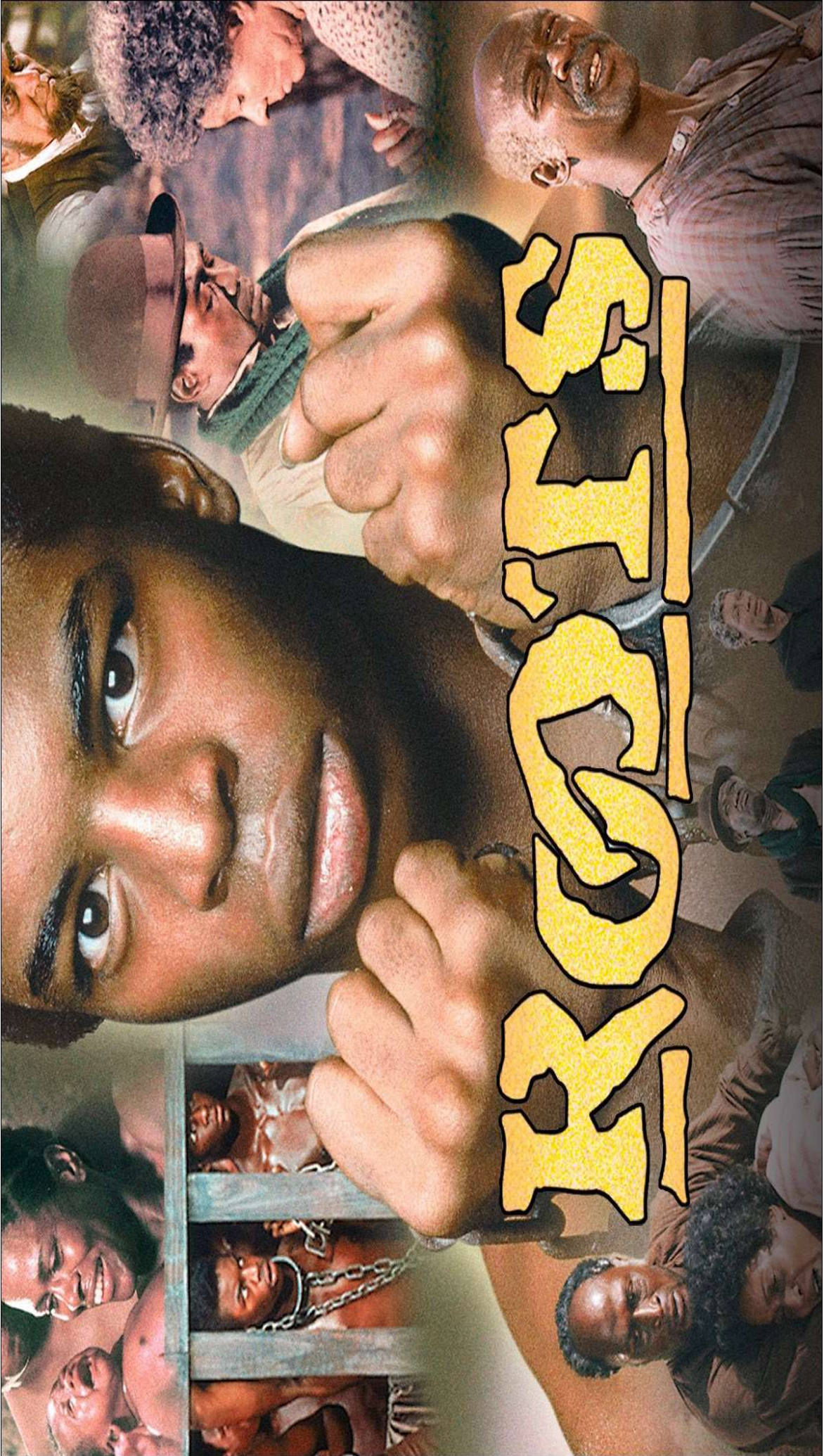


Educational Guidelines for Diversity & Inclusion: Addressing Racism and Eliminating Bias in Medical Education



No Financial Disclosures





Racism must be taught

U.S.-origin and Immigrant-origin Black Americans



- Black immigrant-origin entering freshmen made up 27% of the Black freshmen population, although they comprised only 13% of the U.S. Black population aged 18 to 19
- One-quarter of all foreign-born Blacks (aged 25 or older) have at least a bachelor's degree, in contrast to just 16 percent of U.S.-born Blacks
- Despite having similar college GPAs at PWI, Black students whose fathers emigrated from the Caribbean or Africa were significantly more likely to remain in college than were Black students whose fathers were born in the U.S.
- Second-generation African and Caribbean Black students were twice as likely as U.S.-origin (i.e., third-plus-generation) Black students to attend the most elite colleges
- Nationwide, 31 percent of Black immigrant men (vs 17% US born) and 28 percent of Black immigrant women(vs 24% US born) are college graduates

Tauriac J & Liem J. J Divers High Educ. 2012

Charles CZ, Torres KC, Brunn RJ. Racism in Post-Race America: New Theories, New Directions (2008)

Jenkins, et al. J Negro Educ. 2004

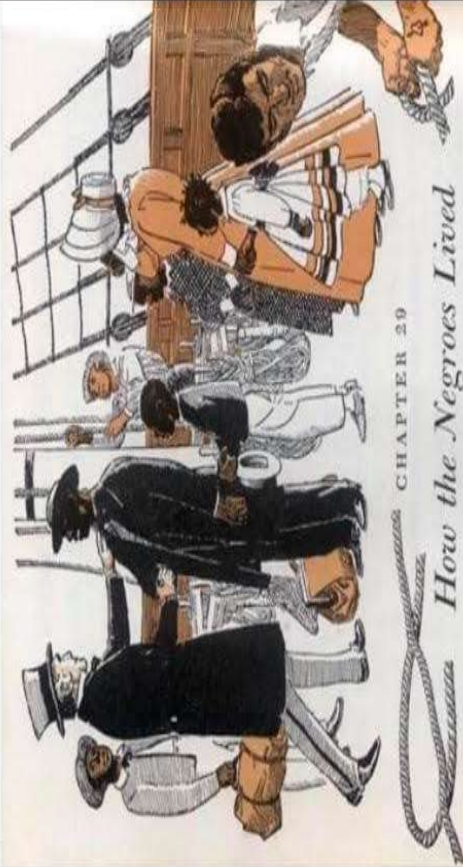
Massey DS, et al. Am J Educ. 2007

3:35



Jun 13 · 🌐

This is how slavery was taught in Virginia elementary schools for two decades. Two Decades. (History of Virginia - A Fourth Grade Textbook)



CHAPTER 29

How the Negroes Lived under Slavery

SLAVE LAWS NOT STRICTLY ENFORCED

EARLY in Virginia's history the General Assembly made laws closely controlling the Negroes. However, the laws were not fully enforced. Many slave masters did not like to have the state government meddle in what they considered their private business. They managed their servants according to their own methods. They knew the best way to control their slaves was to win their confidence and affection.

Many Negroes were taught to read and write. Many of them were allowed to meet in groups for preaching, for funerals, and for singing and dancing. They went visiting at night and sometimes owned guns and other weapons. The

368





Anti - Racism must be taught

Learning Objectives



- Review the strategies identified in the APGO Educational Guidelines for Diversity, Equity, and Inclusion
- Understand that health inequity is directly related to medical education inequity
- Identify opportunities to create a diverse, equitable and inclusive medical education community
- Utilize your spheres of influence to make a difference



Box 1. The APGO Educational Guidelines for Diversity, Equity, and Inclusion

1. Learning Environment
 - a. Inclusive language
 - b. Anti-racism education
2. Grading and Assessment
3. Pathway Programs
 - a. Pathways
 - b. Recruitment, retention, and promotion
4. Metrics
 - a. Organizational vitality
 - b. Education and scholarship
 - c. Climate and culture
 - d. Recruitment and retention





Special Report

Educational guidelines for diversity and inclusion: addressing racism and eliminating biases in medical education

Samantha D. Buery-Joyner MD ^{a, b}, Laura Baecher-Lind MD, MPH ^c, Camille A. Clare MD, MPH ^d, B. Star Hampton MD ^e, Michael D. Moxley MD ^{f, g}, Dotun Ogunyemi MD ^{h, i}, Archana A. Pradhan MD, MPH ^j, Shireen M. Madani Sims MD ^k, Sara Whetstone MD, MHS ^l, Mark B. Woodland MS, MD ^{m, n, o}, Nadine T. Katz MD ^{p, q}

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<https://doi.org/10.1016/j.ajog.2022.09.014>

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Racism and bias contribute to healthcare disparities at a patient and population health level and also contribute to the stagnation or even regression of progress toward equitable representation in the workforce and in healthcare leadership. Medical education and healthcare systems have expended tremendous efforts over the past several years to address these inequities. However, systemic racism continues to impact health outcomes and the future physician workforce.



APGO

INSPIRE • INSTRUCT • DEVELOP

ABOUT APGO ▾ **FACULTY DEVELOPMENT** ▾ **RESOURCES** **MEETINGS** ▾ **GRANTS & AWARDS** **RRR GRANT** ▾

APGO Educational Guidelines for Diversity, Equity and Inclusion

Please click a link below to access the following supplemental materials:

[Diversity, Equity and Inclusion Glossary of Terms](#)

[Checklist for Curricular Materials](#)

Educational guidelines for diversity and inclusion: addressing racism and eliminating biases in medical education
AJOG, September 2022

Words Are Powerful



Guidelines Inclusive Language:

- Attention Language → implicit bias and systemic racism
 - **Use of person-first language**
 - People living with depression, not “depressed people”
 - People diagnosed with cancer, not “cancer patients”
 - People with asthma, not “asthmatics”
 - People who use wheelchairs, not “wheelchair-bound people”
 - Older people, not “the elderly”
 - Young people, not “the youth”
 - People experiencing homelessness, not “homeless people”
 - People with low income, not “low-income people”



The University of Texas at Austin Dell Medical School

“Mrs. Jones is an African American woman in her mid-60s who comes late to her office visit and refuses to take her blood pressure medication as prescribed.”

- Uncover how frames and constraints from beyond the examination walls might impact the case.
- The amount of time that the doctor spends with Mrs. Jones
- Cost medication / how she fills
- Transportation

Metzl JM, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. Soc Sci Med. 2014 Feb;103:126-133.

Five intersecting skill-sets shape the paradigm of structural competency

Counteract the Racism that is being taught



Guidelines for Anti-Racism Education

RACE IS NOT A BLOODLINE



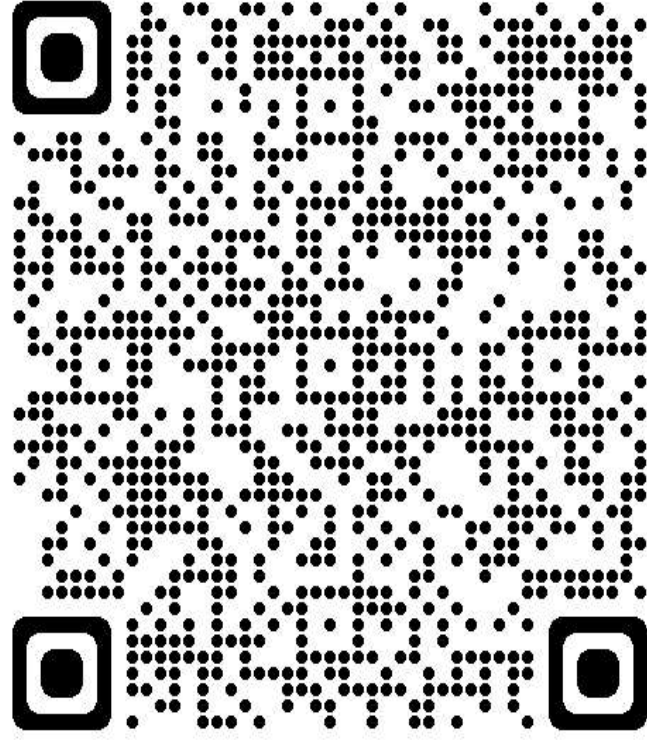
Concepts for Anti-Racism Coursework



- Levels of racism (structural, institutional, interpersonal, individual)
- History of racism and oppression in medicine, health, and science
- Impact of racism on health
- Concepts of racism: colorblindness, privilege, guilt, implicit bias, micro/macroaggressions, inequities, intersectionality, and social injustice
- Health equity, structural and institutional racism, structural and social determinants of health
- Critical race theory
- Upstander and allyship training

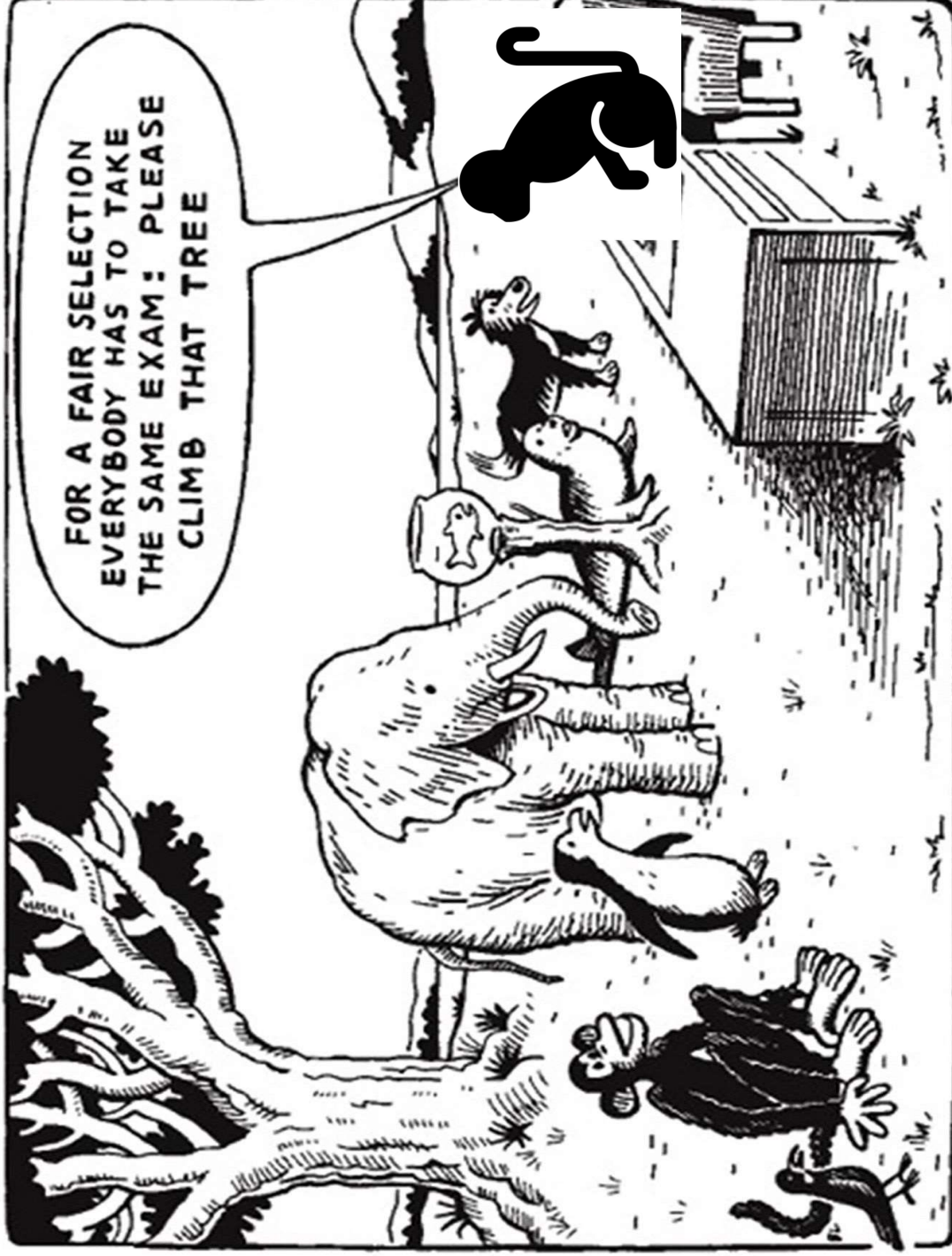
**UCSF Anti-Racism and Race Literacy: A
Primer and Toolkit for Medical Educators**

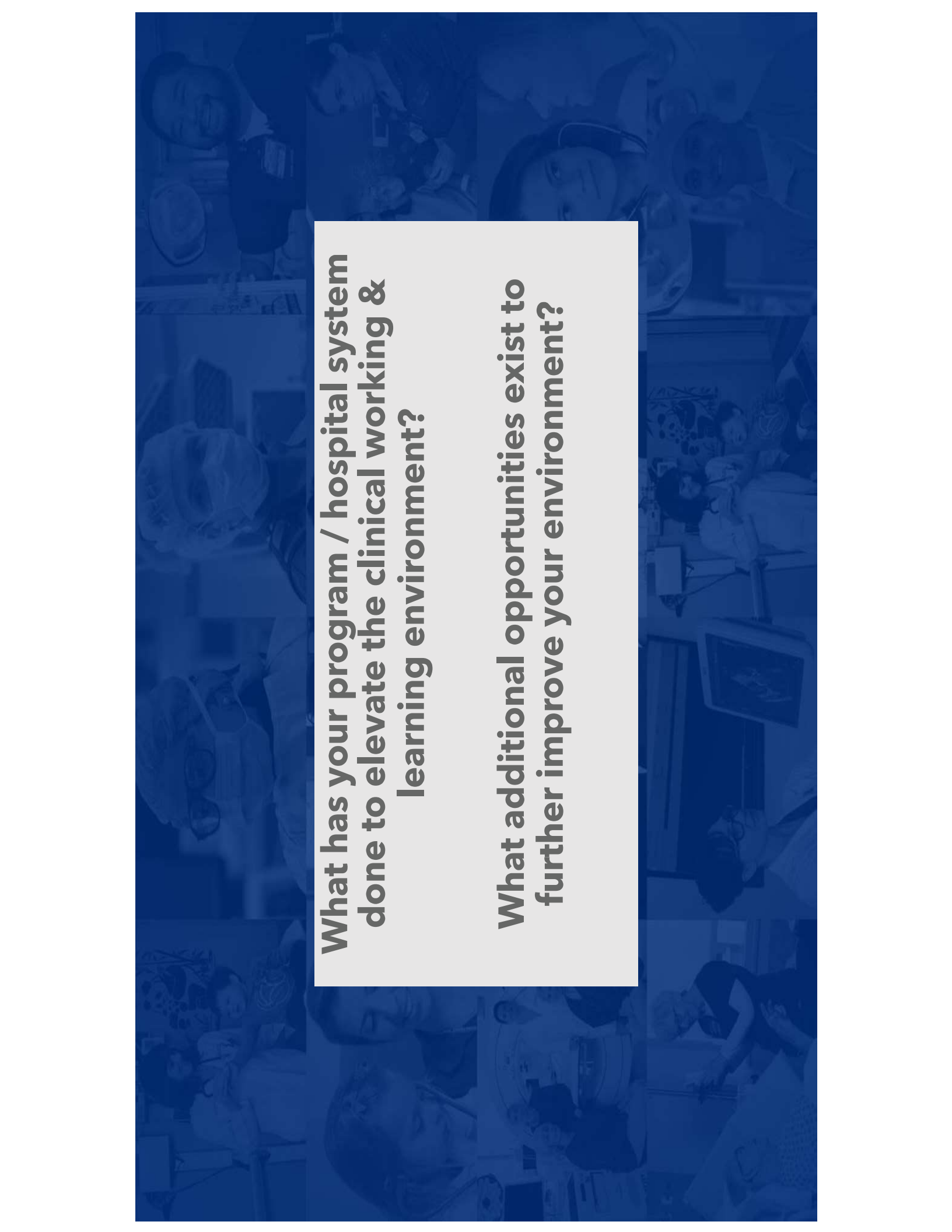
How to do this? ALLIED antiracism curriculum



<https://obgyn.duke.edu/allied>

- **Community-based medical education principles**
 - Contribute students' learning objectives and activities
 - communities' health needs
- **Examine for sources inequity**
 - Diversity of teachers
 - Diversity of speakers
 - Micro/macroaggressions
 - Mistreatment from patients
 - Assessments





**What has your program / hospital system
done to elevate the clinical working &
learning environment?**

**What additional opportunities exist to
further improve your environment?**

- Creation of curriculum arm to the Anti-racism committee: check list, web resources, course directors' attestation
- Pre-clerkship planning meeting
- Curriculum Committee reviews for course compliance
- student appreciation / feel valued → bringing suggestions, faculty asked for help
 - Laura Baechar-Lind, Dean Educational Affairs Tufts University SOM
- Training based on specific provider roles
- Create space for Wellness/DEIA (advocacy)

Tammy Sonn, VC Education Washington University SOM, St Louis

Center for the Study of Race, Ethnicity & Equity



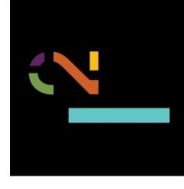
I²

I²

Independent Research & Archives

Innovation Space and Independent Research & Archives

CRE² houses and supports a unique **Innovation Space** and **Independent Research & Archives** (I²s) focused on the study of race and/or ethnicity.



The **CRE² Innovation Space** is unique among centers for the study of race and ethnicity across the country. The Innovation Space incubates cutting-edge or experimental research and methodologies; helps faculty transform research ideas into concrete possibilities; fosters creative projects and connections; and assists colleagues in envisioning the future architecture of opportunity for race and/or ethnicity research and collaboration.

Independent Research projects are led by faculty directors who have created funded multi-faceted enterprises or emerging or experimental ventures that engage with the critical future of race and/or ethnicity. Similarly, faculty and collaborators design and build **Archives** dedicated to expanding access to and visibility and utilization of a focused, multi-layered, and dynamic suite of materials related to race and/or ethnicity.

Inclusion **I**nnovation

Diversity **D**iscovery

Equity **E**xcellence

Advocacy **A**dvancement

Program Manager: community point person

- Share needs of the community
- Connect community leaders
- Best practices
- Marketing
- Research
- Partners with professional development series, residency applications & vulnerable communities

- Co-Director Health Equity Thread
 - Antiracism education, Implicit bias, Structural & Medical Racism
- Orientation → Clinical experiential learning with community members
- Director of the Resident Education in Advocacy and Community Health Program

Address distance betw teachers & students / community

- Pause Tool
 - In the moment response to mistake
 - Reminder to listen /assume best intentions
 - Don't ignore / verbiage
- Daily Debrief
- Faculty discouraged / dropping out → returning faculty

Learning PAUSE

- Three goals
 - Return to helpful learning environment
 - Practice skills that will be useful to you as a physician leader later
 - Hear from a variety of perspectives
- PAUSE
 - Professionalism
 - Accountability
 - Understanding
 - Safety
 - Empathy

Structure of a PAUSE

- Student/faculty request a pause (limit of one per session)
- Spend 1 minute free writing about "What is coming up for you at this moment?" Consider the PAUSE areas.
- 2 minutes discussion with peer
- 1 minute to enter thoughts into a Canvas discussion forum
- Return to session
- Pause thoughts are discussed in depth at an optional session for interested students at the end of the week by EHM course directors/faculty outside of the regular class hours (Friday AM)

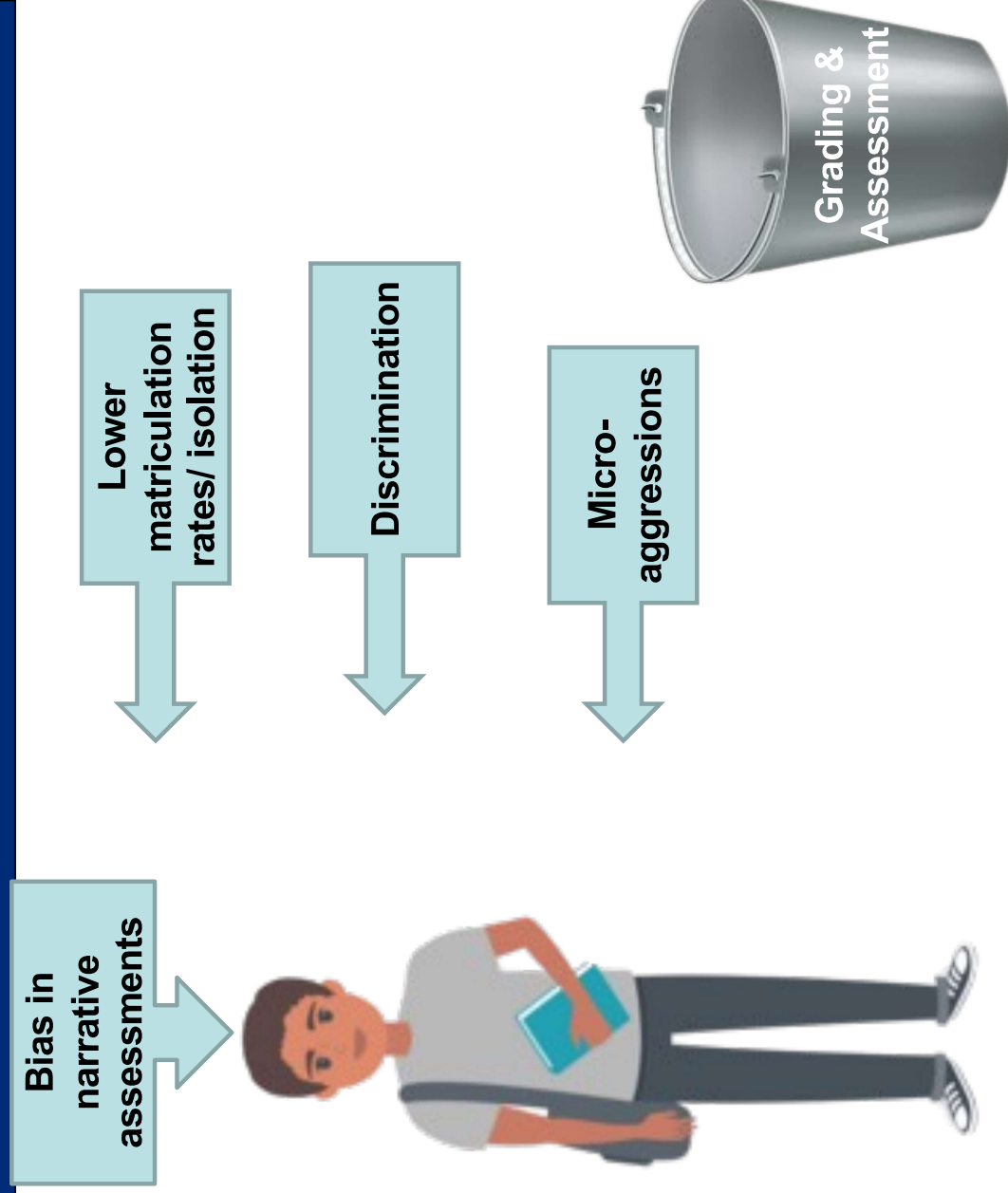


Table 4. Percentage of applicants by race/ethnicity group for whom each descriptive word was used at least once in the Medical Student Performance Evaluation.



Word Categories	Black n = 346	Hispanic n = 202	White n = 2,740	Asian n = 1,281	Multi n = 336	Other n = 109	p-value (* Alpha = .002)
Standout Words							
Exceptional	50%	52%	64%	54%	64%	58%	<0.001*
Best	41%	44%	54%	49%	50%	58%	<0.001*
Outstanding	77%	84%	86%	79%	82%	88%	<0.001*
Superb	30%	32%	38%	36%	38%	38%	0.025
Stellar	7%	7%	10%	8%	9%	13%	0.067
Excellent	91%	90%	93%	93%	95%	97%	0.050
Phenomenal	3%	5%	5%	5%	5%	8%	0.213
Ability							
Intelligent	40%	43%	49%	50%	46%	44%	0.004
Bright	43%	44%	57%	54%	54%	52%	<0.001*
Talent	19%	18%	20%	19%	17%	15%	0.760
Brilliant	3%	1%	3%	3%	4%	2%	0.420
Competent	40%	20%	29%	27%	32%	34%	<0.001*
Smart	19%	18%	24%	23%	24%	28%	0.129
Gifted	5%	5%	6%	5%	7%	5%	0.342
Grindstone							
Organized	71%	74%	80%	77%	82%	79%	0.001*
Hardworking	76%	74%	77%	78%	77%	77%	0.790
Conscientious	36%	28%	32%	34%	33%	37%	0.337
Diligent	42%	32%	36%	37%	34%	31%	0.115
Compassion							
Caring	47%	50%	51%	49%	51%	55%	0.750
Kind	35%	32%	33%	34%	36%	42%	0.332
Empathy	36%	49%	40%	35%	38%	45%	0.003
Compassionate	56%	49%	54%	51%	51%	63%	0.480

<https://doi.org/10.1371/journal.pone.0181659.t004>

Ross DA, Boatright D, Nunez-Smith M, Jordan A, Chekroud A, et al. (2017) Differences in words used to describe racial and gender groups in Medical Student Performance Evaluations. PLOS ONE 12(8): e0181659. <https://doi.org/10.1371/journal.pone.0181659>

Guidelines for Grading & Assessment



- Continued training in implicit and explicit bias, anti oppression (discrimination), anti-racist education and clinical care
- Training eliminate bias in narrative assessments and LOR
- Standards-based grading rubrics and mastery-based grading
- OSCEs: 2 experienced, trained examiners using clear standardized evaluation criteria
- Diverse Faculty and assessors
- Routine evaluation of assessment processes and outcomes for systemic bias
- Clear processes to allow reappraisal of student performance to include Medical Student Performance Evaluation (MSPE) letters



Gender bias calculator

Tom Forth, 1 May 2013

This calculator was inspired by this [AWIS blog](#) post on gender biases in recommendation letters. The blog post and [the scientific paper](#) it is based on also explain why this gender bias is important. I am grateful to [Dr. Karen James](#) for bringing it to my attention and leading me to examine my own written recommendations.

Try an example!

Melinda was one of the first users of my now widely-used and successful software, MetNetMaker. Her early bug reports and insightful suggestions were invaluable to making the product what it is today. I have not since worked with anyone so at ease communicating with those in other scientific fields.

Female-associated words | Male-associated words

worked	insightful
	suggestions
	scientific

Force recalculate!



What has your campus done to create equitable grading & assessments?

What else can be done?

- Address bias in evaluations/assessments, discontinued AOA Faculty development, Attached language tables gender/race evaluation

Star Hampton, VC Education, Sr Assoc Dean Medical Education Warren Albert Brown U

- Address Educational Disparity of Clerkship grades UWiSE question bank available all students → all clerkships Q banks

Expand orientation 1 hour → half day → week, incl didactics and simulation, practice OR etiquette: equalize playing field

Tammy Sonn, CD, VC Education Washington University SOM, St Louis

Guidelines for Pathway Programs

- LCME requirement
- K – 12 through postbaccalaureate
- Mentorship, academic enhancement, apprenticeship, academic partnerships, professional opportunities, research experience and financial support
- M4 student electives with scholarships to URiM students
- Monitor & compare diversity matrix of current learner and community demographics to set diversity goals
- Develop team committed to participating in Pathway Programs
- Determine outcome & process measures to evaluate success



Patient – Physician Concordance

- Increased patient satisfaction
- Increased perceived quality of care
- Report receiving preventive care and all care needed
- Increased adherence to medication regimens
- More likely to practice in medically underserved and low-income communities

Bonifacio E, et al. Mentorship of Underrepresented Physicians and Trainees in Academic Medicine: a Systematic Review. J Gen Intern Med. 2021

Saha S, et al. Patient-physician racial concordance and the perceived quality and use of health care. Arch Intern Med. 1999

Mentorship

**Recruitment,
Retention &
Promotion**

**Welcoming
Workplace /
Learning
environment**

**Sense of
Belonging**

Guidelines for Recruitment, Retention & Promotion



- Identify and eliminate barriers to successful mentoring programs i.e. protected time
- Tailor recruitment, retention, and promotion programs to specific institutional needs
- Partnerships with Historically Black Colleges and Universities
- Start mentorship of URiM medical students at the time of admission offer
- Identification of diverse group of mentors is important to avoid minority tax
- faculty development around mentoring and sponsorship across differences

Osman N, Gottlieb B. Mentoring across differences. *MedEdPortal*. 2018

Guidelines for Recruitment, Retention & Promotion



- Use a holistic review process when evaluating medical school and residency applicants, assessing nontraditional students, first generation medical students, distance traveled, life experiences, experience with underserved communities, and community engagement activities
- Include diverse representation in Admissions groups, resident and fellowship recruitment committees
- Admission groups, residency and fellowship selection committees focus on tracking of URiM applicants throughout the process
- Develop affinity groups, leadership opportunities, and support to URiM members of the educational community

Ogunyemi D. Unique Populations. AAMC



What has your institution done to build a pathway for diverse learners and faculty as well as recruit, retain, and promote those under-represented in medicine ?

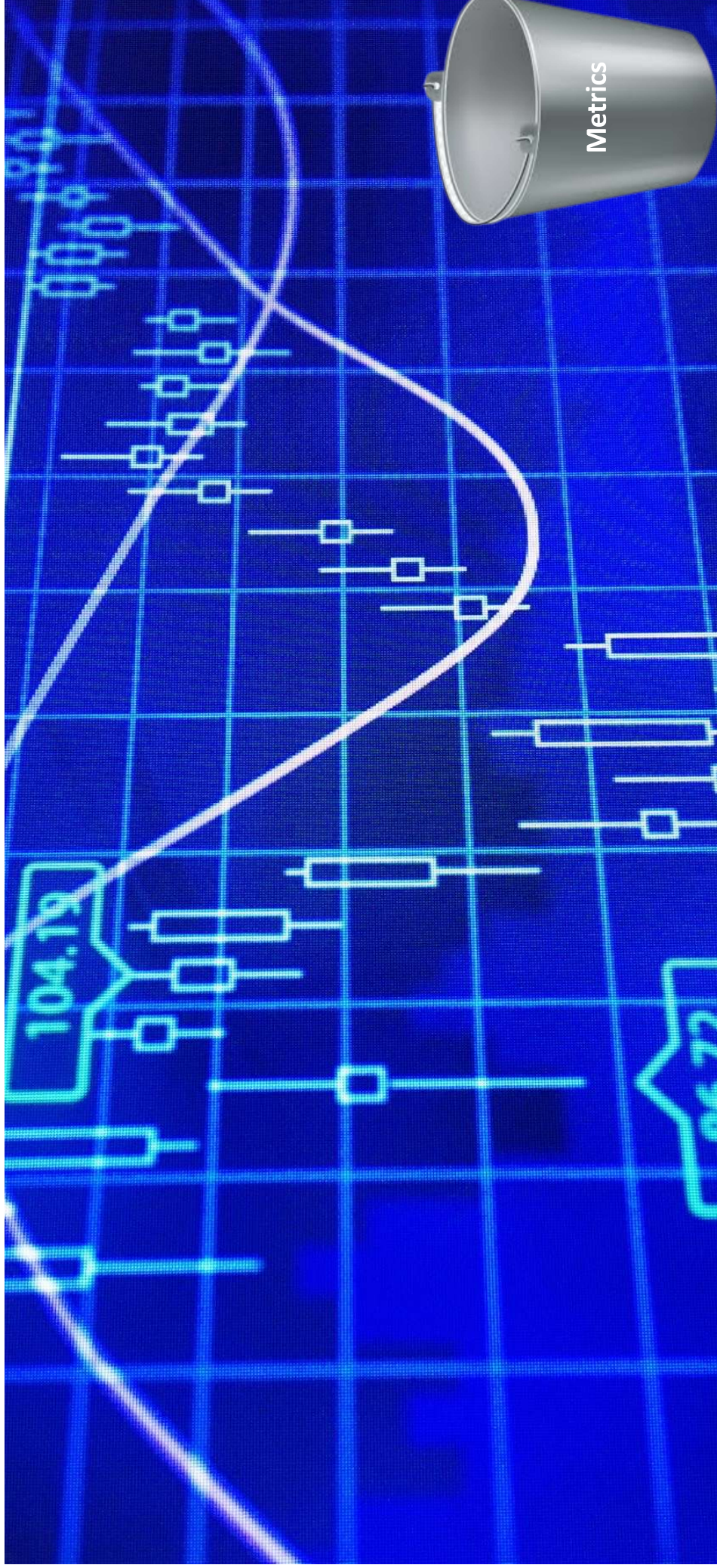
What else can be done?

- Summer Program 5 URiM local college students
Classwork/clinical, faculty / TA / student mentor, community, tools for success, 70% → matriculate as medical students
Archana Pradhan, Assoc Dean Education Rutgers Robert Wood Johnson Medical School
- Recruitment URiM junior faculty: seek out residents of color, local SNMA & LMSA, churches
share health equity lens/focus, mentorship community with graduates

Michael Moxley, VP DEI Roper-St Frances Healthcare

*

Metrics



Metrics: Organizational Vitality Guidelines

- **Mission Statement commit to being anti-racist organization**
- **DEI action plan publicly shared and measurable**
- **Educational program regularly focuses on DEI, anti-racism, implicit bias and anti-oppression**

Metrics: Education & Scholarship Guidelines

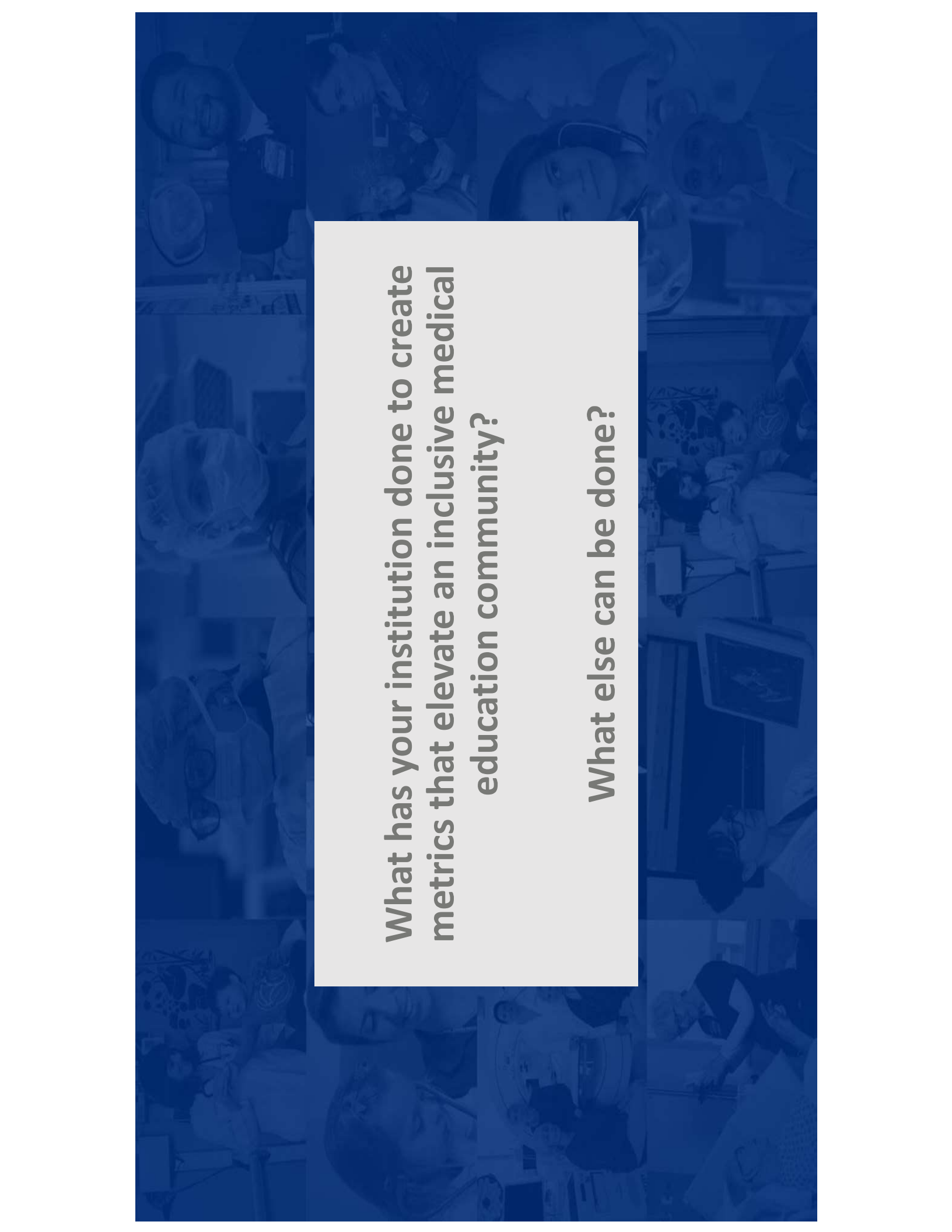
- **System for reviewing educational materials q 1-3 yrs**
- **Real-time flagging of content**
- **System to pair URiM learners with faculty conducting scholarly activities**
- **\$ dedicated URiM engage educational conferences and/or networking**
- **# Scholarly work in health equity, diversity, & inclusion**
- **\$ funding scholarly work in health equity, diversity, & inclusion**

Metrics: Climate & Culture Guidelines

- **Reporting mechanism for bias or discrimination**
- **URIM serving key educational committees**
- **URIM serving key leadership committees in GME**
- **LCME & ACGME reporting on learners' sense of belonging**

Metrics: Recruitment & Retention

- **Students & faculty reflect national / local diversity**
- **Speakers for educational series / courses reflect diversity**
- **Organizational recruitment should be supported by all students/faculty, offered a reduction in other obligations**
- **Track academic performance, scholarly work, graduation awards and years to graduation**
- **#/% URiM offered interviews, ranked /offered positions**
- **Rate of URiM faculty promotion & retention**



What has your institution done to create metrics that elevate an inclusive medical education community?

What else can be done?

- Recruitment & retention policies
Admissions/UME/GME
Reflect population of state
Incorporation student feedback, students felt acceptance, empowered speak up, teaching the teachers
- Mentorship program URiM faculty, safe space/welcomed grow & mature as obgyn, develop as experts, physician recruitment group

Shireen Madani Sims, VC Education University of Florida

Sara Whetstone, PD UCSF

OUR STATEMENT OF VALUES

The UCSF Residency Program in Obstetrics and Gynecology commits to understanding how histories of oppression, exploitation, and mistreatment of Black and Indigenous communities and other historically excluded communities led to the creation of our specialty and contribute to current inequities in reproductive health and gynecology. We honor the legacies of Lucy, Anarcha, and Betsey in our commitment to reproductive justice, equity, and human rights in our healthcare delivery, research, and education. We are invested in ensuring that all individuals have access to language and race concordant health care as well as to comprehensive reproductive and sexual healthcare, including abortion, contraception, surgery, fertility services, and preventive care. We take immense pride in serving women, and we celebrate the opportunity to care for patients of all gender identities, regardless of sex assigned at birth.

We vow to advocate around issues that affect our patients and their autonomy and for services that maximize the ability of individuals and communities to experience well-being. More so, we refuse to shy away from courageous conversations and advocacy as we know that the care we provide will only be transformed by unrelenting activism, community engagement, and systemic change. We pledge to deliver high-quality, evidence-based health care to all patients, to practice with true collaboration with other health workers, disciplines, and community-based organizations, and to provide a safe, inclusive learning environment for trainees of diverse backgrounds and learning styles. As a residency program based at a public institution, we strive to align our training to the larger societal needs and to prepare OBGYN physicians for careers of service. In our pursuit of clinical excellence, equity and justice, and transformative practice, we pledge to hold ourselves and those around us accountable.

MISSION STATEMENT

The Obstetrics and Gynecology Residency Program at the University of California, San Francisco trains physician leaders and advocates who provide innovative, compassionate, and exemplary comprehensive health care by:

- Centering health equity, anti-racism, and anti-oppression in clinical care and in education, particularly for Black and Indigenous individuals, people of color, trans and nonbinary individuals, and immigrant populations;
- Caring for individuals, families, and communities within a variety of settings, leveraging inherent strengths of the community and demonstrating cultural humility;
- Applying scientific evidence within a person-centered framework to deliver dignified and just sexual and reproductive health care;
- Fostering interprofessional and multidisciplinary collaboration and building a diverse workforce, inclusive of historically and contemporaneously excluded communities; and
- Inspiring and preparing thought leaders, researchers, and advocates to transform the practice of obstetrics and gynecology locally, nationally, and internationally.



INOVA®



- GME Committee on Diversity: Diversity Orientation, AAMC validated Discrimination Survey

Dotun Ogunyemi, DIO & CMO Arrowhead Regional Medical Center

- Professionalism Group Inspire Project: Something exceptional that occurred on clerkship

Mark Woodland, Chair Reading Hospital & Interim Academic Chair Drexel

This image describes the best part of my pediatrics rotation, serving as representation for young girls of color that don't see enough reflections of themselves in many careers.

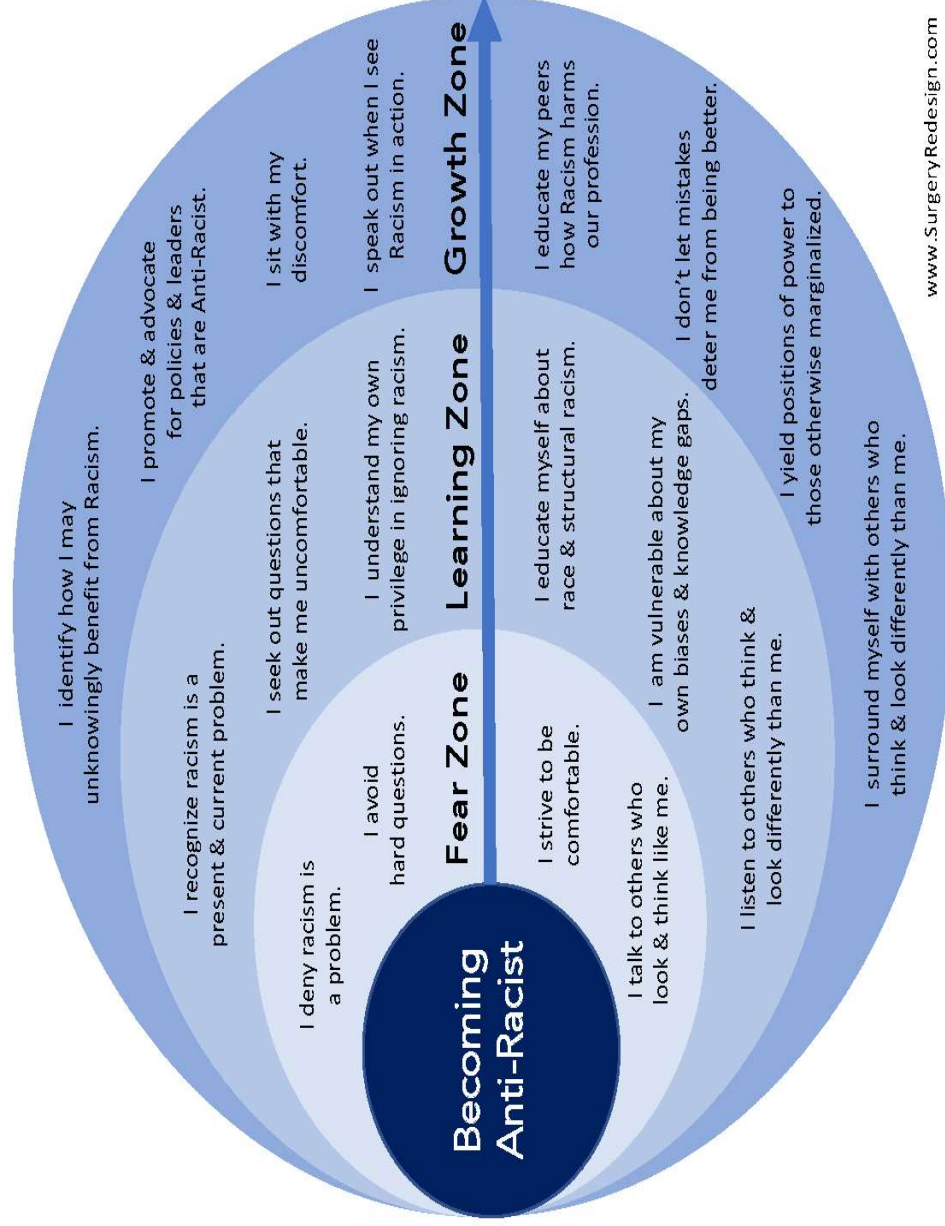
I LOVED being able to inspire and provide proof of hard work paying off. A patient once told me "you make me want study for my science test next week", it was enough to make my day.



Dr. Uru Ihim
Prior M3 Drexel
University SOM

*

Antiracism framework



Whose job is it to correct the wrongs we encounter?



If not you, then who?



There is only one way to eat an
elephant, a bite at a time.

— *Desmond Tutu* —



