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conference



Multifaceted Approach to Incorporate Diversity and Inclusion Into an Academic Family Medicine Residency Program

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Disclosures

Nothing to disclose



Objectives

Upon completion of this session, participants should be able to:

1. Define diversity and inclusion, and understand their influence on workforce development in family medicine.
2. Explore the use of a self-reflection survey to assess departmental culture and environment for key elements to eliminate health disparities and promote a more diverse primary care workforce at your institution.
3. Discuss potential institutional barriers and challenges to improving diversity and inclusion, and apply lessons learned to overcome them.



Outline

- Background
- About Us
- Definition of Terms
- Our Multifaceted Approach
- Brainstorm
- Reflections
- Toolkit



Background

- Primary Care Access is one of the most important factors related to health
 - Access for underserved and vulnerable populations is significantly less
- In the US, there is a shortage of PCPs in underserved areas, but there is also a shortage of Underrepresented Minority (URM) physicians
- URMs represent only 6% of US physicians, even though minority groups represent >25% (and growing) of the US population
- URM physicians are more likely to provide care and practice in areas and among populations that are underserved and vulnerable



Background Continued

- How can we address this?
- In addition to recruitment and retention, promoting Diversity and Inclusion in residency programs will support this cause
- A better understanding of the cultural environment of a department is critical for change



Who Are We?



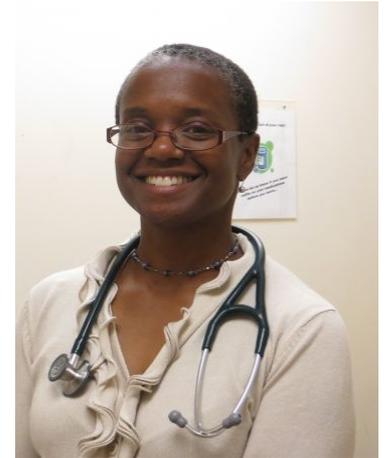
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HRSA Grant

- **Project Title: Expanding Programs Addressing New Demographic Shifts in Underserved Populations (EXPANDS-UP)**
- Residency Training in Primary Care
 - Expand URM Recruitment & Retention



Jefferson Family Medicine Residency



Definitions

Diversity

- Diversity as a core value embodies **inclusiveness, mutual respect, and multiple perspectives** and serves as a catalyst for change resulting in health equity. In this context, **we are mindful of all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability and age.**

Inclusion

- Inclusion is a core element for successfully achieving diversity. **Inclusion is achieved by nurturing the climate and culture of the institution through professional development, education, policy and practice.** The objective is creating a climate that fosters belonging, respect, and value for all and encourages engagement and connection throughout the institution and community.

Definitions

URM (Underrepresented in Medicine)

On March 19, 2004, the AAMC Executive Committee adopted a clarification to its definition of "underrepresented in medicine" following the Supreme Court's decision in *Grutter*.

The AAMC definition of underrepresented in medicine is:

"Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population."

Adopted by the AAMC's Executive Council on June 26, 2003, the definition helps medical schools accomplish three important objectives:

- a shift in focus from a fixed aggregation of four racial and ethnic groups to a continually evolving underlying reality. The definition accommodates including and removing underrepresented groups on the basis of changing demographics of society and the profession.
- a shift in focus from a national perspective to a regional or local perspective on underrepresentation, and
- stimulate data collection and reporting on the broad range of racial and ethnic self-descriptions.

Environment @ JFMR

- First URM Resident 1993
- Increased the number of URM residents over the past 40 years.
- As of 2016-2017 Academic Year, 7 of our 30 residents (23%) are URM.
- Historically - 17 / 246 residents were URM (7%), including the current 7

- First URM Faculty 1996
- Currently - Highest complement of URM Faculty in history of DFCM (11%)
- All Faculty members recruited from within our own institution



JFMA Practice Data

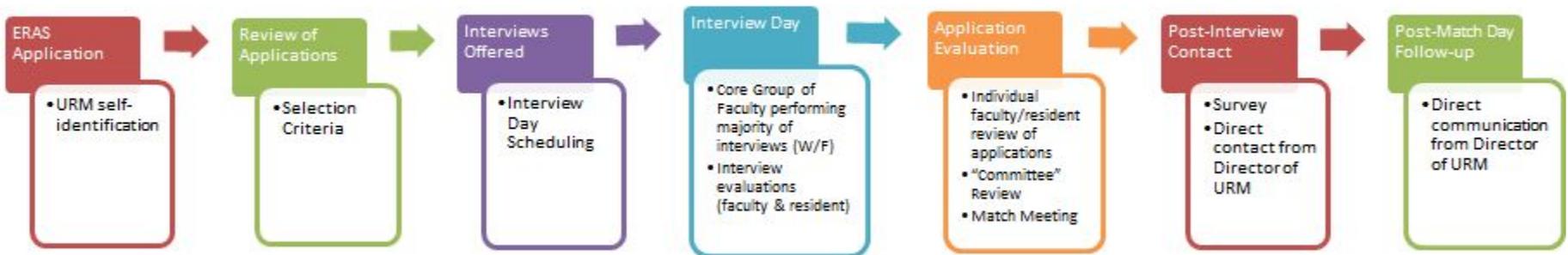
- Approximately 28,000 patients
- ~ 30% Medicaid
- 78,000 visits annually
- Demographics
 - African American 57%
 - Caucasian 32%
 - Hispanic 5%
 - Asian 1%
 - Other/unknown/not reported/declined 5%



Our Multifaceted Approach

- Residency Recruitment
- Departmental Self-Assessment
- Faculty Recruitment/Retention

Resident Recruitment Process





Resident Recruitment Process



STFM 50th Anniversary Annual Spring Conference



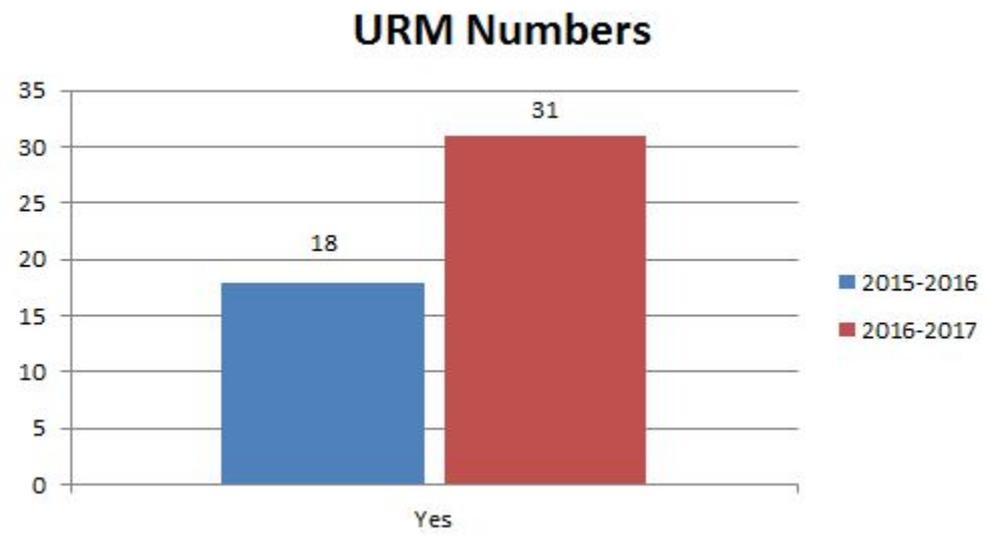


Resident Recruitment Process

- **Discussion**
 - Why?
 - How?
 - Useful?
 - How do we assess?



Applicant Data

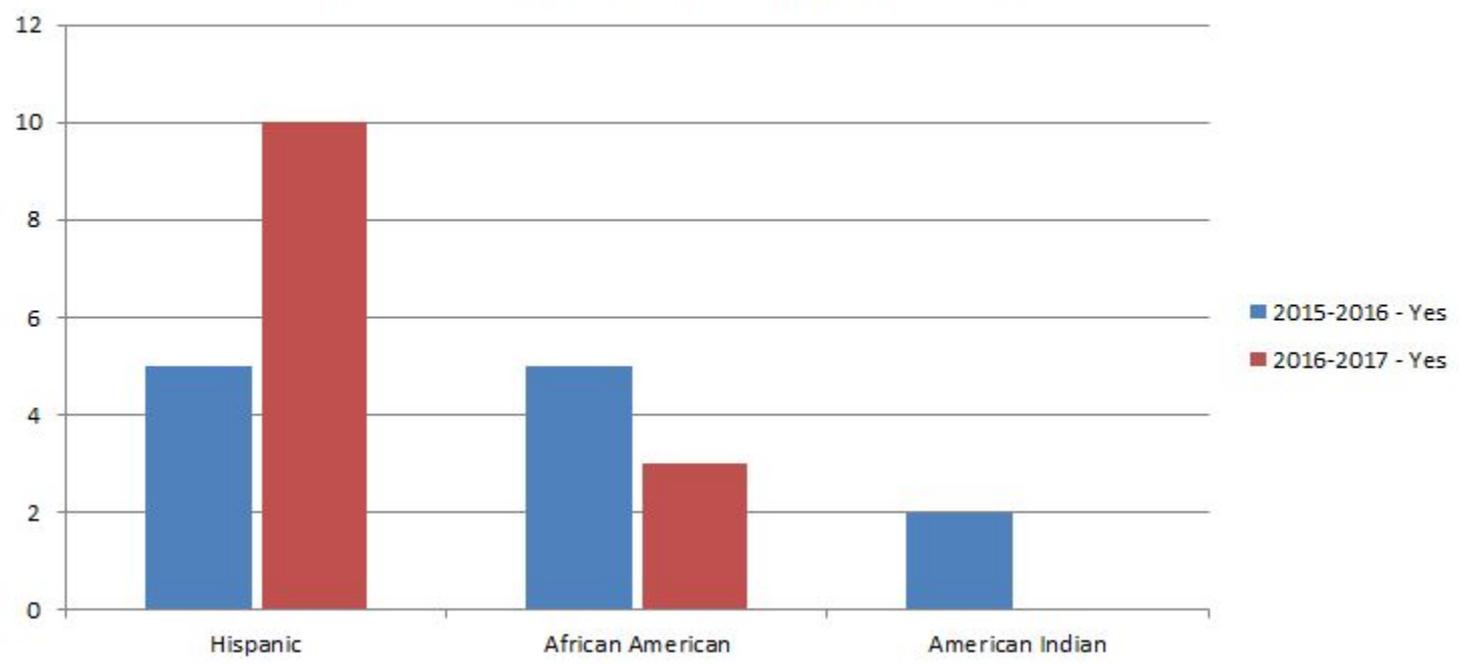


- 72% increase of URM's offered interviews in 2017



Applicant Data

Self Identification of Applicants to JFMA *

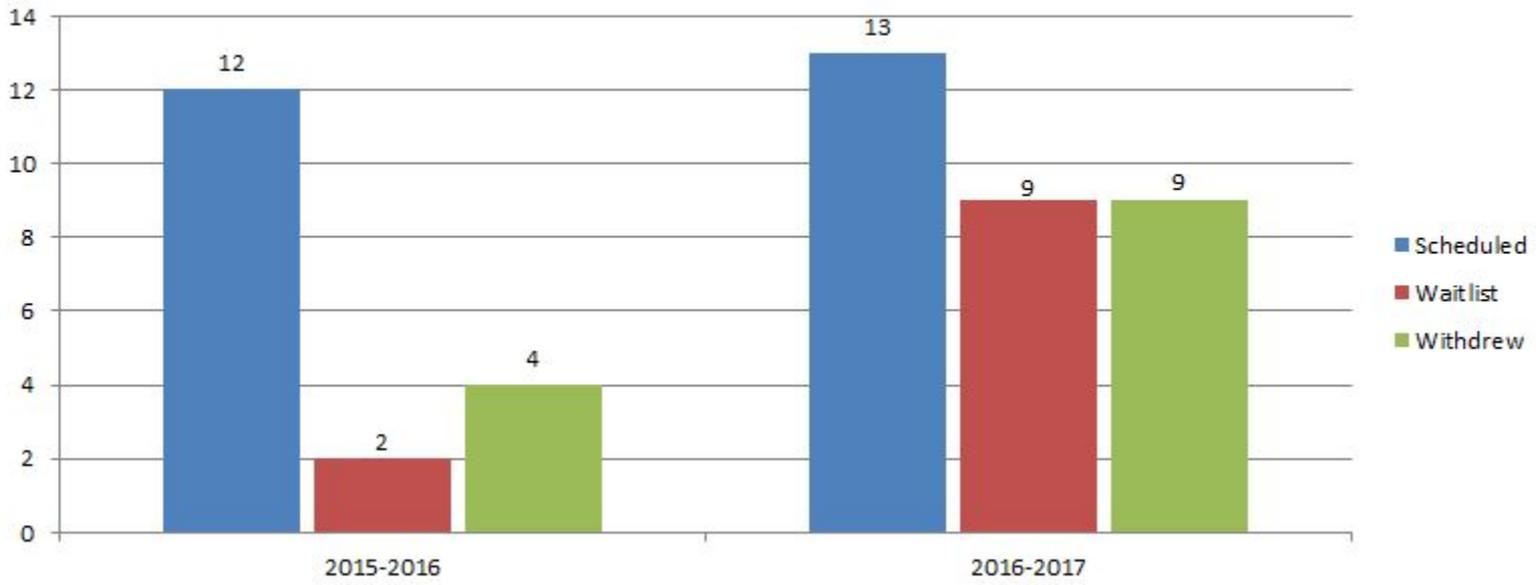


* ONLY applicants that interviewed



Applicant Data

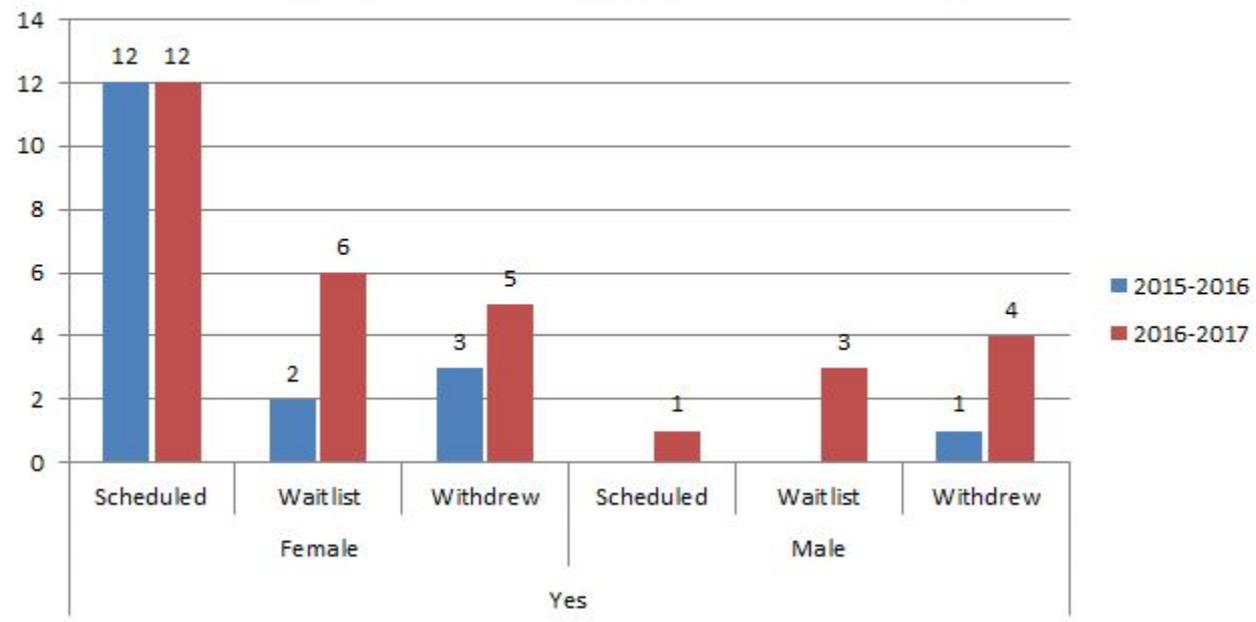
URM Self-Identification Interview Status





Applicant Data

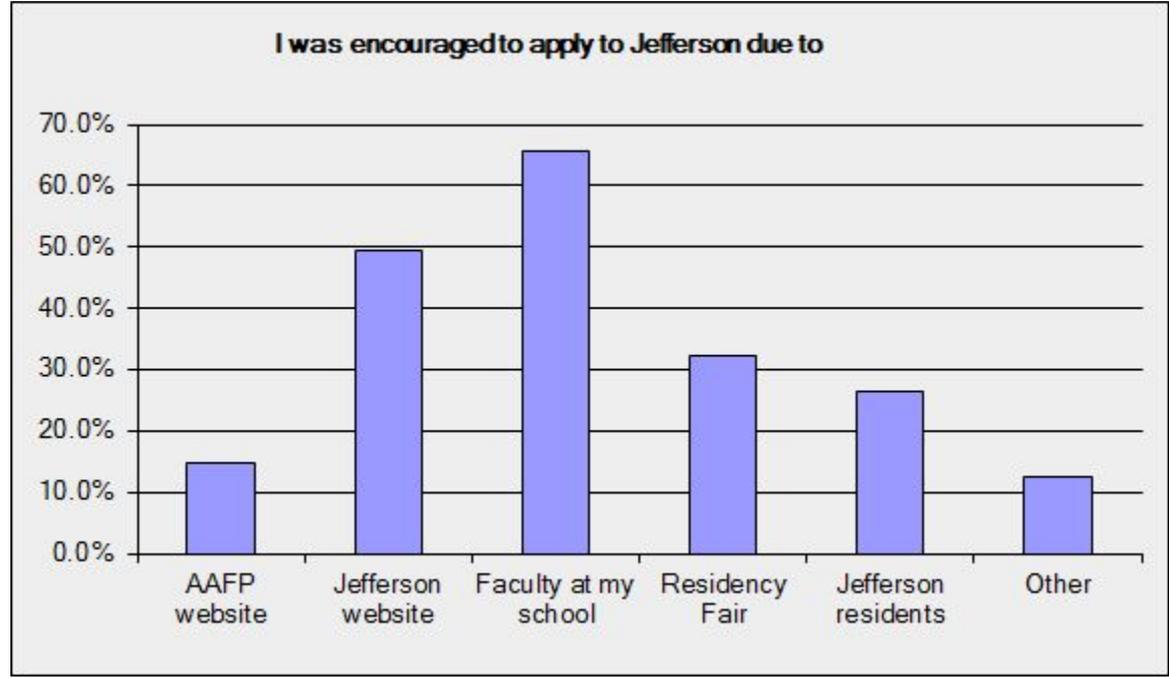
URM Gender Breakdown Interview Status





Post-Interview Survey (2016-2017)

I was encouraged to apply to Jefferson due to:





2017 Match Outcomes

- 1/10 students who matched were URM



Department Self-Assessment

- Environmental Survey:
 - To explore/understand our department's culture and environment for key elements to eliminate health disparities and promote a more diverse primary care workforce



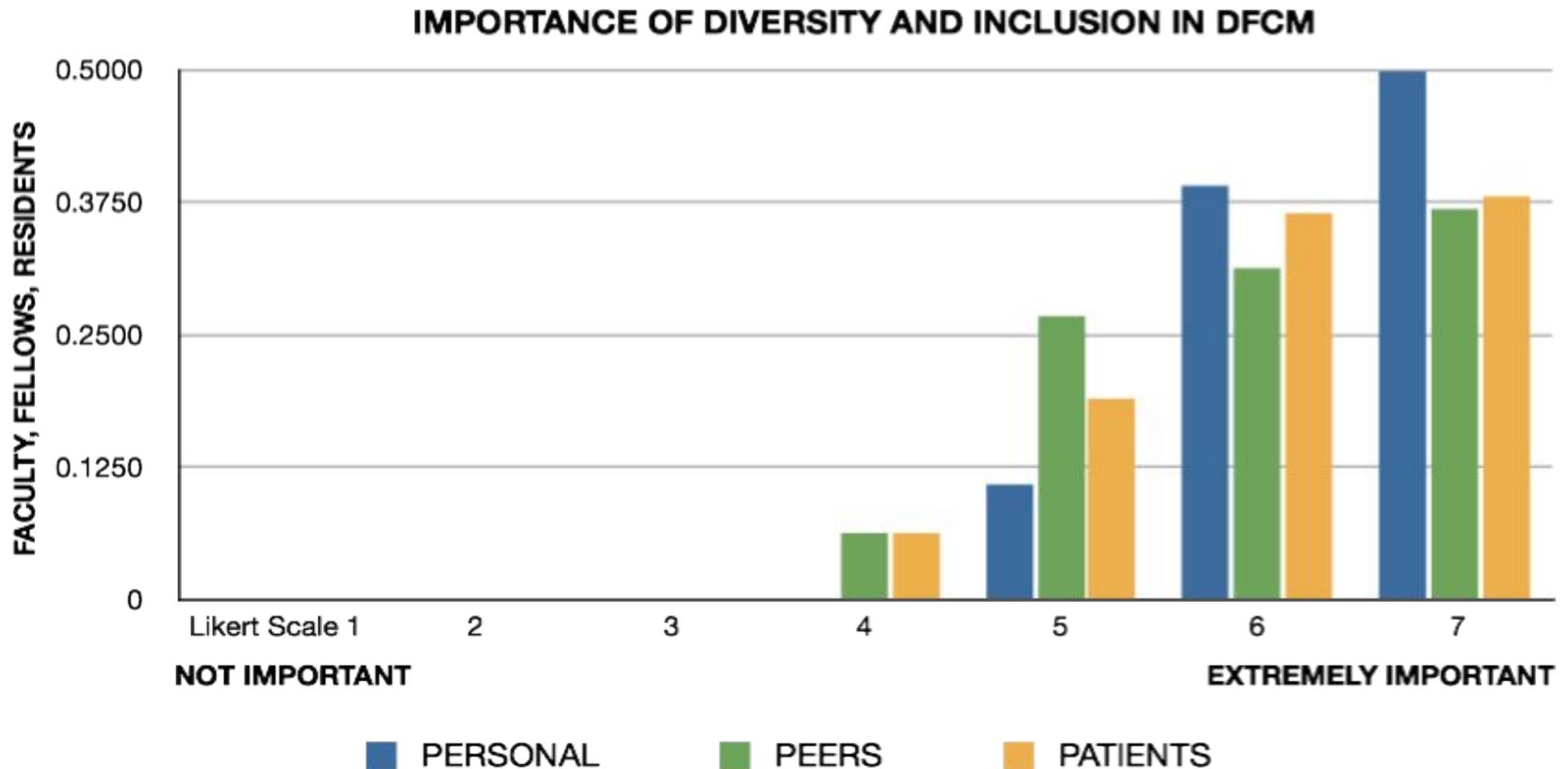
Department Self-Assessment 2013

Methods:

- Questionnaire via SurveyMonkey to Residents, Faculty, and Fellows
- IRB Approved
- Anonymous
- Time Frame - 6/3/13 - 9/13/13
- 7 point Likert Scale - degree
- Yes/No & Open ended questions
- Response Rate 64/99= 65%



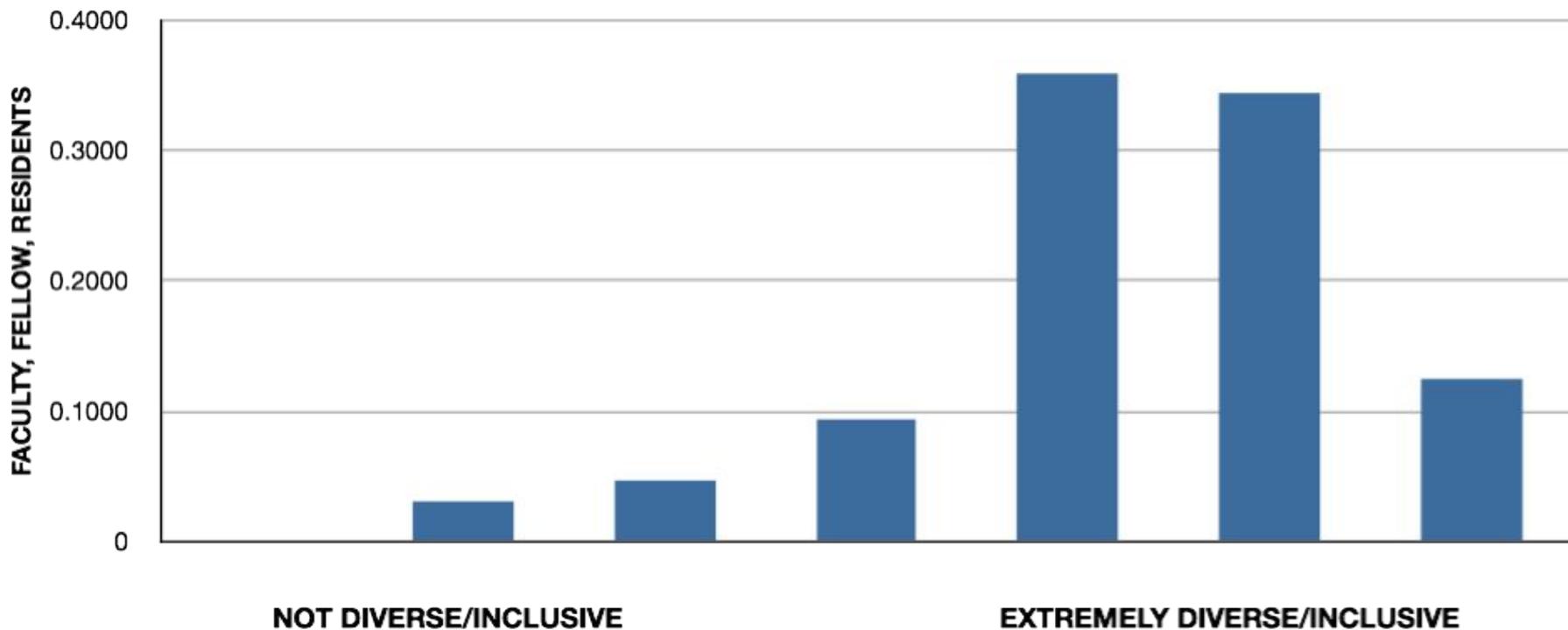
Importance of Diversity & Inclusion?





How Diverse and Inclusive is DCFM?

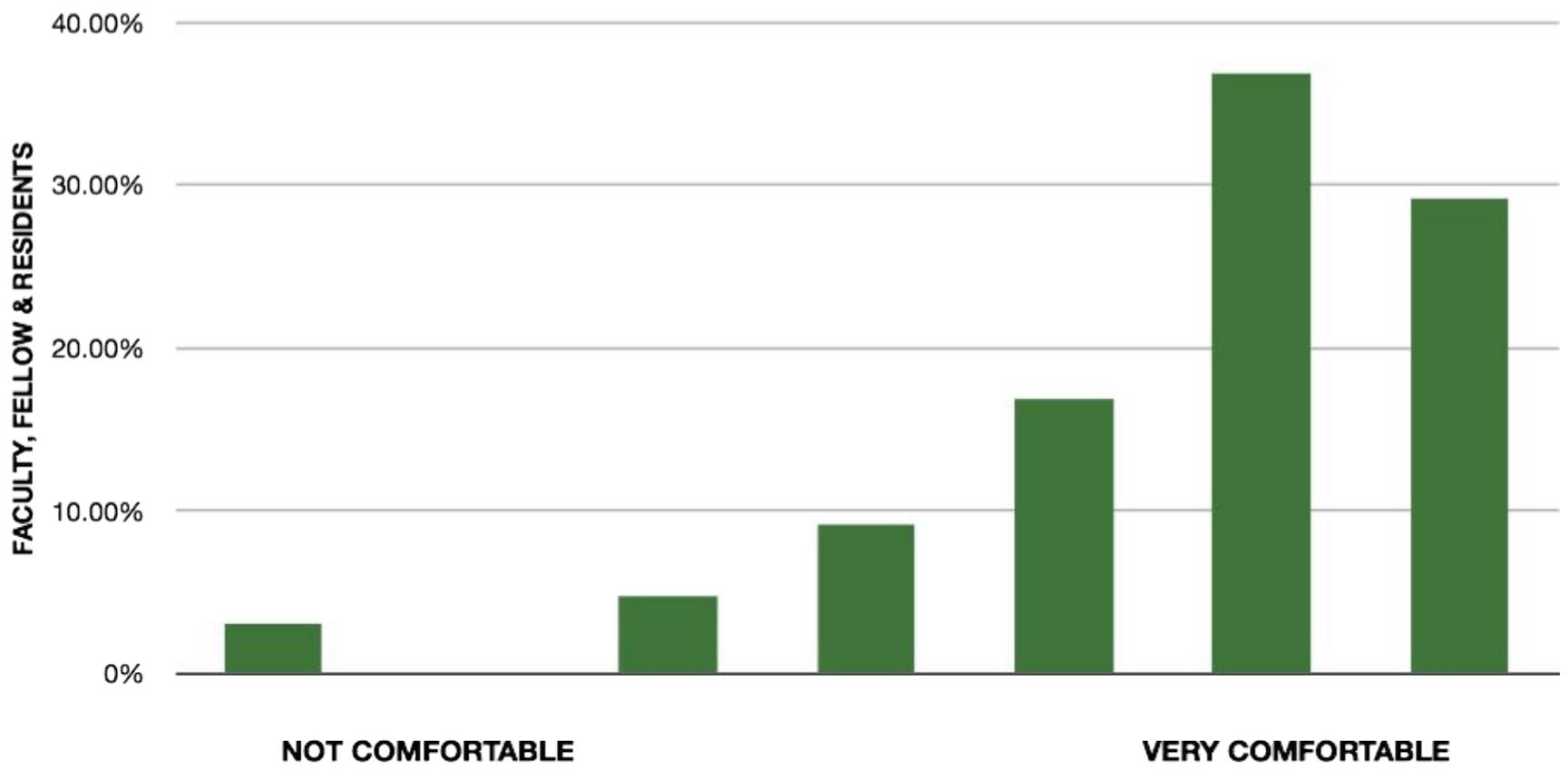
HOW DIVERSE AND INCLUSIVE IS THE DFCM





Discuss Issues of Diversity & Inclusion?

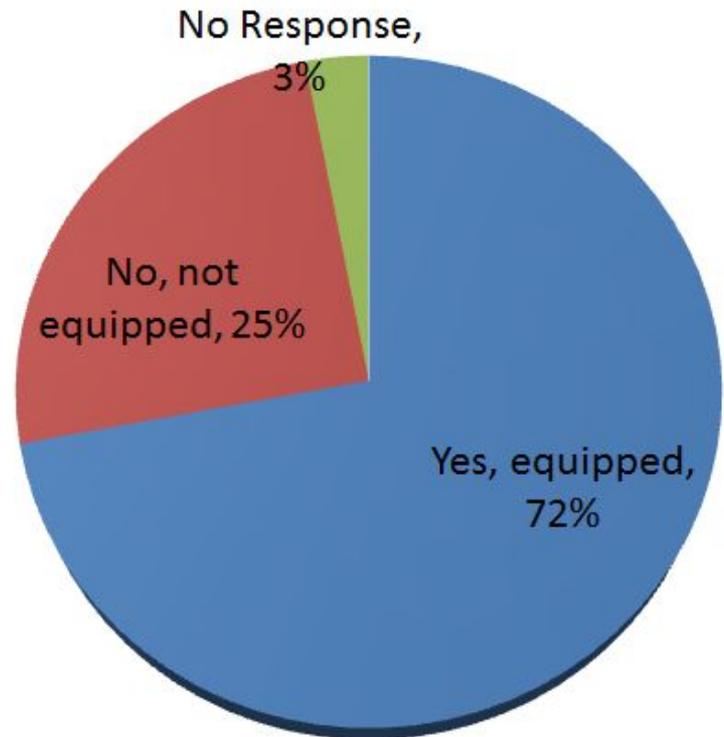
HOW COMFORTABLE TO DISCUSS ISSUES OF DIVERSITY AND INCLUSION





DO YOU FEEL EQUIPPED TO MENTOR URM?

- Not equipped - 25%
- What skills or tools would you need to feel more equipped to enhance diversity and inclusiveness?
 - A Formalized Division within Department
 - More Teaching, particularly specific training in URM mentorship
 - List of local resources and outlets
 - More input from URM staff and physicians
 - More time spent with URM





Themes Identified

- D&I valued highly
- DCFM was diverse and inclusive
- Comfortable environment to discuss D&I issues
- Despite feeling “equipped to mentor URMs,” individuals still wanted more tools to enhance D&I in the department



Recruitment/Retention of URM Faculty

- Faculty diversity has been a Departmental Priority
- No URM Physician Faculty until 1996
- Currently - Highest complement of URM Faculty in history of DFCM
- 11% of all current DFCM faculty are URM (6)
- All Faculty Members recruited from within our own institution
 - 4 Completed Faculty Development Fellowships
 - 1 is Assistant Dean of Diversity and Student Diversity Programs
 - 1 is Core Resident Faculty



Brainstorm?

- How to you train/teach someone on how to mentor URM's?
- How do we get people invested in learning?
- What is in the literature that we can apply?
- What are some things that are working well at your institutions?

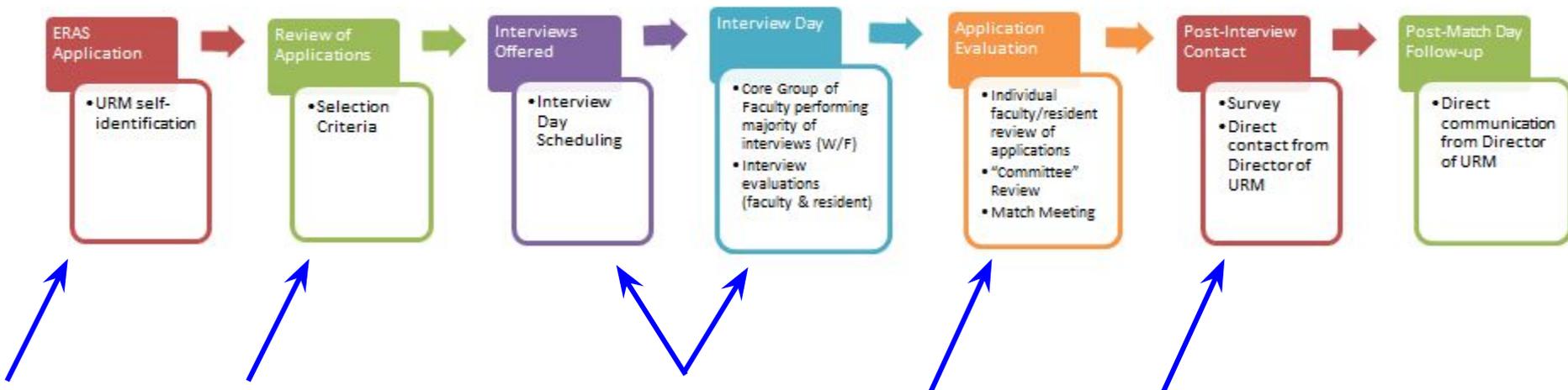


Reflections/What We've Learned

Discussion



Resident Recruitment Process (Revisited)



Conference
Recruitment Fairs?

Visiting Student
Clerkship?

Promotional material
on internet?



Next Steps

- Repeat self-assessments q3 years given resident/faculty/staff turnover
- Formalize mentorship
 - Training/workshops to address needs
- Evaluation of fellowships?
- Staff Inclusion
- Make D&I a core pillar of departmental programming
 - Formal curriculum for both residents and faculty
- Faculty D&I leader more involved in residency recruitment process
- Formalize process for URM students to meet URM faculty during interview day
- Recruitment and Retainment of residents/fellows
- Administrative Support for these initiatives

“Knowing is not enough; we must apply.
Willing is not enough; we must do.”
—Goethe

Toolbox

- Review the definitions of Diversity & Inclusion
 - Understand the role they have in your department
- Create and administer departmental self-reflection survey assessment
 - Identify and address areas of weakness
- Emphasize diversity in recruitment at all levels
 - Review/evaluate/amend strategic approach
- Evaluate need for D&I curriculum at resident/faculty/staff level
- Make D&I a core pillar within departments of family medicine

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Questions?

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