National Initiative VIII
Selected Capstone Presentations and National Advisory Council (NAC) Member Responses

National Initiative

Session Overview

- Cohort One: TriHealth and Laney McDougal
- Cohort Two: AdventHealth Orlando and Elisa Arespachochaga
- Cohort Three: ChristianaCare and Lisa Howley
- Cohort Four: Virginia Mason and David Savage
- Cohort Five: OhioHealth and Joaquin Baca

Laney McDougal, National Advisory Council

- Can you expand on your role and how it is relevant to this initiative?
- How many initiatives have you done and how have the been a benefit?
- What areas are you looking forward to addressing?

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.

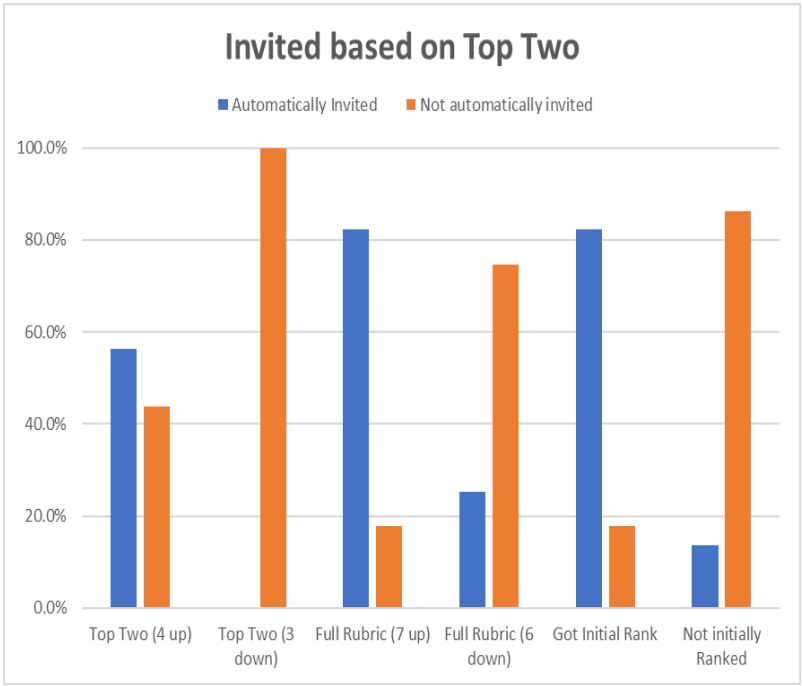
Q3. Knowing what you know now, what might you do differently?

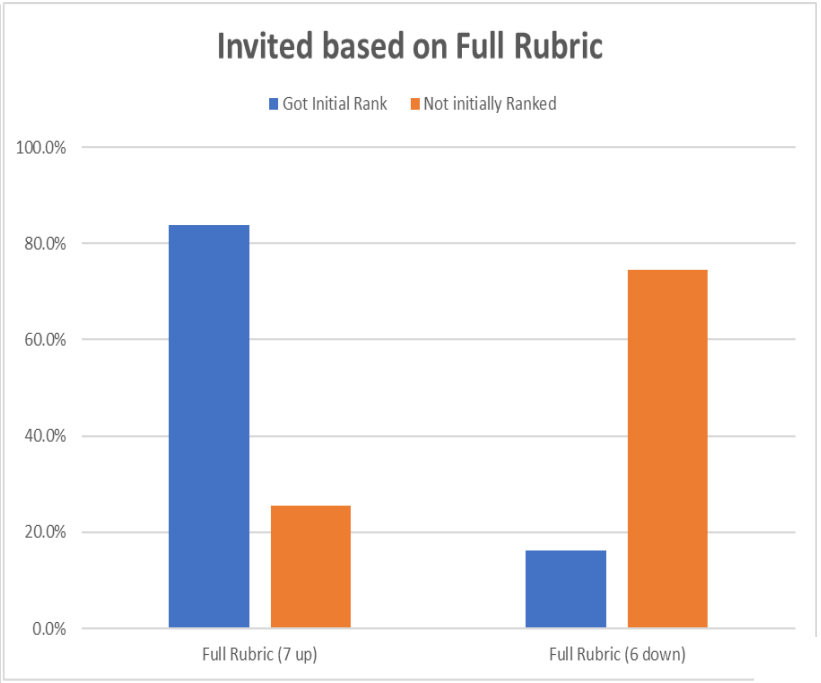
- Still appreciable differences between our GME programs of what the definition of Underrepresented Minority in medicine is.
  - Need consensus across our GME programs so we can collect accurate data moving forward.
- Because our project required IRB approval, we were not able to change the application 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, and the many strengths, experiences, and goals in the applicants coming up in family medicine!*


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)

NAC Response – Laney and Other Members

Elisa Arespachochaga, National Advisory Council

- Can you expand on your role and how it is relevant to this initiative?
- How many initiatives have you done and how have the been a benefit?
- What areas are you looking forward to addressing?

National Initiative

AdventHealth

AiAMC
Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Two: Curriculum Development

Development of Justice Equity Diversity and Inclusion Curriculum for Advent Health GME

Alexandra Lajeunesse LMHC, Luis Isea Mercado MD, Shani Cunningham DO, Scott Bloom MD, Steven Nazario MD, Caio Fabio Freitas MD, Arianne Alexander MD, Melissa Sayegh, Ashley Mila-Hoff MD, Eric Stevens MD DO, Gurdeep Singh DO, Tyler Littmann DO, Joseph Portoghese MD, Janelle Dunn, Nicholas Niland

National Initiative

Q1. What did you hope to accomplish?

- Developing a JEDI curriculum addressing underrepresented minorities in our community
- Implement such curriculum in our EM, IM, Surgery and Pediatric residency programs, through dedicated workshops and grand round lectures
- Understand common struggles experienced by different minority groups and overcoming implicit bias.
- Provide our residents with mentoring opportunities with members of under-represented communities

Q2. What were you able to accomplish?

•Organizing grand rounds/lectures hosting guest speakers from select minority
populations
•Mentoring dinner opportunities for participating residents
• Offering CME credits for participation

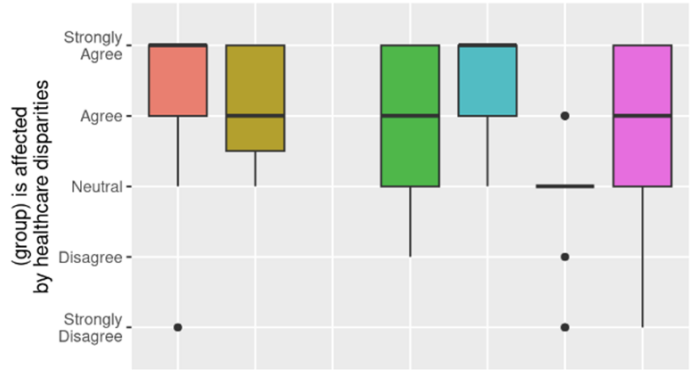
Q3. Knowing what you know now, what might you do differently?

- Expand our DEI project GME wide to include both residency and fellowship training programs.
- Work towards having a more easily accessible location to allow for more resident participation.
- Work towards having a set time previously agreed upon by all participating GME programs
- Accounting for time at the beginning and end of each lecture/session for participants to complete the pre and post surveys.

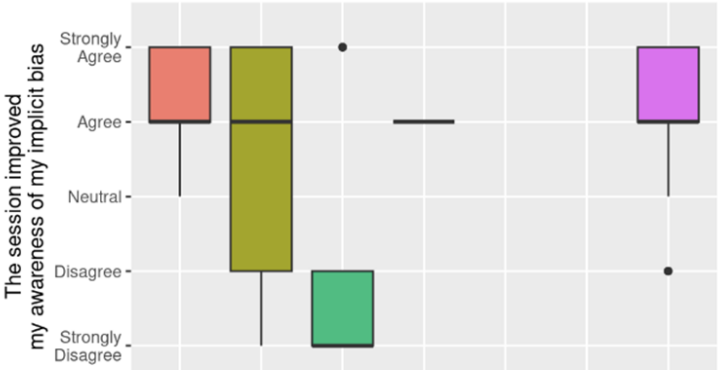
Q4. Cohort Two – Barriers

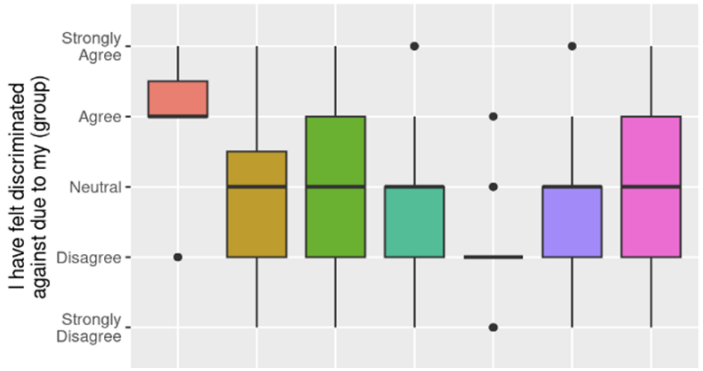
- The largest barrier we encountered was…
  - Speakers availability and difference in didactic times in resident programs that prevent engagement from different residency programs.

- We worked to overcome this by…
  - Offering a live streaming option
  - Recording lectures to be viewed later
  - Opening mentoring dinners to trainees from all disciplines


(group) is affected by healthcare disparities
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree


Session
African American
Hispanic
LGBTQ
Low SES
Muslim Experience
Women in Medicine


The session improved my awareness of my implicit bias
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree


I have felt discriminated against due to my (group)
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree


Session
African American
Hispanic
Immigrant
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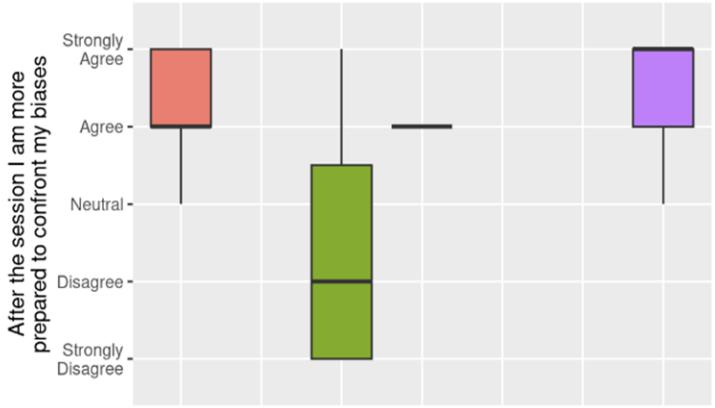
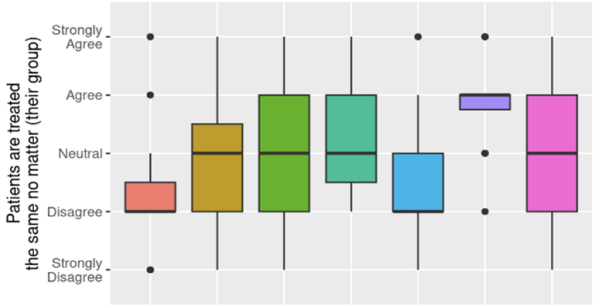
Women in Medicine


After the session I am more prepared to confront my biases
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree


Patients are treated the same no matter (their group)
Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree


Session
African American
Hispanic
Immigrant
LGBTQ
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Women in Medicine

Results

NAC Response – Elisa and Other Members

Lisa Howley, National Advisory Council

- Can you expand on your role and how it is relevant to this initiative?
- How many initiatives have you done and how have the been a benefit?
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National Initiative

ChristianaCare

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Alliance of Independent Academic Medical Centers

NI VIII Meeting Four – Capstone Presentation
Cohort Three: Curriculum Development

Building Critical Consciousness: Our Commitment to Justice, Equity, Diversity and Inclusion

Himani Divatia, DO, Loretta Consiglio-Ward, MSN, RN, Chaney Stewman, MD, Ram Sharma, MD, Abhishek Surampudy, MD, Lauren Davis-Rivera, MD, Ashley Panicker, MD, Mark Mason, PhD CGP, Brian Levine MD, Vaughn Wright, EdD

National Initiative

Q1. What did you hope to accomplish?

- Current state training/education in health disparities is variable across residency and fellowship programs and is delivered in more passive and traditional didactic forms.
- Trainees are increasingly interacting with patients of diverse backgrounds and recognizing a need for improved awareness of societal constructs, strategies for bias mitigation, and exposure to community resources for improving equitable care.
- There is a need for a curriculum which is longitudinal and experiential which increases trainees' awareness of self, oppressive social forces shaping health, and strategies to immerse in community engagement in order to bridge the gap from awareness to action, developing a path to becoming a change agent for health equity.

- **Our vision is to build a community of providers and patients who seamlessly grow in health and wellness, respecting differences and uniting on common goals for community health and success**

Q2. What were you able to accomplish?

- Increased level of confidence in elements of critical consciousness (self-reported)
- Increased number of residents participating in IAT's and guided reflection
- Increased motivation to participate in health equity initiatives

	Session 1	Session 2	Session 3
Scope	Overview of critical conscsiouness, historical context of structural forces contriburing to health disparities in Delaware, facilitated discussions around privilege and lived experience	Implicit Bias Awareness	Immersive experience of community resources supporting patients navigating various social determinants of health
Participants	22 Internal Medicine Interns (IM, Med-Peds, TY, EM/IM)	40 Residents (IM, Med-Peds), including senior residents	Pending
Time frame	June 2022, 3 hour facilitator-led interactive session	October to December 2022, 1 hour flipped classroom facilitator-led discussions during academic half day didactic curriculum	Spring 2023

75% of residents committed to tangible actions to mitigate bias through incorporation into their daily work (see slide 6)

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

Success Factors

- Strong core team
- Strong team leadership
- Resident authenticity to participate and share
- Small but might group of faculty facilitators
- Facilitated discussion
- Immersive experience
- Office of Community Health partnership

Barriers

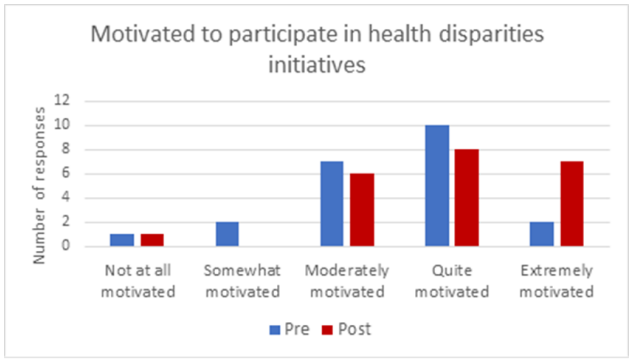
- Lack of institutional resources for protected time
- Poor stakeholder engagement
- Middle management navigation
- Limited program director accountability
- Team dissolution and reformation
- Challenges to quantifying measures

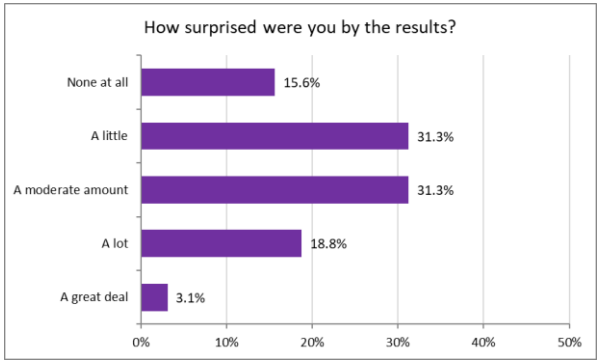
Q4. Cohort Three – Lessons Learned

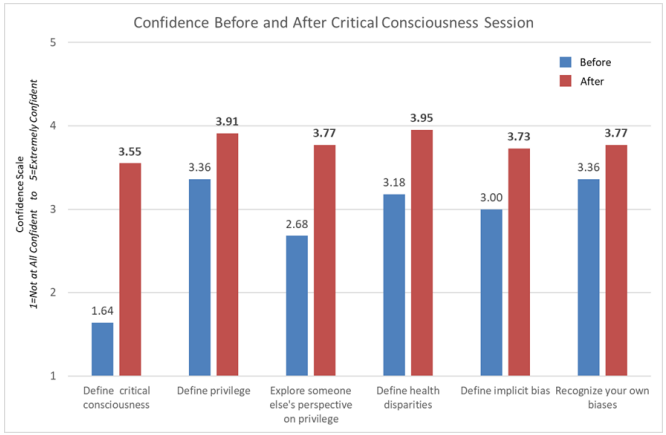
- The single most important piece of advice to provide another team embarking on a similar initiative would be…

❖ *Buckle up and stay course, it's going to be a long but necessary ride. This isn't an occurrence, it's a journey, and if each one would reach one, you'll find it contagious, and it can change your life.*

❖ *Practically, seek support from stakeholders early, and align with the organizational strategic plan.*







- Pause and reflect
- Feel courage to speak up
- Recognize own biases
- Ask questions to understand
- Treat patient as if family
- Reflect on why I choose a test/treatment
- Think more holistically

NAC Response – Lisa and Other Members

David Savage, National Advisory Council

- Can you expand on your role and how it is relevant to this initiative?
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National Initiative

Virginia Mason Franciscan Health

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NI VIII Meeting Four – Capstone Presentation
Cohort Four: Clinical Quality Improvement

Providing Discharge Instructions in Preferred Language

Alexander Kettering, MD; Gillian Abshire, RN, MS; Deborah Lee, MD;
Matt Birmingham, MD; Christie Schmutz, MD; Evan Coates, MD; Alvin Calderon, MD

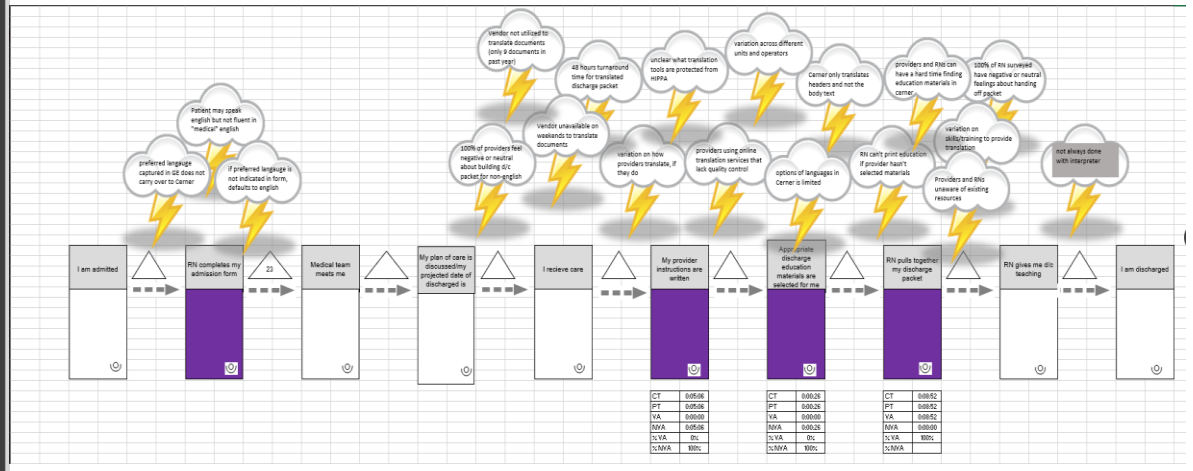
National Initiative

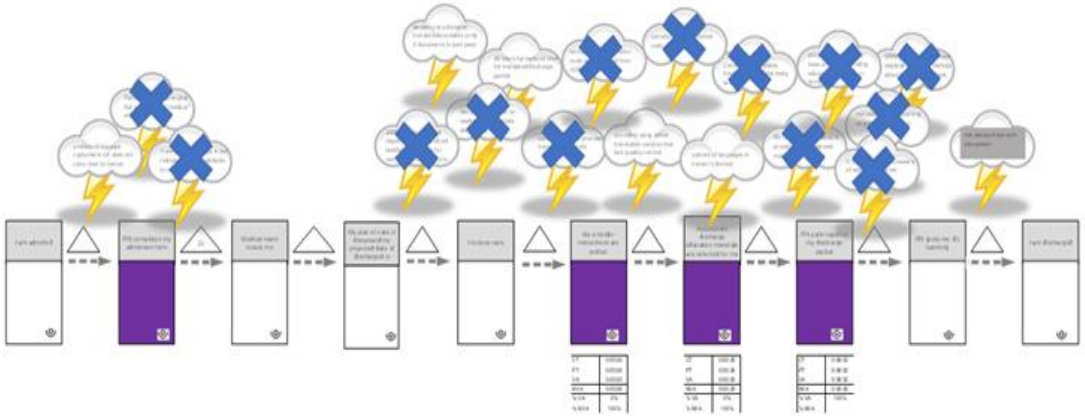
Q1. What did you hope to accomplish?

- Patients dependent upon preferred language other than English are discharged with written instructions that do not align with their preferred language. At Virginia Mason Medical Center, approximately 75% of the time, there is misalignment between the documented preferred language of a patient and the patient's actual required use of interpreter services, leading to discharges that are not only inequitable, but also potentially error-prone, as patients are discharged without an accurate sense of the steps required to safely transition from their hospitalization to post-discharge course.
- Using the Virginia Mason Production System skills of setup reduction, 5S, and mistake-proofing, we will provide written discharge instructions to patients with "limited English proficiency" in the language of their choice.

Q2. What were you able to accomplish?

- **Highlights:**
  - 100% reduction in % pts who received written provider instructions in a language that was not their preferred language.
  - 100% reduction in % pts who received written education in a language that was not their preferred language.
  - 75% reduction in % of nurses who reports feeling negative or neutral about building final discharge packet for patients who do not speak English.
  - 67% reduction in % providers who report feeling negative or neutral about writing patient instructions for pts who do not speak English.
  - 25% improvement of environmental health and safety of care environment.
  - 25% reduction in set-up reduction for RN
  - 8% reduction in set-up time for provider





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

- *Success in this type of project really comes down to the tenacity and dedication of each individual team member, and a broader medical center culture that supports this work.*
- *We found that we were greatly limited by technology, and that it really took a "village" to develop creative workarounds around technological limits in order to implement changes at our institution. It is that central cultural component of the project team that allowed us to begin to find substantive success.*
- *Without true dedication to the cause on a broader level, the technological barriers posed would certainly have been enough to halt the project in its tracks.*
- *Knowing what we do now, we would have focused more on technological barriers earlier in the process and ways to improve of bypass said barriers, as these were the greatest hindrance to progress.*

Q4. Cohort Four – Expectations versus Results

On a scale of 1 to 10 (with “1” meaning nothing and “10” meaning everything) how much of what you set out to do was your team able to accomplish?

1 2 3 4 5 6 7 ***8*** *9 10*

Our Team at Work!

Thank you to all who contributed!

NAC Response – David and Other Members

Joaquin Baca, National Advisory Council

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National Initiative

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NI VIII Meeting Four – Capstone Presentation
Cohort Five: Sustainability and Next Steps

Championing Change: A System-Wide Initiative to Advance Justice, Equity, Diversity, and Inclusion

Nanette Lacuesta, MD, Najhee Purdy, BS

Jennifer Middleton, MPH, MD, Claire Rockwell, Phillip Clark, Meghan Pelot,

Roma Amin, MD, Sarah Vengal, MD, Sara Sukalich, MD, MEd

National Initiative

What did you hope to accomplish?

OhioHealth GME

- 39 GME programs across 5 care sites in Central Ohio
- Over 400 residents and fellows
- Full-time (0.7 FTE) Program director for Physician Diversity Initiatives

Identify and Elevate the role of "Inclusion Champions"

- **Assess** current state
- **Advance** JEDI in recruitment processes and program-specific goals
- **Create** a culture of JEDI continuous improvement

Inclusion Champions

- Faculty and staff members
- Accountabilities to advance JEDI initiatives within GME strategic plan
- Supported by DIO, DMEs, PDs

OhioHealth

What were you able to accomplish?

- 39 Inclusion Champions in 30 GME programs (77%)
- 17 Inclusion Champions representing 14 programs attended IC Retreat (36%)
- 14 programs formally submitted JEDI program specific goals (36% to date)
- Create and distribute JEDI progress reports for best practices in recruitment and culture building (e.g., holistic review, implicit bias mitigation training)
- Increase in URM trainees entering GME programs from 9.3% (2021) to 14.7% (2022)
- 16 programs submitted midpoint recruitment data to support JEDI strategic plan
- Pending results: 2023 recruitment data, annual program specific goals, URM match data

OhioHealth

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

JEDI work as Continuous Quality Improvement

JEDI actions in recruitment Survey

Clarify instructions to improve validity & response rate

Include response field to collect program specific goals

Communication

More frequent email updates/announcements

Standing Inclusion champion “office hours”

Standing item in system GME meetings

OhioHealth

Sustainability and Next Steps

Sustainability requires Support

JEDI work is part of the job
Not volunteerism, requires administrative time
Accountability like other faculty/staff roles to support accreditation

Build JEDI work into existing structures
Annual program evaluations, regular communications, metrics
Committees: evaluation, curriculum, recruitment, competency

Faculty development
Best practices and “menu” of opportunities
Goal setting within strategic plan
Level up: policy review

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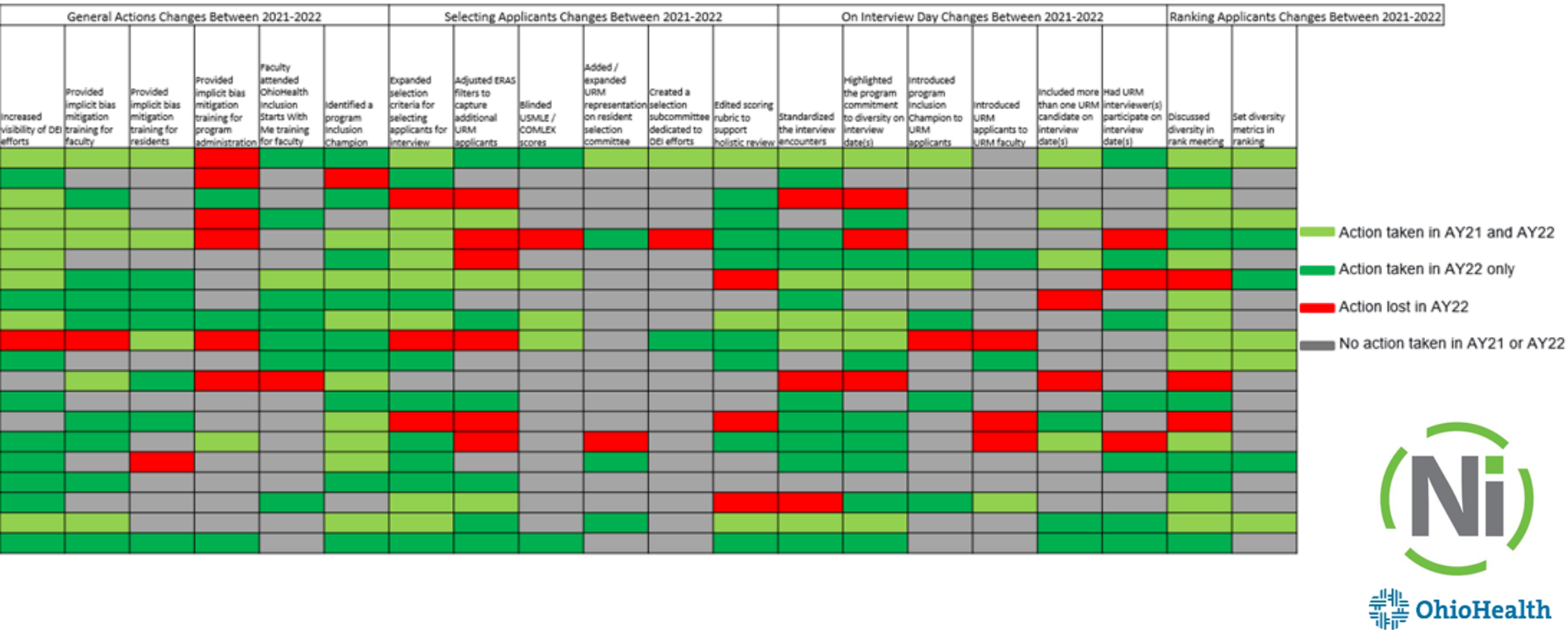
Heat map of 20 JEDI recruitment practices across 20 GME programs 2021-2022



OhioHealth

NAC Response – Joaquin and Other Members