

### IDEAS Learning Inclusion, Diversity, Equity, and Anti-racism

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A monthly webinar series that brings in experts from across academic medicine to help:

- Foster inclusive environments
- Create equitable advancement, promotion, and tenure policies
- Promote anti-racist policies, education, and institutional practices

www.aamc.org/ideas

# Welcome

- All participants' audio and video are muted
- If you need assistance, please email <u>aamc@commpartners.com</u>
- This webinar is being recorded. It will be available in 3-5 business days on <u>www.aamc.org/ideas</u>



# Welcome

- You can submit a question at any time using the Q&A panel at the bottom of your screen
- If you have unanswered questions at the close of the webinar, please email <u>ideas@aamc.org</u>



# **Get Involved!**

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- View past webinars
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- Contact us about presenting a future webinar



# **Upcoming IDEAS Webinar**

## October 11

Transforming Medical Education to Advance Equity and Inclusion

## October 18

Addressing Microaggressions in Academic Health: A Workshop for Inclusive Excellence

more info at <u>www.aamc.org/ideas</u>





## DEI, Anti-Racism Competencies and the Clinical Learning Environment

### **IDEAS 2022 Webinar Series**

Alison Whelan, MD Chief Academic Officer AAMC



Association of American Medical Colleges

## Webinar Objectives

Describe

Review

Describe the newly released Diversity, Equity, and Inclusion (DEI) competencies for students, residents, and faculty with a specific focus on some of the less understood concepts;

Review exemplary curricula and educational practices designed to address racism in medical education; and Identify

Identify practical strategies to use the DEI competencies to identify gaps in local curricula and educational programs.



## **Panelists**



Jann Murray-García, MD, MPH Associate Health Sciences Clinical Professor, UC Davis Betty Irene Moore School of Nursing Director for Social Justice and Immersive Learning, Office of Health Equity, Diversity and Inclusion, UC Davis Health



David McIntosh, PhD, MA Vice Dean for Justice, Equity, Diversity, and Inclusion, University of California, Los Angeles David Geffen School of Medicine



Mai Pham, MD, MPH Founder and CEO, Institute for Exceptional Care



## The Education Environment is Changing and Moving Towards a Competency Based Education (CBE) Model

- Relentless focus on **needs of patients** and the current and emerging health and heath care needs of the public
- Translation of those needs into descriptions of what health care professionals must **do know and value** in relation to these areas
- Design of educational programs that support the achievement of these competencies and accepts that **time varies for individual learners** in achievement of these competencies
- Application of a **growth mindset** to how we understand learning there is not end to the cycle of learning across our life spans.



# **Health Care is Changing**

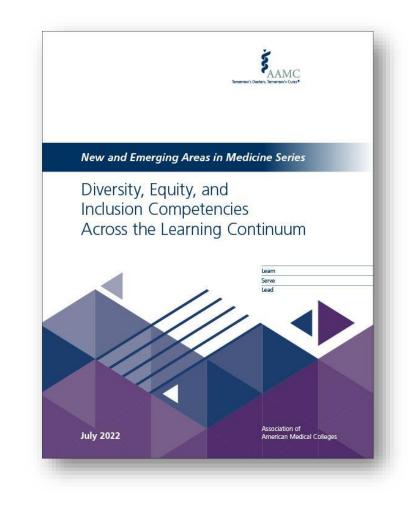
Increased Costs and High Value Care	Patient Safety & Quality Improvement	Equity, Diversity, Inclusion	Precision Medicine & Genomics
Public & Population Health	Technology incl Augmented Reality	Preventive Care	Telehealth & Virtual Care
Community- Based Care	Interprofessional Practice	New Therapeutics	Big Data & Artificial Intelligence



# A CBE Series from the AAMC...

The competencies in new and emerging areas in medicine are designed to help educators and individual physicians consider outcomes expected across the developmental spectrum in several contemporary areas, including:

2019 Quality Improvement and Patient Safety
2020 Telehealth
2022 Diversity, Equity and Inclusion
2023 Refresh/Revisit QIPS (Underway)







## **Competencies Across the Learning Continuum:** *Guiding Development Questions*

What are the expected competencies\* (in a new or emerging focus area) of entering residents, new physicians, and experienced faculty in academic medicine?

What does a physician, progressing towards attainment of expertise in a particular topic <u>do</u>, <u>know</u>, and <u>value</u>?

\*"An observable ability of a health professional related to a specific activity that integrates knowledge, skills, values and attitudes." – Frank 2010



# Why DEI competencies?



# The Health Care Environment is Changing

- More racially and ethnically diverse population
- Increased aging patient population
- Women now represent the majority of entering medical students nationwide
- Increasing calls for action to improve diversity, equity, inclusion and address racism
- Increased social science evidence revealing health inequities and value of diverse teams



# **DEI in Practice:**

- Medical knowledge False beliefs about biological differences between white and black individuals which leads to bias in treatment of pain
- Communication (with Patients) Physicians use different communication skills when having end-of-life conversations which leads to higher incidence of ICU (vs home) deaths
- Interprofessional Communication Over half of women surgeons experience sexual harassment in a single year alone. Women trainees were more than twice as likely to experience harassment as compared to attending surgeons



# **DEI in Practice:**

- (Access to) Patient Care Low SES, racial and ethnic minorities, unemployed individuals spend more time waiting for medical care than white individuals
- Professionalism Discrimination from health care providers and denial of health care altogether are common experiences among LGBTQ patients and have been identified as contributing factors to health disparities
- Systems-Based Practice Although patients from racial and ethnic minority groups are more likely to experience adverse events while in the hospital, clinicians are significantly less likely to report harmful events for patients from minority groups than for white patients. (2022 ECRI)

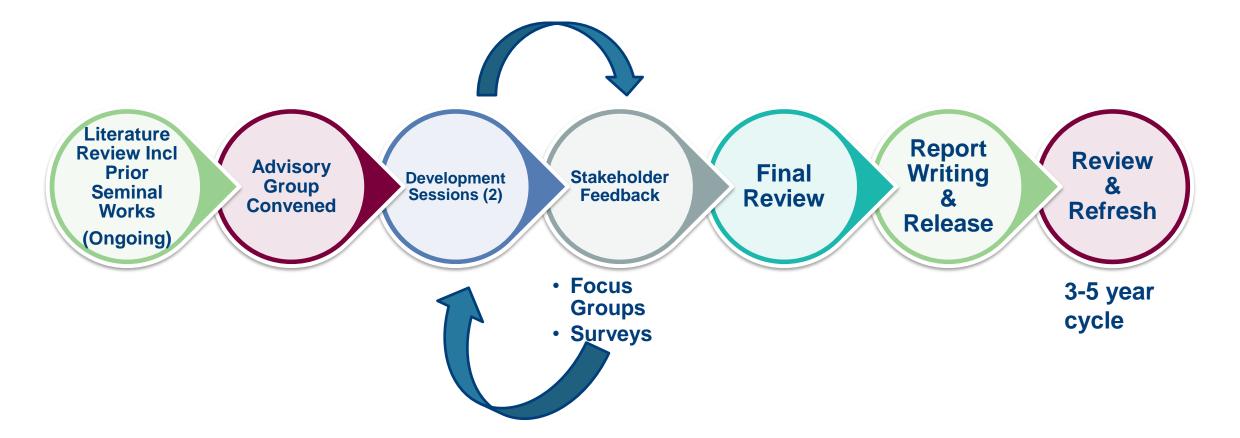




# Diversity, Equity and Inclusion Competencies

Association of American Medical Colleges

## **DEI Competencies: Development Process**





## **DEI Competencies: Broad Feedback From Diverse Communities**

- Published Literature
- Reports, Guidance
   Documents
- Existing Competencies Other Professions, Countries, etc

- 9 Total
- Across U.S.
- Across Diverse Affinity Groups
- Pre + Drafts 1-2

- Modified Delphi Survey
- 30+ organizations
- 255+301individuals provided iterative feedback on two draft sets of competencies
- Feedback on all items was more favorable on round 2

Landscape Review





Reactor Survey Mult Rounds



# **DEI Competencies: Scope & Approach**



Tiered based on level of learner – student, resident, and attending physician



Integrate and build from existing milestones, EPAs, competencies in specialized areas



Aligned with the six core domains of competence by ACGME/ABMS



Physician—level competencies that are applicable to all physicians regardless of specialty



Engage diverse stakeholders throughout development process





## **DEI Competencies: Background and Context**

Academic medicine has a responsibility to prepare physicians to provide the best care for all patients – care that is culturally responsive, equitable, and confronts factors that drive racism, hate, and bias in health care.

Diversity, equity, and inclusion competencies recognize the important impact physicians have at the individual patient, health care team, health system, and community levels.

The competencies aim to strike a balance between what some subject matter experts may consider below expectations and what others may consider aspirational.

The competencies are not intended to be used for high-stakes assessments or accreditation of schools, programs, or institutions.



### **DEI Competencies: Intended Uses**

Engage diverse health professionals in DEI discussions, including crosscontinuum and cross-discipline colleagues. Conduct gap analyses of local curricula and training programs. Consider whether existing comps, EPAs, milestones align.

Proactively seek out and plan individual professional development opportunities to improve competence. For new curricula, use to develop targeted learning objectives or align existing LOs to the competencies Use as evidence to support the validity of assessment tools that measure LOs – remember multiple methods are needed to measure complex competencies

Conduct research and scholarship in CBME.

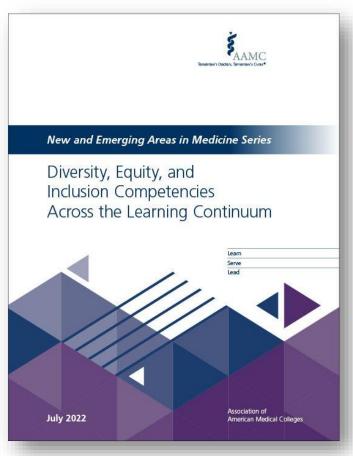


#### FIRST OPINION

New competencies on diversity, equity, and inclusion for medical education across the continuum

By David J. Skorton and Henri R. Ford July 14, 2022





Report released on July 14<sup>th</sup> and promoted via First Opinion article in *STAT* 

Reprints



## **Diversity (n=5)**

Diversity refers to the varied identities based on socioeconomic status, race, ethnicity, language, nationality, gender identity, sex, sexual orientation, disability and other personal or demographic characteristics.

### **Entering Residency**

Demonstrates evidence of selfreflection and how one's personal identities biases, and lived experiences may influence one's perspectives clinical decision making and practice Entering Practice or Fellowship

Mitigates the effects of personal bias in clinical decision making and delivery of patient care

### **Experienced Faculty Member**

Role models how the practice of self reflection can help with identifying and mitigating effects of personal biases



**DEI Competency: Dla-c** 





# **Panel Discussion**

Association of American Medical Colleges

# DEI+AR Resources: Scholarship Supporting Anti-Racism in Medicine

Association of American Medical Colleges	Search Publications
MedEdPORTAL® The Journal of Teaching and Learning Resources	AUTHORS

### **Anti-racism in Medicine Collection**

Racism is discrimination based in an ideology of racial hierarchy that facilitates inequities between groups of people. Sociopolitically constructed racial categories are necessary precursors to global systems of racist oppression, including slavery, and continue to fuel the systemic disenfranchisement of minoritized individuals and communities in the United States. The police killings of George Floyd and Breonna Taylor are symbolic of the myriad of racial injustices that Black people have endured throughout history, while also underscoring the physical, political, socioeonomic, and existential assaults continually experienced by all Black and Brown communities.

Structural and interpersonal expressions of racism also afflict health care, whether manifesting as social determinants of health, policies that create health disparities, or diagnostic algorithms that bias treatment decisions. Racism also underlies discriminatory mistreatment of students, trainees, and physicians and the intentional and historical exclusion of minoritized identities in medicine.

As a journal of health professions educational resources, it is our responsibility to name racism as a barrier to equity and to work toward dismantling systems of oppression within our profession through training and education. The new Anti-racism in Medicine Collection within *MedEdPORTAL* provides educators with practice-based, peer-reviewed resources to teach anti-racist knowledge and clinical skills, elevates the educational scholarship of anti-racist curricula,

### **Call for Submissic**

MedEdPORTAL invites contributors to submit t consideration and inclu Medicine Collection.

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Home > Collections > Addressing Race and Racism in Medical Education

### Addressing Race and Racism in Medical Education

Creator: Journal Staff Updated: 9/1/2020 Contains: 14 items

Academic Medicine is committed to assisting medical schools and teaching hospitals, their faculty and trainees, and the public in dismantling racism. This collection of articles was curated with the intent to help readers engage in necessary conversations about race and to inform strategies to eliminate structural racism in their institutions. Read more about the collection's creation at http://academicmedicineblog.org/new-collection-of-articles-on-addressing-race-and-racism-in-medicaleducation/.

### Changing How Race Is Portrayed in Medical Education: Recommendations From Medical Students

Nieblas-Bedolla, Edwin; Christophers, Briana; Nkinsi, Naomi T.; More

Academic Medicine. 95(12):1802-1806, December 2020.

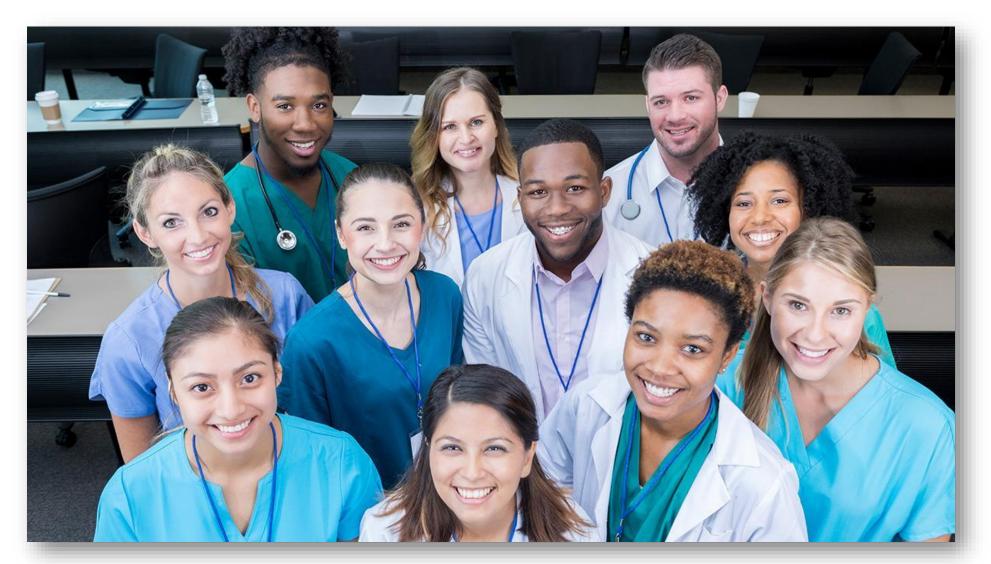
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FREE BLOG

#### What Does Context Have to Do With Anything? A Study of Professional Identity Formation in Physician-Trainees Considered Underrepresented in Medicine

Wyatt, Tasha R.; Rockich-Winston, Nicole; Taylor, Taryn R.; More





Thank you for joining us! To learn more, email DEICompetencies@aamc.org

