ACGME Equity Matters™

Morgan Passiment  
Program Director, Diversity Initiatives  
ACGME

Organization of Program Directors Spring Meeting  
April 20, 2023  
Chicago, IL
Objectives

1. Explain key elements of ACGME Equity Matters™
2. Describe approaches developed in the first cohort
3. Opportunities to engage
The ACGME Diversity, Equity, and Inclusion Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill McDade MD, PhD</td>
<td>Chief Diversity, Equity, and Inclusion Officer</td>
</tr>
<tr>
<td>Morgan Passiment</td>
<td>Program Director of Diversity Initiatives</td>
</tr>
<tr>
<td>Muveddet Harris</td>
<td>Lead DEI Policy &amp; Research Analyst</td>
</tr>
<tr>
<td>Pilar Ortega, MD, MGM</td>
<td>Vice President, Diversity, Equity, and Inclusion</td>
</tr>
<tr>
<td>Patrick Guthrie</td>
<td>Program Coordinator, DEI</td>
</tr>
<tr>
<td>Rahardhika Utama</td>
<td>DEI Policy and Research Analyst</td>
</tr>
<tr>
<td>Montrelle Clayton</td>
<td>Executive Assistant</td>
</tr>
<tr>
<td>Allison Simpson</td>
<td>DEI Communications Liaison</td>
</tr>
<tr>
<td>Tiasia Davis</td>
<td>Administrative Assistant, DEI</td>
</tr>
</tbody>
</table>
IOM Report: Differences, Disparities, and Discrimination

Disparities- Racial or ethnic differences in healthcare that are not due to access related factors, clinical needs, patient preferences, or the appropriateness of the intervention.

Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare. The Institute of Medicine, National Academies Press, Washington, DC. 2002
Crossing the Quality Chasm – Six Aims for Improvement

• Safety
• Timeliness
• Effectiveness
• Efficiency
• Equity
• Patient-Centeredness

IOM Crossing the Quality Chasm: A New Health System for the 21st Century, 2001
How fair is medical education?

- Structural racism refers to systematic racial bias embedded into the normative functions of society

- Theory of racialized organizations argues it is enacted through formal and informal processes in organizations that privilege certain groups at the expense of others

- Medical education is a racialized organization

Major Contributors to Health Care Inequities

1. Implicit bias
2. Microaggressions
3. Stereotype bias (ableism, sizeism, xenophobia, povertyism, ageism)
4. Structural and institutional racism (Example: resource allocation)
5. Loss of trust


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)
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)

Belongingness
Feeling welcome and safe

Justice
To make right

Respect
Provision of human dignity

Common Program Requirement VI.B.6.
Components of ACGME Equity Matters™
These self-directed educational resources provide diverse perspectives while raising historical and current injustices in the medical education system in an organized and intentional way.

EDUCATIONAL CONTENT INCLUDES:
- Foundations of Diversity, Equity, and Inclusion (DEI)
- Key Challenges in DEI and Anti-Racism
- Racial and Ethnic Experiences
- Identities and Populations
- Holistic Recruitment
- Equity Practice

https://dl.acgme.org/pages/equity-matters
BLOCK 1: FOUNDATIONS OF DIVERSITY, EQUITY, AND INCLUSION

- Trauma-Responsive Cultures Part 1 (35 mins)
- Trauma-Responsive Cultures Part 2 (45 mins)
- The History of Race in Medicine: From Enlightenment to Flexner (32 mins)
- The New History of the Intersection of Race in Medicine: Fast Forward to 2021 (24 mins)
- Building Safe and Courageous Spaces in Graduate Medical Education (32 mins)
- Federal Regulations (17 mins)
- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity (21 mins)
- Intersectionality: A Primer (20 mins)
- Patient Safety, Value, and Healthcare Equity: Measurement Matters (26 mins)
- Using a Structured Approach to Recruit Diverse Residents, Fellows, and Faculty (33 mins)
Toolkits

Equity Practice:
• Environmental Equity Assessment
• The Power of Culture
• Allyship: Foundations, Skills, and Frameworks
• Acting to Dismantle Racism
• Protocols for Building Bias Response

Holistic Recruitment:
• Holistic Principles in Resident Selection
• Process Maps and Strategies
• Equity-Based Assessment in Recruitment
• Process, Outcomes, and Sustaining Meaningful Change

To access, register through the link or QR code below. Allow up to 24 hours for confirmation.

https://dl.acgme.org/pages/equity-matters
# Readiness Assessment

Conducting a self-analysis of why things exist in the current state provides a valuable baseline. Self-assess current policy & procedure budget decisions, norms, culture, stakeholders, organizational history, etc., that must be considered to address problems identified. This tool is divided into four key areas of impact: leadership, workforce, workplace, and patients.

<table>
<thead>
<tr>
<th>Readiness Assessment</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leadership</strong></td>
<td></td>
</tr>
<tr>
<td>Strategic Plan</td>
<td>Identify and briefly describe where DEI and anti-racism is in the organization’s strategic plan and any specific DEI plan or policies in place to support the plan, level of board commitment.</td>
</tr>
<tr>
<td>Stakeholders</td>
<td>Identify stakeholders that have formal responsibility for DEI efforts within organizational staff and members.</td>
</tr>
<tr>
<td>Demographics</td>
<td>Identify the current sex, race, and ethnicity make-up of the board and elected leadership.</td>
</tr>
<tr>
<td><strong>Workforce</strong></td>
<td></td>
</tr>
<tr>
<td>DEI Recruitment and Retention Programs</td>
<td>Briefly describe the current DEI recruitment and retention programs for your organization and your specialty. Such as pipeline, pathway programs for residents, faculty, and staff.</td>
</tr>
<tr>
<td>Demographics</td>
<td>Identify the current sex, race, and ethnicity make-up for all members of your organization.</td>
</tr>
<tr>
<td><strong>Workplace</strong></td>
<td></td>
</tr>
<tr>
<td>Culture Assessment</td>
<td>Briefly describe the results of any culture or environmental survey of your organization and specialty.</td>
</tr>
<tr>
<td>Education Curriculum</td>
<td>Briefly describe any DEI and anti-racism curriculum currently implemented.</td>
</tr>
<tr>
<td><strong>Patient</strong></td>
<td></td>
</tr>
<tr>
<td>Trained Disparities</td>
<td>Does your organization track health care disparities for your specialty? How are these data tracked and reported?</td>
</tr>
<tr>
<td>Demographics</td>
<td>Identify sex, race, ethnicity, primary language, payer mix and/or socio-economic status make-up of patient population.</td>
</tr>
</tbody>
</table>

## Bias Response Framework

<table>
<thead>
<tr>
<th>Bias Response Framework</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name It</td>
<td>What are the issues happening here?</td>
</tr>
<tr>
<td></td>
<td>• Hierarchy?</td>
</tr>
<tr>
<td></td>
<td>• Safety in learning environment?</td>
</tr>
<tr>
<td></td>
<td>• Trauma response activation?</td>
</tr>
<tr>
<td></td>
<td>• Stereotype threat?</td>
</tr>
<tr>
<td></td>
<td>• Gender power dynamics?</td>
</tr>
<tr>
<td></td>
<td>• Appropriate feedback?</td>
</tr>
<tr>
<td></td>
<td>• Teaching style/technique?</td>
</tr>
<tr>
<td>Frame It</td>
<td>What policies do we have in place that guide and inform this incident?</td>
</tr>
<tr>
<td></td>
<td>• Resident handbook</td>
</tr>
<tr>
<td></td>
<td>• Title IX policies</td>
</tr>
<tr>
<td></td>
<td>• Faculty handbook</td>
</tr>
<tr>
<td></td>
<td>• Faculty onboarding and in-service sessions</td>
</tr>
<tr>
<td></td>
<td>• Resident onboarding and orientation</td>
</tr>
<tr>
<td>Reflect On It, Get Curious</td>
<td>Why did this happen?</td>
</tr>
<tr>
<td></td>
<td>• History of medical education (NPs, students practiced on each other)</td>
</tr>
<tr>
<td></td>
<td>• Teaching in the hallway, on the fly</td>
</tr>
<tr>
<td></td>
<td>• Check faculty evaluations and complaints record</td>
</tr>
<tr>
<td></td>
<td>• How often might this be happening because we overlook it? (Iceberg)</td>
</tr>
<tr>
<td></td>
<td>• Why would someone be so activated by touch?</td>
</tr>
<tr>
<td>Identify Gaps and Stakeholders</td>
<td>Do we have policy addressing this? If so, does it need revising?</td>
</tr>
<tr>
<td></td>
<td>• Policies do not address touching in teaching environment</td>
</tr>
<tr>
<td></td>
<td>• Resident whom it happened to, plus all residents who witnessed</td>
</tr>
<tr>
<td></td>
<td>• Attending, department chair, education vice president, DoC</td>
</tr>
<tr>
<td></td>
<td>• Balancing our actions with realities of hierarchy and retaliation.</td>
</tr>
</tbody>
</table>
Educational Videos

Becoming an Ally Part 1: Foundations of Allyship

Speaker: NAKAE, MSW, PHD
Senior Associate Dean for Equity, Inclusion, Diversity, and Student Services,
Associate Professor of Medical Education
University of California, San Francisco

Camara Phyllis Jones, MD, MPH, PhD
2021-2022 UCSF Presidential Chair
University of California, San Francisco
Past President
American Public Health Association

Disclosure to the Learner:
I have no conflicts of interest to report
Holistic Recruitment

EACM Criteria Identification Tool

Map the Process

Program Example: Applicant Characteristics in EACM framework

Connection to immigrant population
- Experiences: Personal or family experiences as an immigrant, Experience working with immigrant/refugee population
- Attributes: Language Skills

Geographic connection
- Experiences: Geographic tie to state
Adaptable (Attribute)
Resilient (Attribute)

Academic success
- Experiences: Distance traveled
- Metrics: Grades, Scores
- Competencies: Patient Care
Prior research productivity
- Metrics: Publications
LEARNING COMMUNITIES
- Blue Cross and Blue Shield of Illinois
- Council of Medical Specialty Societies
- Diversity, Equity, and Inclusion (DEI) Leadership
- Organization of Program Director Associations

250+ PARTICIPANTS
- DEI OFFICERS
- C-SUITE LEADERS
- GRADUATE MEDICAL EDUCATORS
- RESIDENTS AND FELLOWS

50+ LEARNING SESSIONS
16 EXPERT FACILITATORS
18 MONTHS

CAPSTONE PROJECT THEMES
- Clinical Care
- Pathway Programs
- Systems of Practice
- Faculty Development
- Curriculum Development
- Resident/Fellow Recruitment
Prescription Format

- Build a fund of knowledge in DEI and antiracism
- Acquire skills and training necessary to effect change without causing harm
- Assess the effectiveness of the intervention; share as a new resource for the GME community
- Implement a current or innovate a new intervention
We must understand **self** to be change agents

**Zone of Collusion**

1. Actively joins in negative behavior
2. No response
3. Educate oneself

**Zone of Change Agent**

4. Interrupts behavior
5. Interrupts & educates
6. Initiates organized response

Adapted from Karen Bradberry, PhD, Greenhill School of Texas
Psychological Safety

“a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes, and that the team is safe for interpersonal risk-taking”

-Amy Edmondson

This is about Power Dynamics
Power Perspective

We must understand **systems** to disrupt them

Langley et al 2009
Tolerance for Change

Disruptive: Change our goals and vision, putting assets at risk in order to serve different audiences

Transformational: Change our goals, requiring us to change our assumptions and learn new skills

Improvement: Do what we already do, but do it better
<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of need</td>
<td>Diagnostic activities, readiness assessment, interviews and questionnaires</td>
</tr>
<tr>
<td>Communicate Plan</td>
<td>Explain ‘why’ change, create a sense of urgency, and build a coalition</td>
</tr>
<tr>
<td>Desire to Change</td>
<td>Compelling catalyst with the right balance of disconfirmation, survival anxiety, and psychological safety</td>
</tr>
<tr>
<td>Resistance Management</td>
<td>Create a movement with buy-in and motivation for change</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>Guidance about why, what, removing barriers, and partnerships</td>
</tr>
<tr>
<td>Knowledge and Training</td>
<td>Skilling up, coaching, and community</td>
</tr>
<tr>
<td>Reinforcement</td>
<td>Anchor new approaches in culture, positive feedback and encouragement</td>
</tr>
<tr>
<td>Corrective Action</td>
<td>Create short-term wins, test ideas and adjust as needed</td>
</tr>
<tr>
<td>Measurement</td>
<td>Assess and monitor to maintain the gains</td>
</tr>
<tr>
<td>Celebration of Success</td>
<td>Acknowledge the wins, recognition and rewards</td>
</tr>
</tbody>
</table>
ACGME EQUITY MATTERS™ SYMPOSIUM 2022

The inaugural ACGME Equity Matters Symposium was held December 14-15, 2022.

1 NETWORKING RECEPTION
12 SMALL-GROUP DISCUSSIONS
16 VIRTUAL POSTERS
31 IN-PERSON PRESENTATIONS
142 ATTENDEES

97 PERCENT OF ATTENDEES AGREED THE EVENT PROVIDED INSIGHTS VALUABLE TO THEIR WORK

“This experience was transformative.”

“Meeting and hearing renowned experts in the fields with real value-based missions.”

“The willingness to support colleagues by sharing learning and experiences.”

“Learning about the vast number of initiatives birthed as a result of this program. Truly inspiring!”
Participating OPDA Members

- **Preventive Medicine Program Directors (PMPD)** - Filling the Gaps and Laying the Foundation for Expansion of DEI within the Preventive Medicine Specialty
- **Association of Pediatric Program Directors (APPD)** - Building and Strengthening UIM Mentorship Pathways Across the Continuum
- **Council of Resident Education in Obstetrics and Gynecology (CREOG)** - Creating Resources for Belonging in Ob/Gyn Residency Programs
- **Council of Residency Directors in Emergency Medicine (CORD)** - Increase engagement of associate members at medical schools or healthcare centers affiliated with (HBCUs) to improve faculty leadership and student advising for EM field
- **Association of Pathology Chairs (PRODS-Program Directors Section)** - Creating a Toolkit for Achieving Gender Rank Equity in Academic Pathology Departments
- **Association of Family Medicine Residency Directors (AFMRD)** – Programs assessment of Diversity Milestones
- **Association of Program Directors in Radiology (APDR)** - Using a Checklist to improve belonging and ADS Data Collection
- **Association of Program Directors in Surgery (APDS)** - Evaluating the Diversity and Inclusion of the APDS annual meeting from 2010-2022
Leadership Engagement
Inclusive Membership Data Collection: The American Academy of Neurology

**Project Team:** Mary Post, MBA, CAE, Chief Executive Officer; Orly Avitzur, MD, MBA, FAAN, AAN President; Deanna Ekholm, MA, SPHR, Chief HR and Diversity Officer; Christi Kokaisel, MBA, CAE, CCXP, Senior Director, Membership; Chris Keran, Senior Director, Member Insights; Tasha Ostendorf, MS, Senior Research Analyst; Leah Waligren, EDI Administrator

**Project Description**
To meet our commitment to be a fully inclusive, deliberately diverse organization promoting neurological health equity and actively working to recruit and support a diverse membership, it is important to learn about the background of AAN members, which supports creating a culture of inclusion and belonging. Our project looked at best practices in member data collection in U.S. based associations that serve members worldwide, with the intent to expand the member profile demographic categories of (race/ethnicity, gender identity, sexual orientation, and disability), to allow for more accurate representation of our members. Collection of this data in an inclusive manner allows for assessment of the diversity of the AAN and its leadership and contributes our overall EDI strategy. We are better able to serve our members when we understand who our members are.

**Project Timeline & Update**
- **STEP 1:** Assess current data measures and practices
- **STEP 2:** Meet with internal membership teams to learn about system constraints and capabilities
- **STEP 3:** Research and education on data collection best practices as well as systems to support and maintain good data collection (majority of work in this phase)
- **STEP 4:** Review by other Committees and stakeholders
- **STEP 5:** Official recommendations to Board of Directors
- **STEP 6:** Implementation
- **STEP 7:** Communication to membership
- **STEP 8:** Evaluation

**Process and Outcomes**
- Determine business case, use case and goals for collecting expanded data
- Include representation from underrepresented/historically marginalized groups to better understand the implications of data collection and barriers that may exist
- Assess system capabilities
- Research best practices in the field of member association data collection, find reputable sources
- Assist ways to capture member data outside of profile (registrations, applications)
- Use sample testing to determine reactions to data collection
- Develop data collected to support organizational strategy to measure, assess and evaluate the impact of diversity initiatives on individual and organizational performance and to support informed planning and decision making

**Lessons Learned**
- As an organization, discuss what it means to put EDI commitments into action
- Secure alignment around the business and use case for expanded data
- Determine ahead of time how the organization will use the data, knowing the how and why supports the identification of what to collect and how best to collect it
- Partnership with representation from underrepresented groups is key to robust discussions, evaluation and final recommendations
- Seek input from multiple stakeholder groups
- Test the recommendations among members of the demographic communities data is being collected on
- As a global organization, think through international implications and cultural sensitivities, allow additional time for research and recognize not all EDI language is universal and, in some countries, can be impacted by local and national laws
ACGME Equity Matters Symposium

**Project Description**

- **Integrating stakeholders into structure and leadership**
- **Optimizing structure and leadership of steering committee**
- **Creating and enriching a culture**
- **Identifying and cultivating involving stakeholder**
- **Advancing DEI at LUMC**
- **Understanding the intersection of Health system and Medical School**
- **Developing a DEI education delivery model**
- **Recruiting diverse faculty and trainees**

**Steering Group Members:**
- Andrew Chavez, Process Excellence Consultant
- Richard Freeman, MD, Regional CCO
- Alex Ghanayem, MD, CMO
- Anne Hartford, Administrative Director GME & DIO
- Michelle Howard, IL DEI Specialist
- Melissa Lukasick, CFO
- Sam Marzo, MD Dean SSOM
- Holly Nandan, MHA/MBA, FACHE Regional Director Provider Services
- Greg Ozark, M.D. Professor Internal Medicine and Pediatrics Vice President and Assistant Dean GME
- Patricia Robinson, M.D. Professor of Medicine, Division Hematology/Oncology Associate Dean for DEI for GME
- Christin Zollicoffer, Regional DEI Director & VP of Community Health & Well-Being
Workplace
End Results & Next Steps

1. Modified Reporting System
2. Reporting Process
   a. EDI automatically notified and works with HR (and Legal) to respond
   b. EDI inputs complaints made to them into system
3. Ongoing Development
   a. Continual work w/ HR & Legal to strengthen EDI engagement and improve system/process
   b. Communicate system and process to residents and all MH colleagues
4. Next Steps
   a. Data collection and reporting
   b. Design of data-based mitigation strategies
   c. Assessment of efficacy of mitigation strategies
DEI Milestones
Project Description

- Curriculum:
  - Inclusive language
  - Address use of race-based clinical algorithms
  - Longitudinal integration of antiracism/inclusion

- Institution:
  - DEI taskforce
  - Anti-racism training/development
  - Partnership w/ community

- Faculty Personnel:
  - Recruitment
  - Community
  - Mentorship
  - Retention
  - Leadership

- Resident Personnel:
  - Recruitment
  - Community
  - Mentorship
  - Retention
  - Leadership

- Evaluation:
  - Evaluation process is transparent
  - Evaluations annually assessed for bias
Development of a Comprehensive DEI Psychiatry Curriculum: Building the Foundations of Cultural, Social, and Structural Competence

Karlene Cunningham, Ph.D., Brandon Kyle, Ph.D., Irene Corrall, Ph.D., MPH
Department of Psychiatry and Behavioral Medicine, Brody School of Medicine at East Carolina University, Greenville, NC

BACKGROUND

- Historically marginalized communities face persistent and devastating health inequities.
- The American Medical Association and the American Psychiatric Association have acknowledged their roles in developing and contributing to systems of oppression that maintain these inequalities.
- Additional attention is now being paid to rebalancing healthcare systems with health equity at the core.
- A key aspect of these efforts is the development of educational curricula that fundamentally change the way diseases are conceptualized and how medical providers improve health and wellness.
- However, there are few fully comprehensive and integrated diversity, equity, and inclusion (DEI) based curricula for psychiatry residents.

OBJECTIVES

The current project aims to develop a four-year integrated DEI curriculum for psychiatry residents that will develop culturally and structurally aware residents who appropriately integrate these frameworks in their clinical, research, and academic work by:

- Identifying the separate influences of cultural, social, and structural determinants of health and understanding intersectionality.
- Understanding systems of power and oppression that operate in society, thereby recognizing the structures that shape clinical encounters.
- Developing cultural and structural humility in patient and peer interactions.
- Using available tools to develop treatment plans that mitigate inequities.

LESSONS LEARNED

- Initial buy-in was high among both faculty and residents, but efforts have been needed to maintain buy-in with faculty.
- DSM-5 TR provided the additional foundation for consideration of oppressive systems within psychiatric diagnosis and care.
- Institutional collaborations can improve the database of modules.
Workforce
CREATING A TOOLKIT FOR ACHIEVING GENDER RANK EQUITY IN ACADEMIC PATHOLOGY DEPARTMENTS

Project Description

Women faculty are underrepresented at higher faculty ranks despite approximately equal numbers of male and female medical students since 2003. Studies indicate this is due to a “leaky pipeline” with women choosing not to remain in academic medicine. An observation that some pathology departments have achieved gender equity across ranks means that successful promotion can be achieved within current systems in academic pathology departments. This project identified those departments who shared the ways they achieved gender rank equity. Their responses are now under analysis to create a toolkit for achieving gender rank equity in academic medicine departments.

SMART Goals

Goal: Create a tool for improving equity across academic ranks for women in pathology departments.
Outcome: Improving gender equity across academic ranks.

Specific: Gender equity across faculty ranks has not improved as of 2020, creating dissatisfaction by women and loss of women talent pool from academic medicine. Identify pathology departments that have achieved gender equity across ranks and identify the practices they used to achieve gender rank equity – the basis of a toolkit for other departments to consider who want to work towards gender equity across academic ranks.

Measurable: To complete the survey, interviews of departments, and creation of toolkit with presentation at an APC annual meeting/event.
Achievable: Skills, motivation, and effort will make this goal achievable.
Relevant: Gender equity across faculty ranks has not improved as of 2020, creating dissatisfaction by women and loss of women talent pool from academic medicine. Identify and share practices that pathology departments have used to achieve gender rank equity as a toolkit for other departments to consider who want to work towards gender equity across academic ranks.
Time bound: 2022-2023 for data collection, analysis, toolkit development, and publication submission.

Timeline

Phase 1: Survey of APC Academic Departments to obtain baseline data of academic gender demographics by academic rank, leadership roles, and tracks for promotion pathways.
- 66 (48.9%) of 135 APC member departments responded.
- 6% (37.8%) of all survey respondents which is 55 (41%) of the total 135 APC member departments were determined by a chi-square analysis to have a statistical balance in gender equity.

Phase 2: Discussion/interviews with chairs of departments with gender equity across ranks to understand strategies used to achieve equity.
- 40 (71.4%) of the 56 departments with gender rank equity agreed to be interviewed.
- 20 (35.7%) of the S6 were interviewed over a period of 3 weeks.
- Data is currently being systematically analyzed to develop themes with quantitative measures.
- Gender distribution in leadership roles and faculty appointment tracks will also be provided to provide additional insight into the culture of equity within academic pathology departments.

Phase 3: Development and dissemination of toolkit for best for an equitable academic pathology work environment.

Process & Outcomes Measures

Process Measures: APC has set a goal of creating the toolkit for improving gender rank equity. This will be accomplished in three phases: survey for baseline data collection (completed), interviews with departments that have achieved gender rank equity (completed), and toolkit development and dissemination, including a publication.

Outcome Measures: The ultimate goal is to improve gender rank equity in academic pathology.
- APC will create tools that will be disseminated through:
  - posting on the APC website,
  - publication, and
  - presentations at national meetings
- APC will monitor the impact and utilization of the toolkit by pathology departments and the impact on gender rank equity over time. We anticipate an impact on gender rank equity in more departments over a 5-10 year timeframe and plan to continue a longitudinal assessment.

Lessons Learned

Achieving Wins and Overcoming Barriers

- Support by APC Leadership: APC Council recognized the value of a scientifically-based approach in collecting baseline data on gender demographics of member departments by faculty ranks, tracks, and leadership roles.
- IRB Exemption: The University of Vermont IRB determined an exempt status on May 20, 2022, for the survey and interviews of APC member department chairs and administrative business directors.
- Survey and Interview Response Rates: For this study, the high level (97.5%) of gender rank equity could be due to a selection bias that only projects that have gender rank equity would choose to respond to the survey. We consider the possible respondents, at least 56 of the 135 (41.4%) APC members department have achieved gender rank equity. We feel that the sampling of 56 interviewees helped to overcome the bias.

Factors that contribute to the success of achieving gender rank equity include:
- Chair, department, and institution requirements, support, and culture;
- Recruitment, retention, and promotion practices and incentives, including transparency in salary tiers; and
- Mentorship and opportunities for professional and leadership development.

Time: While DEI continues to be a priority for APC, allocation of time and effort was more than anticipated for this project. This required rescheduling of focus and realignment of other priorities.
Community Member Residency Interviews
A holistic approach to improved physician patient concordance

2022 ACGME Equity Matters Symposium
December 14, 2022

Jonathan Reed, MPH, PMP
He/ Him/ His
Senior Project Manager – GME Diversity & Inclusion
UIM Mentoring Programs Interactive Map

https://www.appd.org/about/confronting-racism/
Welcome

The Transgender Competent Care Learning Modules begin with a Pre-Survey, followed by six learning modules, and a Post-Survey.

Note: If you are applying for CME credits for the course, you will be required to enter some identifying information in each survey and module. All entries must be consistent throughout the course to receive the credit.

Each module must be completed in one session to receive credit without having to start that module again. All six modules do not need to be completed at one time, but should be done in order from 1 to 6.

The Pre-Survey, a certificate from each module, and the Post-Survey are all necessary to apply for CME credits. After completing each module, you will be able to download and/or print a Certificate of Completion.

We hope you will find this course beneficial, and add to your knowledge of Transgender Competent Care. Please use this Contact Form for logistical or technical questions regarding navigating these learning modules.
Lessons Learned

1: Let go of getting everyone onboard. Think adoption curve, it takes time.

2: DEI efforts should be done in the context of a trauma informed approach. Avoid creating harm by creating safe spaces, approach with cultural humility.

3: Collect and stratify data (Learner, Faculty, Staff, and Patient). No data is data.

4: Assess your community and resource readiness. Who needs to be involved? Where are resources (People, Dollars, Infrastructure)?

5: Develop a Plan linked to organizational goals. Are there strategic goals or do they need to developed? What other goals might be leveraged?

6: Start small and grow. This is long, deep work that requires a strong foundation to be sustained over time.
## Example of New Cycle

<table>
<thead>
<tr>
<th>Session</th>
<th>Month</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>March 2024</td>
<td>2-hour Instruction/Didactic 2-hour Consult/Workshop Session</td>
</tr>
<tr>
<td>2</td>
<td>April 2024</td>
<td>2-hour Instruction/Didactic 2-hour Consult/Workshop Session</td>
</tr>
<tr>
<td>3</td>
<td>May 2024</td>
<td>2-hour Instruction/Didactic 2-hour Consult/Workshop Session</td>
</tr>
<tr>
<td>4</td>
<td>June 2024</td>
<td>Intersession: 1:1 Check-ins</td>
</tr>
</tbody>
</table>
Future Resources
RESOURCE COLLECTION CATEGORIES

- Pathway Initiatives (01)
- Resident Recruitment (02)
- Resident Retention (03)
- Faculty Recruitment (04)
- Faculty Retention (05)
- Personnel/Training Practices (06)
Fundamentals of Diversity, Equity, Inclusion and Anti-Racism in Graduate Medical Education Textbook

Section 1: Foundations of Diversity, Equity, and Inclusion

Section 2: Key Challenges in DEI and Anti-racism

Section 3: Racial and Ethnic Experiences

Section 4: Identities and Populations

Content drawn from the ACGME Equity Matter learning modules

Supplemental tool alongside the modules and resource collection

Late 2024 Publication
Follow the Money! Understanding the Structural Incentives for Inequity in Health Care and Beyond

https://healthequitygrandrounds.com/
Thank You!

Contact: mpassiment@acgme.org