AIAMC National Initiative VIII Capstone Presentations Cohort One

Workforce Development

March 24th (2:10-4:30pm)

Sound Emporium A

Cohort One

- Ascension St. Vincent/Good Sam
- Aurora Health Care (Academic Affairs and GI)
- Billings Clinic
- Cedars-Sinai
- Lahey Clinic
- TriHealth
- UnityPoint Health - Des Moines

Capstone Questions

- What did you hope to accomplish?
- What were you able to accomplish?
- Knowing what you know now, what might you do differently?
- Success Factors:

  The most successful part of our work was…

  We were inspired by…

NI VIII Meeting Four – Capstone Presentation
Cohort One: Workforce Development

Impact of a new Internal Medicine residency in improving access to care and medical student recruitment in rural Southwest Indiana

Dr. Roudi Bachar, MBBS MSc

Dr. Shawn Gill, MD

Dr. Adrian Singson, MD FACP

Dr. Robert Ficalora, MD FACP

Q1. What did you hope to accomplish?

- Our project had two arms: A Post-Discharge Clinic arm and a Medical Student Recruitment arm.

- In the Post-Discharge Clinic Arm, our goal was to address the access to care deficits in the Evansville community in Southwest Indiana through the use of a residency-driven Post-Discharge Clinic. By doing so, we would address care deficits to at-risk populations.

- In the Medical Student Recruitment Arm, our goal was to enhance medical student matriculation to Southwest Indiana to address the lack of future physi to the region.

Q2. What were you able to accomplish?

IUSW Medical Student Recruitment and Allocation

Total student

120
100
80
60
40
20
0

2016-2017
2017-2018
2018-2019
2019-2020
2020-2021
2021-2022

FIGURE 1

IUSW Teaching Site MS
IUSW Total MS
IUSW NTS MS

All Sites C	Pre-residency	Post residency
Mean (students per site)	10.45	18.7
SD	7.21	10.06
SEM	1.61	3.18
N	20	10
p=0.0151		
STV + GSH		
Mean	13.25	32.25
SD	14.68	11.73
SEM	5.19	5.86
p=0.0492		
NTS		
Mean (per year)	12.88	14.5
SD	12.14	12.87
SEM	4.29	6.44
p=0.8343		

Q2. What were you able to accomplish?

1A	PDC	%	RFP	%	x2 value (p)
GENDER	6063		2097		0.03 (0.84)
Male	3343	55.14	1151	54.89	
Female	2720	44.86	946	45.11	
ETHNICITY	n	%	n	%	32.92 (<0.01)
White	4836	79.76	1671	79.69	
African-American	835	13.77	224	10.68	
Other	392	6.47	202	9.63	
AGE	n	%	n	%	386.90 (<0.01)
18-64	3327	54.87	989	47.16	
65-75	1439	23.73	606	28.90	
76+	1297	21.39	502	23.94	
INSURANCE TYPES	n	%	n	%	94.93 (<0.01)
Medicare	2725	44.94	1125	53.65	
Medicaid/Self Pay	1367	22.55	274	13.07	
Commercial	1971	32.51	698	33.29	

B	Patients Recruited	
Gender	917	
Male	523	57.03
Female	394	42.97
Ethnicity	n	%
White	694	75.68
African-American	139	26.58
Other	84	21.32
Age	n	%
18-64	443	48.31
65-75	272	29.66
76+	202	22.03
Insurance Types	n	%
Medicare	536	58.45
Medicaid/Self Pay	130	14.18
Commercial	251	27.37

Q3. Knowing what you know now, what might you do differently?

- Our biggest barrier was accessing a dataset for the Post Discharge Clinic baseline and post-intervention data within a large hospital system.

- We had originally thought the appropriate pathway was through the system's Quality Office, but we were unable to get useful help for several months.

- At the last AIAMC meeting, we had an epiphany while listening to the keynote speaker, Daniel Burrus. It led to the insight of "asking the right question."

- We instead asked a practice manager closer to the workflow for the same dataset and they retrieved it easily.

Q4. Cohort One – Success Factors

- The most successful part of our work was…
- With the Post Discharge Clinic Project, we found exciting successes in that underserved minority populations were being recruited to the Residency Faculty Practice via the Post Discharge Clinic.
  - These are populations challenged by access to care issues who needed PCPs.
  - As a result, we've impacted 2,000 patients over the last 2 years since inception of the program.
- With the Medical Student Recruitment Project, we found statistically significant increases in medical students rotating in Southwest Indiana and, specifically, in rotations where IM residents led academic teams.
  - Before the start of the IM residency program, medical students only had one-on-one experiences with attendings.

Q4. Cohort One – Success Factors

- We were inspired by…
- We were most excited by the data collection and the Post Discharge Clinic dataset we were able to obtain during the course of NI8.
  - It is a resource for many future projects for other residents and publications beyond just ours.
  - The biggest impact are future prospective studies and opportunities that could come from the dataset we've found.

- We were also inspired by the increased access to underserved minority populations by academic care teams that was previously unavailable to the Southwest Indiana region before the IM program took over the Post Discharge Clinic.

Response – NAC and other members

QUESTIONS

National Initiative

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AiAMC
Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort One: Workforce Development

From GRIT to GREAT
It's a Never-Ending Story to Create Inclusion

Jacob Bidwell MD

Deborah Simpson PhD, Kristin Ouweneel MBA,

Theresa Frederick, Tricia La Fratta MBA, Esmeralda Santana C-TAGME,

Wilhelm Lehmann MD, MPH, Kjersti Knox MD, Nicole Salvo MD

Office of Academic Affairs

Ni National Initiative

Q1. What did you hope to accomplish?

- To create an inclusive Clinical Learning Environment
  - Recognized that microaggressions are destructive
  - Recognized that patients were major source – yet system had limited policies (compared to teammates)
  - Some learners and faculty lacked problem recognition
    - All (almost) lacked tools to stand up
  - Advocate for Patient Code of Conduct

Ultimate Goal: Creating & Sustaining Upstanders

Q2. What were you able to accomplish?

- Selected & adapted an approach
- Created "instruction" via PRESS
  - Assumption: Stated that most senior person in the (not the recipient)
  - Piloted multiple versions and keep revising as we learn!
- Facilitator Guide
- *CE module – with annotated "scenarios"

Q3. Knowing what you know now, what might you do differently?

- **Realize** it is on-going resource intensive work
  - Requires a ‘team’
  - Livingston PRES**S** “Sacrifice” – need to decompress – need peers (+ Jack D?)
- **Realize how BIG a problem** microaggressions are – and how atrocious /egregious / nasty! (Its 2023!!)
- **Incorporated “debrief”** into GRIT-D (Gather Your Thoughts, Restate, Inquire, Talk it Out)
- **Incorporate “Source Training”** in follow-up sessions
  - How to receive when you are the source

Q4. Cohort #1 – Success Factors

The most successful part of our work was…

- **Receptiveness & Appreciative**: How many people stepped up to help and how important
- **Creating scenarios with words** to practice / simple memorable with infographic left with (consistent resource- didn't change)
- **Senior education (and system) leaders** – across continuum committed with actions (zero tolerance)

We were inspired by…

- **Valued by participants;** thank you's from students, residents, faculty "Did you start this because I told you about…" Participants felt empowered with a tool?

Response – NAC and other members

QUESTIONS

National Initiative

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NI VIII Meeting Four – Capstone Presentation
Cohort One: Workforce Development

Lack of Preventative Care in IBD Patients

Jayal Mehta, DO; Nadia Huq, MD; Lilani Perera, MD;
David Hamel, MD; Aziz Abdul Siddiqui, MD; Nicole Pitchford, RMA

Gastroenterology Fellowship

Milwaukee, WI

National Initiative

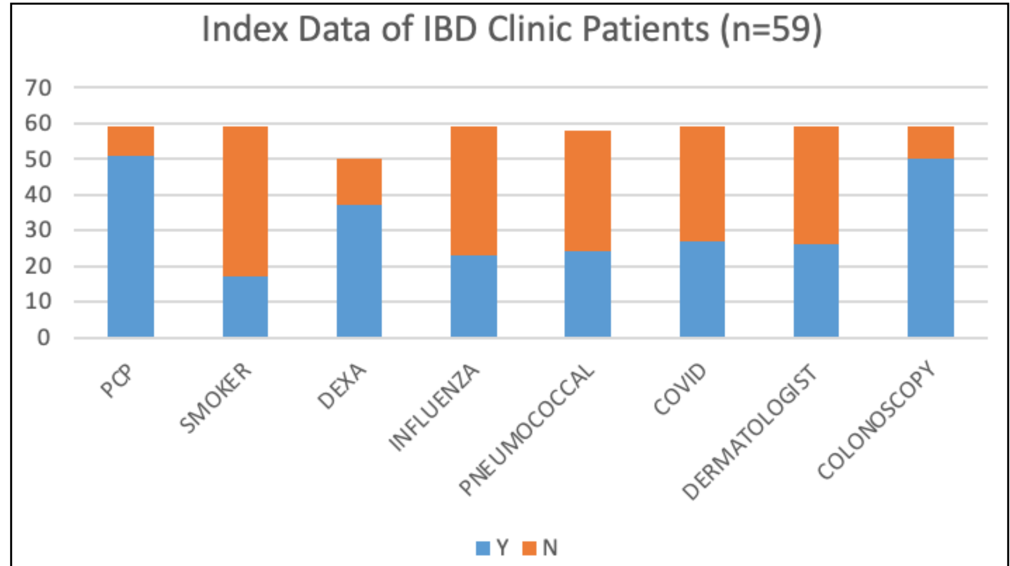
Q1. What did you hope to accomplish?

- Identify patients with IBD in our outpatient IBD clinic with a clear gap in preventative care
- Offer preventative interventions during clinic visit to tackle disparity gap:

- **GOAL** 90% completion rate in 1 yr

Q2. What were you able to accomplish?

- Index data collection to determine the following
  - No significant improvement in % of patients receiving preventative care
  - No significant rise in referrals placed during fellow-run IBD clinic
  - No improvement in established primary care physician



Q3. Knowing what you know now, what might you do differently?

- Implement a more streamlined method to determine patients in need of intervention and counseling
  - Dot phrase
- Set up periodic reminder sessions to prompt IBD clinic care providers to discuss preventative care topics with patients

Q4. Cohort #1 – Success Factors

The most successful part of our work was…

- Collaborating on various levels to determine how to overcome a specific problem for improved patient care while maintaining efficiency through the clinic flow

We were inspired by…

- The changes from our other participating NI VIII teams/clinicians

QUESTIONS

National Initiative

NI VIII Meeting Four – Capstone Presentation
Cohort One: Workforce Development

Giving and Receiving Welcome

Brittany Christensen, MD; Ginny Mohl, MD, PhD; Sara Agostinelli, EdD;
Ashley Dennis, PhD; Kristina McComas; Sarah Hall;
Josiah Hugs; Steve Gerstner, MD; Kathy Glenn

Q1. What did you hope to accomplish?

- *Billings Clinic strives to be always welcoming and inclusive, which requires that we give and receive welcome in all interactions with our patients, their families, and our communities. By creating a safe environment, we can ensure our patients are informed, heard, and cared for during their most vulnerable moments.*
- *The Billings Clinic NI VIII team will create an educational curriculum for our medical residents to prepare them for clinical rotations on Native American Reservations. Additionally, we will create educational opportunities for our workforce across Billings Clinic as it related to giving and receiving welcome with underrepresented populations that we serve. Our goal is to develop a workforce that is highly skilled in cultural inclusion, and able to both care for others, understand the richness that diversity provides a community, and we can create a sense of belonging for all within our healthcare system.*

Q2. What were you able to accomplish?

- *We were able to offer two educational series; one focused on Native American patient education and one focused on LGBTQ+ patient education*

Post-assessment data from 6-part LGBTQ+ series	Out of possible 5
Information enhanced knowledge	4.803
Information provided new ideas	4.80
Addressed competencies identified by my specialty	4.78

Post-assessment data from 2-part Native American series	Out of possible 3
Information enhanced knowledge	2.78
Information provided new ideas	2.78
Addressed competencies identified by my specialty	2.52

Q3. Knowing what you know now, what might you do differently?

- Our main barrier was related to external presenters. We have been able to shift some of this work internally with additional education of our Native American Liaison. This way we can utilize internal content experts that understand our graduate medical education needs.
- Other barriers were related to structural issues within our EMR. Separately from this project we were able to make needed changes in the EMR, allowing for future research projects on Health Equity for our Residents.

Q4. Cohort One – Success Factors

The most successful part of our work was…

- *One of the largest successes, was actually work that we did to the side of our planned project. Participating in the NI VIII allowed us to hear ideas and desires from our residents. When we had to shift, due to being unable to collect necessary data, this motivated us to make changes to our EMR. While what we accomplished was a "success", being able to better meet the needs of future health equity research ideas from residents was a huge victory for our organization.*

We were inspired by…

- *The ideas generated from our resident Brittany Christensen, MD. She had a solid improvement idea that would directly benefit our Native American patients. While we were unable to do that project at this time, ideas from our residents were used to improve our entire electronic medical record.*

Response – NAC and other members

QUESTIONS

National Initiative

NI VIII Meeting Four – Capstone Presentation
Cohort One: Workforce Development

Resident DEI Ambassador Program

Nicole Van Groningen, Mark Noah, Denise Gallagher, Nicole Mitchell, Lindsey Ross, Betsy McGaughey, Nishita Jain, Jennifer Harris, Roberto Gonzalez Huerta, Ausitn Momii

Q1. What did you hope to accomplish?

- Cedars-Sinai serves a highly diverse patient population, but our current trainee workforce does not mirror the racial and ethnic diversity of the patients that we serve. Increasing diversity and inclusion in our workforce is a top institutional priority.
- To this end, our project focused on creating the Resident DEI Ambassador Program, which we hoped would not only promote inclusion within our residency programs but also help increase the diversity of our housestaff by promoting recruitment of residency candidates from underrepresented backgrounds.

Q2. What were you able to accomplish?

We established the inaugural DEI Ambassador Program in June 2022, which will run form from July 2022 to June 2023.

Resident DEI Ambassadors have the following responsibilities:

- Lead a DEI-related initiative or project within their program
- Meet bi-monthly with other ambassadors and program faculty to learn about upcoming activities (offered by the Office of Diversity and Inclusion), provide updates on progress of their individual initiatives, and brainstorm ideas on how to build a diverse and inclusive environment within each of our training programs
- Serve as a resource to prospective residency candidates, which may include reaching out to interested applicants, answering questions, and making connections during recruitment season
- Serve as a resource to current co-residents by communicating and promoting DEI events, programming, and offerings (typically hosted by the Office of Diversity and Inclusion)

Key Accomplishments:

- 18 residents joined the program, who were nominated by their respective program directors
- All but one resident have been engaged in some capacity within their respective programs on an initiative to promote diversity and inclusion
- Secured funding to provide a $1,000 stipend for resident ambassadors; 3 of the 4 installments of the stipend have been provided to date
- 6 meetings held to date
- Ambassador program gained visibility in larger medical center after it was highlighted in our health system-wide newsletter
- Ambassadors have been active in many virtual recruitment events, both at the individual program level and at the institutional level, including a Cedars Sinai Residency Open House and the LMSA Residency Fair

Q3. Knowing what you know now, what might you do differently?

- We asked program directors to select their respective ambassadors according to their preference, which could have been by asking for residents to self-nominate if they were interested, by appointing residents who they thought would perform well in the role.

- For the minority of residents who did not engage in any meaningful way with the program, a key reason may have been that they were asked to participate instead of taking initiative to participate.

- To get the most engaged residents, it may have been better to hold a formal application process in order to select for highly motivated individuals. In the next iteration of this program, we will hold a formal application process.

- In addition, based on resident feedback, we will plan out each meeting with speakers and content that contributes to their own knowledge and education about D&I and provides them with resources they may need to implement their initiatives.

Cedars Sinai

New Ambassador Program Seeks to Strengthen Diversity

As the first one in his family to go to college or even get a high school degree, Daniel Delgadillo III, MD, for years has enthusiastically supported fellow students from underrepresented backgrounds.

He did that in college and again in medical school. Now he's providing that help once more, while in his final year at Cedars-Sinai as a resident in general surgery. Delgadillo, who identifies as Mexican American, is one of 18 Cedars-Sinai residents serving in the recently launched Resident Diversity, Equity and Inclusion (DEI) Ambassador Program.

With the introduction of the program, residents who may have felt isolated in the past now know they have colleagues of similar backgrounds "always there to help out," Delgadillo said. "This," he added, "is a huge step in the right direction."

One aim of the program—a joint initiative of Graduate Medical Education and the Office of Diversity and Inclusion—is to help attract and retain more

Stephen Avila, MD

Response – NAC and other members

QUESTIONS

National Initiative

Beth Israel Lahey Health
Lahey Hospital & Medical Center

AiAMC
Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort One: Workforce Development

Decreasing Microaggressions in the Clinical Learning Environment

Karim Hamawy, MD; Beth Lovell, MD; Anne Mosenthal, MD

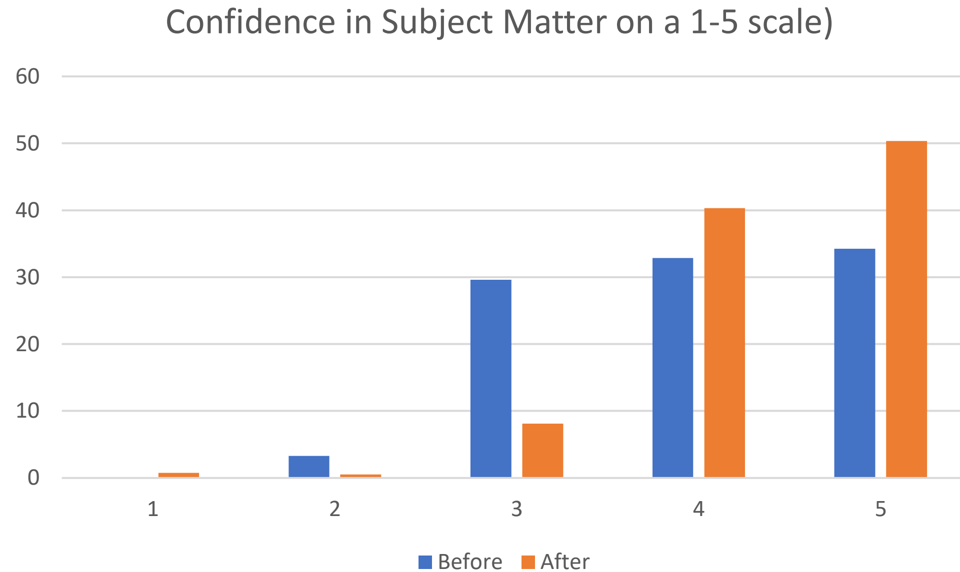
National Initiative

Q1. What did you hope to accomplish?

- We hoped to create a welcoming environment for all to participate in research, education and high-quality care for our patients.
- The first step was raising awareness of our own biases and giving staff and providers the skills to combat bias in their daily interactions with patients and each other.
- We hired an outside group to lead an *Inclusion in Healthcare* course with didactics and small groups.
- All participants were sent an anonymous post-course survey.

Q2. What were you able to accomplish?

- 317 colleagues participated in the JEDI training sessions
- 97 colleagues completed the survey (response rate 30.9%)



Decreases in 2&3 = Increases in 4&5

Q3. Knowing what you know now, what might you do differently?

- Earlier commitment from the C-suite
  - Identify one person to be the project champion instead of having vague approval
  - We didn't have a designated person until month 13/18
  - Unclear budget
- Identify a new project administrator when we learned that ours was leaving the organization
- More resident involvement

Q4. Cohort One – Success Factors

- The most successful part of our work was engaging hospital administration in a concrete step to advance JEDI in our organization. They gave us $80,000 to hire the consulting group.

- We were inspired by the number of positive comments we received on the feedback surveys
  - "It was eye opening to hear some of the shocking things...done over the years"
  - "Useful hearing from other colleagues (about) their diverse experiences"
  - "It made it ok to talk about difficult/uncomfortable topics"
  - "The session validated concerns within the workplace"
  - "Time was too short"

There is still work to do

- "I don't feel like I gained any usable skills form this session"
- "I left unsure of what the purpose of this 2 hr. meeting was"
- "Examples and concepts skewed heavily towards the Black/African American communities"
- "Sadly, the intent of the course was obvious. A member of the...executive made it clear that the intent of this course was driven by corporate profit. This felt to me like a CYA course."
- "I personally am offended by the message this class sends"
- "Two hours is too long"

Response – NAC and other members

QUESTIONS

National Initiative

NI VIII Meeting Four – Capstone Presentation
Cohort One: Workforce Development

Increasing Diversity of TriHealth's Physician Workforce through DEI-Focused Recruitment Methods

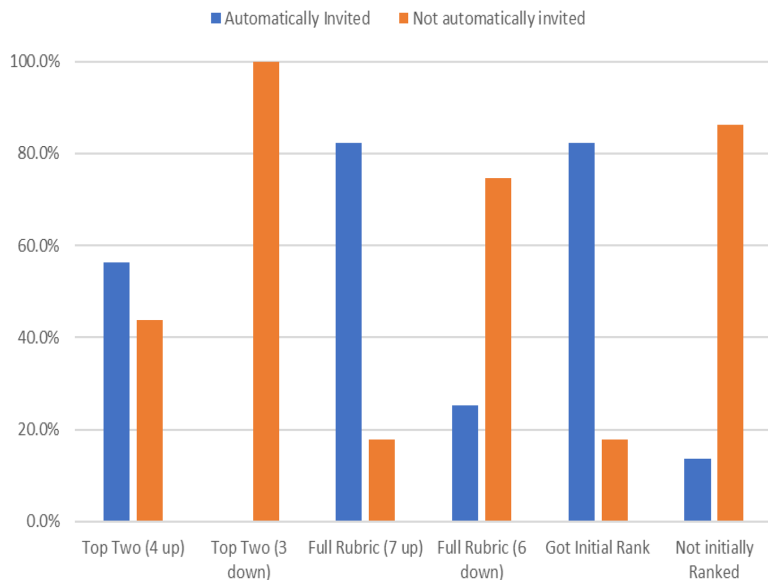
Elizabeth Beiter, MD; Mikaela Moore, MD; Angela N Fellner, PhD CCRP; Ridhima Vemula, MD; Becky Fleig, MEd; Roosevelt Walker, MD; Nima Patel, MD; Steven Johnson, MD

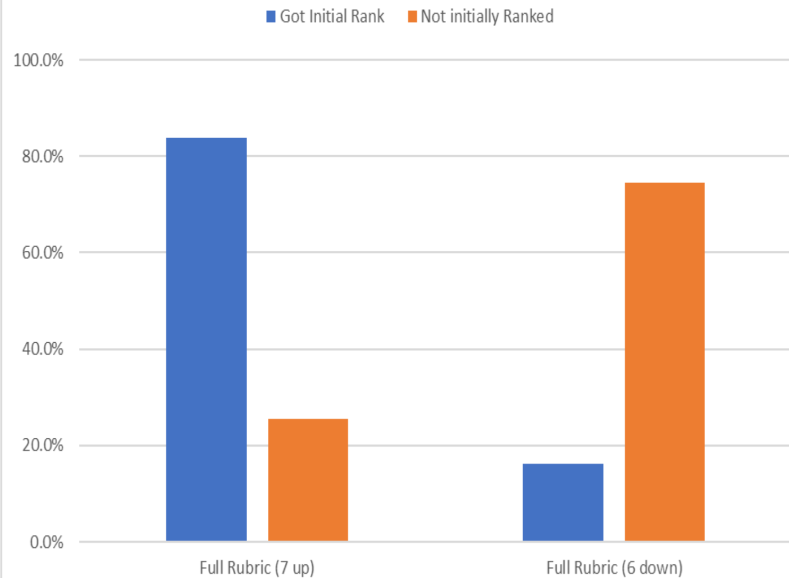
Q1. What did you hope to accomplish?

- **Vision statement:** We want TriHealth Residency programs to be the premier training destination for a diverse physician workforce.
- **Mission Statement:** We will accomplish this through strategies focused on creating and maintaining a culture of inclusivity and community engagement; and through redefined recruitment strategies in our GME programs.
  - We will partner with office of DEI+B to engage GME in system opportunities and training.
  - We will work with our GME Diversity Action Council and House Staff Association to develop community engagement opportunities for GME.
  - We will develop a holistic application review process and pilot it in the Family Medicine Residency program for Match 2023.

Q2. What were you able to accomplish?

- Developed and piloted a holistic application review process for Match 2023 in Family Medicine Residency program.
  - Were able to demonstrate high reliability of a 2-question screen, which allowed for quick review and invitation for 2/3 of our interview slots.
  - Full rubric score correlated highly with initial rank position on the rank list.
- We continue our partnership with Meharry Medical College for PGY 3 rotations in our 4 core GME programs.
  - OBGYN interviewed the first student from Meharry, who had previously rotated as a PGY 3
- We have better aligned the House Staff Association and the GME Diversity Action Council.
- We sent residents from 2 of our GME programs to the regional SNMA conference to recruit future residents.
- We continue to work with our office of DEI+B and will have core GME faculty certified as Implicit Bias and Culture of Belonging group facilitators for the organization.


Invited based on Top Two
Automatically Invited
Not automatically invited
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Top Two (4 up)
Top Two (3 down)
Full Rubric (7 up)
Full Rubric (6 down)
Got Initial Rank
Not initially Ranked


Invited based on Full Rubric
Got Initial Rank
Not initially Ranked
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
Full Rubric (7 up)
Full Rubric (6 down)

Ni

Q3. Knowing what you know now, what might you do differently?

- Still appreciable differences between our GME programs of what the definition of Underrepresented Minority in medicine is. Need consensus across our GME programs so we can collect accurate data moving forward.
- Because our project required IRB approval, we were not able to change the application review process during the match cycle.
- As we reviewed applications, we identified several areas that will be updated in the next match year.
    - Better stratification of academic scoring.
    - Score for student interest alignment with program training strengths (i.e. obesity medicine, sports medicine)
    - Include a "demonstrated interest score" similar to some undergraduate admission programs.
        - Or incorporate new ERAS signaling options into review process
- While this work is important to help reduce bias in the interview selection process, there are still too few under-represented minority candidates in the applicant pool.
    - More than half of the URM applicants had significant academic struggles (more than one failure on each step, incomplete applications, significant gaps in training, or graduation year more than 3 years ago).
    - More work needed on increasing the number of URMs in medical school.
        - Increased efforts to mentor and support these students in strengthening their applications.

Q4. Cohort One – Success Factors

- Successful deployment of a holistic application review rubric.
  - HIGH accuracy of a 2-question screen to allow rapid review of a majority of applications.
  - Confirmation in data that this process did increase interviews to candidates in the "intermediate" application scores.

- We were inspired by…
  - *Increased engagement from all GME programs in our system, strengthened partnerships for future work with our office of DEI+B, the many strengths, experiences, and goals in the applicants comin in family medicine!*

Response – NAC and other members

QUESTIONS

National Initiative

NI VIII Meeting Four – Capstone Presentation
Cohort One: Workforce Development

Inspiring Future Doctors of Iowa by Developing a Representative Healthcare Workforce through Medical Education Mentor/Mentee Experiences

Chanteau Ayers, Hayden Smith, Heather Isaacson, Christopher McCarthy,
Anesa Buchanan, Rachel Gustafson, Vanessa Calderon, William Yost

Q1. What did you hope to accomplish?

Create a bridge to information and experiences related to healthcare careers for local youth from under-represented populations to impact the future healthcare workforce.

Q2. What were you able to accomplish?

Established a new physician mentoring program that connects local high school students and doctors providing:

- > Academic and career guidance toward becoming a doctor;
- > Access to hospital shadowing opportunities to experience healthcare settings and physician activities.

Q3. Knowing what you know now, what might you do differently?

- Start the application process sooner.
- Ensure that all participants (physicians and high school students) attend the kickoff meeting.
- Collect onboarding documents within two weeks of accepting participants.

Q4. Cohort One – Success Factors

- The most successful part of our work was…

  having a representative from the high school on our team.

- We were inspired by…

  physician interest and level of engagement.

At a glance (17 High School Students Applied – 10 Accepted)

	Applied	Accepted	Withdrew	Participating
Female	12	7	0	7
Male	5	4	1	3

	Applied	Accepted	Withdrew	Participating
Junior	10	5	0	5
Senior	7	6	1	5

Response – NAC and other members

QUESTIONS

National Initiative

Facilitator: Please Ask Your Group:

If we were to describe in ONE WORD what we have learned from these Capstone presentations, what would that word be?

I will share this word in our closing session, which starts at 4:45 in Symphony III. See you there!

Ni National Initiative