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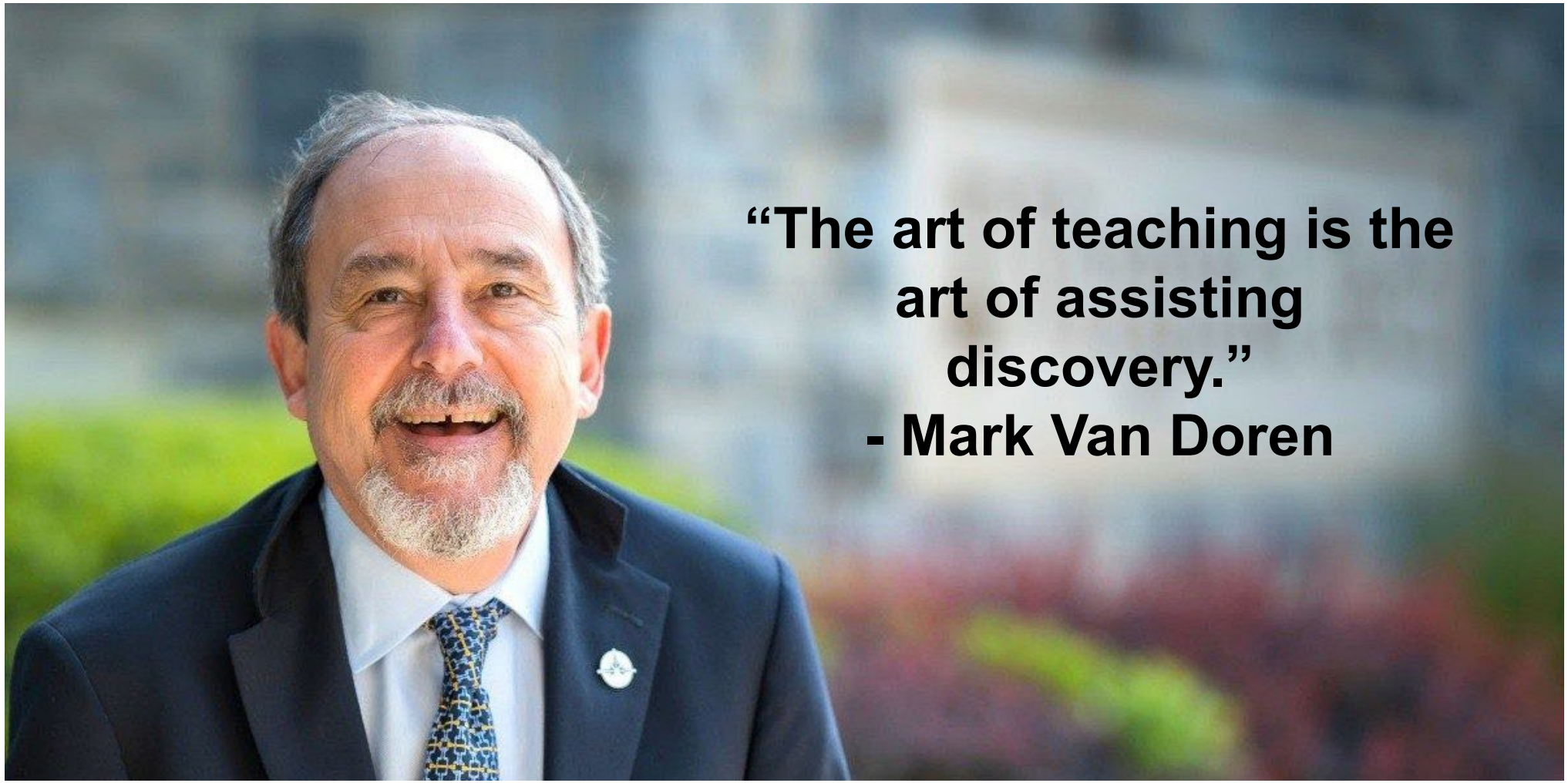
Moving from Diversity to Inclusion and Belonging: A Toolkit

Presented to: TEACH Education Day 2024
Presented on: October 17th, 2024
Presented by: Quentin R. Youmans, MD, MSc
Assistant Professor of Medicine (Cardiology)
Northwestern University Feinberg School of Medicine
@QuentinYoumans

The Richard C. Vari, PhD Endowed Lecture



Disclosures

- No relevant financial disclosure
- Director Pathway Programs and Student Support
- Medical Director of Community Affairs
- Core Faculty for Internal Medicine Residency - Recruitment


“Well, ‘Lucy’s’ really smart so…”

Learning Objectives

Discuss	Discuss tools for recruitment of underrepresented minority learners in 2024.
Illustrate	Illustrate the ways in which bias affect the clinical learning environment and how to move from diversity to inclusion and belonging.
Define	Define the role of mentorship in supporting learners from underrepresented backgrounds over the span of their training journeys.

The Case for Diversity

- Disparities in care persist.
- Study found that nonwhite physicians cared for 53.5% of minority and 70.4% of non–English-speaking patients.
- Patients from underserved groups were significantly more likely to see nonwhite physicians than white physicians.
- Moral obligation to right the wrongs of the past related to racial discrimination.

E Talamantes et al. N Engl J Med 2019.

Shifting Nomenclature

AAMC Definition of Underrepresented in Medicine (UIM):

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

https://www.aamc.org/what-we-do/diversity-inclusion/underrepresented-in-medicine

AAMC Data: Applicants

U.S. Medical School Applicants, 2016-2023
Race/Ethnicity Self-Identification Counts
With an Applicant Able to Appear in More than One Race/Ethnicity Category

Applicants	Year								
	2016*	2017	2018	2019	2020	2021	2022	2023	Percent Change from 2022 to 2023
American Indian or Alaska Native	553	508	559	586	561	689	563	583	+3.6%
Asian	12,591	12,072	12,812	12,779	13,018	15,588	14,752	14,553	-1.3%
Black or African American	4,998	4,967	5,164	5,193	5,197	7,331	5,922	5,665	-4.3%
Hispanic, Latino, or of Spanish Origin	5,421	5,553	5,576	5,857	5,820	7,281	6,247	6,107	-2.3%
Native Hawaiian or Other Pacific Islander	173	184	189	232	214	256	222	246	+10.8%
White	29,397	27,626	28,625	27,794	27,235	31,028	27,818	26,020	-6.5%
Other Race/Ethnicity	2,094	1,983	2,164	2,164	2,311	2,800	2,485	2,351	-5.4%
Unknown Race/Ethnicity	910	1,817	1,013	2,641	2,644	2,440	1,777	1,692	-4.8%
Non-U.S. Citizen or Non-Permanent Resident	2,053	1,917	1,948	1,890	1,844	2,309	1,959	1,886	-3.7%
Total Unduplicated Applicants	53,042	51,680	52,777	53,370	53,030	62,443	55,189	52,577	-4.7%

*During the 2016 application cycle, a technical malfunction in the collection of race/ethnicity data necessitated a request that applicants review and re-submit responses to the race/ethnicity question in their AMCAS applications. No applicants were asked to review this question prior to or after 2016.

AAMC Diversity 2023.

AAMC Data: Matriculants

U.S. Medical School Matriculants, 2016-2023
Race/Ethnicity Self-Identification Counts
With a Matriculant Able to Appear in More than One Race/Ethnicity Category

Matriculants	Year								
	2016*	2017	2018	2019	2020	2021	2022	2023	Percent Change from 2022 to 2023
American Indian or Alaska Native	194	205	218	230	248	227	225	258	+14.7%
Asian	5,121	5,166	5,486	5,431	5,543	6,004	6,524	6,758	+3.6%
Black or African American	1,771	1,775	1,856	1,916	2,117	2,562	2,308	2,305	-0.1%
Hispanic, Latino, or of Spanish Origin	2,203	2,295	2,319	2,466	2,678	2,869	2,784	2,910	+4.5%
Native Hawaiian or Other Pacific Islander	65	68	75	95	80	85	101	94	-6.9%
White	12,363	12,138	12,481	12,042	11,874	11,682	11,800	11,775	-0.2%
Other Race/Ethnicity	710	697	727	717	850	884	920	893	-2.9%
Unknown Race/Ethnicity	341	765	394	1,073	1,094	798	641	657	+2.5%
Non-U.S. Citizen or Non-Permanent Resident	269	275	280	272	276	328	314	287	-8.6%
Total Unduplicated Matriculants	21,030	21,338	21,622	21,869	22,239	22,666	22,710	22,981	+1.2%

*During the 2016 application cycle, a technical malfunction in the collection of race/ethnicity data necessitated a request that applicants review and re-submit responses to the race/ethnicity question in their AMCAS applications. No applicants were asked to review this question prior to or after 2016.

AAMC Diversity 2023.

SINCE 1891

THE BROWN DAILY HERALD

Print Editions
Sunday September 15th, 2024

UNIVERSITY NEWS

At Brown University, Black freshman enrollment drops 40%

The first-year class is the first admitted since the Supreme Court outlawed race-based affirmative action.

Popular

Brown University trustee resigns over divestment vote

By **Anisha Kumar** | September 8

How anti-divestment students will make their case to Brown today

By **Sophia Wotman** | September 9

'A very unpleasant situation': CS students struggle to register for

Holistic Review According to AAMC

PROFESSIONAL SERVICE

Holistic Review

Holistic Review considers the "whole" applicant.

Holistic Review is a flexible, mission-driven approach to recruit and assess an individual's competencies by considering their experiences, attributes, and metrics in order to select applicants who will best contribute to the program's unique goals, learning environment, and the practice of medicine. The core principles of holistic review are outlined below.

The NEW ENGLAND JOURNAL of MEDICINE

A Test of Diversity — What USMLE Pass/Fail Scoring Means for Medicine

Quentin R. Youmans, M.D., Utibe R. Essien, M.D., M.P.H., and Quinn Capers, IV, M.D.

202. Years of anticipation, months of preparation, hours of practice testing. All for a score of 202 of a possible 300.

Such laments are common among U.S. medical students who put their personal and academic lives on hold each year while preparing for Step 1 of the U.S. Medical Licensing Examination (USMLE). The stakes are high for all students taking this first Step examination of the three required for medical licen-

The odds are stacked against students from underrepresented minority groups starting early in their scholastic journeys.[2] Beginning in grade school, they may be subject to teachers' racial and ethnic biases that can hinder their achievement. Socioeconomic factors such as neighborhood poverty and parental educational attainment may limit their access to high-quality schools, test-preparation resources, and supportive mentorship, widening the

for its current role in dictating students' acceptance into their chosen specialty. As with the MCAT, scores on Step 1 are lower among black, Hispanic, Asian-American, and female students than among their white male counterparts.[4] Although this disparity has multiple causes, historically disadvantageous early education in minority communities probably plays an important role for members of underrepresented minority groups.

Youmans et al. NEJM 2020

Holistic Review Improves Diversity

Diversity of the incoming Class	Increased	Unchanged	Decreased
Schools using **many holistic review elements** N=57	**81%**	16%	4%
Schools using some holistic review elements N=60	67%	32%	2%
Schools using few to no holistic review elements N=15	60%	40%	0%
Total Schools Using Holistic Review (N=132)	72%	26%	2%

http://urbanuniversitiesforhealth.org/media/documents/Holistic_Admissions_in_the_Health_Professions.pdf

Clinical Competencies:

0 = Red flags, bottom of class
1 = Average clinically
2 = Strong, star

Exceptional experience in COMMUNITY SERVICE:
highlights applicants with a commitment to community, health equity, advocacy. **Includes both community health and URM mentorship (e.g. SNMA).

0 = none or very little (eg infrequent participation in community health clinic)
1 = average (a few different volunteer roles, other minor committee/service responsibilities, but no leadership positions)
2 = more substantial, e.g. student run clinic director
3 =multiple commuity health or mentorship/pipeline leadership roles.
4 = a STARTER. Founder of a group that seems like it took significant coordination/effot. NGO founder.

Leadership potential in RESEARCH:
highlights applicants with potential to excel in research (includes QI/safety)

0 = none or little activity (short term experience in a lab or research setting but no productivity)
1 = case report presentation or paper, abstract or poster, not original research
2 = more substantial participation in research (eg coauthored [non first author] original research paper or abstract, long-term research experience but without research output [which may indicate poor mentorship])
3 = 1-2 first auth pubs
4 = research superstar (clear passion for research, , any significant grants received or clear ownership in formulation of projects)

Resilience factors:
Highlights applicants who have overcome various social, financial, medical obstacles to get to this point (eg metaphorical distance traveled). Consider how much harder this applicant may have had to work to be a successful medical student given these challenges.

0 = no mention of barriers or obstacles in application or mentions common challenges (e.g. took out student loans, failed a test)

1 = applicant faced significant barriers (e.g. significant support for sick family member during school, early history of immigration)

2 = exceptional circumstances (eg financial insecurity, etc)

Leadership potential in MEDICAL EDUCATION: highlights applicants with potential to excel in med ed. Prioritize educational activities in medical school.

0 = none or little participation (member of an interest group)
1 = some participation (eg IM interest group leader, has led teaching activities for younger students)
2 = leader (medical school education committee leader, >3 active roles in teaching or committees)
3 = a STARTER/DOER. E.g. Developed a curriculum.

Circling Back…

Microaggressions	Stereotype Threat	Tokenism
Imposter Syndrome	Homophily	Implicit Bias

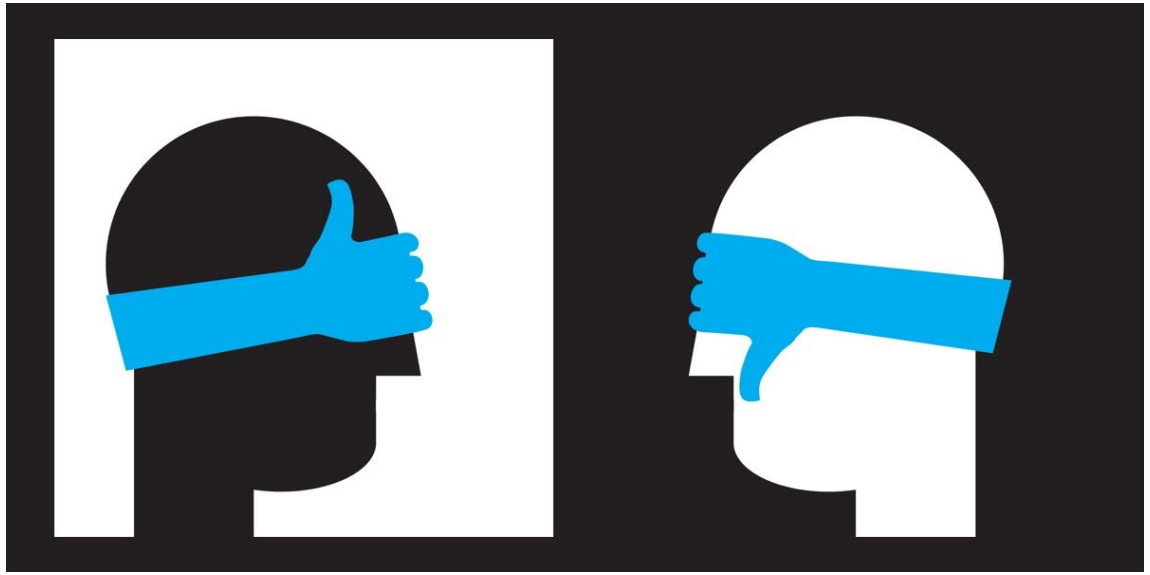
Ellis et al. Interviewed while Black. NEJM 2020.

Implicit Bias

- An unconscious preference for a specific social group that can have adverse consequences

- We all have these biases and tests like the Implicit Association Test can help us identify them

- Plays a role in recruitment evaluations and performance



How to Mitigate Implicit Bias

- Reflection
- Don’t Stereotype->>Individualize
- Perspective
- Slow Down

BOX Recommendations for Program Directors to Mitigate Bias in Virtual Residency Interviews

1. Encourage Implicit Association Test (IAT) for all interviewers participating in the process.
2. Develop structured interviews with a standard rubric.
3. Utilize multiple mini interviews.
4. Blind interviewers to applicants' cognitive application data.
5. Encourage virtual meet ups of underrepresented in medicine (UiM) faculty, staff, and applicants.
6. Evaluate diversity representation at the end of the interview cycle to identify areas for improvement.

Fuchs, Youmans. JGME 2020.

Annals of Internal Medicine

The N-Word

Achy, substernal chest pain that radiated to the jaw. A textbook story. Mr. F demanded IV narcotics as its only remedy. He was from "away." His entire medical history was per his own report. His story was not clear. He apparently had two diseased coronary arteries that were "ballooned" with or without stenting.

I saw him on the inpatient cardiology service. During our sign-out, I learned that he had been belligerent with residents and staff, using derogatory language and exploding with rage if his demands were not met swiftly and precisely.

Upon cardiac catheterization, we learned that our initial suspicions were correct: Mr. F had only nonobstructive coronary disease and lacked a cardiac cause for his presentation. My intern Lucy asked whether I would accompany her for his discharge given his behavior over the previous several days. I, of course, obliged.

We entered his room and shared the news with him.

"I'm not leaving today," he said.

"Well, sir, your angiogram was normal. Now that we have ruled out an issue with your heart and you are pain free, we feel that you are safe for discharge with outpatient follow-up," I stated.

His brow furrowed, and he began to frown. "The doctor yesterday told me that I could stay today," he retorted.

I've addressed bias related to gender, race, age, and hierarchy. But I have never dealt with the N-word until now." In my distress, I watched him find a level of equanimity similar to that seen in experienced physicians during medical emergencies. He clasped his hands together and leaned across his desk toward me, and we debriefed on the history and started formulating an assessment and plan.

He repeated back to me, "Mr. F had been harassing nurses and demanding narcotics. He had completed a thorough evaluation of his chest pain, and he was ready for discharge. Was he delirious or demented? No. Did he have a severe personality disorder? Maybe. Does it soften the blow when a possibly borderline and opioid-addicted patient says the N-word?"

He paused and waited me out. Both of us, as persons of color, silently shook our heads "no."

We discussed the options: Discharge the patient against his will regardless of readiness; document some version of "racist" in the chart; or just tell the patient, "If you do that again . . . ." We felt exempt from our oath to Hippocrates, because the patient being ready for discharge let us off the hook.

We might have gone into the patient's room, condemned the act, and drawn the line in the sand. Our country has been dealing with racial bias anew—in the criminal justice system, immigration, and academic

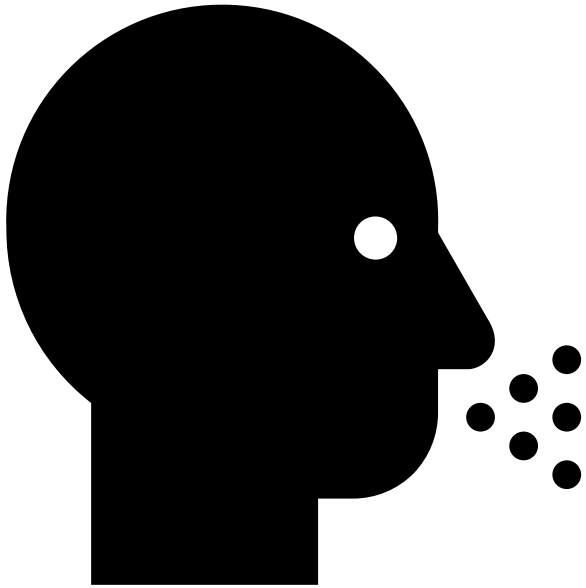
Youmans, Q. Ann Intern Med 2019.

Challenges Responding to Bias

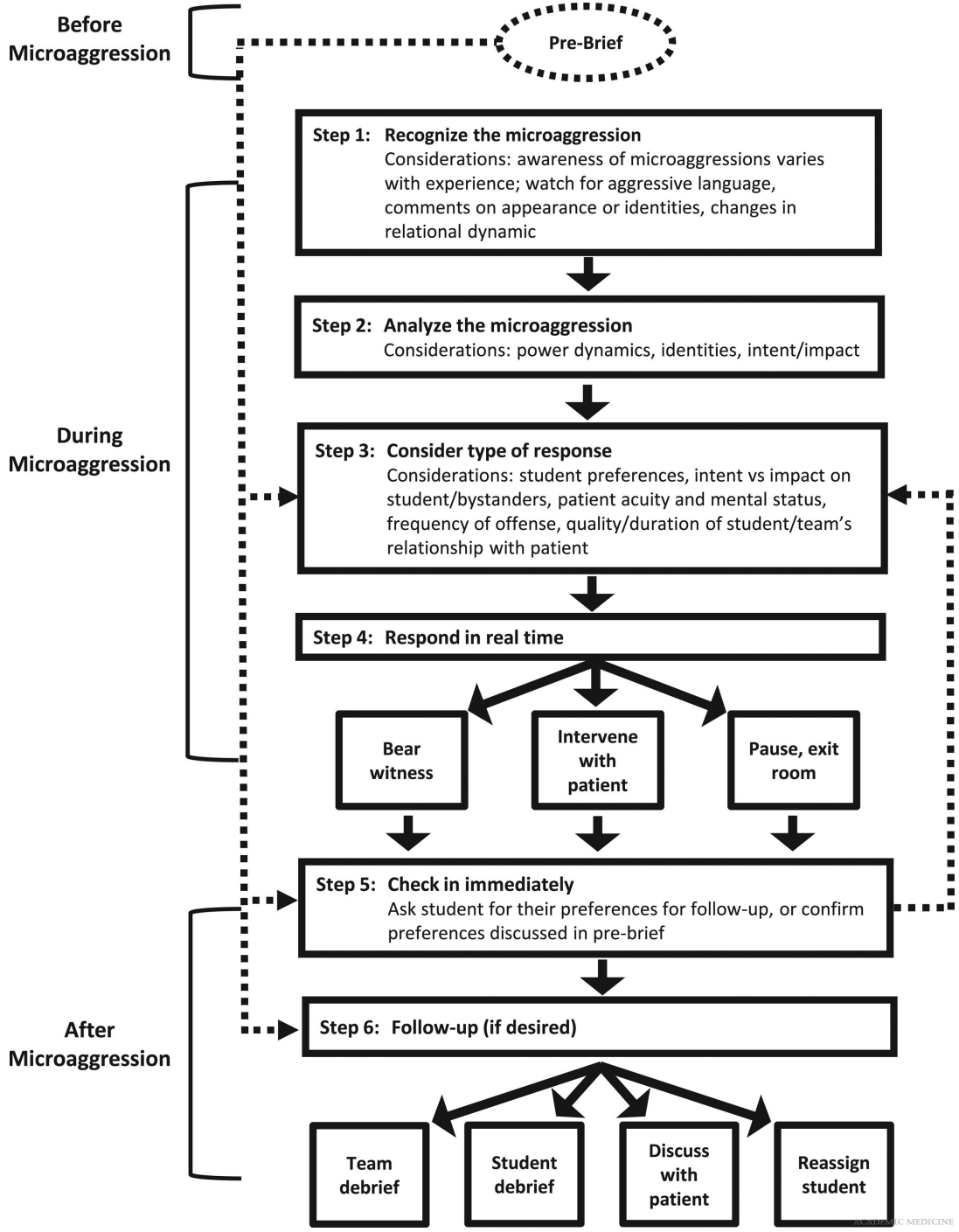
- Balancing patient autonomy with ethical principles of justice and non-malfeasance
- “First, do no harm” but must also protect clinicians
- Concerns that building lasting patient-clinician relationship may be hindered
- Perceived lack of support from colleagues
- Risk of poor patient satisfaction scores

Chandrashekar et al. Academic Medicine. 2020.

Responding to Bias



Bullock et al. Academic Medicine. 2021.



SAFER Model to Respond to Misconduct

Five Steps in SAFER Model
Step in when you observe behavior that does not align with Mayo Clinic values.
Address (the inappropriate) behavior with the patient or visitor.
Focus on Mayo Clinic values (such as respect and healing).
Explain Mayo's expectations and set boundaries with patients and visitors.
Report the incident to your supervisor and document the event using the Patient Misconduct form.

Warsame et al. AMA Journal of Ethics 2019.

Challenges for Trainees Underrepresented in Medicine

UIM Medical Students[1]

- Lack of Support
- Racial Discrimination/Harassment
- Lack of cultural representation
- Lower satisfaction with the learning environment

UIM Residents and Fellows[2]

- Microaggressions and Bias
- Pressure to be ambassadors for their race
- Trouble with professional and personal identity

1. Orom et al. *Acad Med*. 2013.

2. Osseo-Asare et al *JAMA Netw Open*. 2018.

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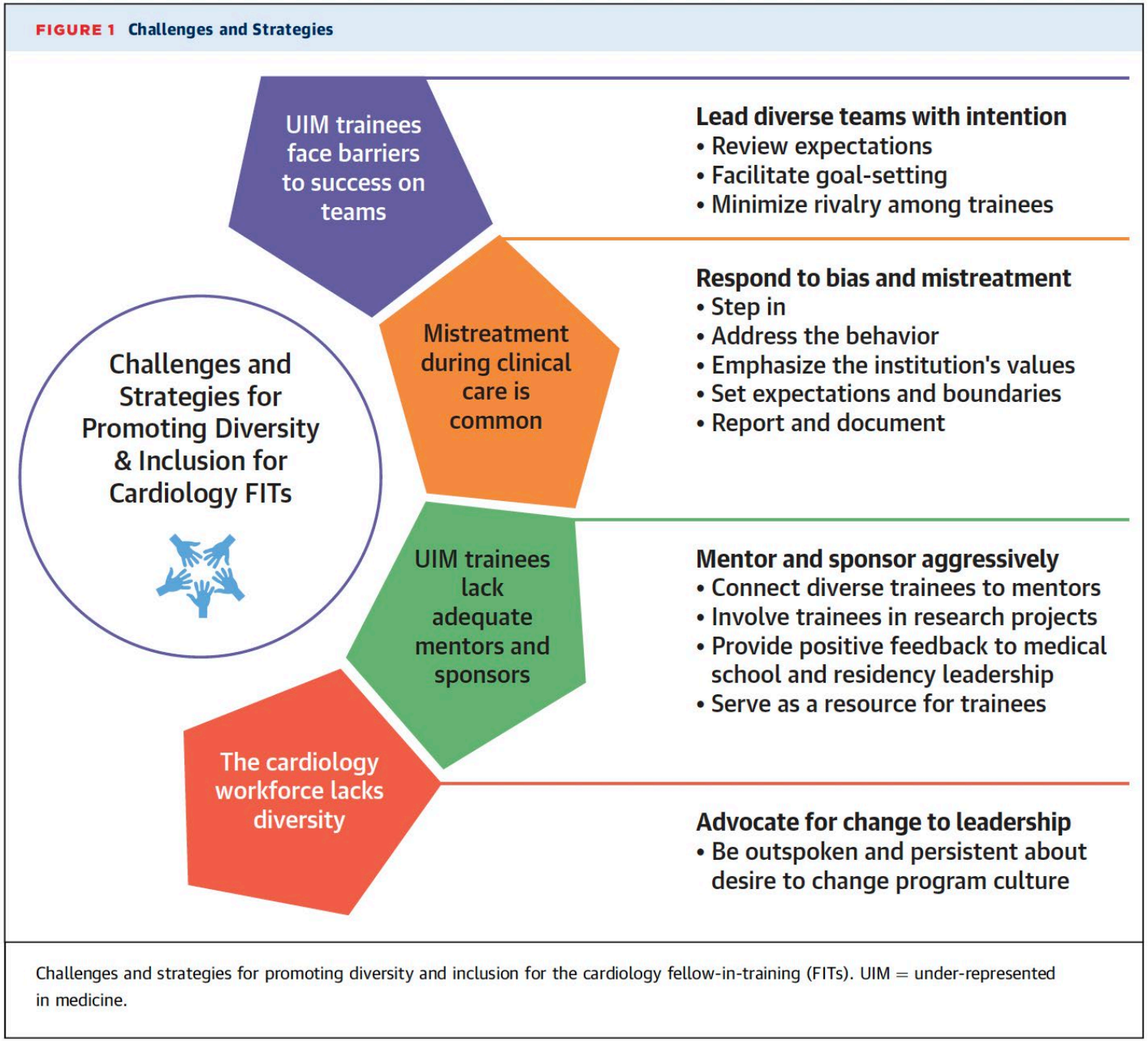
FELLOWS-IN-TRAINING & EARLY CAREER SECTION

How Cardiovascular Disease Fellows Can Promote Diversity and Inclusion in Cardiology

Doing Our Part

Joyce N. Njoroge, MD,[a] Quentin R. Youmans, MD, MSc,[b] Sarah Chuzi, MD, MSc[b]

Challenges and Strategies



Njoroge et al. JACC 2021.

Support through Mentorship

The Case for Mentorship

- Mentorship in academic medicine aids in professional development, career guidance, specialty selection and research advancement.

- Participating in a mentoring relationship is associated with improved job satisfaction for mentors.

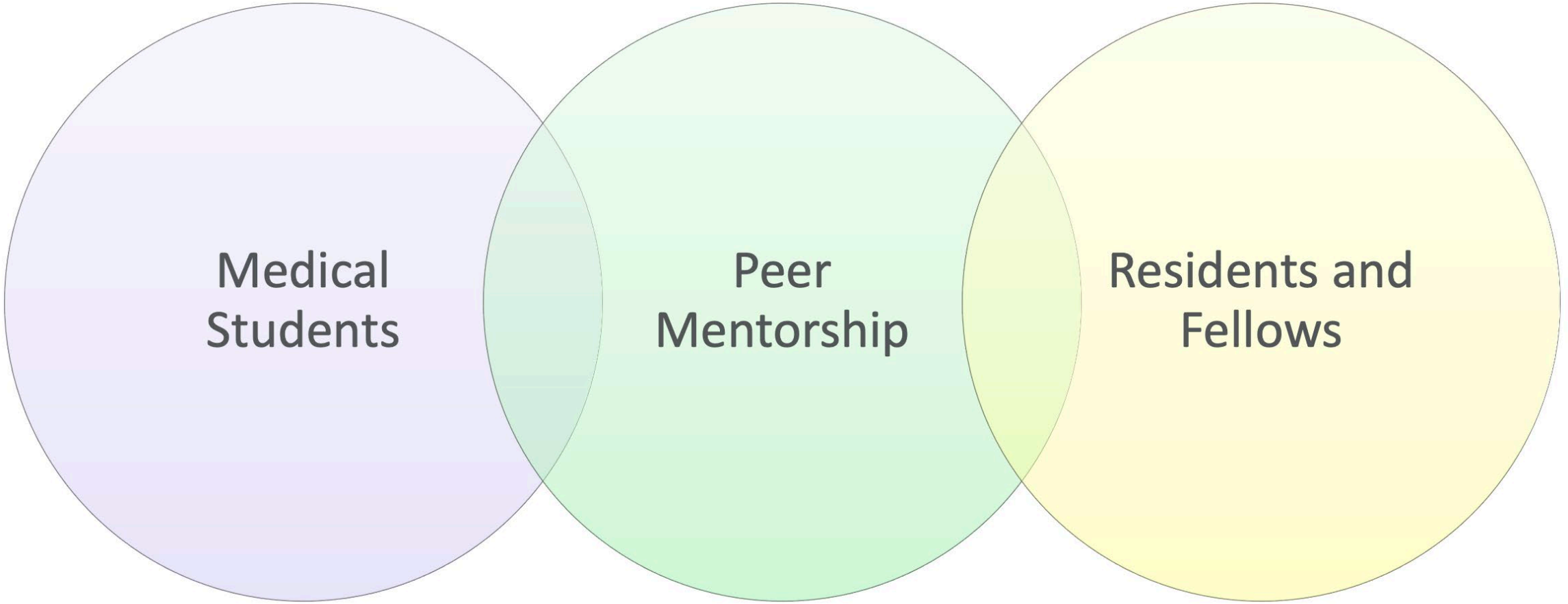
- Trainees in medicine identify mentorship by more senior peers as having a positive impact on wellbeing.

“You’re never to old to need a mentor and you’re never to young to *be* one.”

Northwestern Medicine®

STRIVE: Student to Resident Institutional Vehicle for Excellence

Eliminating the Silos



Resident Led and Trainee Driven

- Important for residents to have autonomy when creating atmosphere and content

- Trainees provide safe space outside of environment of evaluation

STRIVE Process Map

Identification of UIM residents and fellows by self-report

Invitation to participate as a STRIVE mentor sent to all eligible trainees

UIM students identified through the Office of Diversity and Inclusion

Program includes panel discussions, course reviews, social events

Pillars of Programming

Curriculum Review Sessions

Panel Discussions

Social Events

Pillars of Programming

TABLE 1
STRIVE Pillars of Programming

Pillar	Description	Examples
Curriculum review sessions	Students shared course syllabi with resident mentors who conducted 2-hour review sessions on topics related to their specialty. Sessions were intended to focus on clinical content relevant to current coursework. Complete curricular alignment was not required.	URM internal medicine residents reviewed the cardiovascular module for first-year medical students before the module examination.
Panel discussions	Led by URM residents on topics related to clinical training and career planning. FSM has assigned faculty members from each residency program who serve as formal student career advisors. The purpose of STRIVE career discussions was to provide resident perspectives in addition to faculty resources already available.	▪ Success in the Clinical Years: Preparing second-year medical students for the transition to the clinical phase of education. ▪ Picking a Specialty: Providing information and personal experiences to aid third-year students with specialty selection. ▪ Medical Student to Intern: Advice for fourth-year students prior to graduation.
Social events	Off-campus events promoting trusting relationships and building a community of emotional and professional support.	▪ Annual welcome event setting a tone of inclusivity and comfort. ▪ End-of-the-year event celebrating successful completion of the academic year.

Abbreviations: URM, underrepresented minority; FSM, Feinberg School of Medicine; STRIVE, Student to Resident Institutional Vehicle for Excellence.

Youmans, Q et al. J Grad Med Educ. 2020.

STRIVE Resident Peer Mentor Demographics

Specialty (n)	Anesthesiology (4)
	Dermatology (2)
	Emergency Medicine (3)
	Family Medicine (1)
	Internal Medicine (3)
	Neurology (3)
	Obstetrics and Gynecology (4)
	Ophthalmology (1)
	Orthopedic Surgery (1)
	Otolaryngology (1)
	Pediatrics (4)
	Psychiatry (2)
	Radiation Oncology (1)
	Radiology (1)
	General Surgery (4)
Sex (%)	Female 23 (66)
Race (%)	Black /African-American 32 (91)
	Hispanic 3 (9)
	Native American 0
FSM alumni (%)	7 (20)
PGY* year (%)	1 (45) 2 (28) 3 (9) 4 (9) 5 (9)

Youmans, Q et al. J Grad Med Educ. 2020.

STRIVE Resident Peer Mentor Attitudes

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
STRIVE has made me a better mentor.	0%	0%	5%	55%	40%
STRIVE has helped me deal with the challenges of underrepresentation in medicine.	0%	0%	25%	20%	55%
I have benefited professionally from participating in the STRIVE program.	0%	0%	20%	30%	50%
STRIVE has strengthened my desire to enter academic medicine.	0%	10%	10%	35%	45%
I would recommend becoming a mentor in the STRIVE program to future URM graduate medical trainees.	0%	0%	0%	20%	80%
I would have appreciated STRIVE (or equivalent program) during my medical school training.	0%	0%	10%	30%	60%
STRIVE has contributed positively to my overall wellness as a trainee.	0%	0%	10%	25%	65%

Youmans, Q et al. J Grad Med Educ. 2020.

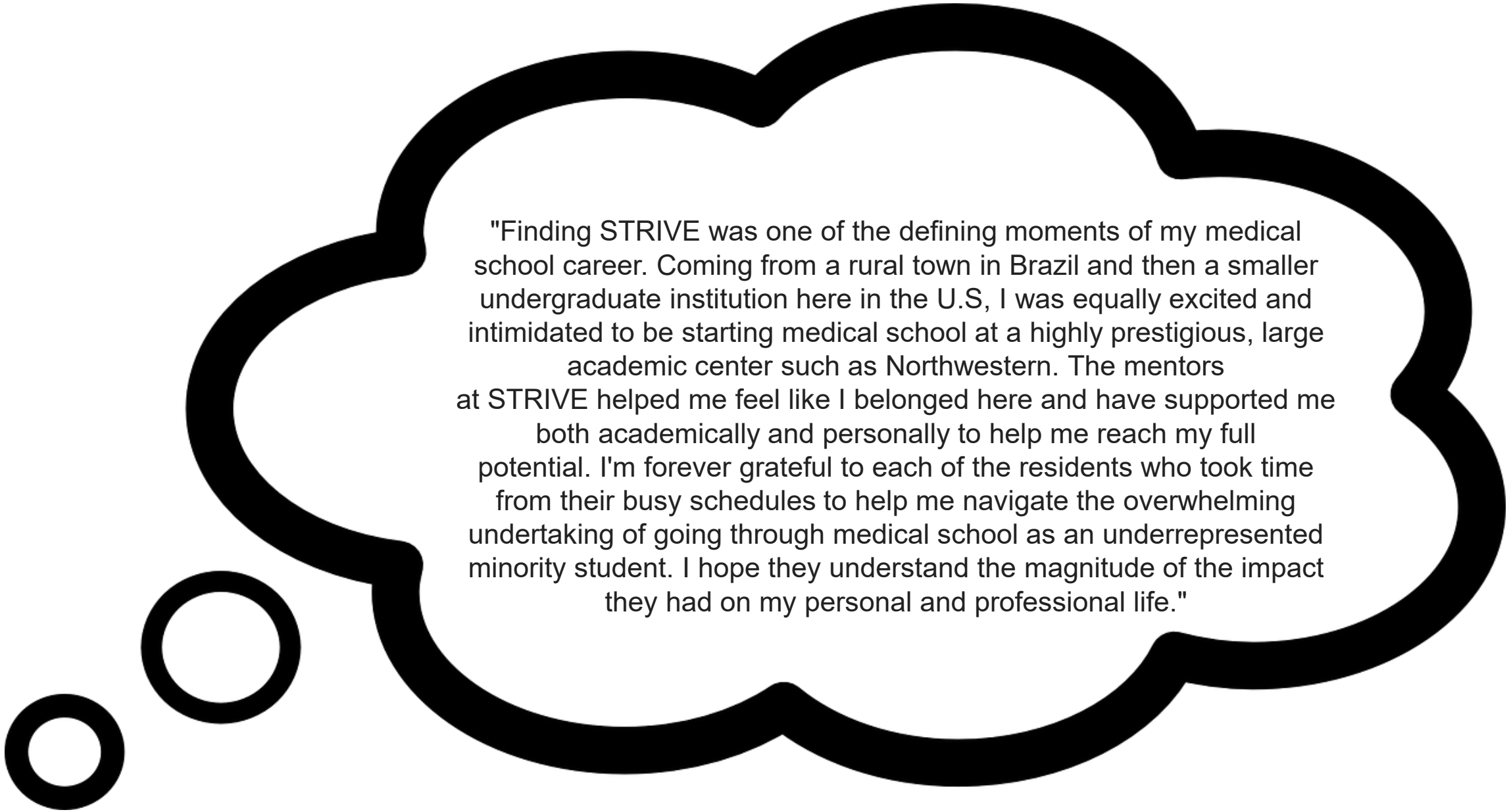
Voices of Residents

"I have enjoyed getting to know the medical students in STRIVE. They are excited to learn, they are very engaged and they ask great questions. There were many challenges I had to navigate on my own as a medical student. I simply didn't know how some things worked and I didn't know who to ask. It is so rewarding (and almost therapeutic) to be able to give advice to younger students so they are prepared for the next stage. I feel like I'm making a meaningful difference in their lives and helping them go into residency with confidence."

"STRIVE is an outlet to discuss the unspoken rules and experiences of being minority in medicine."

"Connected me with several colleagues I would not have met otherwise which have had both immediate and long-lasting input on my career as a physician. STRIVE has re-enforced the necessity of great mentorship and accountability for progressing our position as under-represented minorities in medicine."

Voice of Medical Student



"Finding STRIVE was one of the defining moments of my medical school career. Coming from a rural town in Brazil and then a smaller undergraduate institution here in the U.S, I was equally excited and intimidated to be starting medical school at a highly prestigious, large academic center such as Northwestern. The mentors at STRIVE helped me feel like I belonged here and have supported me both academically and personally to help me reach my full potential. I'm forever grateful to each of the residents who took time from their busy schedules to help me navigate the overwhelming undertaking of going through medical school as an underrepresented minority student. I hope they understand the magnitude of the impact they had on my personal and professional life."

To the Editor Hill and colleagues[1] provide a large, contemporary exploration of discrimination experienced by medical students. The prevalence is alarmingly high, and, unsurprisingly, underrepresented minority (URM) students bear the brunt. The authors found that 38.0% of URM students endure mistreatment and 23.3% experience discrimination based on race/ethnicity. The challenges of medical education are magnified when students must grapple with racist remarks or are denied opportunities because of their race/ethnicity. Problems with the social and learning environments for URM medical students have been well documented.[2] These are issues that assuredly contribute to burnout and the attrition of talented URM trainees from academic medicine at the end of their training. How should institutions respond in the face of prevalent discrimination? What is the best way to support URM students?

At our institution, we developed a near-peer mentorship model to meet this need.[3] The Student to Resident Institutional Vehicle for Excellence (STRIVE) program offers support by connecting URM medical students with URM resi-

bution or repercussion. While identifying and addressing the sources of discrimination and bias will be paramount, creating spaces like the ones in the STRIVE program through a model of near-peer mentorship should be a consideration for academic centers moving forward.

of near-peer mentorship should be a consideration for academic centers moving forward.

Quentin R. Youmans, MD

Youmans, Q. JAMA Intern Med. 2020.

Building Inclusion and Belonging in Training Environments

How to start TODAY

- Commit to DEIB
- Collect and make transparent CLE climate data
- Act as personal navigators
- Create safe and open spaces for dialogue
- Build budgets that value and prioritize DEIB

What to do LONG TERM

- Define and implement DEIB competency milestones
- Implement practical DEIB training for all faculty
- Create a longitudinal equity, anti-racism, and anti oppression curriculum for trainees
- Hold yourself and your program accountable

Youmans, Q, et al. JGME. 2022.

Learning Objectives

Discuss	Discuss tools for recruitment of underrepresented minority learners in 2024.
Illustrate	Illustrate the ways in which bias affect the clinical learning environment and how to move from diversity to inclusion and belonging.
Define	Define the role of mentorship in supporting learners from underrepresented backgrounds over the span of their training journeys.

Thank you.

Northwestern Medicine®