

Fostering Diversity, Equity, and Inclusion in Today's Neurology Residency Selection Part III

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University of New Mexico



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DISCLOSURES

None



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University of New Mexico School of Medicine

- UNM – flagship University in NM since 1889
- UNM Medical School – founded 1961 (Diversity is one of the core values of SOM)
- UNM Neurology Residency – ACGME accredited in 1967
- UNM GME has 60 ACGME-accredited programs



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GME Efforts for Recruitment

Slide courtesy of Dr. N. Mariam Salas,
UNM



All GME programs are utilizing a Holistic Recruitment process that has been reviewed by the GME



GME Operations shares Holistic Recruitment best practices biannually with all GME Programs



GME Office in Conjunction with the SOM ODEI hosts Diversity Nights for students and residents to learn about UNM inclusion initiatives



The GME Office has increased representation at national conferences for diverse recruitment - most recently at Howard University

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Diversity Nights

THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE

Diversity Nights

We invite you to attend one of the UNM School of Medicine Diversity Nights. These events are for all medical students and residents who are participating in the 2024-2025 MATCH, and would like to learn more about the diverse people and programs of The University of New Mexico School of Medicine residencies and fellowships. We will give you an overview of our DEI initiatives, followed by breakout rooms where you can get in-depth information on your areas of interest. All meetings are via Zoom.

Wednesday, Sept. 25th, 5:30 - 7pm MDT
Thursday, Nov. 14th, 6 - 7:30pm MST

Please RSVP HERE go to bit.ly/diversitynights
or **Scan QR code** With RSVP, you will be emailed the
zoom link For questions contact: GMEOffice@salud.unm.edu



RSVP LINK



SOM GME
WEBPAGE



SOM DEI
WEBPAGE



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UNM Neurology

- 7 residents per match
- Average 650 applications in ERAS every cycle
- Formal Holistic Rubric implemented for 2022-23 match
- ERAS filters always used for application review
 - DOB/Gender/Picture/Race/Ethnicity screened during initial review



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General Principles for Holistic Review



Identify gaps in the diversity of your program



Identify your program's values: what does your program stand for?



Create a Rubric + Objective score



Review and Modify



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Identifying Program Values



What are our clinical or research priorities?



What personal characteristics do best in our program?



What skills are necessary to support our patient population?



Are our patients reflected in our program?



What are our long-term division/department goals?



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Adult Neurology Application Scoring Worksheet 2023-24

Total Score:

Reviewer: _____ Candidate: _____ AAMC ID: _____

| Metric | Description | Score (5-27) |
|---|---|--------------|
| Demonstration of Desired Professional Attributes: Resilience Integrity Compassion Empathy Perseverance Adaptability Cultural humility Intellectual curiosity Flexible Thinking Team player Self-awareness | 5 = 4+ attributes 4 = 3+ attributes 3 = 2+ attributes 2 = 1 attribute 1 = Can't tell | |
| Interest in and Commitment to Neurology Clinical Experience: - Clerkships, Sub I - Away rotations, Volunteering at clinics Interest: - tutoring, teaching - Neuro interest groups - Related research Seeking out opportunity in neurology outside usual curriculum | Clinical Experience 4 = 8+ Weeks 3 = 5-8 Weeks 2 = 3-4 weeks 1 = 1-2 Weeks 0 = none Interest 3 = Compelling interest 2 = Average interest 1 = Minimal interest (Only enough to apply) | |
| Interest in New Mexico | 3 = Established Connection to NM 2 = Interested in/enthusiasm for rural health/NM populations 1 = Interests not related to NM/Southwest | |
| Traditional Measures of Academic Success: Passed exams, Clerkship grades, LORs | 5 = Top 10% of class, excelled academically and clinically (scores, grades, clinically, letters) and/or stellar applicant with non-traditional application 4 = Top third of class, excelled clinically and academically 3 = Top third of class, excelled in one realm <u>clinically</u> OR academically – solid applicant with no red flags 2 = Bottom two thirds of class - average or above solid student with no red flags 1 = Bottom third of class - below average student with no red flags 0 = Bottom third of class and/OR major red flags – e.g., sustained academic difficulty or poor performance, negative letters | |
| Additional remarkable extracurricular activities Activities/experiences that demonstrate passion or dedication that may not be related to equity or Neurology, but still notable. Community service Leadership role – AMA, LMSA, director of student run clinics Research experience – outside of neuro Healthcare experience – eg, caregiver, therapist, EMT Notable school tracks (eg, rural health, global health, etc) | 3 = Significant involvement and success in leadership roles 2 = Evidence of involvement 1 = No experience/minimal interest | |
| Competencies: Interpersonal and Communication skills Professionalism | 1 = No red flags 0 = Red flags | |
| Demonstrates experience/interest in working towards healthcare equity • Worked with community organizations • Work in inclusion, policy or advocacy work, • Worked with medically underserved communities • Worked with incarcerated, immigrants, refugees, homeless, OUD, LGBTQIA+ | 3 = Significant involvement over time 2 = Evidence of involvement 1 = No experience/minimal interest | |

Min score: 5

Max score: 27

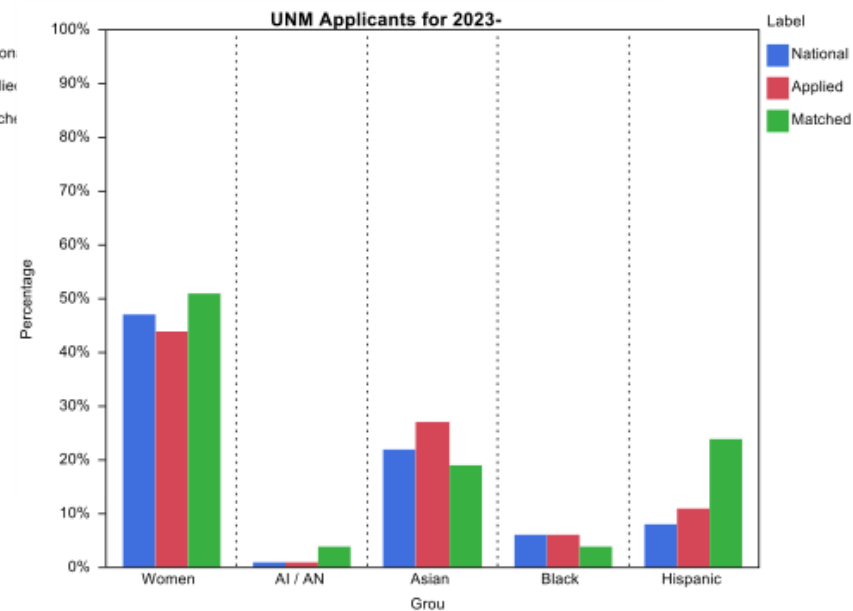
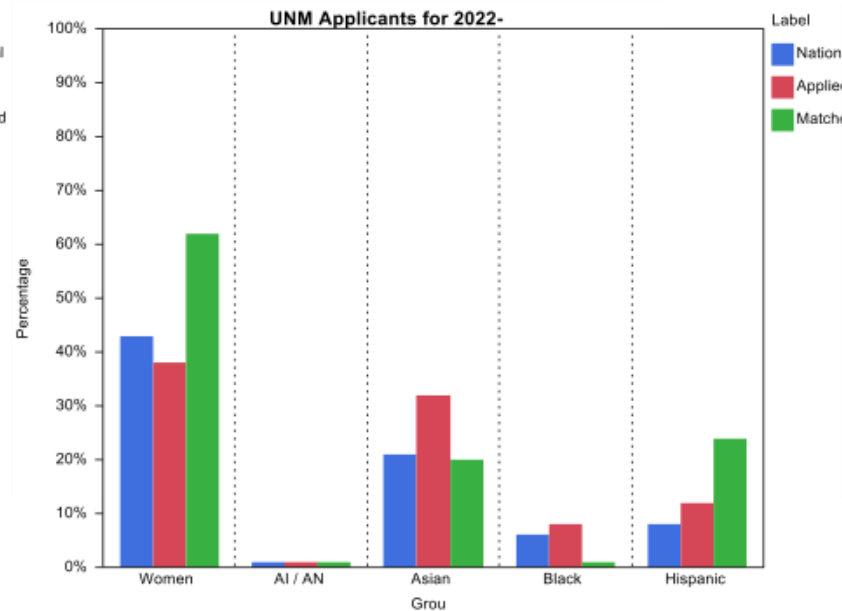
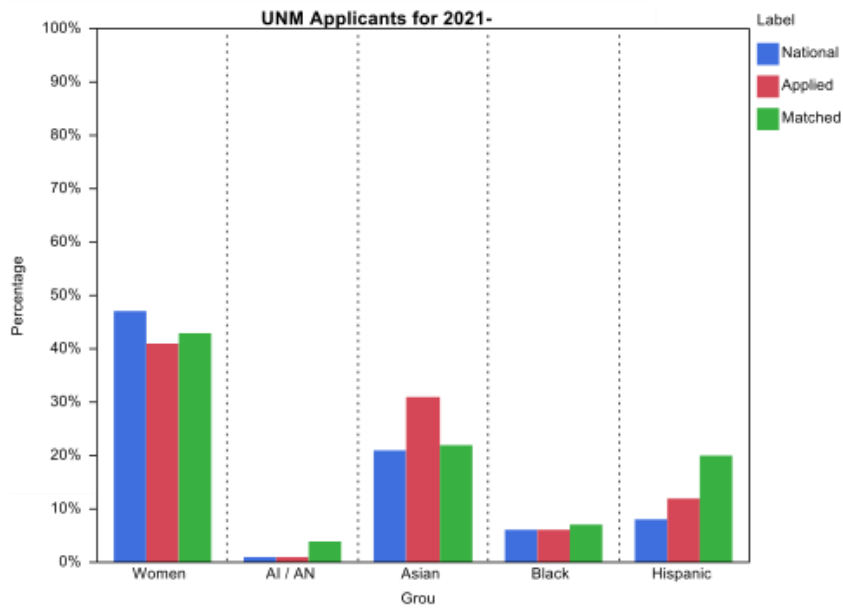
The score range of most applicants varies from 9-23

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UNM GME Holistic Recruitment – Three Years of Data



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Summary

- GME and Institutional support is needed for formal DEI Efforts in recruiting diverse residents
- Holistic Review looks different for each program (One Size Doesn't Fit All!)

Thank You!

Email: abhatramachandra@salud.unm.edu



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Integrating Diversity, Equity, and Inclusion in Neurology Residency Selection

Larry B. Goldstein, MD
Chair, Department of Neurology
University of Kentucky



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DISCLOSURES

- None relevant



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SCOTUS Ruling on Race in Admissions

- Supreme Court ruling on race in admissions issued June 29, 2023
- Focus was on students
- Directly affected GME resident/fellow recruitment



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SCOTUS Ruling Interpretation

- If a public university accepts federal funds, practices concerning graduate medical education and residency programs are subject to Title VI rather than Title VII of the Civil Rights Act of 1964
 - Title VI: Prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance
 - Title VII: prohibits employment discrimination based on race, religion, national origin, color, or sex (including gender, gender identity, pregnancy, and sexual orientation)
- All peer institutions that are private and accept federal funds are subject to Title VI
- In Students for Fair Admissions (SFFA), the Court held that the constitutional analysis and the Title VI analysis are identical.
 - SFFA applies to all practices concerning GME
- University perspective
 - Because obtaining the educational benefits of diversity is not viewed as compelling and because the University may not consider race in recruitment.



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ERAS Review

Pink Items Turned Off

Screen Data

Data screening hides sensitive information during the application evaluation process. Screened data will not be displayed in applications, reports, and filter results. You can switch data to screened or viewable at any time.

| | Viewable | Screened | | Viewable | Screened |
|------------------------------|-------------------------------------|--------------------------|-------------------------|-------------------------------------|--------------------------|
| Basis for Work Authorization | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Limitations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Birth Date | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Misdemeanor Conviction | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Current Work Authorization | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Photograph | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Designated Pronouns | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Self Identification | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Felony Conviction | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Visa Sponsorship Needed | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Gender | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Visa Sponsorship Sought | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hometown(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | |



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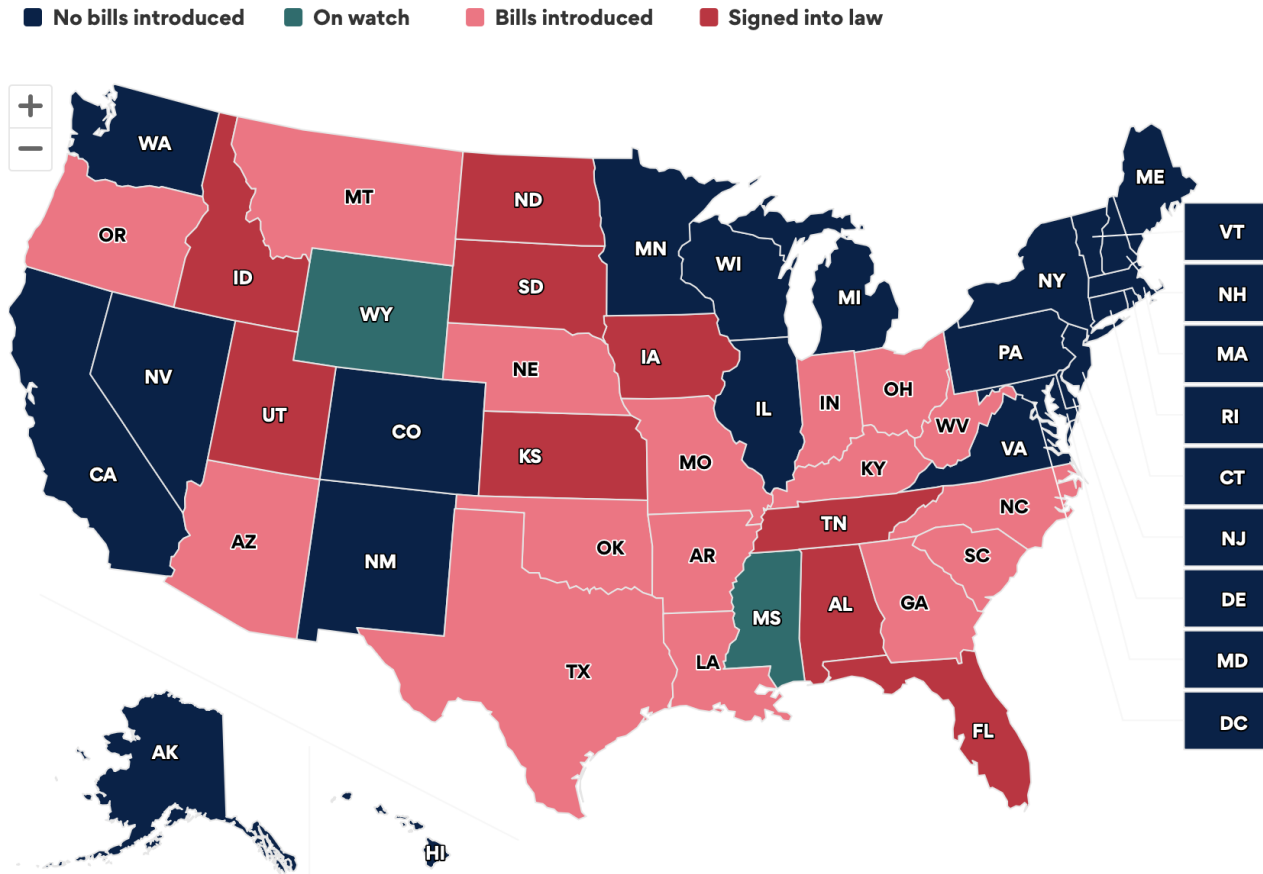
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Application Review Process

1. On initial application review
 - **MUST** mask
 - Self-identification (eg-race/ethnicity), gender, birthdate, photograph, pronouns
 - **SHOULD** mask
 - Work authorization and visa sponsorship needs
2. After being *considered* for an interview
 - Can mask work authorization and visa needs.
3. After applicant has accepted/scheduled an interview
 - Photo and preferred pronouns may be unscreened to facilitate identification and communication during the interview
4. At Interview
 - Keep self-identification, gender, birthdate masked
5. Programs should use a standardized process/criteria to assess and rank candidates
 - Should be based on demonstrated performance, aptitude, and experiences rather than demographics
6. Ranking
 - Keep self-identification, gender, birthdate masked

State DEI Restricting Legislation



From Best Colleges
March 2024

Note: States that are "on watch" have not formally introduced or proposed DEI bills as of March 2024, but have begun digging into the allocation of state funds on DEI programs at public institutions or introduced other legislation that indirectly impacts DEI offerings.

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Why is Diversity, Equity and Inclusion Important?

Rana R. Said, MD FAAN

Professor of Pediatrics and Neurology

University of Texas Southwestern Medical Center

Children's Health Dallas



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Disclosures

- Chair, Equity, Diversity and Inclusion Committee, American Epilepsy Society
- Chair, Resident Wellness and Wellbeing Subcommittee, University of Texas Southwestern Medical Center
- Chair, Pipeline Subcommittee of Education Committee, American Academy of Neurology
- Immediate Past Program Director, Child Neurology Residency, UTSW (9/2004-8/2024)



What is DEI?



- Diversity, equity, and inclusion are often lumped together or used interchangeably
- Four distinct parts:
 - **Diversity:** refers to a wide and varying range of groups within a community or population—including ethnicity, religion, abilities, sexual orientation, and other dimensions of diversity
 - **Inclusion:** the active engagement of all members of that community or population
 - **Equity:** the fair and just treatment of those members regardless of how they identify.
 - **Belonging:** a fourth factor in many diversity initiatives, is when you feel like you can be your authentic self, no matter how different you may be from the people around you.
- Each DEI element is important, and they are all interconnected.

What is health equity?

- Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.
- Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address:
 - avoidable inequalities
 - historical and contemporary injustices
 - overcome economic, social, and other obstacles to health and healthcare
 - the elimination of preventative health and healthcare disparities
- Achieving health equity also requires addressing social determinants of health and health disparities.
- It involves acknowledging and addressing racism as a threat to public health and the history of unethical practices in public health that lead to inequitable health outcomes.

WHAT IS HEALTH EQUITY?

Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.

-World Health Organization

Health equity means that everyone has a fair and just opportunity to be healthier.

This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

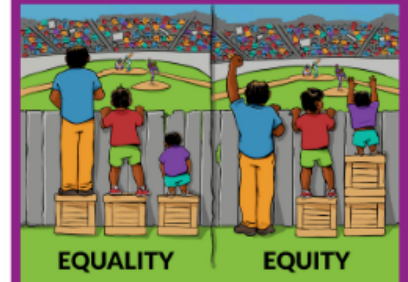
-Robert Wood Johnson Foundation

The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances.

-Paula Dressel,
Race Matters Institute

Research shows that problems like poverty, unemployment, low educational attainment, inadequate housing, lack of public transportation, exposure to violence, and neighborhood deterioration (social or physical) shape health and contribute to health inequities.

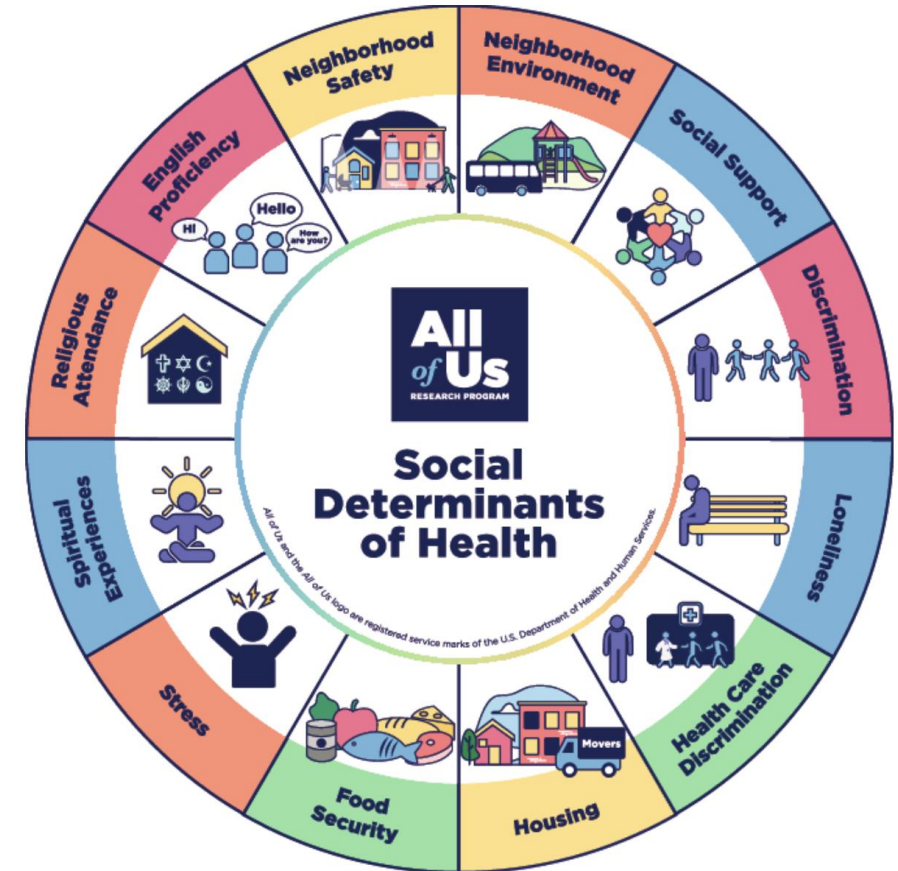
-National Academy of Sciences



Interaction Institute for
Social Change
Artist: Angus Maguire

What Are Social Determinants of Health?

- SDOH are the nonmedical factors that influence health outcomes
 - affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- They are the conditions in which people are **born, grow, work, live, and age**
 - US Department of Health and Human Services, Office of Disease Prevention and Health Promotion report, *Healthy People 2030*:
 - includes **learn, play, worship**
- They include the wider set of forces and systems shaping the conditions of daily life:
 - economic policies and systems
 - development agendas
 - social norms
 - social policies
 - racism
 - climate change
 - political systems
- Centers for Disease Control and Prevention (CDC) has adopted this SDOH definition from the WHO



All of Us Research Program, National Institutes of Health, US Department of Health & Human Services, Social determinants of health, Twitter, June 1, 2022. Accessed May 10, 2023. <https://twitter.com/AllOfUsResearch/status/1532106012576063488>

What is the definition of under-represented in medicine (UIM)?



- The AAMC defines “underrepresented in medicine” (UIM) as: “racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.”
- Previously, the AAMC used the term “underrepresented minority,” which referred to **Black, Mexican-American, Native American (American Indian, Alaska Native, and Native Hawaiian), and mainland Puerto Rican** populations.
- The AAMC remains committed to ensuring access to medical education and medicine-related careers for individuals from these four racial/ethnic groups historically underrepresented in medicine.

What is the evidence that diversity in academic medicine is beneficial?



Diverse groups are more productive, creative, innovative, and engage in higher levels of critical analysis

(Phillips 2014; Kets & Sandroni 2015; Page 2017; and more)



Publish more articles in higher impact journals

(Freeman & Huang 2014, 2015)



Diverse perspectives yield new approaches to teaching, research, and mentorship

(Morrison & Grbic 2015; Woolley et al. 2010; Umbach 2006; Xie et al. 2011; Nielsen et al. 2017; and more)



White medical students at schools with diverse student bodies feel better prepared to care for non-White patients

(Saha et al. 2008)



Decreases health disparities

(Levine & Ambady 2013; Louis Sullivan Commission 2004; Smedley et al. 2003; Smedley et al. 2004)

Establishing a DEI plan for healthcare organizations improves health equity

Identify and
address

disparities in healthcare
and health outcomes

Increase

access to care for
underrepresented
populations

Improve

communication and
trust between
patients and providers

Promote

cultural competency
among staff

Create

a more diverse and
inclusive workforce

Foster

an organizational
culture of inclusion
and equity

2022 Association of American Medical Colleges (AAMC) Report

Medical school faculty and the practicing physician workforce are predominately white and male

While Black Americans make up 13% of the U.S. population, they comprise only 5% of practicing physicians

Nearly 20% of the U.S. population is Hispanic or Latino, but only 7% of the physician workforce is Hispanic or Latino

Only 37% of the physician workforce is female

Although approximately 20% of the U.S. population live in rural areas, only 9% of physicians practice in rural communities

Black and Hispanic physicians are more likely to provide care to underserved populations when compared to white physicians

<https://www.pyapc.com/insights/diversity-equity-and-inclusion-and-the-impact-on-health-equity-past-present-and-future/>

UIM Pipeline growth is vital

- Continued diversification of the population entering the pipeline for medical school
- The number of Black, Hispanic, and American Indian or Alaska Native medical students has increased in recent years, but the number has increased at a rate slower than the U.S. population, resulting in continued underrepresentation.
- In 2015, the AAMC published a report highlighting the lack of Black males applying for medical school over the past four decades.
 - Specifically, fewer Black men were applying and being accepted to medical school in 2014 than in 1978.
 - The percentage of Black male enrollment at medical schools has only slightly increased since 2014, from 2.4% to approximately 3% in 2022.
- Biases during the medical school application and admissions process against students who begin their education at community colleges:
 - where 51% of students identify as a race or ethnicity other than white.
 - 60% of community college attendees are women
 - Even students who attended a community college before ultimately graduating from a four-year institution had a lower acceptance rate to medical school compared to students who attended only a four-year university
- Many students choose a community college education to control the financial burden of higher education.
 - The total average cost to attend a traditional, four-year medical school is currently \$300,000, and 70% of students graduate with average debt of \$200,000
 - All minority populations, including American Indians, Alaska Natives, Asians, Black Americans, and Hispanics are more likely to take out loans to pay for medical school rather than obtain scholarships or rely on personal funds from relatives

What are the benefits of DEI in healthcare teams?

DEI leads to improved patient care

- An umbrella review of healthcare studies showed that in general, patient outcomes improved when diverse teams provided care
- Improved team communication, risk assessment, and innovation are additional benefits of diverse teams

Diverse organizations performed better financially

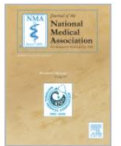
DEI improves employee retention

- A Press Ganey survey revealed that employees are more likely to stay at an organization they feel values a diverse workforce
- Successful healthcare organizations value diversity, equity, and inclusion
- The results are healthier patients, happier healthcare providers, and profitable organizations



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Article

The Importance of Diversity and Inclusion in the Healthcare Workforce

Fatima Cody Stanford M.D., M.P.H., M.P.A., F.A.A.P., F.A.C.P., F.A.H.A., F.T.O.S.^a  

^a Obesity Medicine Physician Scientist, Massachusetts General Hospital and Harvard Medical School, Division of Neuroendocrine and Pediatric Endocrinology, Affiliated Faculty, Mongan Institute of Health Policy Associate, Disparities Solutions Center, United States

“Of all the forms of inequality,
injustice in health care is the
most shocking and inhumane.”

– Dr. Martin Luther King, Jr.

