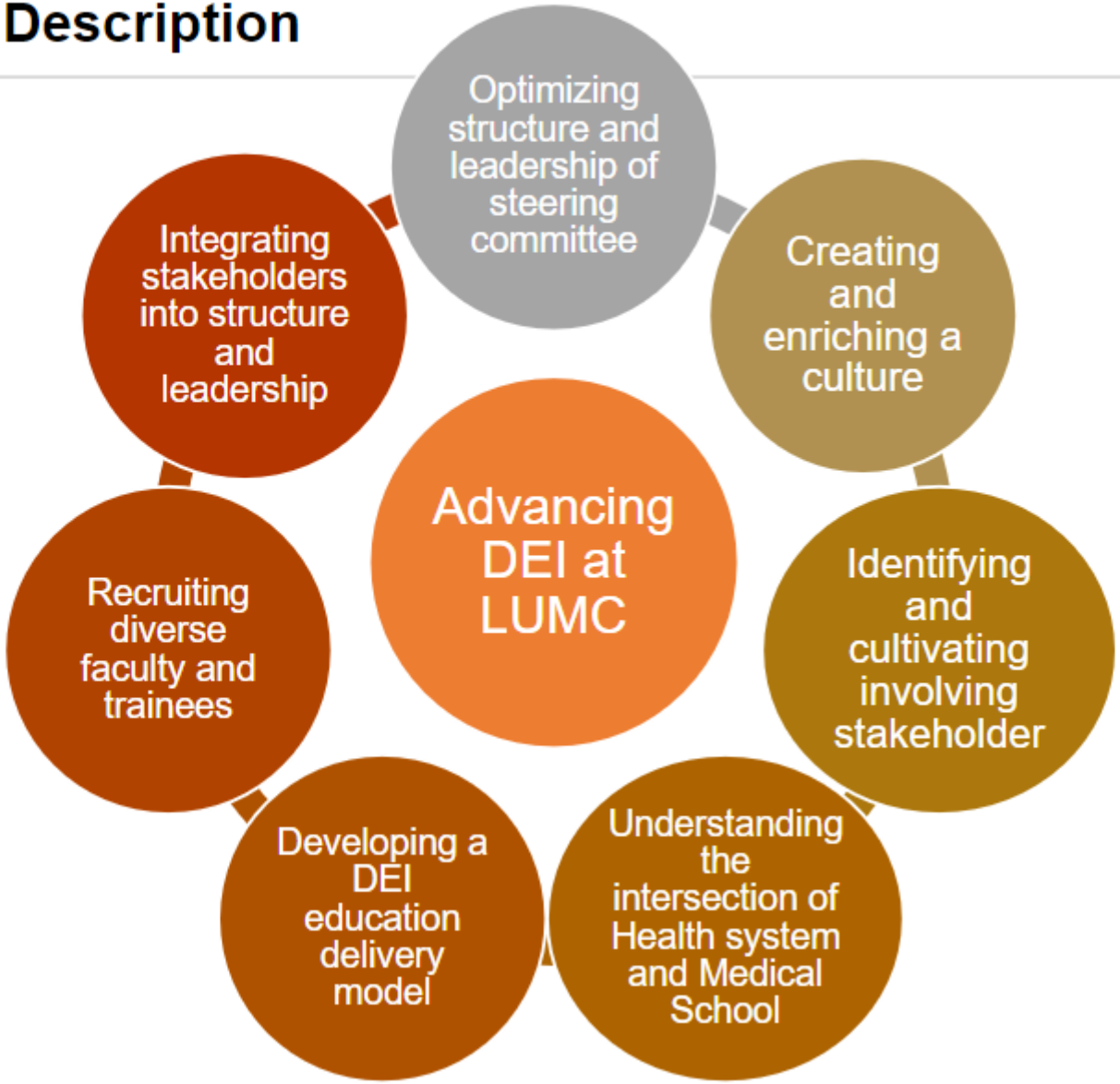
- Determine business case, use case and goals for collecting expanded data
- Include representation from underrepresented/historically marginalized groups to better understand the implications of data collection and barriers that may exist
- Assess system capabilities
- Research best practices in the field of member association data collection, find reputable sources
- Assess ways to capture member data outside of profile (registrations, applications)
- Use sample testing to determine reactions to data collection
- Evaluate data collected to support organizational strategy to measure, assess and evaluate the impact of diversity initiatives on individual and organizational performance and to support informed planning and decision making

Lessons Learned

- As an organization, discuss what it means to put EDI commitments into action
- Secure alignment around the business and use case for expanded data
- Determine ahead of time how the organization will use the data, knowing the how and why supports the identification of what to collect and how best to collect it
- Partnership with representation from underrepresented groups is key to robust discussions, evaluation and final recommendations
- Seek input from multiple stakeholder groups
- Test the recommendations among members of the demographic communities data is being collected on
- As a global organization, think through international implications and cultural sensitivities, allow additional time for research and recognize not all EDI language is universal and, in some countries, can be impacted by local and national laws

ACGME Equity Matters Symposium

Project Description



Steering Group Members:

- Andrew Chavez, *Process Excellence Consultant*
- Richard Freeman, MD, *Regional CCO*
- Alex Ghanayem, MD, *CMO*
- Anne Hartford, *Administrative Director GME & DIO*
- Michelle Howard, *IL DEI Specialist*
- Melissa Lukasick, *CFO*
- Sam Marzo, MD *Dean SSOM*
- Holly Nandan, MHA/MBA, FACHE *Regional Director Provider Services*
- Greg Ozark, M.D.
  Professor Internal Medicine and Pediatrics
  Vice President and Assistant Dean GME
- Patricia Robinson, M.D.
  Professor of Medicine, Division Hematology/ Oncology
  Associate Dean for DEI for GME
- Christin Zollicoffer, *Regional DEI Director & VP of Community Health & Well-Being*

Workplace

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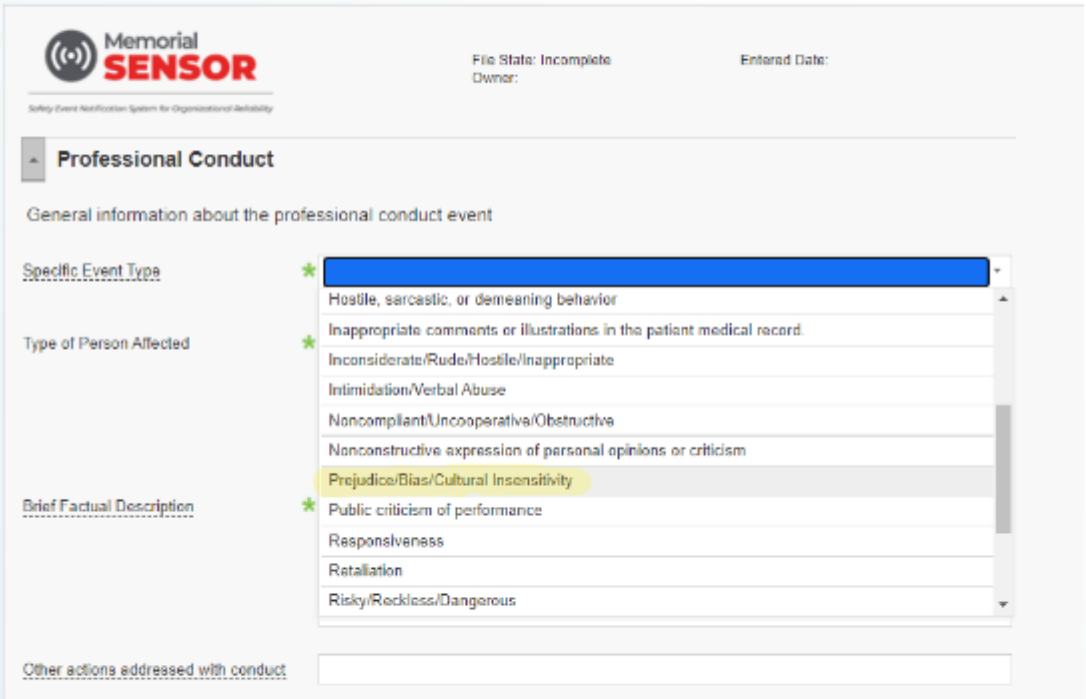
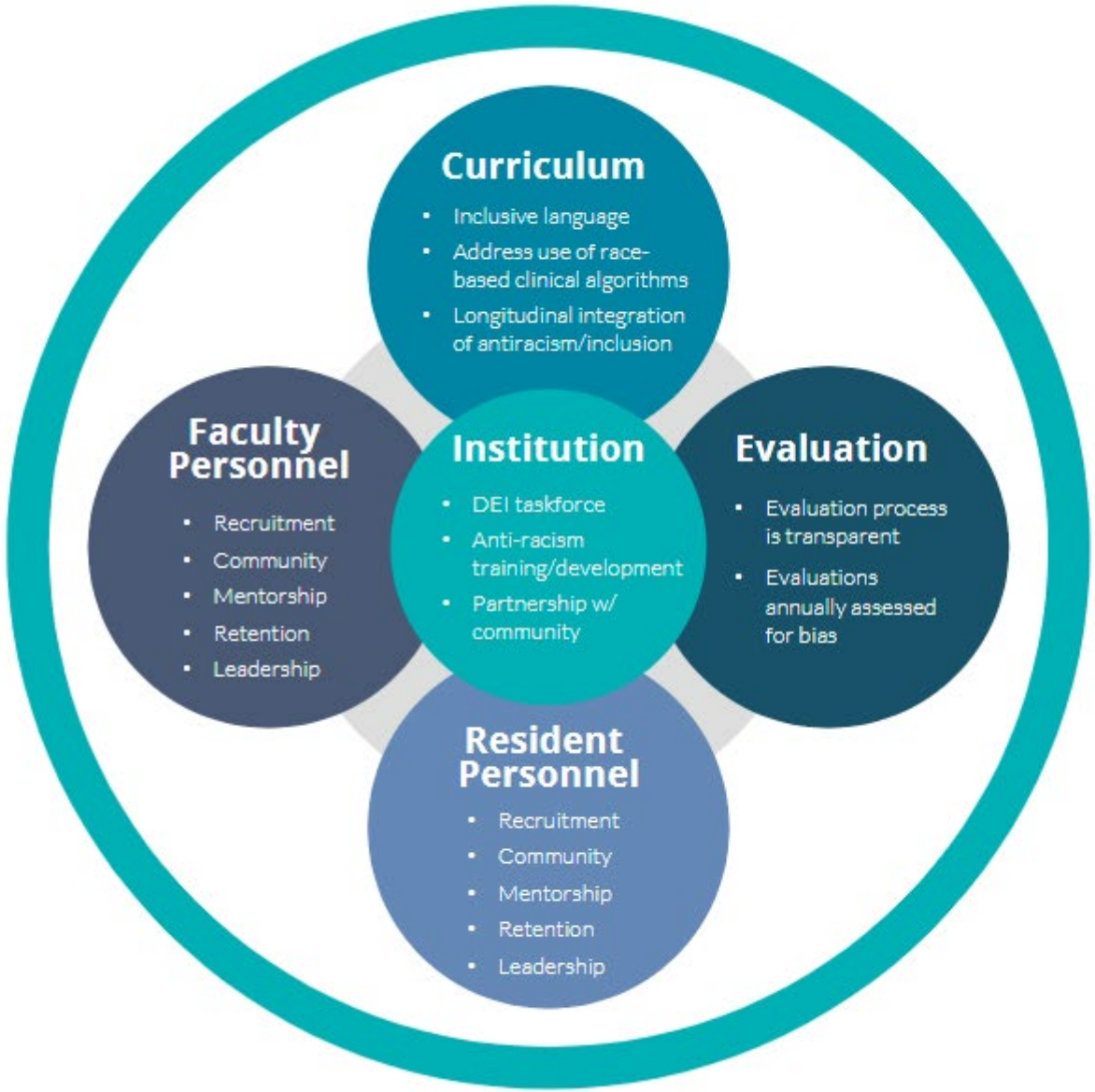
End Results & Next Steps

1. **Modified Reporting System**
2. **Reporting Process**
   a. EDI automatically notified and works with HR (and Legal) to respond
   b. EDI inputs complaints made to them into system
3. **Ongoing Development**
   a. Continual work w/ HR & Legal to strengthen EDI engagement and improve system/process
   b. Communicate system and process to residents and all MH colleagues
4. **Next Steps**
   a. Data collection and reporting
   b. Design of data-based mitigation strategies
   c. Assessment of efficacy of mitigation strategies



DEI Milestones

Project Description



Development of a Comprehensive DEI Psychiatry Curriculum: Building the Foundations of Cultural, Social, and Structural Competence

Karlene Cunningham, Ph.D.; Brandon Kyle, Ph.D.; Irma Corral, Ph.D., MPH
Department of Psychiatry and Behavioral Medicine, Brody School of Medicine at East Carolina University, Greenville, NC

BACKGROUND

- Historically marginalized communities face persistent and devastating health inequities.
- The American Medical Association and the American Psychiatric Association have acknowledged their roles in developing and contributing to systems of oppression that maintain these inequities.
- Additional attention is now being paid to rebuilding healthcare systems with health equity at the core formally.
- A key aspect of these change efforts is the development of educational curriculums that fundamentally change the way diseases are conceptualized and how medical providers improve health and wellbeing.
- However, there are few fully comprehensive and integrated diversity, equity, and inclusion (DEI) based curriculums for psychiatry residents.

OBJECTIVES

The current project aims to develop a four-year integrated DEI curriculum for psychiatry residents that will develop culturally and structurally aware residents who appropriately integrate these frameworks in their clinical, research, and academic work by:

- Identifying the separate influences of cultural, social, and structural determinants of health and understanding intersectionality
- Understanding systems of power and oppression that operate in society, thereby recognizing the structures that shape clinical encounters
- Developing cultural and structural humility in patient and peer interactions
- Using available tools to develop treatment plans that mitigate inequities

LESSONS LEARNED

- Initial buy-in was high among both faculty and residents, but efforts have been needed to maintain buy-in with faculty.
- DSM-5 TR provided the additional foundation for consideration of oppressive systems within psychiatric diagnosis and care.
- Institutional collaborations can improve the database of modules

METHODS

OUTCOMES

Integrated DEI Curriculum at ECU Dept of Psychiatry & Behavioral Medicine

Workforce

ACGME EQUITYMATTERS™

CREATING A TOOLKIT FOR ACHIEVING GENDER RANK EQUITY IN ACADEMIC PATHOLOGY DEPARTMENTS

Association of Pathology Chairs
www.apcprods.org

Debra G. B. Leonard, MD, PhD, *University of Vermont*
APC Member Representative
Mel Limson, PhD
APC Director of Programs & Development

Project Description

Women faculty are underrepresented at higher faculty ranks despite approximately equal numbers of male and female medical students since 2003. Studies indicate this is due to a "leaky pipeline" with women choosing not to remain in academic medicine. An observation that some pathology departments have achieved gender equity across ranks means that successful promotion can be achieved within current systems in academic pathology departments. This project identified those departments who shared the ways they achieved gender rank equity. Their responses are now under analysis to create a toolkit for achieving gender rank equity in academic medicine departments.

SMART Goals

Goal: Create a tool for improving equity across academic ranks for women in pathology departments.
Outcome: Improving gender equity across academic ranks.

Specific: *Gender equity across faculty ranks has not improved as of 2020, creating dissatisfaction by women and loss of women talent pool from academic medicine.* Identify pathology departments that have achieved gender equity across ranks and identify the practices they used to achieve gender rank equity – the basis of a toolkit for other departments to consider who want to work towards gender equity across academic ranks.
Measurable: To complete the survey, interviews of departments, and creation of toolkit with presentation at an APC annual meeting/event.
Achievable: Skills, motivation, and effort will make this goal achievable.
Relevant: *Gender equity across faculty ranks has not improved as of 2020, creating dissatisfaction by women and loss of women talent pool from academic medicine.* Identify and share practices that pathology departments have used to achieve gender rank equity as a toolkit for other departments to consider that want to work towards gender equity across academic ranks.
Time bound: 2022-2023 for data collection, analysis, toolkit development, and publication submission.

Timeline

Phase 1: Survey of APC Academic Departments to obtain baseline data of academic faculty gender demographics by academic rank leadership roles, and tracks for promotion pathways.

- ✓ 66 (48.9%) of 135 APC member departments responded.
- ✓ 56 (87.5%) of 64 survey respondents which is 56 (41%) of the total 135 APC member departments were determined by a chi square analysis to have a statistical balance in gender equity.

Phase 2: Discussion/Interviews with chairs of departments with gender equity across ranks to understand strategies used to achieve equity.

- ✓ 40 (71.4%) of the 56 departments with gender rank equity agreed to be interviewed
- ✓ 20 (35.7%) of the 56 were interviewed over a period of 3 weeks
- ✓ Data is currently being systematically analyzed to develop themes with quantitative measures
- ✓ Gender distribution in ***leadership roles*** and ***faculty appointment tracks*** will also be analyzed to provide additional insight into the culture of equity within academic pathology departments.

Phase 3: Development and dissemination of toolkit for best for an equitable academic pathology work environment.

Process & Outcomes Measures

Process Measures: APC has set a goal of creating the toolkit for improving gender rank equity. This will be accomplished in three phases: survey for baseline data collection (completed), interviews with departments that have achieved gender rank equity (completed), and toolkit development and dissemination, including a publication.

Outcome Measures: ***The ultimate goal is to improve gender rank equity in academic pathology.***

- ❑ APC will create tools that will be disseminated through:
  - ➢ posting on the APC website,
  - ➢ publication, and
  - ➢ presentations at national meetings
- ❑ APC will monitor the impact and utilization of the toolkit by pathology departments and the impact on gender rank equity over time. ***We anticipate an impact on gender rank equity in more departments over a 5-10 year timeframe and plan to continue a longitudinal assessment.***

Factors that contribute to the success of achieving gender rank equity include:

- ➢ Chair, department, and institution requirements, support, and culture;
- ➢ Recruitment, retention, and promotion practices and incentives, including transparency in salary tiers; and
- ➢ Mentorship and opportunities for professional and leadership development.

Lessons Learned

Achieving Wins and Overcoming Barriers

- ✓ **Support by APC Leadership:** APC Council recognized the value of a scientifically-based approach in collecting baseline data on gender demographics of member departments by faculty ranks, tracks and leadership roles.
- ✓ **IRB Exemption:** The University of Vermont IRB determined an exempt status on May 20, 2022, for the survey and interviews of APC member department chairs and administrative business directors.
- ✓ **Survey and Interview Response Rates:** For this study, the high level (87.5%) of gender rank equity could be due to a selection bias that only departments that have gender rank equity would choose to respond to the survey. If we consider the possible respondents, at least 56 of the 135 (41.4%) APC members department have achieved gender rank equity. We feel that the sampling of twenty interviews repeated recurring strategy themes for achieving gender rank equity at a sufficient level across a variety of department characteristics (faculty size, department focus, geographic region, etc.).
- ✓ **Time:** While DEI continues to be a priority for APC, allocation of time and effort were more than anticipated for this project. This required reshuffling of focus and rebalancing of other priorities.

Sinai Chicago | Graduate Medical Education

Community Member Residency Interviews

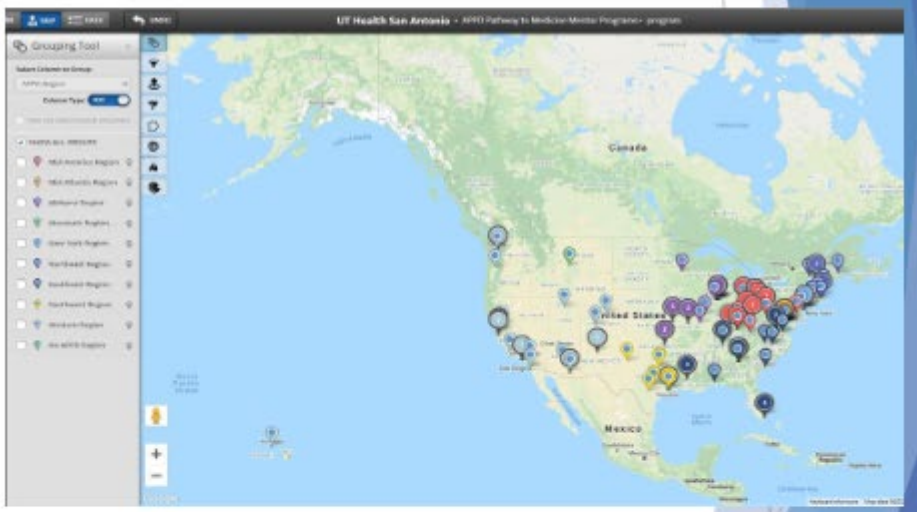
A holistic approach to improved physician patient concordance

2022 ACGME Equity Matters Symposium
December 14, 2022

Jonathan Reed, MPH, PMP
He/ Him/ His
Senior Project Manager – GME Diversity & Inclusion

Association of Pediatric Program Directors

UIM Mentoring Programs Interactive Map



https://www.appd.org/about/confronting-racism/

Patient Care

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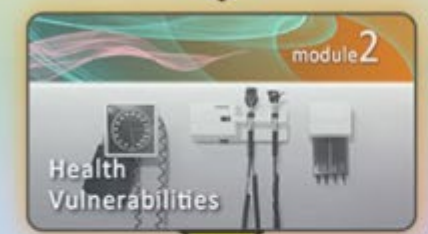
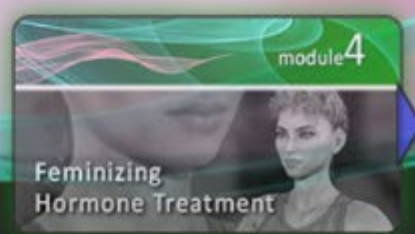
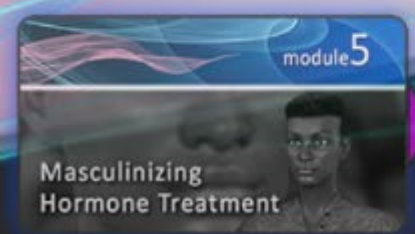
UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Transgender Competent Care
Learning Modules

Pre-Survey
START HERE, if you have not yet taken the Pre-Survey. Otherwise, begin with Module 1.







Welcome

The **Transgender Competent Care Learning Modules** begin with a Pre-Survey, followed by six learning modules, and a Post-Survey.

Note: If you are applying for CME credits for the course, you will be required to enter some identifying information in each survey and module. All entries must be consistent throughout the course to receive the credit.

Each module must be completed in one session to receive credit without having to start that module again. All six modules do not need to be completed at one time, but should be done in order from 1 to 6.

The Pre-Survey, a certificate from each module, and the Post-Survey are all necessary to apply for **CME** credits. After completing each module, you will be able to download and/or print a Certificate of Completion.

We hope you will find this course beneficial, and add to your knowledge of **Transgender Competent Care.** Please use this Contact Form for logistical or technical questions regarding navigating these learning modules.

About this curriculum . . .

Accreditation and Credit Designation

The University of Maryland School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Maryland School of Medicine designates this Live activity for a maximum of 5.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CME Information 2022

Lessons Learned

1: Let go of getting everyone onboard. Think adoption curve, it takes time.

2: DEI efforts should be done in the context of a trauma informed approach. Avoid creating harm by creating safe spaces, approach with cultural humility.

3: Collect and stratify data (Learner, Faculty, Staff, and Patient). No data is data.

4: Assess your community and resource readiness. Who needs to be involved? Where are resources (People, Dollars, Infrastructure)?

5: Develop a Plan linked to organizational goals. Are there strategic goals or do they need to developed? What other goals might be leveraged?

6: Start small and grow. This is long, deep work that requires a strong foundation to be sustained over time.

New! Learning Community 2024 - 2025

Example of New Cycle		
Session	Month	Format
1	March 2024	2-hour Instruction/Didactic 2-hour Consult/Workshop Session
2	April 2024	2-hour Instruction/Didactic 2-hour Consult/Workshop Session
3	May 2024	2-hour Instruction/Didactic 2-hour Consult/Workshop Session
4	June 2024	Intersession: 1:1 Check-ins

Future Resources

ACGME EQUITYMATTERS™

RESOURCE COLLECTION CATEGORIES

Fundamentals of Diversity, Equity, Inclusion and Anti-Racism in Graduate Medical Education Textbook

Section 1: Foundations of Diversity, Equity, and Inclusion

Section 2: Key Challenges in DEI and Anti-racism

Section 3: Racial and Ethnic Experiences

Section 4: Identities and Populations

Content drawn from the *ACGME Equity Matter* learning modules

Supplemental tool alongside the modules and resource collection

Late 2024 Publication

NATIONAL HEALTH EQUITY | GRAND ROUNDS

May 9, 2023
1:00 p.m. Central/11:00 a.m. Pacific

Follow the Money! Understanding the Structural Incentives for Inequity in Health Care and Beyond

https://healthequitygrandrounds.com/

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Thank You!

Contact: mpassiment@acgme.org

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