Learn
Serve
Lead

JEDI in GME

Philip M. Alberti, PhD
Senior Director, Health Equity Research & Policy
Founding Director, AAMC Center for Health Justice

July 7, 2022

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10 PLANS FOR ACTION

No. 1
Strengthen the Medical Education Continuum for Transformed Health Care and Learning Environments

No. 2
Extend the AAMC's Leadership Role in Helping Students Progress Through Their Medical Professional Journey

No. 3
Equip Medical Schools and Teaching Hospitals and Health Systems to Become More Inclusive, Equitable Organizations

No. 4
Increase Significantly the Number of Diverse Medical School Applicants and Matriculants

No. 5
Strengthen the Nation's Commitment to Medical Research and the Research Community

No. 6
Enhance the Skills and Capacity of People in Academic Medicine

No. 7
Improve Access to Health Care for All

No. 8
Advance Knowledge Through the AAMC Research and Action Institute

No. 9
Launch the AAMC as a National Leader in Health Equity and Health Justice

No. 10
Adapt the AAMC to the Changing Needs of Academic Medicine

A Healthier Future for All: The AAMC Strategic Plan | AAMC

Call for Learning Resources

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Diversity, Equity and Inclusion Competencies

Domain II: EQUITY

Refers to fairness and justice and is distinguished from equality. While equality means providing the same to all, equity requires recognizing that we do not all start from the same place because power is unevenly distributed. The process is ongoing, requiring us to identify and overcome uneven distribution of power as well as intentional and unintentional barriers arising from bias or structural root causes.[1]

Medical Student Graduate / Entering Residency or New to DEI journey	Resident Graduate / Entering Practice or Advancing along DEI journey *All prior competencies +*	Faculty Physician / Teaching and Leading or Continuing DEI journey *All prior competencies +*
Mitigating Stigma, Implicit, and Explicit Biases Practices that mitigate implicit and explicit attitudes or stereotypes in favor of or against one person or group compared with another. Biases may influence attitudes and behaviors adversely, leading to discriminatory practices, especially when clinicians and educators are faced with external pressure or limited time.		
1a. Articulates how one's own identities, power, and privileges (e.g., professional hierarchy, culture, class, gender, etc.) influence interactions with patients, families, communities, and members of the health care team	1b. Seeks and acts upon feedback regarding how one's own identities, power, and privileges influence patients, families, communities, and members of the health care team	1c. Role models and teaches how to engage in reflective practices related to individual identities, power, and privileges to improve interactions with patients, families, communities, and members of the health care team
2a. Demonstrates knowledge about the role of explicit and implicit bias in delivery of high-quality care[6]	2b. Identifies and mitigates explicit and implicit biases that occur in clinical decision making[3]	2c. Role models effective strategies to mitigate explicit and implicit biases that may negatively affect clinical decision making[3]

[Competency-Based Medical Education (CBME) | AAMC]

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AAMC

New and Emerging Areas in Medicine Series

Quality Improvement and Patient Safety Competencies Across the Learning Continuum

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Domain III: Health Equity in QIPS

The *Health Equity in QIPS* domain is defined as the provision of high-quality, safe care to attain the highest level of health for all people. The 10 competencies in this domain are divided into the subdomains of health and health care equity in practice, reporting and using QI data for populations experiencing disparities, physician-level factors contributing to disparities in care, engaging with patients and families to develop QI interventions for populations experiencing health disparities, and physician as advocate for health equity (Table 3).

Table 3. Domain III: Health Equity in QIPS

Entering Residency (Recent Medical School Graduate)	Entering Practice (Recent Residency Graduate) *All Prior Competencies +*	Experienced Faculty Physician (3-5 Years Post-Residency) *All Prior Competencies +*
Health and Health Care Equity in Practice		
1a. Demonstrates knowledge of population and community health needs and disparities (HM-SBP2[1]). Demonstrates knowledge of local resources available to patients and patient populations with social risk factors.	1b. Participates in changing and adapting practice to provide for the needs of specific populations (HM-SBP2).	1c. Role models the use of and referral to local resources to effectively meet the needs of patients and patient populations with social risk factors.
2a. Collects data about social determinants of health when taking a patient's history.	2b. Describes how social determinants of health affect quality of care for patients experiencing disparities in health care quality.	2c. Tailors care plans around patient-specific social needs.
3a. Explains the importance of the health care system's role in identifying and prioritizing community health needs.	3b. Demonstrates knowledge of the hospital's and health system's efforts to identify and prioritize community health needs.	3c. Explores ways the health system's community health priorities can be used to inform improvement opportunities, teach these concepts, or both.
Reporting and Using QI Data for Populations Experiencing Disparities		
4a. Describes how stratification (e.g., by race/ethnicity, primary language, socioeconomic status, LGBTQ identification) of quality measures can allow for the identification of health care disparities.[2,3]	4b. Explores stratified quality-improvement (QI) data for their patient population and uses this data to identify health care disparities.	4c. Describes how monitoring stratified QI data can help assess the risk of unintended consequences (e.g., widening the disparity gap). Uses stratified QI data to guide and monitor QI interventions.[2]

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Source:
AAMC. Quality Improvement and Patient Safety Competencies Across the Learning Continuum.

AAMC
Tomorrow's Doctors, Tomorrow's Cures®

New and Emerging Areas in Medicine Series

Telehealth Competencies Across the Learning Continuum

Learn
Serve
Lead

March 2021

Association of American Medical Colleges

Domain II: Access and Equity in Telehealth

To promote equitable access to care, clinicians will understand telehealth delivery that addresses and mitigates cultural biases as well as physician bias for or against telehealth and that accounts for physical and mental disabilities and non-health-related individual and community needs and limitations (Table 2).

Table 2. Domain II: Access and Equity in Telehealth

Entering Residency (Recent Medical School Graduate)	**Entering Practice** (Recent Residency Graduate) *All Prior Competencies +*	**Experienced Faculty Physician** (3-5 Years Post-Residency) *All Prior Competencies +*
1a. Describes one's own implicit and explicit biases and their implications when considering telehealth	1b. Describes and mitigates one's own implicit and explicit biases during telehealth encounters	1c. Role models and teaches how to recognize and mitigate biases during telehealth encounters
2a. Defines how telehealth can affect health equity and mitigate or amplify gaps in access to care	2b. Leverages technology to promote health equity and mitigate gaps in access to care	2c. Promotes and advocates the use of telehealth to promote health equity and access to care and to advocate for policy change in telehealth to reduce inequities
3a. When considering telehealth, assesses the patient's needs, preferences, access to, and potential cultural, social, physical, cognitive, and linguistic and other communication barriers to technology use	3b. When considering telehealth, accommodates the patient's needs, preferences, and potential cultural, social, physical, cognitive, and linguistic and communication barriers to technology use	3c. When considering telehealth, role models how to advocate for improved access to it and accommodates the patient's needs, preferences, and potential cultural, social, physical, cognitive, and linguistic and communication barriers to technology use

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Source:
AAMC. Telehealth Competencies Across the Learning Continuum.

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FEATURED PUBLICATIONS

Opioid Use Disorder Curriculum: Preclerkship Pharmacology Case-Based Learning Session

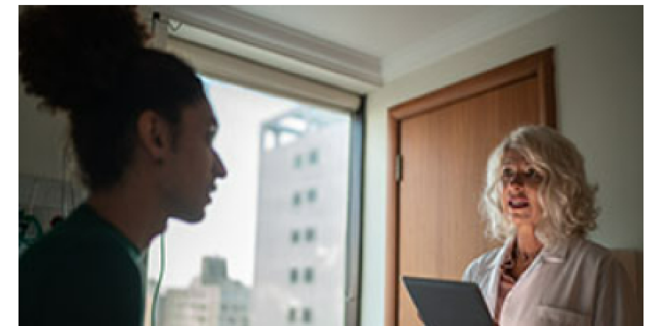
May 10, 2022

A case-based learning session for first-year medical students addresses the dearth of preclerkship medical education curricula on medications for opioid use disorder and the underlying pharmacologic principles.

Firearm Safety Counseling for Patients: An Interactive Curriculum for Trauma Providers

May 10, 2022

Firearm injuries are a major public health concern. This didactic session on firearm storage counseling for trauma providers includes a lecture and an interactive standardized patient session.



Gender-Affirming Care With Transgender and Genderqueer Patients: A Standardized Patient Case

May 20, 2022

This standardized patient case uses multiple patient iterations to portray individuals with the same health history but a different gender identity and/or sex assigned at birth so learners can practice gender-affirming care skills.

Review of all "AAMC Services"

CHOOSING A MEDICAL CAREER	APPLYING TO MEDICAL SCHOOL	ATTENDING MEDICAL SCHOOL	APPLYING TO RESIDENCY	TRAINING IN A RESIDENCY OR FELLOWSHIP
Medical Careers	Preparing for Medical School	Medical School Survival Tips	Apply Smart for Residency	Applying to Fellowships with ERAS®
Medical School 101	Taking the MCAT® Exam	Choosing a Specialty with Careers in Medicine®	Applying to Residencies with ERAS®	Training Opportunities for Residents and Fellows
Careers in Medical Research	Understanding the Process	Visiting Student Learning Opportunities™ (VSLO®)	FindAResident	Managing Your Medical Career
	Applying to Medical Research Programs	Research and Training Opportunities	Training Opportunities for Residents	

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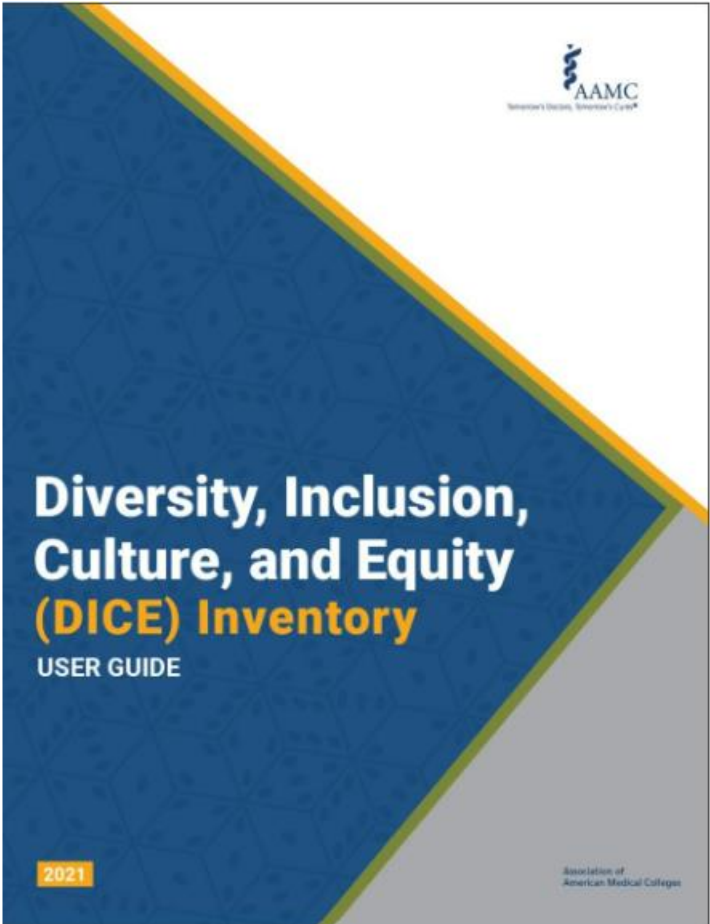
New Assessment Tools



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AAMC

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

Data for JEDI

AAMC CENTER FOR HEALTH JUSTICE

AAMC Center for Health Justice

www.aamchealthjustice.org
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HEALTH JUSTICE

Anti-Racist, -Discriminatory

Community Wisdom & Multisector Partnerships

Research → Policy Action

Benfer, E "Health Justice: A Framework (and Call to Action) for the Elimination of Health Inequity and Social Injustice" (2015) American University Law Review, Vol 65, Issue 2

- 1,200 participants and growing
- Multisector and open to all
- Action and policy-focused
- Conduit to local communities across the US

www.aamc.org/charge

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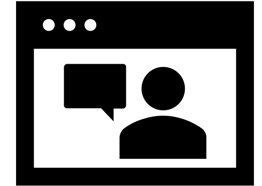
AAMC Principles of Trustworthiness

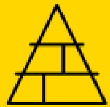
This work is partially funded by a cooperative agreement from the Centers for Disease Control and Prevention (CDC): Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats (Award # 1 NU50CK000586-01-00).

1

The community is already educated; that's why it doesn't trust you.

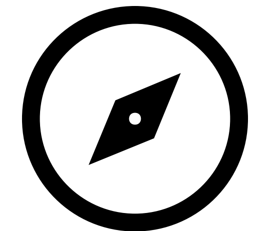
Words matter. Be mindful of how you frame your relationship. It is not your job to teach to the gaps you assume the community has. Mistrust is a rational response to actual injustice. The community knows what it doesn't know and will ask when it thinks you have answers it can trust. (This goes for "empowering" the community, too.)



2 

You are not the only experts.

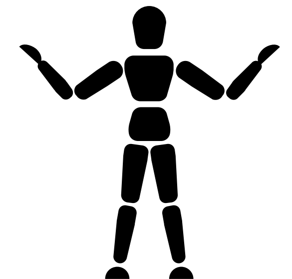
People closest to injustice are also those closest to the solutions to that injustice. (That is probably not you or your organization and, even if it is, there's a power imbalance.) Listen to people in your community. They have deployed survival tactics and strategies for decades — centuries, even. Take notes. Co-develop. Co-lead. Share power.



4

An office of community engagement is insufficient.

One full-time employee doesn't cut it. Don't jam this work into your existing diversity and inclusion office, either. Trustworthiness is not a "minority tax"; we are *all* responsible. This is systemwide, all-hands-on-deck work and, as such, should be acknowledged, incentivized, and promoted in material ways.



7

There's more than one gay bar, one "Black church," and one bodega in your community.

Not all gay people go to the club, and not all people of color go to the same church (or go at all). Know *all* of your community's assets. Visit them. Meet the patrons. Meet the leaders. Break bread and share a meal — at their tables.

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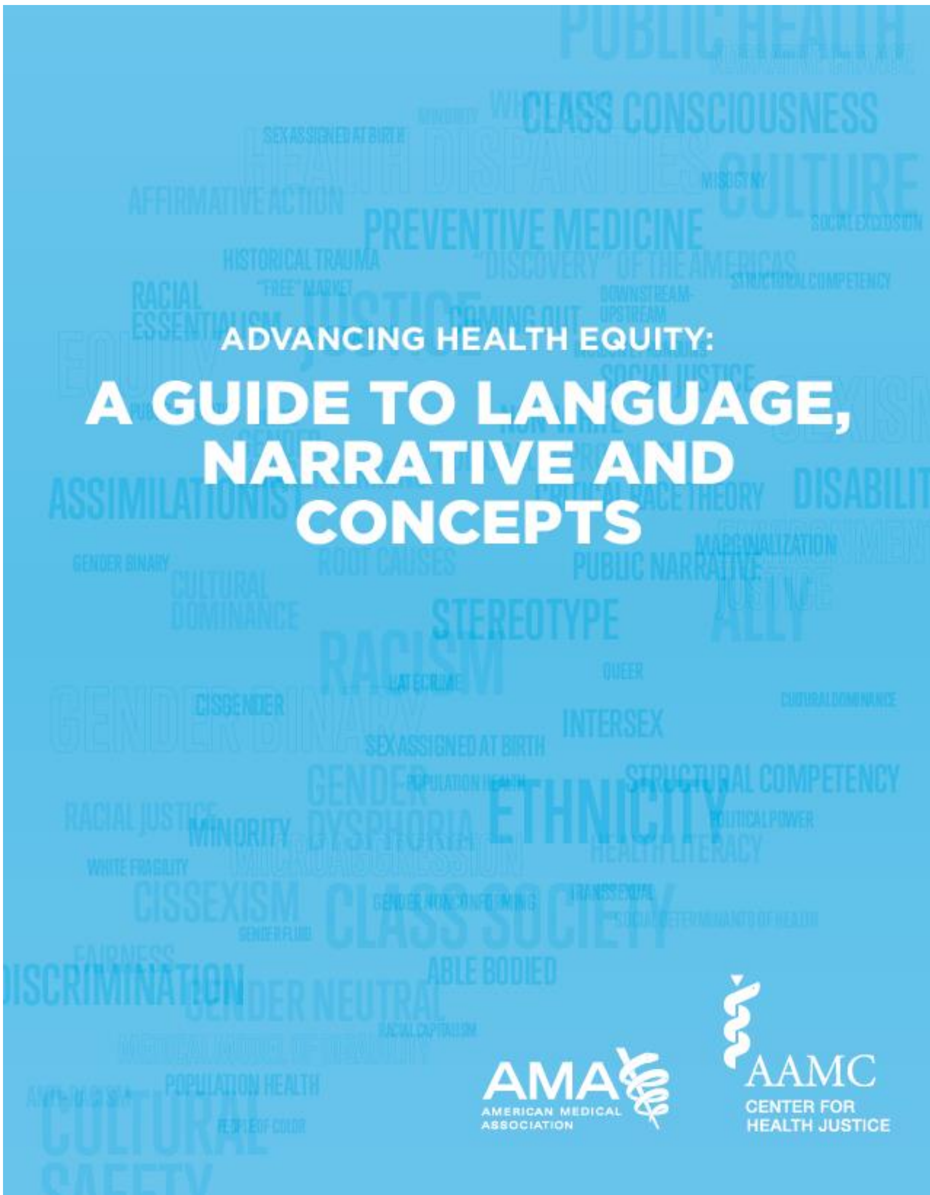

Part 1: Health equity language

This section of the guide sets out to help the reader recognize the limitations and harmful consequences of some commonly used words and phrases. In their place, we offer equity-centered alternatives.

Part 2: Why narratives matter

Dominant narratives (also called *malignant* narratives), particularly those about “race,” individualism and meritocracy, as well as narratives surrounding medicine itself, limit our understanding of the root causes of health inequities. Dominant narratives create harm, undermining public health and the advancement of health equity; they must be named, disrupted and corrected.

Part 3: Glossary of key terms

The glossary provides an overview of more than 140 key terms and concepts that are frequently used in health equity discussions.

LEADERSHIP

Our words matter. It’s time to get them right.

OCT 28, 2021

Gerald E. Harmon, MD
President

Physicians instinctively know the power of our words. They must be clear but also precis
empathy but also understanding. Above all, our words must demonstrate our competer
when counselling our patients or their families about a difficult diagnosis. Our words ma
foundational in the patient-physician relationship.

INSIGHTS | DIVERSITY AND INCLUSION | COMMUNITY ENGAGEMENT | HEALTH CARE

Words matter — especially when talking about racial and health justice in medicine

Philip Alberti, PhD, Founding Director, AAMC Center for Health Justice

October 28, 2021

The AAMC Center for Health Justice has partnered with the American Medical Association (AMA) to release a guide to language, narrative, and concepts in health equity in medicine. It's long overdue.

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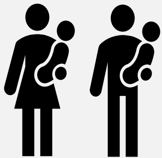
AAMC Center for Health Justice Focus Areas

Trustworthiness

Guiding health care & other organizations as they work to demonstrate they are worthy of their communities' trust

Data for Health Equity

Developing tools & advocating for the information we need to ensure communities thrive



Maternal Health Equity

Understanding health inequities for birthing people & advocating for evidence-based policy solutions

All in for Health Equity

A multisector, co-designed "experiment" to determine a new focus area for the center

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Let’s Keep in Touch

aamchealthjustice.org

healthjustice@aamc.org

@AAMCjustice

Sign up for the Center for Health Justice Newsletter

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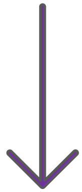
Medical Education Equity Diversity and Belonging activities

National Initiative VIII JEDI: Justice, Equity, Diversity, Inclusion

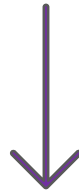
Joaquin Baca, Director of Equity, Diversity, and Belonging

July 5, 2022

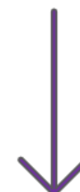
- HSS Scholars workshop
- Reimagining Residency evaluators



- Academic Coaching in Medical Education workshop



- HSS Summit
- Educator Well-being handbook



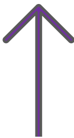
May

June

August

September

December



- Precision Education Summit
- Reimagining Residency
- Social Determinants of Health module (Ed Hub)

- ACE Fall Consortium meeting

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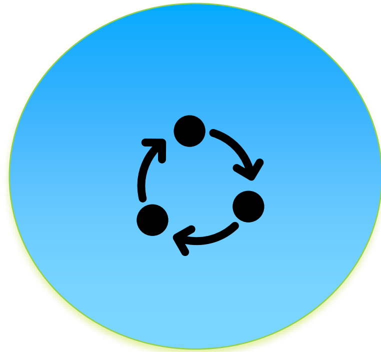
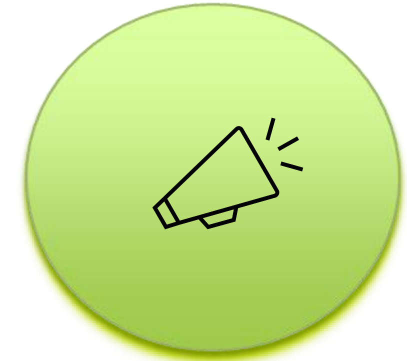
Applying an equity lens to our work



Embedding Equity, Diversity & Belonging into all work: Education programming, product reviews, presentations and strategies

Follow up to J-21 Report 5 CME: Promising Practices Among Pathway Programs to Increase Diversity in Medicine



Growing our team: Initiated search for new VP, Equity, Diversity & Belonging

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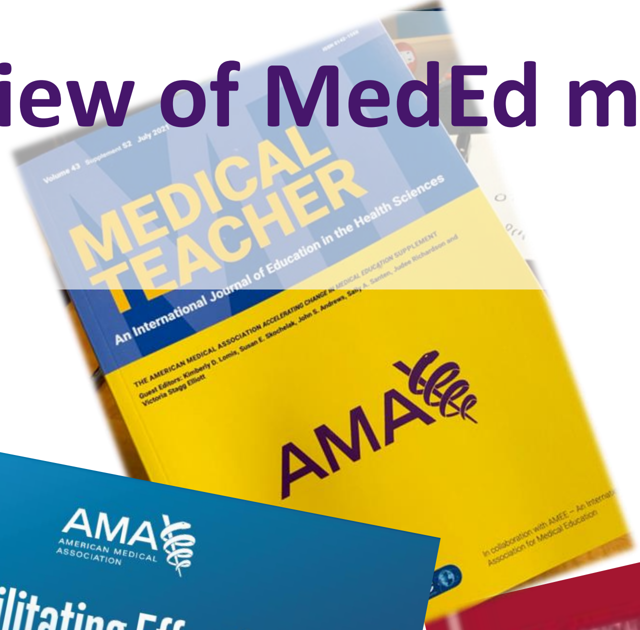
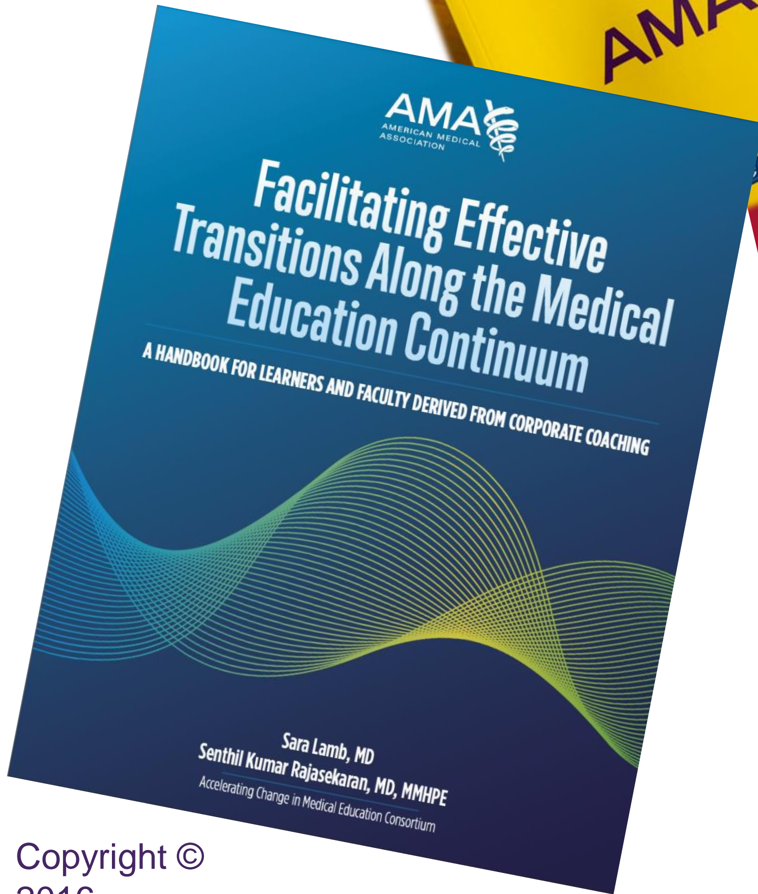
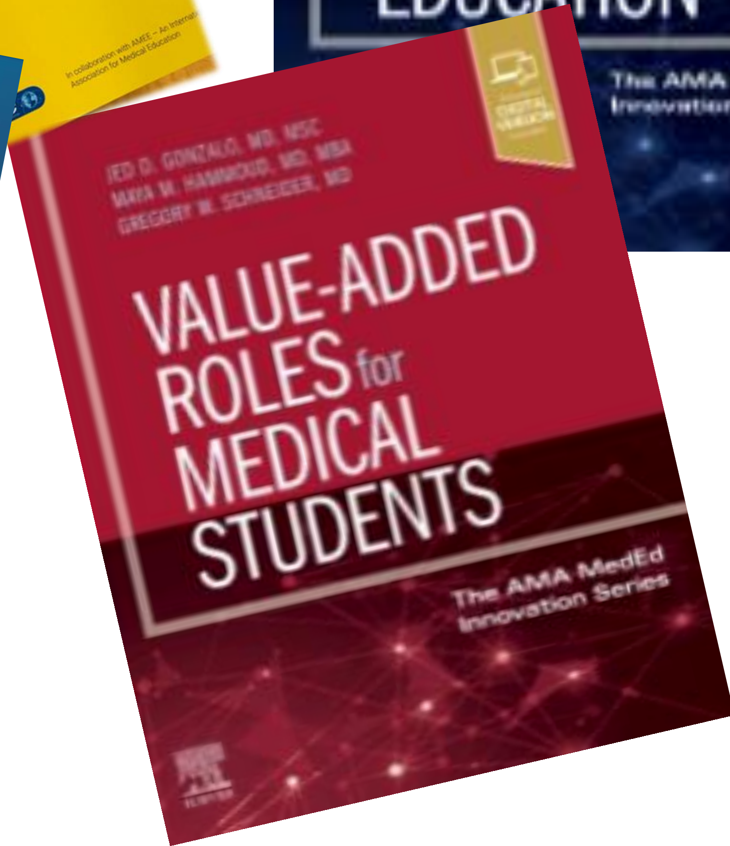
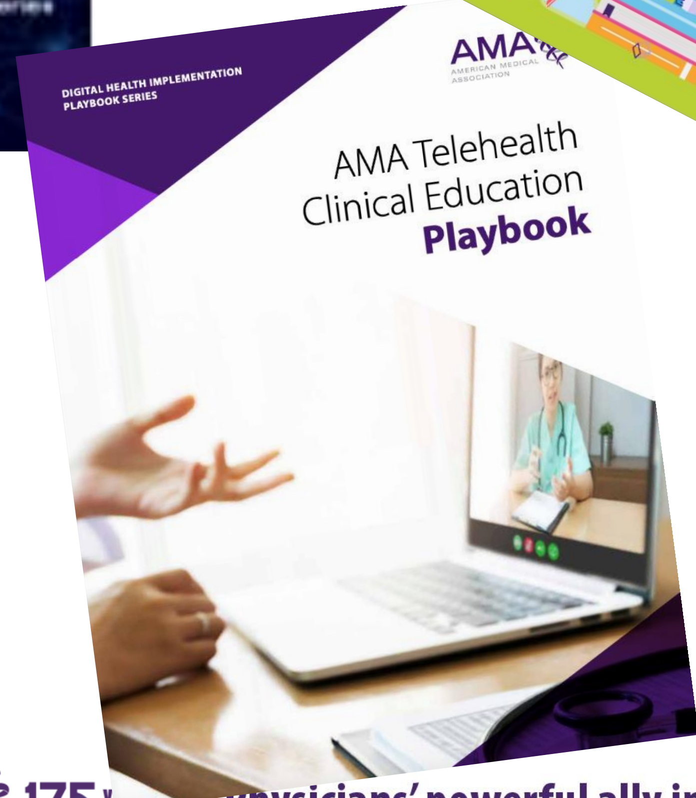
EDB Review of MedEd materials









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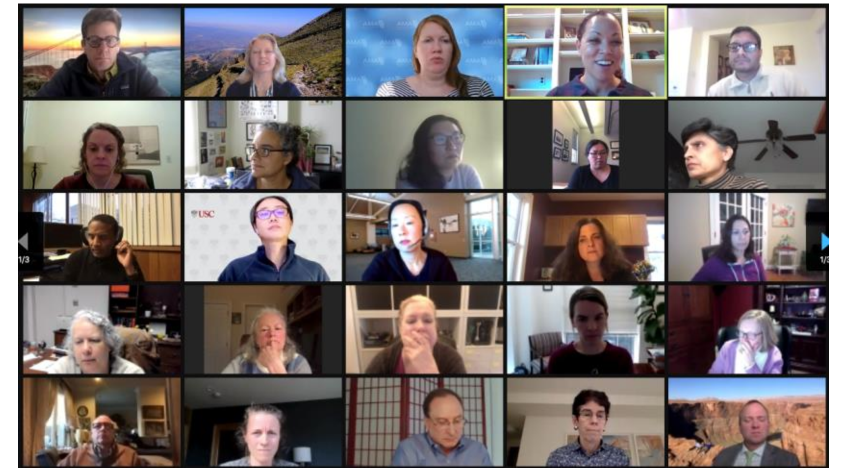
AMA Innovations in Medical Education webinar series

2022

- Removing Barriers and Facilitating Access: Supporting Trainees with Disabilities Across the Medical Education Continuum
  - Webinar slides (PDF)
- Enhancing Diversity Among Academic Physicians : Recruitment, Retention and Advancement
  - Webinar slides (PDF)



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Divergence of Health Equity and DEI in Medical Education:

Problem framing

As related to J21 CME Report 5 Res. 4

Figure 1. Timeline of legislative and policy influences on diversity in medical education

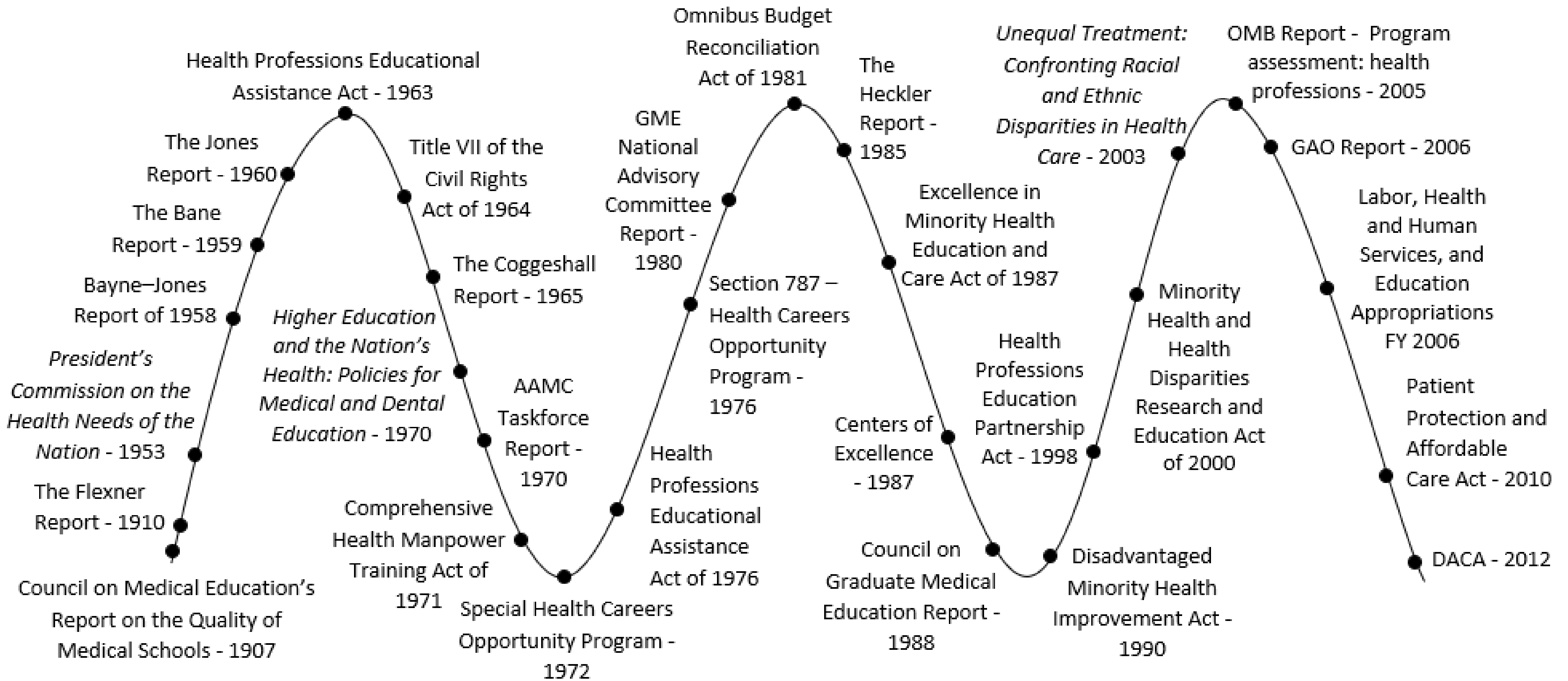

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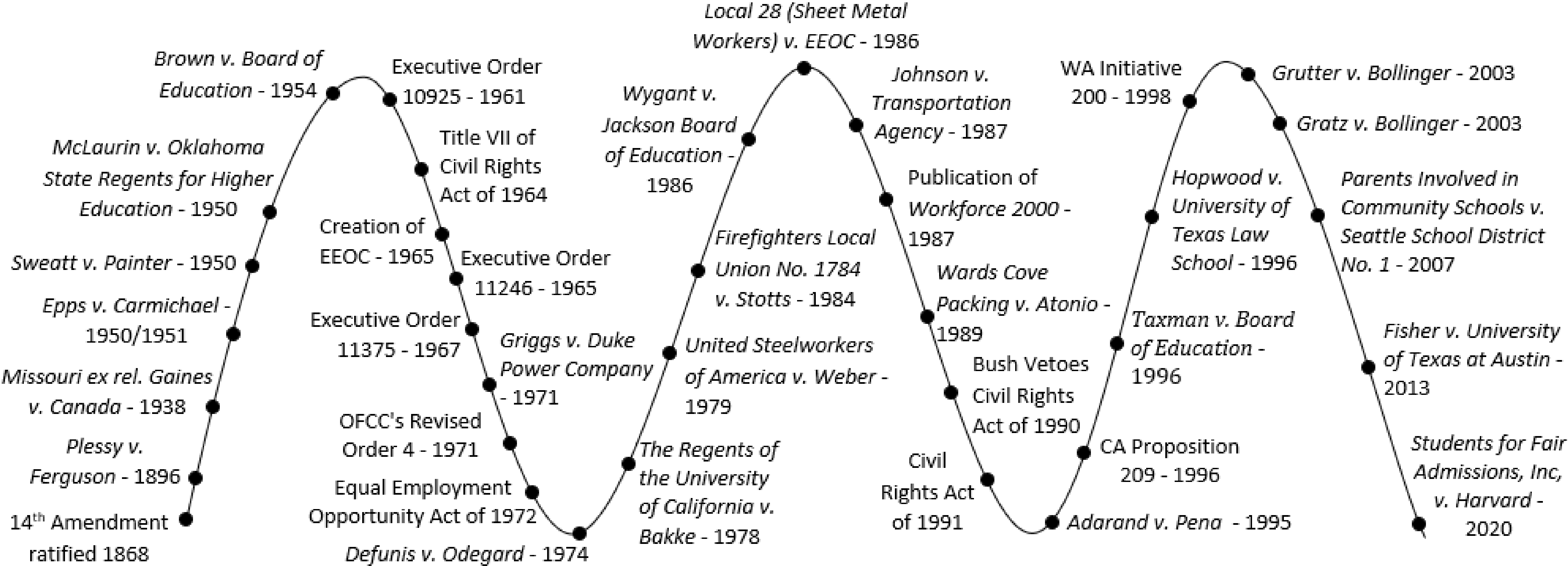
Figure 2. Timeline of legal and governmental influences on the evolution of DEI in medical education



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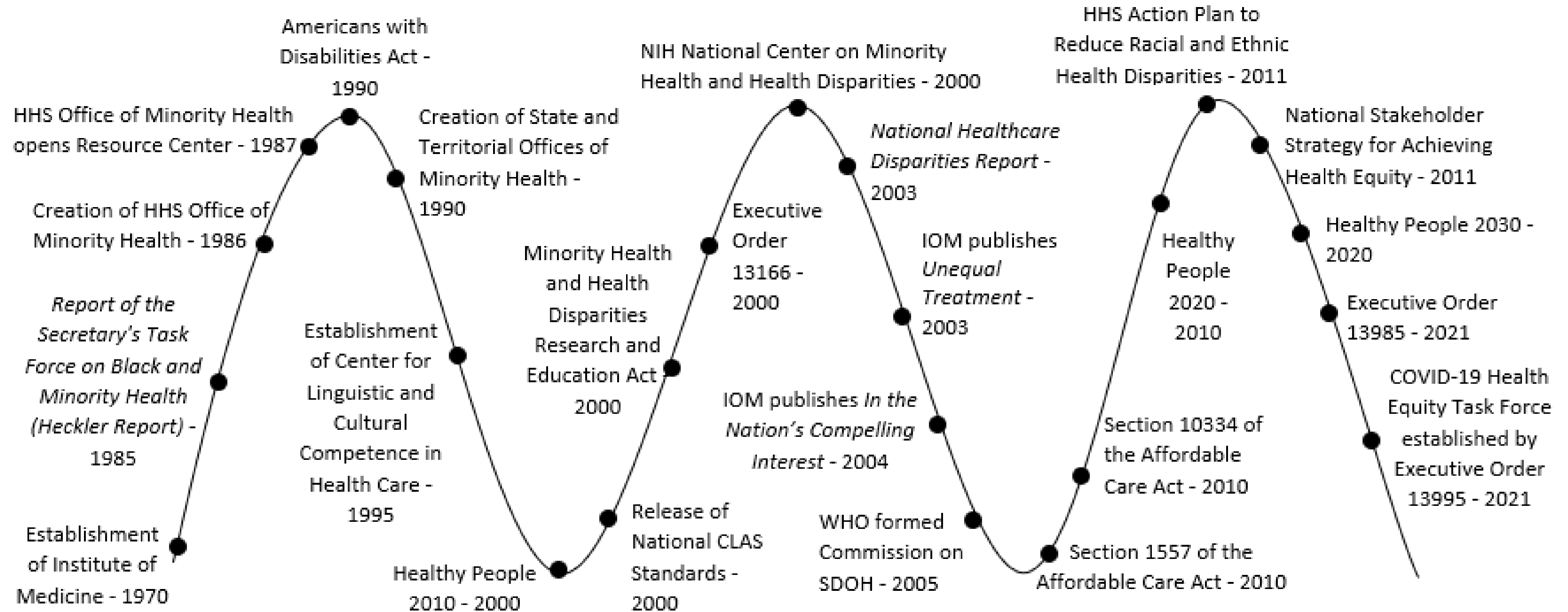
“Diversity in the medical profession is a compelling state interest because only it can ensure that minority populations will receive adequate health care.”
(DeVille, 1999, p. 1259)

How Supreme Court Rulings Constrain Diversity in MedEd

“The policy or practice that is shown to use race as a determining factor will be presumed to be unconstitutional unless the institution demonstrates (1) that the policy or practice is motivated by a **"compelling state interest"** and (2) that it is narrowly tailored to achieve that state interest.”
(DeVille, 1999, p. 1257)

Figure 3. Timeline of policy influences on development of health equity field



- The field of health equity is key to demonstrating that diversity in medical education meets the compelling state interests that are demanded by Supreme Court rulings.

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The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL REPORT

Diversity of the National Medical Student Body — Four Decades of Inequities

Devin B. Morris, B.A., Philip A. Gruppuso, M.D., Heather A. McGee, Ph.D., Anarina L. Murillo, Ph.D., Atul Grover, M.D., Ph.D., and Eli Y. Adashi, M.D.

Example of problem statement

"In 1978, Black men accounted for 3.1% of the national medical student body. By 2019, the cognate figure was 2.9%. This lack of progress is brought into sharp focus by the fact that 15% of Black men who are currently enrolled are enrolled in historically Black medical schools. Without these schools, the percentage of enrollees who are Black men would have remained a constant 2.4% for the duration of the study period." (Morris, et al., 2020)

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Protecting Diversity Programs in MedEd

“There are 3 related grounds on which diversity might be considered a "compelling state interest" in medical education:

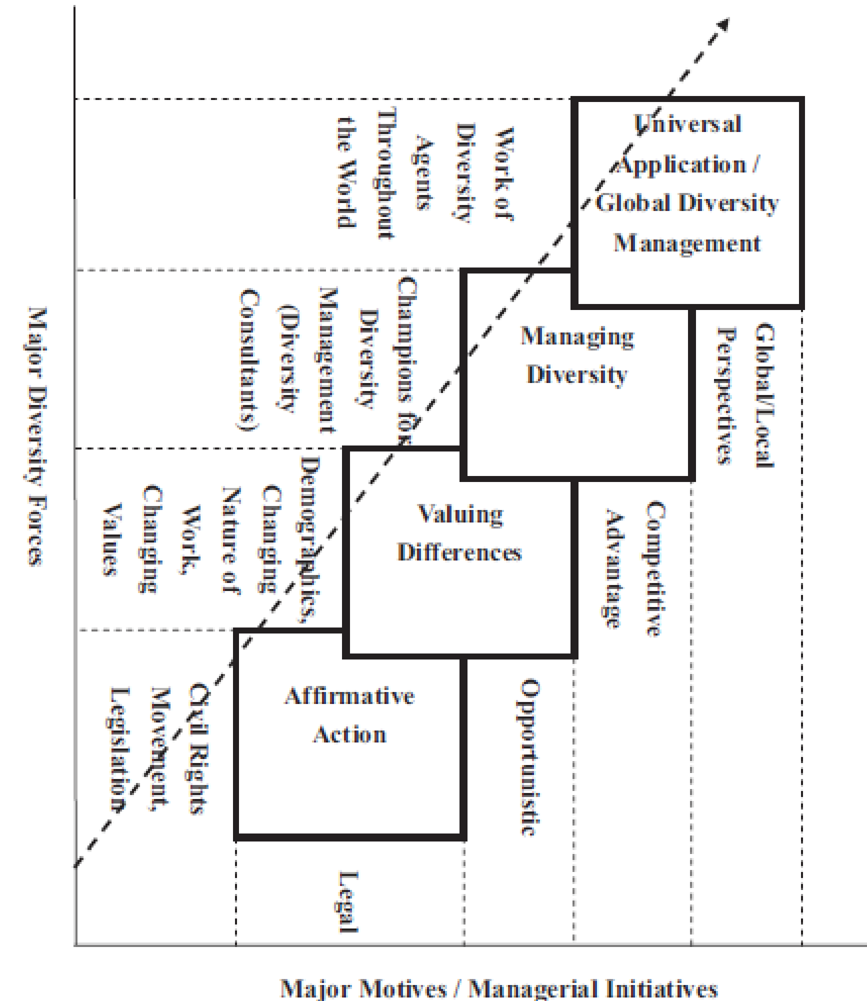
(1) that it will increase the number of physicians who serve traditionally underserved patients and specialty areas,

(2) that it promotes the robust exchange of ideas in medical education, and

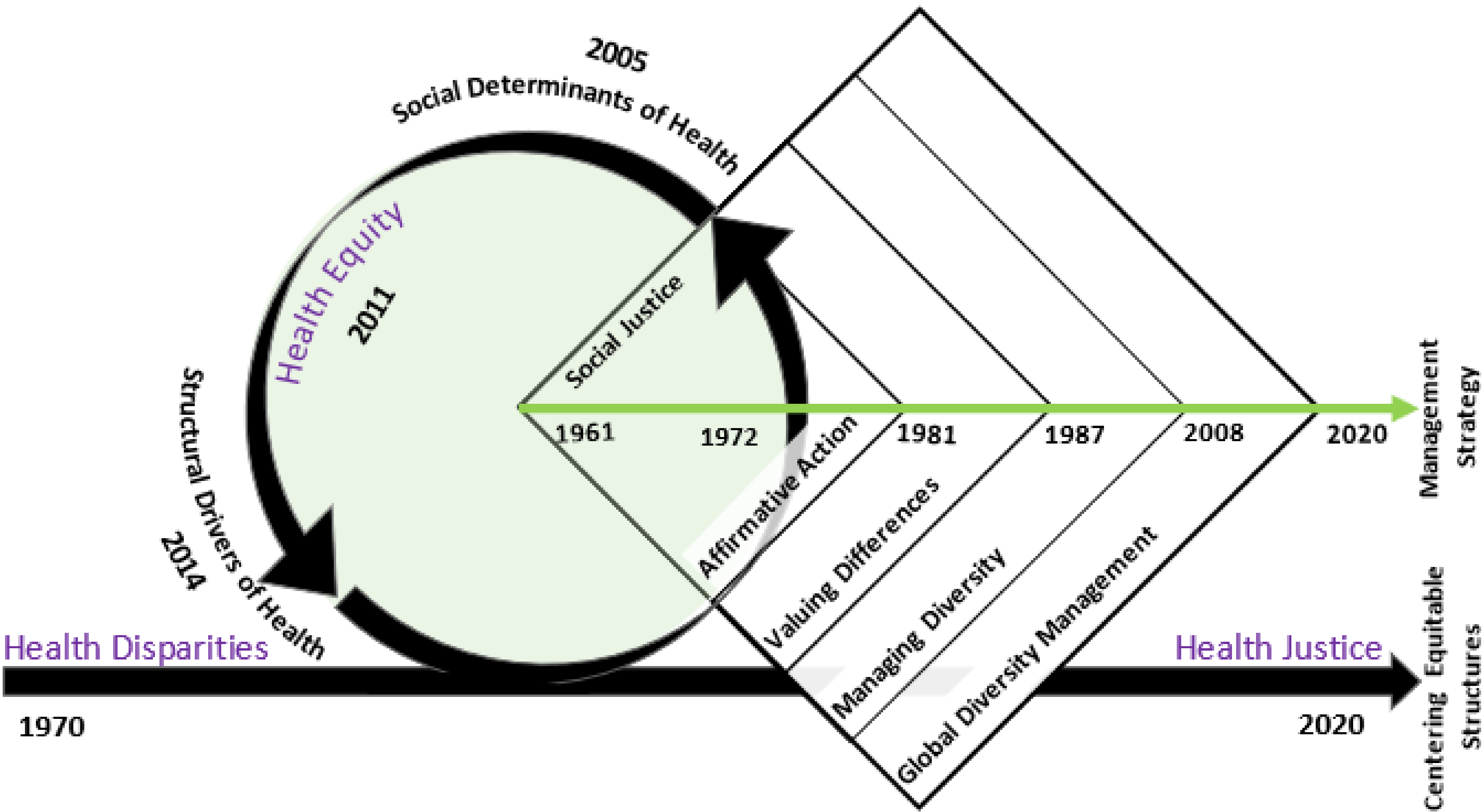
(3) that it will result in better medical care for minority patients.” (DeVille, 1999, p. 1258)

Moving from a Social Justice Approach to Human Resources Management

- 1961-1980 – Affirmative Action – taking affirmative steps to right historic wrongs
    - 1972 Federal Government can sue employers
- 1981 – Reagan Administration curtails enforcement. Affirmative Action pivots toward **valuing differences** approach expands the idea of diversity beyond the protected classes named in the Civil Rights Act.
- 1987 – *Workforce 2000* published – predicts massive demographic shifts in the workforce – human resources departments develop diversity trainings etc. as a management strategy – business case is more fully developed
- 2008 – Diversity management goes global in response to increase in multinational corporations



(McDonald, 2010, p. 4)

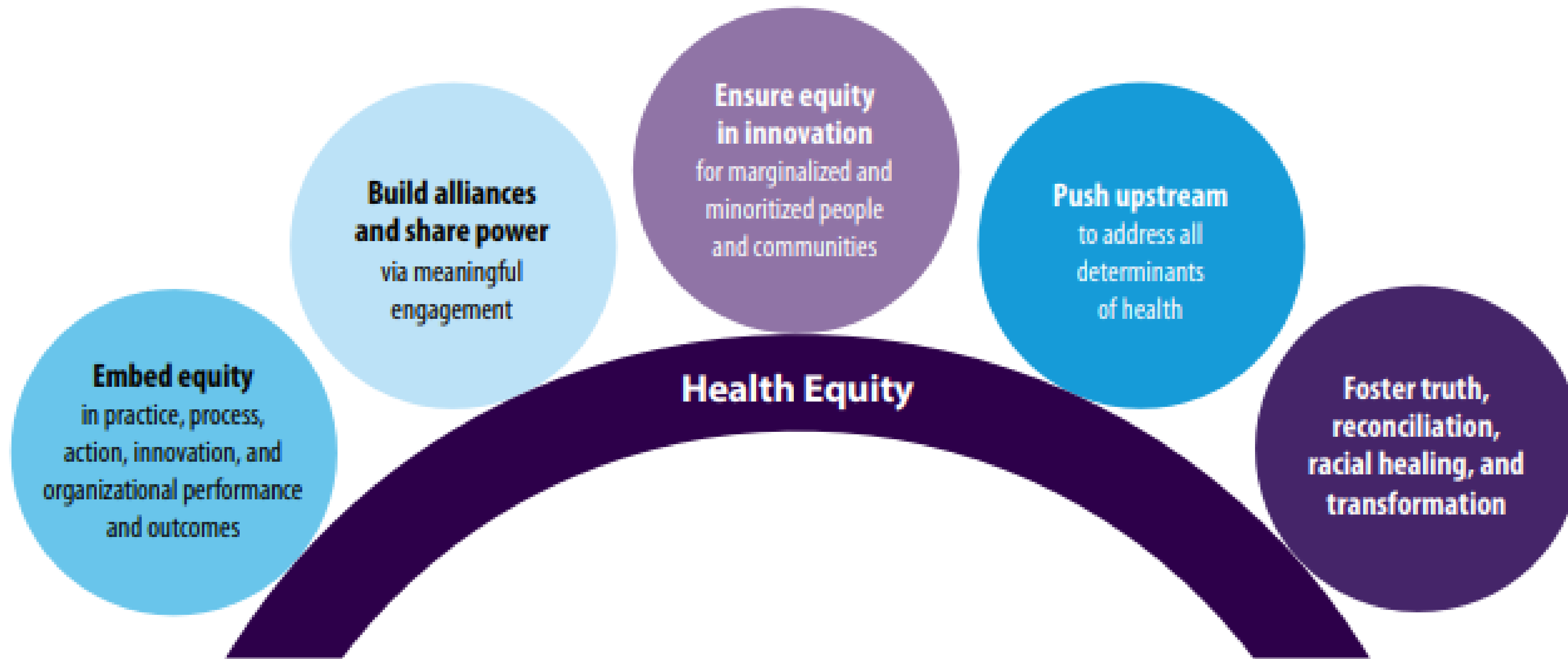

2005
Social Determinants of Health
Health Equity
2011
Structural Drivers of Health
2014
Social Justice
1961
1972
Affirmative Action
1981
Valuing Differences
1987
Managing Diversity
2008
Global Diversity Management
2020
Management Strategy
Health Disparities
Health Justice
1970
2020
Centering Equitable Structures

Potential example of problem framing

Illustrated are the three dimensions (diversity, inclusion, equity), including their documented benefits, needed for an academic health center to achieve excellence.

https://www.aamc.org/news-insights/achieving-excellence-through-equity-diversity-and-inclusion
"Achieving excellence through equity, diversity, and inclusion" by David A. Acosta, MD, Chief Diversity and Inclusion Officer - January 14, 2020

Another example of problem framing



"A diverse physician workforce **addresses healthcare disparity** while improving patient outcomes and increasing satisfaction among patients. It fosters greater innovation in health care" (Saboor, et al., 2022, p. 1)

Medical students who identify as underrepresented in medicine (UIM) are **more likely** to have intentions **to practice in underserved areas**" (Landry et al, 2021)

"Literature has shown that minority doctors are **more likely to treat minority patients**, who often live in underserved areas" (Saboor, et al., 2022, p. 1)

"Studies have shown that racial and ethnic concordance between providers and patients improves patient satisfaction and health outcomes. Further, **business studies have shown that racially diverse leadership teams outperform teams** that are more homogenous. Diversity benefits colleagues, learners, and patients by considering different perspectives and improving problem solving." (Nguyen, 2021, p. 193)

"Diversity is a major learning advantage at all educational stages. Research at the college level demonstrates that diversity contributes to the **cognitive and affective development of all students**.8–11 Longitudinal studies have shown that the positive effects of diversity persist for several years after completing college. **In fact, many of these observed benefits were more profound for White students**.8" (Clayborne et al., 2021, p. 2)

"Benefits of increasing diversity in teams include the addition of different perspectives **leading to increased innovation** and creativity, faster problem solving, improved workforce morale, and reduced burnout leading to improved patient outcomes. (Maqsood, et al., 2021, p. 1)

"Diversity and inclusion in the workplace have been widely accepted as important factors **that optimize organizational outcomes** as they have been shown **to improve innovation, increase financial performance, and maximize productivity** [4-5]. Increased diversity in medical fields has been shown to contribute to improved overall patient experience, clinical care decisions, and quality of patient care" (Bhasin, 2021, p. 1)

"The case for diversity is based on a body of evidence that supports benefits to student learning and group processes, **improved access and quality care for racial and ethnic minority patients**, and a sound business case for having a healthcare workforce that is culturally and linguistically attuned to the nation's healthcare consumers.1–3" (Green, et al., 2021)

"Although often used synonymously, diversity is not limited to race and ethnicity; it also includes other elements such as educational background, languages spoken, resilience, socioeconomic status, and geographic background. 4,5" (Green, et al., 2021)

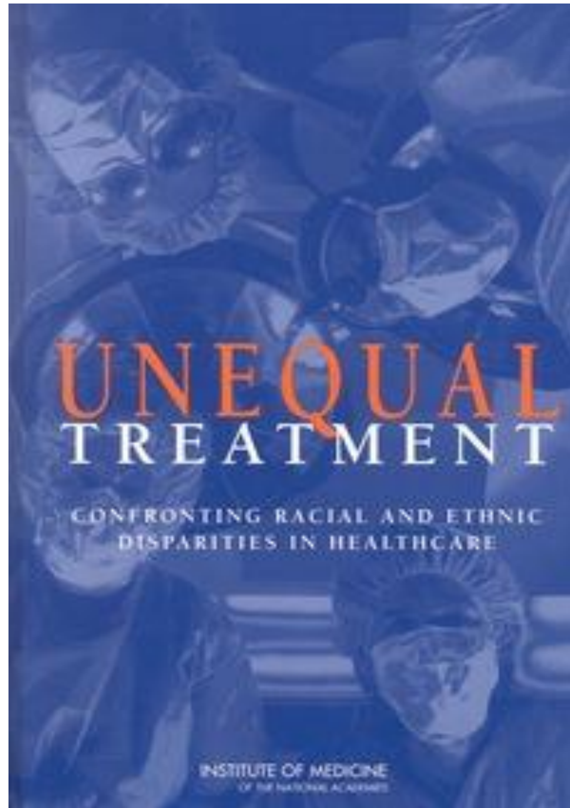
ACGME Approach to JEDI

William McDade, MD, PhD
Chief Diversity, Equity and Inclusion Officer
Accreditation Council for Graduate Medical Education
Adjunct Professor of Anesthesiology
Rush Medical College

ACGME’s path to Diversity in GME

- Formed taskforce in 2018
- Formed office in 2019
- Set a strategic areas for the work of the office:
  - Data
  - Accreditation
  - Education
  - Learning environment safety

Evidence of racial and ethnic disparities in healthcare



Nat Academy Press 2002
http://www.nap.edu/catalog/10260.html

- 584 pages detailing the extent of racial and ethnic differences in health outcomes that are not otherwise attributable to known factors such as access to health care
- **Disparities consistently found across a wide range of disease areas and clinical services**
- Disparities are found even when clinical factors, such as stage of disease presentation, co-morbidities, age, and severity of disease were adjusted
- Disparities are found across a range of clinical settings, including public and private hospitals, teaching and non-teaching hospitals, etc.
- Disparities in care are associated with higher mortality among minorities (e.g., Bach et al., 1999; Peterson et al., 1997; Bennett et al., 1995)

ACGME foundational principles in DEI

- Society must view health care disparities as a deficiency in health care quality
- Health equity is a means to achieve elimination of health care disparities
- Increasing workforce diversity is a means to achieve health equity
- Inclusion is a tool to ensure that diversity is successful

ACGME action steps

- Changed its mission to address the formative piece that programs typically lack experience and expertise in DEI
- Changed its vision to explicitly add diversity and inclusion as key elements
- Modified common program requirements to address DEI
- Developed new tools to assess programs and institutions for compliance as support the work of the review committees
- Developed learning communities to continuously improve DEI practices – ACGME Equity Matters™
- Extracting data on DEI practices from the Annual Program Update and expanding them for use for the entire GME community - ACGME Equity Matters Resource Collection (Q1 2023)

Workforce diversity matters to the elimination of health disparities

- Eliminating health care disparities is consistent with the mission of the ACGME to improve health care and population health by assessing and enhancing the quality of resident physicians' education through advancements in accreditation and education.
- ACGME envisions a health care system where the quadruple aim has been realized, aspiring to advance a transformed system of GME with global reach that is immersed in evidence-based, data-driven, clinical learning and care environments defined by excellence in clinical care, safety, cost effectiveness, professionalism, and diversity and inclusion.
- Educating physicians who are more likely to serve underserved patients and locate in minority communities increases health care access and improves trust, communication, and outcomes for those most at risk for health disparities

https://acgme.org/About-Us/Overview/Mission-Vision-and-Values Adopted by ACGME Board of Directors September 2020

ACGME action steps

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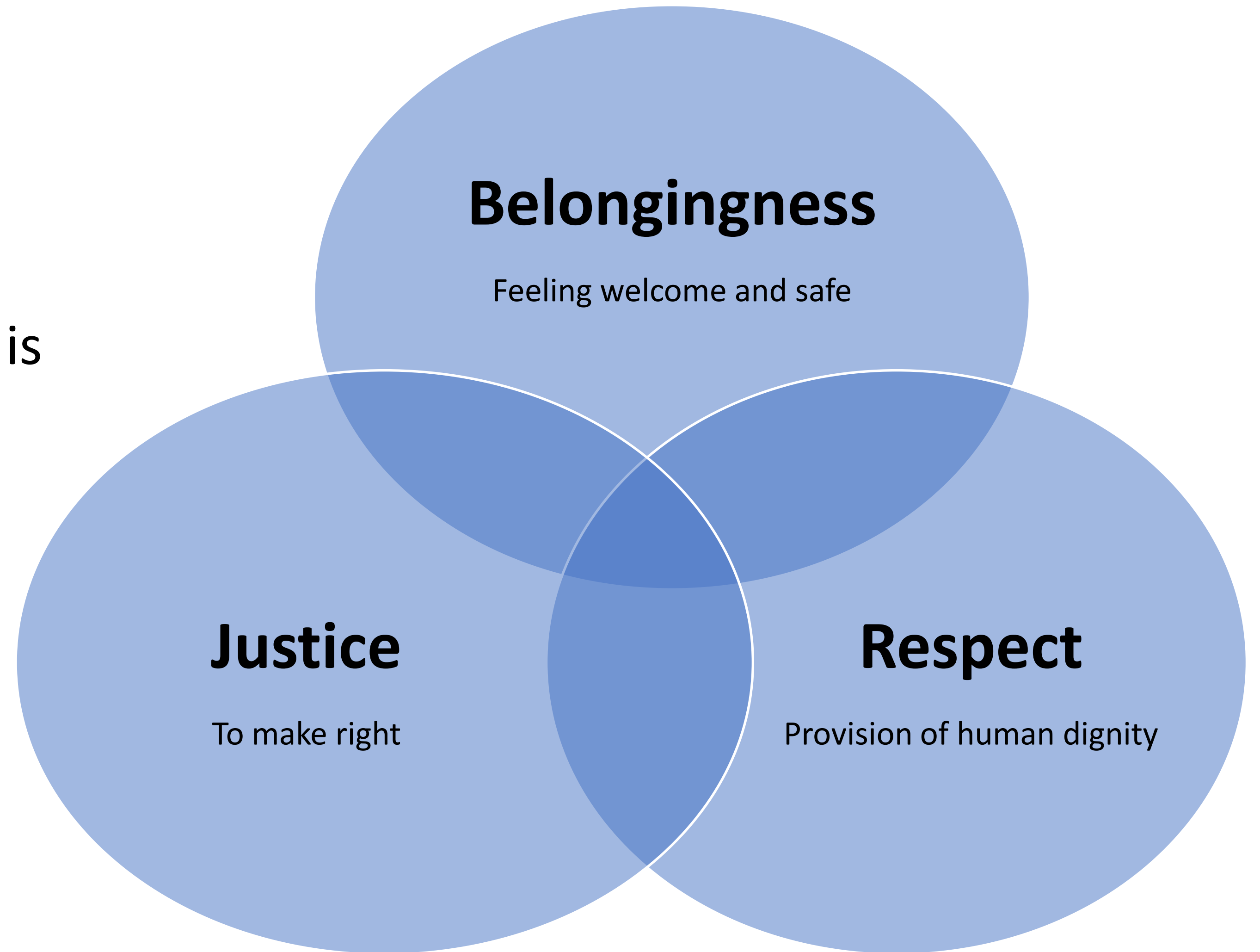
Common Program Requirement I.C.

- I.C. The Program, in partnership with its Sponsoring Institution, **must** engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. (Core)

Common Program Requirement VI.B.6.

- VI.B.6. Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. (Core)



Common Program Requirement on nonretaliation and psychological safety

- **II.A.4.a).(10)**
- A program director must provide a learning and working environment in which residents have the opportunity to raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)

Program Requirement Changes to Section V: Board Certification

Program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board

V.C.3.a)-d) Board pass rate (addresses both written and oral exams):

The program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty averaged over 3 years (or 6 years in certain specialties)

V.C.3.e) Any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that specialty.

Rolling seven-year certification rate
V.C.3.f) Programs must report board certification status annually for the cohort of board-eligible residents that graduated in the seven years earlier.

ACGME action steps

- Changed its mission to address the formative piece that programs typically lack experience and expertise in DEI
- Changed its vision to explicitly add diversity and inclusion as key elements
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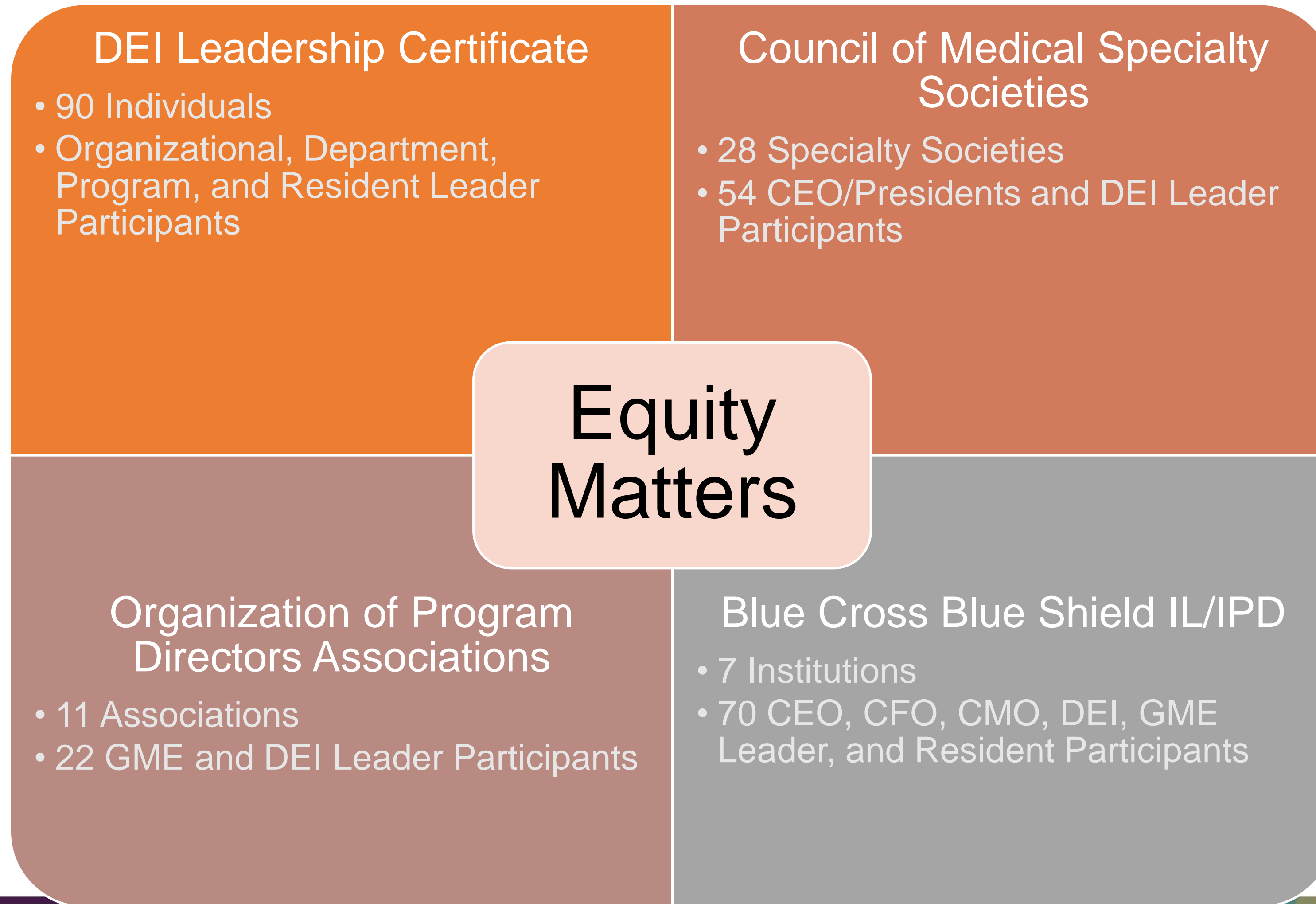
ACGME

EQUITY MATTERS™

A Continuous Learning and Process Improvement Initiative in DEI for the GME Community

4 Learning Communities – 2021-2022



ACGME EQUITY MATTERS™

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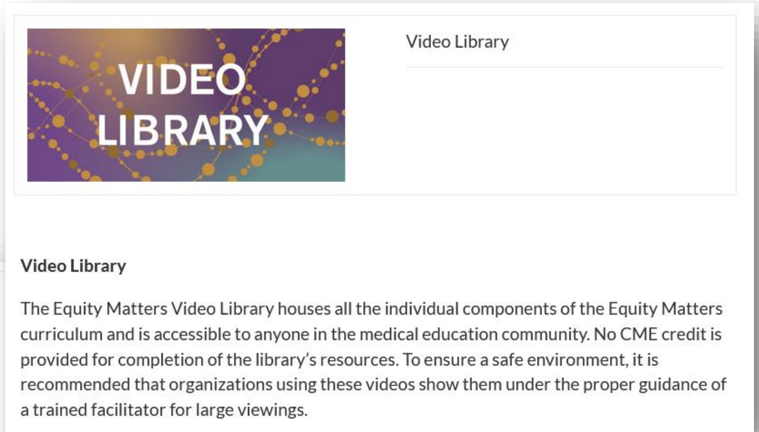
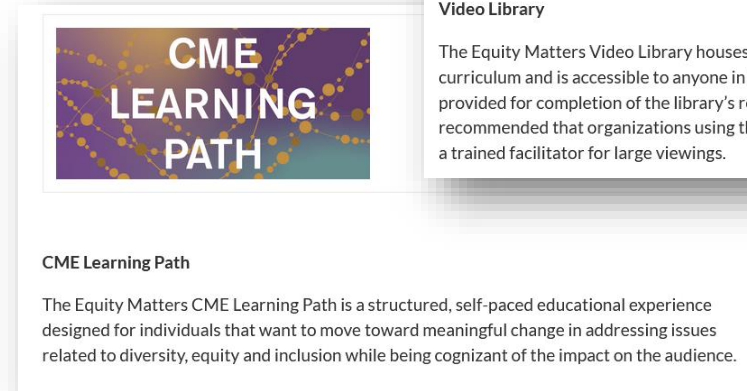
Fundamentals of DEI and antiracism learning modules

1. Trauma-Responsive Cultures Part 1 & 2
2. The History of Race in Medicine: From the Enlightenment to Flexner
3. The New History of the Intersection of Race in Medicine: Fast Forward to 2021
4. Building Safe and Courageous Spaces in GME
5. Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity
6. Gender Equity: Culture and Climate
7. Naming Racism and Moving to Action Part 1 & 2
8. Women in Medicine
9. Gender Disparities
10. Exposing Inequities and Operationalizing Racial Justice
11. Patient Safety, Value, and Healthcare Equity: Measurement Matters
12. Using a Structured Approach to Recruit Diverse Residents, Fellows, and Faculty
13. Intersectionality: A Primer
14. The Intersection of Race and Gender Oppression as Root Causes of Health Inequities
15. The Black Experience in Medicine
16. Whiteness: Power and Privilege in the Context of US Racism Part 1 & 2
17. Asian, Pacific Islander, and API American Experience
18. Latino, Hispanic, or of Spanish Origin Part 1 & 2
19. American Indian and Alaskan Natives in Medicine Part 1 & 2
20. Geography: The Impact of Place
21. Sexual Minorities
22. Gender Minorities
23. Federal Regulations
24. First-Generation & Low-Income Trainees in Medicine
25. Creating an Inclusive Environment for Muslim and Sikh Trainees
26. Creating an Inclusive Environment for Orthodox Jewish Trainees
27. Disability Accommodation in Graduate Medical Education
28. Disability Inclusion in Graduate Medical Education
29. Health Disparities in Correctional Medicine and the Justice Involved Population
30. Non-Traditional-Age: Remaining inclusive of and supporting non-traditionally-aged learners
31. Immigration and IMGs: J-1 Physicians Add Valuable Diversity
32. Undocumented Students in Medical Education
33. Language: Linguistic Diversity and Health Equity in GME
34. Dominant Culture Norms in Medical Education
35. Becoming an Ally Part 1 & 2
36. Holistic Review Part 1-4
37. Anti-Racism
38. Pronouns
39. Military and VA perspectives in the learning environment

ACGME EQUITY MATTERS™

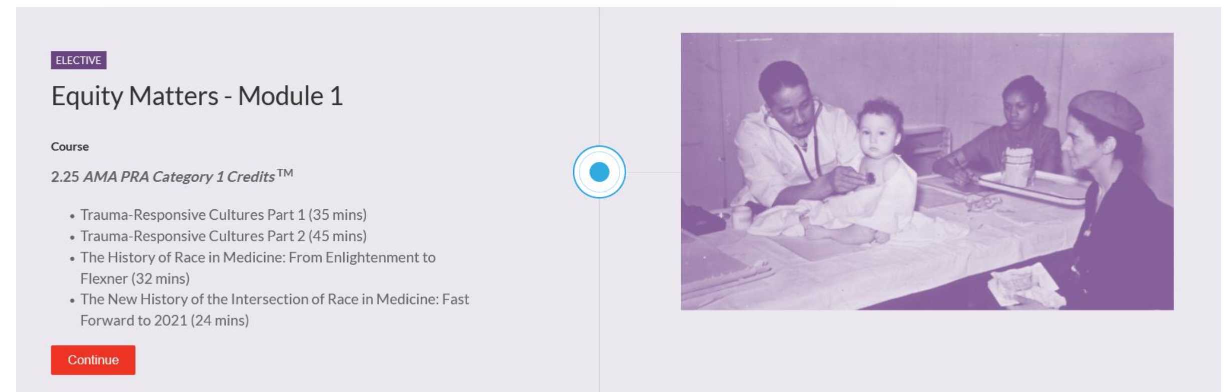
LEARN at ACGME





- 35+ DEI foundational video topic presentations packaged into 13 modules as part of a structured, self-paced educational experience.
- 18 AMA PRA Category 1 Credits™ currently available. Registration to Learn at ACGME required, no cost
- To access, register through the link below. Please allow up to 24 hours for confirmation.

https://dl.acgme.org/pages/equity-matters



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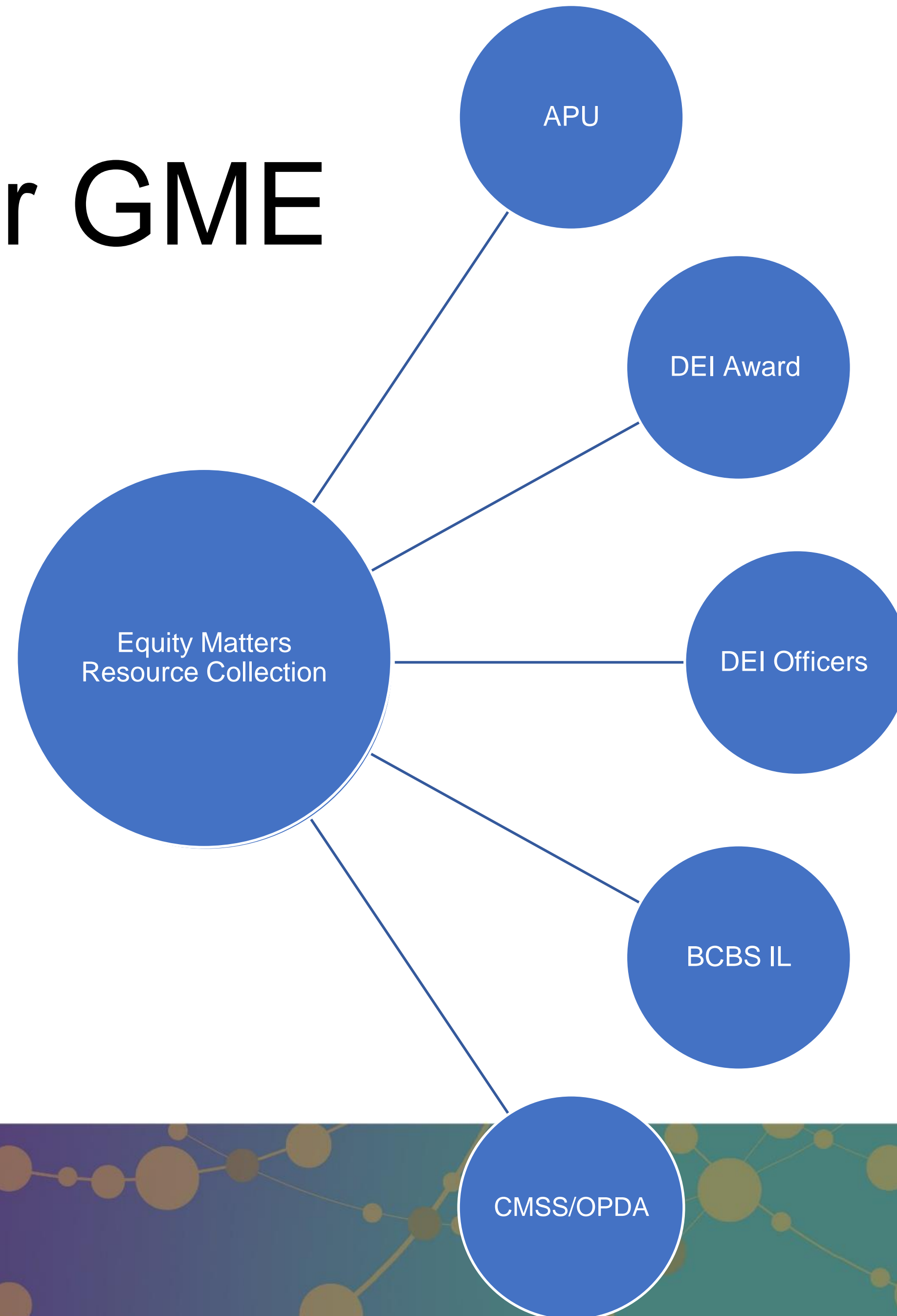
Equity Matters Resource Collection

Converting data into information

Equity Matters Goal - Resource Provision for GME

- Engage
- Analyze, Customize, Innovate
- Guide and Assist



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Equity Matters Collection

- Title of strategy
- What: A description of the strategy
- Why: The rationale as to why a program would engage in this effort
- Variations: Various ways in which the general concept has been undertaken
- How: Steps involved in how a program might go about putting this innovation in play – example from another institution
- Who: Individuals at programs who have agreed to be helpful to colleagues wishing to understand the intervention at a more granular level
- References: Any literature that we can identify that describes the method, outcomes or value
- Comments: Experiences from users who will describe their own characteristics and the satisfaction they had in implementing the innovation

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toolkit.thesecondtrial.org/Interventions/Intervention/I49

LOGOUT

The Toolkit

My Interventions

Webinars

Readiness Assessment

Resources

About

Participating Programs

Contact

FAQs

Holistic Application Review

BACK TO INTERVENTIONS

Strategies to evaluate residency applicants to emphasize mission-driven traits and increase diversity

Add to My Interventions

NO YES

Cost	Effort	Time	Maslow	Domain
$ $ $			3 Respect & Inclusion	Mistreatment Organizational Culture & Values

WHAT?

- Understand how recruitment strategies impact your ability to match diverse applicants.
- Develop recruitment strategies to holistically evaluate applicants.

WHY?

The ACGME Common Program Requirements mandates that programs must engage in practices that focus on ongoing, systematic recruitment and retention of a diverse and inclusive workforce. [1] Based on a 2018 review of ERAS applications, a recent study of 10 general surgery residency programs with a stated interested in diversity found that identification as non-White race/ethnicity was a significant independent predictor for decreased likelihood of interview selection (OR = 0.73, 95% CI 0.58-0.89). [2]

SECOND Trial website shown with permission from Dr. Bilimoria

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ACGME Office of Diversity, Equity and Inclusion: Action areas

- Data alignment inconsistency: Physician Data Summit (AMA, AAMC and ACGME)
- Specialty access to UIM trainees: Analysis of GME Data by specialty for diversity
- Pathway challenges to increase in diversity
- Addressing clinical learning environment inclusivity, civility, equity and respect (Program Requirement VI.B.6.)
- Implementing Program Requirement I.C.

Board taskforce on ACGME diversity

- Appointed by the ACGME board February 2022: Taskforce has a series of meetings to advance the work
- Charged with determining mechanisms to increase diversity on the ACGME board
- Will survey member organizations and past Board members
- Increasing diversity on ACGME Board
- Increasing diversity on the ACGME volunteer committees
- May host a stakeholder Congress
- Will present recommendations to the ACGME board for consideration

ACGME Office of Diversity, Equity, and Inclusion

Contact Us at diversity@acgme.org

Bill McDade, MD, PhD
wmcdade@acgme.org
312.755.7472

Morgan Passiment, MSJ
mpassiment@acgme.org
312.755.5012

Patrick Guthrie
pguthrie@acgme.org
312.755.7468

Denzel Avant, MS, MA
davant@acgme.org
312.755.7406

Tiasia Davis
tdavis@acgme.org
312.755.500

Allison Simpson, MA
asimpson@acgme.org
312-755-5040

Rahardhika Utama, MS
rutama@acgme.org
312.755.7143

Muveddet Harris, MS
mharris@acgme.org
312.755.000

Montrelle Clayton
mclayton@acgme.org
312.755.7422

Thank you

Evaluation Survey

https://www.surveymonkey.com/r/MRZ3RFR

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2. Select "*Go to the CME Conference Portal*"
3. Enter your e-mail address and select "*Log In*"
4. Select *"Click Here to show a list of conferences for self-registration"*
5. Scroll down to "JEDI: Justice, Equity, Diversity, Inclusion Series National Organizations' Approach to JEDI" and hit select on the left.
6. Select *"Log in to claim credits for conference"*
7. Confirm your personal information, then hit *"Save Data and Continue"*
8. Enter the number of credits, check the box to confirm the credits, then select "Enter credits"
9. Click print certificate

The conference will show up under the list of conferences you have attended. You can select it to print your certificate. Conferences you have attended previously will also show on this screen.

You can visit this site to print your certificate(s) at any time for your records.

If you have any questions, please contact Mimi Carruth at mimi.carruth@ochsner.org

Accreditation, Designation, and Disclosure

- **Accreditation**

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint provider ship of Ochsner Clinic Foundation and the AIAMC National Initiative. The Ochsner Clinic Foundation is accredited by the ACCME to provide continuing medical education for physicians.

- **Designation**

*The Ochsner Clinic Foundation designates this live activity for a maximum of **1** AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

- **Disclosure**

The Ochsner Clinic Foundation relies upon invited speakers at all sponsored continuing medical education activities to provide information objectively and free from bias of conflict of interest. In accordance with ACCME and institutional guidelines pertaining to potential conflicts of interest, the faculty for this continuing medical education activity has been asked to complete faculty disclosure forms. In the event that some invited speakers indicate that they have a relationship which, in the context of the subject of their invited presentation, could be perceived as a potential conflict of interest, their materials have been peer reviewed in order to ensure that their presentations are free of commercial bias.