

Bridging the Cultural Divide to Emerge as Equity-Minded Academic Health Centers

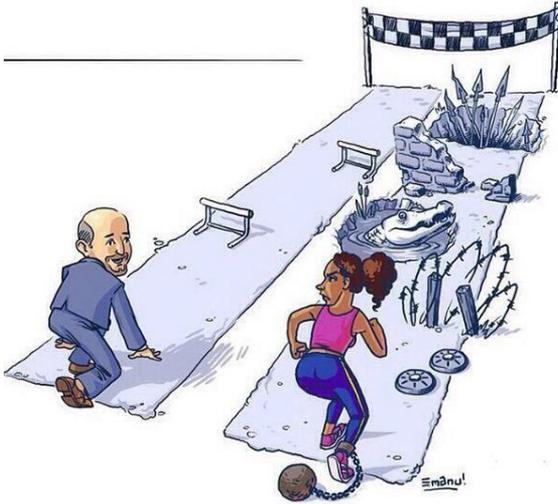
David Acosta, M.D., FAAFP
AAMC Chief Diversity & Inclusion Officer
AAMC NEGEA 2018 Annual Conference



Agenda

- Describe the institutional landscape that historically under-represented groups (HURG) face in our academic health centers (AHC)
- Explore a deeper understanding of what inclusion is, its demonstrated benefits, and its intimate connection to diversity and excellence
- Describe the practice of conscious inclusion
- Define what an equity-minded AHC is and how to achieve this state

Challenges Faced by Students, Faculty, Staff Historically Excluded from Opportunities in Higher Education



“...the legacy of exclusion in higher education is becoming ever more difficult to ignore given the country’s growing diversity and heartbreaking scenes that have played out across higher education the past year.”



Kathryn Peltier Campbell,
Senior Academic Editor,
AACU Liberal Education



Challenges Faced by HURGMBS in Higher Education

Odom KL et al, Acad Med 2007; Dyrbye LN et al, Mayo Clin Proceedings, 2006, COGME, 2005

- | | |
|--|---|
| <ul style="list-style-type: none"> • Lack of exposure to minority faculty or health care providers • Lack of minority faculty or health care provider role models & mentors • Difficulties in acculturation to culture of medicine • Undesirable geographic distance of school from student’s home and community • Mistreatment • Microaggressions | <ul style="list-style-type: none"> • Isolation/marginalization • Racial biases, prejudice, discrimination • Stereotype threat • Imposter syndrome • Poor performance on standardized examinations (e.g. USMLE Boards) • High indebtedness • Unequal balance in the types of financial aid availability (scholarships-to-loans ratio) |
|--|---|



Recognizing Emotional Labor in Academe

Shayne J, Inside Higher Ed, 2017

“Emotional labor is about supporting students as they experience alienation, marginalization and trauma, which prevent them from working to their full potential. Faculty members who perform emotional labor have open-door policies for our hurting students. When students show up clearly in need of support, even if we are buried in course prep, tomorrow’s conference presentation or article deadlines, we take them in, listen and often offer tissues. Through our listening, we hear how our institutions are failing to meet the needs of minoritized and traumatized students. Emotional laborers then work to fill those gaps, ideally through long-term changes so students have more than individual and temporary solutions to structurally embedded problems.”

Accessed at <https://www.insidehighered.com/advice/2017/09/15/importance-recognizing-faculty-their-emotional-support-students-essay>, on 2/10/2018



LCME Standard 3: Academic & Learning Environments

3.5 Learning Environment/Professionalism

*“A medical school ensures that the **learning environment** of its medical education program is conducive to the ongoing development of explicit and **appropriate professional behaviors** in its medical students, **faculty**, and **staff** at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment to identify the positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.”*



LCME Standard 3: Academic & Learning Environments

Element 3.6 Student Mistreatment

*“A medical education program defines and publicizes its **code of professional conduct** for the relationships between medical students, including visiting medical students, and **those individuals with whom students interact** during the medical education program. A medical school develops effective written policies that address violations of the code, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing inappropriate behavior. Mechanisms for reporting violations of the code of professional conduct are understood by medical students, including visiting medical students, and ensure that any violations can be registered and investigated without fear of retaliation.”*



AAMC 2017 GQ All Medical Schools Report

	All Medical Schools			
	2014	2015	2016	2017
Personally experienced, excluding “publicly embarrassed”	39.9%	38.7%	38.1%	39.3%
Number of respondents	13,366	13,886	13,910	14,405
Sources of behavior experienced personally, excluding “publicly embarrassed” & “publicly humiliated”				
	2014	2015	2016	2017
Clerkship faculty (clinical setting)	18.8%	18.1%	17.7%	19.2%
Resident/Intern	17.2%	17.2%	14.4%	15.6%
Nurse	4.4%	4.2%	3.5%	4.0%
Number of respondents	13,366	13,886	13,910	14,405

Accessed at <https://www.aamc.org/download/481784/data/2017gqallschoolssummaryreport.pdf> on 4/15/2018



AAMC 2017 GQ All Medical Schools Report

	All Medical Schools			
	2014	2015	2016	2017
Awareness of policies regarding mistreatment	93.3%	94.5%	95.7%	97.0%
Number of respondents	13,515	13,954	13,920	14,409
Awareness of procedures...for reporting the mistreatment	78.6%	80.8%	82.3%	86.1%
Number of respondents	13,510	13,954	13,927	14,402
Reporting of any of the behaviors... Yes	19.3%	19.4%	20.2%	21.0%
No	80.6%	80.7%	79.8%	79.0%
Number of respondents	5,292	5,310	5,277	5,632

Accessed at <https://www.aamc.org/download/481784/data/2017gqallschoolssummaryreport.pdf> on 4/15/2018



AAMC 2017 GQ All Medical Schools Report

Why didn't you report any incidents of these behaviors?

	All Medical Schools			
	2014	2015	2016	2017
Incident did not seem important enough to report	58.1%	58.3%	57.8%	56.6%
I did not think anything would be done about it	35.8%	36.5%	36.0%	37.4%
Fear of reprisal	27.6%	25.9%	27.1%	28.3%
Number of respondents	5,331	5,369	5,305	5,665

Accessed at <https://www.aamc.org/download/481784/data/2017gqallschoolssummaryreport.pdf> on 4/15/2018



ACGME

- “Procedures for Addressing Complaints and Concerns against Residency/Fellowship Programs and Sponsoring Institutions”
- “Institutional Requirements for Resident/Fellow Learning and Working Environment”
- “Distinguishing Between Concerns and Formal Complaints”
- Initiatives – Physician Well-Being - Influence → *“...programs must be committed to and responsible for....having systems in place for monitoring and identifying any form of resident/fellow mistreatment.”*
[ACGME What We Do – accessed on 4/15/2018 at http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Influence](http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Influence)
- AHC’s Human Resources – institutional policies & procedures



Resident Mistreatment

Table 2

Comparison of the Prevalence of Harassment and Discrimination Among Medical Students and Residents, According to Studies Identified in a 2011 Systematic Review of the Literature

Type of harassment	No. studies		Sample size		Mean		95% CI	
	S	R	S	R	S	R	S	R
% Harassment	30	19	26,579	11,193	59.6	63.4	49.2–68.0	53.6–73.2
% Verbal abuse	16	12	18,865	9,867	68.8	58.2	56.6–81.0	45.5–70.9
% Gender discrimination	10	3	4,922	1,315	49.8	66.6	34.6–65.0	58.7–74.5
% Academic	10	4	3,062	2,257	39.5	27.7	26.8–52.2	6.0–49.4
% Sexual	25	10	22,316	7,077	33.3	36.2	27.2–39.4	19.8–52.6
% Racial discrimination	7	3	16,121	3,261	23.7	26.3	13.6–33.9	24.2–28.3
% Physical	15	10	18,790	6,760	9	28.9	7.0–11.1	15.9–41.8

Abbreviations: CI indicates confidence interval; S, medical students; R, residents.

Fnais N, Soobiah C, Chen MH, Lillie E, et al. Acad Med 2014;89(5):817-827



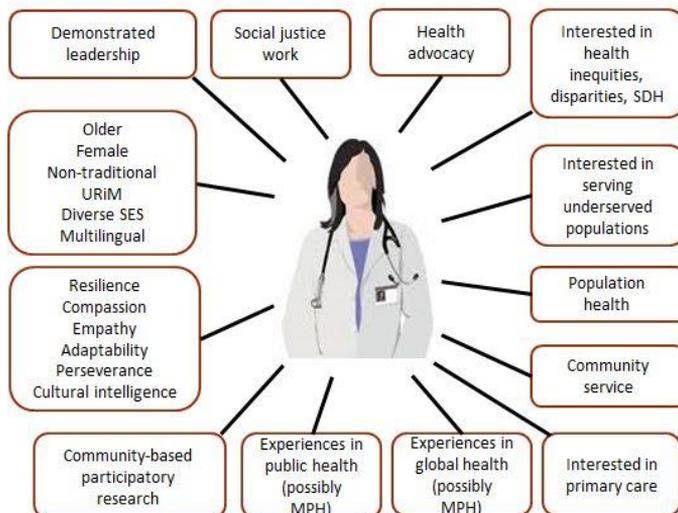
The Impact of Mistreatment on Medical Students, Residents

- Poor emotional and mental health outcomes^{1,2}
 - Problem drinking
 - Decreased self-confidence and self-esteem
 - Depression
- Post-traumatic stress disorder³
- Burnout^{4,5}

1. Richman JA et al, JAMA 1992;267:692-694;
2. Lubitz RM, Nguyen DD, JAMA 1996;275:414-416
3. Heru A et al, Acad Psych 2009;33:302-306
4. Dyrbye LN et al. Mayo Clin Proc 2005;80:1613-1622
5. Cook AF et al. Acad Med 2014;89:749-754



Profile of New Genre of Medical Students After Holistic Review



- How does your institution accommodate the desires of this generation of learners?
- Does the institution have the building capacity to address any shortfalls in the learning environment?
- Does the institution have the political will to change the paradigm?
- How does the institution hold itself responsible & accountable for institutional effectiveness?

AAMC Advisory Committee on Holistic Review Project, 2014



WHITECOATS4BLACKLIVES

Official Website for the National #WhiteCoats4BlackLives Movement

Mission Statement

- “Our mission is to eliminate racial bias in the practice of medicine and recognize racism as a threat to the health and well-being of people of color.”

Vision Statement

- “To safeguard the lives and well-being of our patients through the elimination of racism.”

<http://www.whitecoats4blacklives.org/about>

Goals

- Raise awareness of racism as a public health concern.
- End racial discrimination in medical care.
- Prepare future physicians to be advocates for racial justice
 - National MS curriculum standards:
 - History of racism in medicine
 - Unconscious racial bias in medical decision-making
 - Strategies – dismantling structural racism



The Next Generation of Work - Deeper Focus on the Learning & Workplace Environment

1. Equity-minded Academic Health Center (anticipated outcome)
2. Focus on a deeper understanding of what inclusion is, it's demonstrated benefits, and its intimate connection to diversity

 Promising practice = Inclusion Excellence

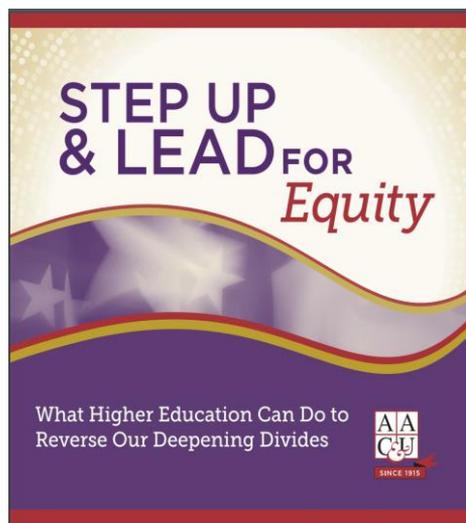


Equity-minded Academic Health Center



An *equity-minded* learning & workplace environment is achieved when *every person* has the *opportunity* to attain their *full potential* and *no one* is disadvantaged from achieving this potential because of social position or group identity, or other socially determined circumstances.

Adapted & modified from World Health Organization, 2006



Association of American Colleges and Universities (2015) access at <https://www.aacu.org/publications/step-up-and-lead>





What Does It Mean to Be Equity-Minded?

Equity-minded practices:

1. Willingness to review data on student outcomes & experienced inequities
2. Recognition that students are not responsible for the unequal outcomes
3. Respect for the aspirations & struggles of students that are not well served
4. Belief in the fairness → allocating additional resources to students who have greater needs
5. Deliberate intention to address & eliminate entrenched biases, assumptions, stereotypes & discrimination

Association of American Colleges and Universities (2015)
 access at <https://www.aacu.org/publications/step-up-and-lead>



Equity-minded Leaders & Educators...

- Proactively educate themselves of the **historical context of exclusionary practices** in higher education & recognize the impact of this history
- **Reject** the ingrained habit of **blaming inequities** (in access, opportunity and outcomes) **on students, faculty & staff's** own social, cultural and educational backgrounds
- Recognize that the **elimination of entrenched** biases, stereotypes and discrimination in institutions of higher education **requires intentional critical deconstruction** of structures, policies, practices, embedded institutional norms and values assumed to be race neutral.

Adapted & modified from the Association of American Colleges and Universities (2015), *Step Up & Lead for Equity: What Higher Education Can Do to Reverse Our Deepening Divides* accessed at <https://www.aacu.org/publications/step-up-and-lead>



Equity-minded Leaders & Educators...

- Recognize the need for **systemic transformation** →
 - Holding ourselves **accountable** for **institutional effectiveness**
 - Shift to an **investment model** in **student, faculty & staff success**
- **Invest** time, effort and **political capital** into catalyzing these discussions and **mobilizing institution-wide efforts**
- Recognize the **value of community partnerships** to help address the issues

Adapted & modified from the Association of American Colleges and Universities (2015), *Step Up & Lead for Equity: What Higher Education Can Do to Reverse Our Deepening Divides* accessed at <https://www.aacu.org/publications/step-up-and-lead>



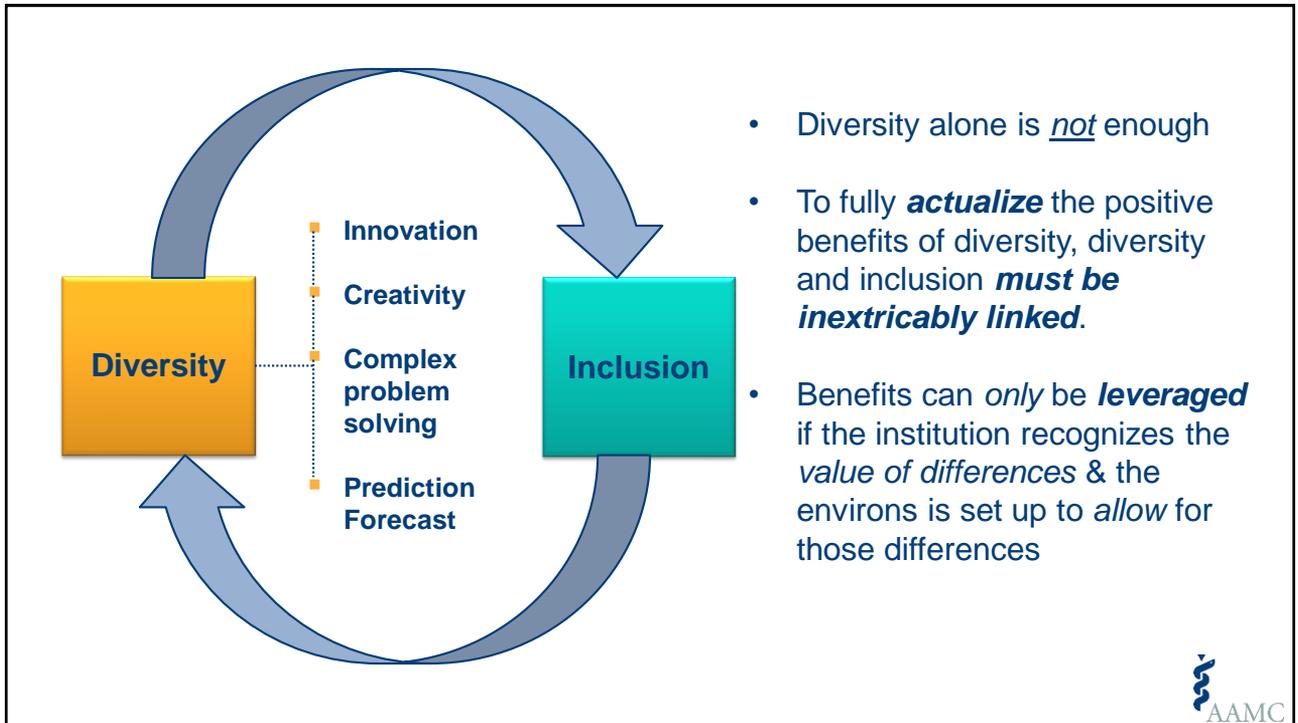
Equity-minded Academic Health Centers

*“...equity is a **journey**, not an outcome. It involves sacrifice and the **sharing of power**, not just a doling out of privilege. We all have to contend with creating and sculpting a way to **bring equity to life** in our work, in our lives, and in the lives of others.”*



- Ben Danielson, M.D.
Director, Odessa Brown
Children's Clinic, Seattle, WA

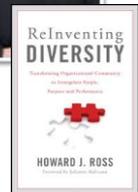




What is an inclusive environment?

Ross, H, *Reinventing Diversity: Transforming Organizational Community To Strengthen People, Purpose and Performance*, 2013

- “...creates opportunities for people to be part of the **fundamental fabric** of the way the organization functions...”
- Inclusion is a function of **how fully involved** people are in the structures of their organizations and societies.
- Inclusion is a function of **connection**....the goal is to ensure that people from all backgrounds are fully **integrated**, fully **engaged**, and fully **empowered**.



Inclusive Working Environment

Equality and Human Rights Commission, 2010



*“An environment where every one is treated with **dignity and respect**, where the **talents and skills** of different groups are **valued**, and where productivity and customer service improves because the workforce is happier, more motivated and more aware of the **benefits** that inclusion can bring.”*



FOUNDATIONAL PRINCIPLES OF INCLUSION EXCELLENCE



Practice “Conscious Inclusion”

INCLUSION EXCELLENCE

- Demonstrated **commitment** to diversity → **strategic imperative**, *differences are valued and leveraged*
- **Authenticity** and **intersectionality** are valued & embraced
- **Safe environment** to share their voices openly (*brave spaces*)
- Everyone feels **validated, valued and respected**
- Sense of **belonging** → part of the *fundamental fabric* of the organization
- **Investment in success** (career development, recognition awards)
- Everyone is held **accountable** for diversity and inclusion efforts

AAMC Diversity Policy & Programs, *Foundational Principles of Inclusion Excellence*, 2017



Achieving Inclusion Excellence in Academic Medicine Foundational Principles of Inclusion Excellence Toolkit

dacosta@aamc.org

Achieving Inclusion Excellence in Academic Medicine
Foundational Principles of Inclusion Excellence

In an organization that has achieved inclusion excellence:

- There is demonstrated commitment to diversity.
 - Diversity is clearly visible and present throughout the organization and valued by all departmental units and at all levels of responsibility.
 - The workforce reflects the demographics of the community (ies) that the organization is and serves.
 - There is an understanding that diversity is about human differences which are welcomed and leveraged.
 - The benefits of structural and cognitive diversity are recognized, valued and embraced.
- Intersectionality and authenticity are recognized, valued, and embraced.
 - All employees and learners are viewed holistically – that is, there is an appreciation that employees and learners have multiple identities that extend beyond the organization. The intersection of these multiple identities is encouraged, celebrated, and valued.
 - Authenticity is valued. Employees and learners feel safe and are free to express their idea and behave truthfully in the learning and workplace environment.
- Employees and learners are part of the fundamental fabric of the organizational community.
 - A culture of civility and respect for all employees and learners is promoted and sustained across all levels regardless of position within the organization.
 - All employees and learners feel a true sense of belonging through a culture of interconnectedness. There is a high level of engagement.
 - There is an organizational commitment to ensure a no tolerance policy against all forms of discrimination within the system.
 - Mission, values, operations, and services reflect the contributions and interests of the diverse community and social identity groups.
- Talent optimization is practiced, and differences are recognized, leveraged and rewarded.
 - Talent optimization is recognized, valued and embraced – that is, the traditional and non-traditional skills, aptitudes, educational experiences, bases of knowledge, personal pattern life experiences of each employee and learner.
 - The building capacity, infrastructure and governance to optimize, utilize and leverage the diverse talents and skills has been instituted.
 - Processes to recognize, acknowledge and reward the diverse contributions and achievements of employees and learners at all levels have been established.
- There is equitable access to opportunity.
 - Policies and practices are in place concerning equality and employee rights, welfare, work conditions, and fair recruitment, hiring and retention practices.

Achieving Inclusion Excellence in Academic Medicine
Foundational Principles of Inclusion Excellence

Instructions: For each Foundational Principle (and below), where you believe your institution is currently at, place a checkmark in the appropriate box to the right that corresponds to how you responded. Then

Instructions: For each Foundational Principle (and below), where you believe your institution is currently at, place a checkmark in the appropriate box to the right that corresponds to how you responded. Then

	No demonstrated commitment or evidence	On the threshold (awareness)	Beginning commitment	Demonstrated commitment & excellence
1. Demonstrated commitment to diversity.				
2. Intersectionality and authenticity are recognized, valued and embraced.				
3. Employees and learners are part of the fundamental fabric of the organizational community.				
4. Talent optimization is practiced, and differences are recognized, leveraged and rewarded.				
5. There is equitable access to opportunity.				
6. Transparent, effective communication and information sharing are the norm.				
7. There is demonstrated alignment with organizational mission, values and a culture of inclusion.				
8. There is demonstrated commitment to community engagement.				
9. Shared accountability and responsibility are the expectation.				
TOTAL SCORE	/9	/9	/9	/9

Developed by David Acosta, AAMC Diversity Policy and Programs, 5/25/2017

Instructions: Please transfer your answers from the survey to the grid below. For each of the foundational principles, place a check in the appropriate box to the right that corresponds to how you responded. Then

	No demonstrated commitment or evidence	On the threshold (awareness)	Beginning commitment	Demonstrated commitment & excellence
1. Demonstrated commitment to diversity.				
2. Intersectionality and authenticity are recognized, valued and embraced.				
3. Employees and learners are part of the fundamental fabric of the organizational community.				
4. Talent optimization is practiced, and differences are recognized, leveraged and rewarded.				
5. There is equitable access to opportunity.				
6. Transparent, effective communication and information sharing are the norm.				
7. There is demonstrated alignment with organizational mission, values and a culture of inclusion.				
8. There is demonstrated commitment to community engagement.				
9. Shared accountability and responsibility are the expectation.				
TOTAL SCORE	/9	/9	/9	/9

Developed by David Acosta, AAMC Diversity Policy and Programs, 5/25/2017

Benefits of an Inclusive Environment

Adapted & modified from Equality and Human Rights Commission, 2010



- Increases commitment and motivation (*engagement*)
- Maximizes productivity (*talent optimization*)
- Positive impact on job satisfaction (*sense of belonging, validation*)
- Greater success in retention
- Impacts brand reputation (*'talent magnet'*)
- Attracts new talent (*enhances diversity of workforce*)
- Community relationships are enhanced → workforce is more representative of community served → **trustworthiness**, wider customer and supplier base



“Diversity without inclusion is a story of missed opportunities, of employees so used to being overlooked that they no longer share ideas and insights. But diversity with inclusion provides a potent mix of talent retention and engagement.”



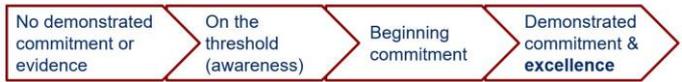
Laura Sherbin
Co-President, Center for Talent Innovation
“Diversity Doesn’t Stick Without Inclusion”,
HBR, 2017



FOUNDATIONAL PRINCIPLES OF INCLUSION EXCELLENCE



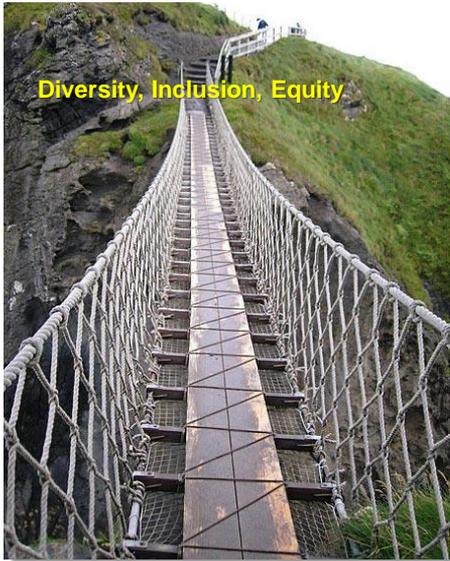
- *Where does your AHC stand?*
- *Has your learner & workplace environs achieved inclusion excellence?*



“Diversity and Inclusion Excellence are means to become an Equity-Minded AHC.”



Crossing the Cultural Divide:



Diversity, Inclusion, Equity

- **Rethink** what's possible....
- Embrace, value, and leverage the **benefits** that differences bring
- To actualize the benefits, diversity and inclusion **must be inextricably linked**
- Practice "**conscious inclusion**" → be *intentional* in your desire & actions to achieve inclusion excellence