



ACP IM22 Live Conference Panel
Launching a Successful DEI Initiative
Transcript

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Guests: Ms. Jeshanah Johnson, Dr. Anais Ovalle, Dr. Quentin Youmans, Dr. Lovelee Brown

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Learning objectives:

1. Define diversity, equity, and inclusion (DEI) initiatives in medicine.
2. Identify a specific area within one's organization where education or programming to increase diversity and inclusion is needed.
3. Discuss 2 recommended strategies for launching a DEI initiative.
4. Review how to apply quality improvement principles to DEI initiatives and disseminate outcomes and strategies.

[0:00 - 5:30] Intro

Brittäne: So we'd like to just thank everyone for joining us today. We would love to welcome everyone on behalf of the DEI Shift Podcast. Today, we're here at the National ACP Meeting in Chicago hosting a panel on launching a successful diversity, equity and inclusion initiative. We are so excited to have our first live recording of an episode. The DEI Shift is a proud partner of ACP and is a podcast, focusing on shifting the way we think and talk about diversity, equity and inclusion in healthcare. I'm Dr. Brittäne Parker Valles, an internist and academic hospitalist, and one of your moderators today.

Sarah: And I'm Sarah Takimoto. I'm your other cohost today and am an internal medicine resident who is really passionate about primary care and systems improvement. We are really proud of the progress that has been made and incorporating DEI or diversity, equity and

inclusion in all aspects of medicine that includes clinical care to health research to medical education.

But we also recognize that this work is not without its challenges. And as your co-hosts our goal with this panel is to provide you with real examples of how to turn DEI ideas into an actual initiative. And by the end of this session, we hope you will feel more equipped to take on your own project at your own institution or within your community.

Brittäne: So, we are joined today by four DEI champions who span many levels of training as you'll hear soon, on the journey to becoming a physician. And so they will offer their own perspectives. Our first guest is Jeshanah Johnson. Jeshanah graduated from Mississippi State University with a bachelor in science and biomedical engineering and is currently a fourth year medical student at the University of Mississippi Medical Center School of Medicine. Jeshanah is a member of the American College of Physicians and actually serves on the Council for Medical Student Members as well as ACP's Diversity, Equity and Inclusion committee. On a local level too, Jeshanah is the Vice President of the UMMC Chapter of American Medical Association. Johanna matched into internal medicine residency at University of Cincinnati. She is potentially interested in a career in gastroenterology. So welcome.

Jeshanah: Thank you for having me. I'm so excited to be here. Glad to see everyone in person for the first time. It's going to be a great day.

Sarah: And our next guest is Dr. Anais Ovalle, who completed her internal medicine residency at Warren Alpert Medical School and afterward completed a chief residency year. She is currently an Infectious Disease fellow at Dartmouth Hitchcock Medical Center, where she serves as the chief academic fellow. This year, she will also complete her Masters in Public Health. In 2021, she was the recipient of the Building Trust and Equity in Internal Medicine training grant from the Alliance for Academic Internal Medicine for a pilot program, designed to promote equity, diversity, and inclusion, which we will dive into a little bit later. Anais, thank you for joining us.

Anais: Thank you for having me. I'm excited to be here with everyone.

Brittäne: And so our next guest is Dr. Quentin Youmans who completed medical school at Northwestern University Feinberg School of Medicine here in Chicago and acquired a Master's of Science in Clinical Investigation at Northwestern University, the graduate school. Dr. Youmans completed his internal medicine residency and chief year at Northwestern before matching into the Program's cardiovascular fellowship. He is a third year fellow there in the Cardiology Fellowship program and a very active member of the American College of Cardiology. He has been a leader in student and resident mentorship and has founded a program called STRIVE, which we'll talk about a little bit later. In addition, he has had numerous, peer reviewed publications and topics such as cardiology, medical education, and diversity, and as a fellow editor of the Journal of Graduate Medical Education and the Journal of Cardiac Failure. He has been highlighted in one of our first seasons of the DEI Shift Podcast on the episode of mentorship and recruitment of underrepresented and medicine. So welcome back Quentin.

Quentin: Awesome. Thank you so much. Good morning, everyone. I'm so excited for this conversation this morning. Great to see you all.

Sarah: And our final panelist is Dr. Lovelee Brown, who completed her Internal Medicine residency at UCLA, where she also founded the UCLA Minority Housestaff Organization and the road to residency conference, which have been very successful, I can say, as a resident at UCLA. After her training, Dr. Brown was selected as the primary care chief resident and the inaugural, equity, diversity and inclusion Chief Resident before joining as faculty at UCLA. She currently serves as a primary care physician at the Venice family clinic, which is an FQHC in Los Angeles where she helps oversee the Internal Medicine resident primary care clinic. And she has a lot of experience collaborating with key stakeholders in that community, which we will also discuss a little bit more later.

Lovelee: Thank you so much, Sarah, so pleased to be here and really an honor.

[5:25 - 8:02] Definition of Diversity, Equity and Inclusion

Brittane: So, thank you everyone for volunteering your time and being here to share with us today. First, we want to just start off by talking about DEI and what that means. So, we'll start with Lovelee. If you could just give us a definition of what diversity equity and inclusion is.

Lovelee: Yes, I think for me, DEI, diversity, equity, inclusion, just starting off with the diversity aspect, probably a lot of us are grounded in the population in which that actually serves. So historically would be historically marginalized, oppressed groups being black, Latinx, Native American-identifying folks. But one of the things that struck me is that many of us have dual identities or multiple identities. So, I think as we're serving our communities, we have to also think about individuals who also may identify as undocumented or LGBTQ+ community, people who are differently abled or first-generation, and in rooting in that definition, thinking about the multiple ways in which people sort of live and exist in the world helps us to create better programs that can include allies. That kind of wraps in the inclusivity part. Then for the equity, I think a lot of us really do think about health equity. That's probably why many of us here today joined medicine, which is obviously very important, but I also thought about it on the flip side. Equity for those of us who are in the healthcare profession, how do we help to advance people who weren't historically invited into these spaces to continue to advance and be in positions of power. Then wrapping up all of that together as how do we move forward with our allies. So that's kind of essentially how I define DEI.

Sarah: Thank you. That was beautiful. I think we can all resonate with that. And so often we use these terms and we talk about DEI, but I think it's important that we take a moment to really reflect on what we mean by using those terms.

Then we'd like to ask Jeshanah as a member of ACPs DEI committee, would you mind sharing with us how you became involved in that committee?

Jeshanah: Oh yeah. So, I am one of the students on the Council of the Student Members for ACP. I joined last year. I was elected to the Diversity, Equity, and Inclusion committee as a student member.

It's been just a great opportunity. I've learned so much, you know, as a student, you don't really get to be, you know, as involved with different things because you're working on studying and whatnot. So, it's just been an extremely valuable opportunity before I start residency and just gives me a nice little place holder and a grasp on what I want to do in the future, and hopefully can grow in the next coming years.

[8:02 - 11:10] ACP Diversity, Equity and Inclusion Committee and its mission

Sarah: We love that. And I think we talked about how we define DEI on an individual level. Can you share about some of the mission or the value of the ACP Diversity, Equity and Inclusion committee and some of the projects that that committee has worked on?

Jeshanah: Yeah, absolutely. It's been great. We, we have worked on a lot of things in the past year that I've been on the committee. For ACP, diversity, equity, inclusion is one of the priority themes. So, one thing that ACP is committed to and really passionate about, with the goal of really creating action within the College and meeting the needs of members through policies and through educational materials and training.

And so a few of the things that I've really been excited about is working with the staff and within the College to work on implicit bias training, on educational things to kind of get to know yourself a little better. I think before we can create change for others, we have to identify the biases that we may have, that we're not really aware of, before we can try and create that change that we want to see.

So it's been really great to kind of be involved in the first steps of that to kind of look at the training modules online and be editor for those in a sense. To kind of make sure that we're providing the best value for members and kind of reaching a lot of needs and reaching a lot of different areas that maybe we have not shed a light on.

Another thing I'm really excited about is just kind of reaching back to people who are early in their training. So specifically, we've been talking about graduate students or international medical graduates who are trying to join training programs within the United States. One specific issue is having a different language, a native language that maybe it's difficult [for them] to translate themselves into their ERAS application, which is the residency application. One thing that we've kind of been talking about is creating a way for applicants to submit their application within their native language and have a translation service that would allow them to keep the tone and the beauty of how their language is written and allow them to be comfortable submitting their application, knowing that it's as strong as it was submitted.

So, I think that's really cool, just an inclusive and equitable thing to make sure that we're reaching as many people as possible and kind of meeting those needs that maybe a lot of people don't think of. And that's definitely, certainly something I didn't think of even being an issue, you know. Of course we see people in the hospital and things that we have to use translation services for and obviously sometimes when you use the Google translate, things

don't really come across the way that you meant them. So, it's just really cool to be a part of something so significant and see action happening and things that are really tangible. So, yeah, it's been a lot of fun.

[11:10 - 23:14] Discussion on Successful DEI initiatives

Brittäne: Well, thank you for sharing those things that you're working on behalf of the ACP. And we wanted to walk through the process of actually implementing a program. So, we'll talk about Anais, Quentin and Lovelee's projects individually. So, Anais we want to start with you to talk about your project JEDI at your institution. So, can you tell us what it's about and what you're doing?

Anais: Yep. So essentially the JEDI curriculum or the "Justice, Equity, Diversity and Inclusion" curriculum is a year long curriculum that is coupled with leadership sessions. So we have different aspects of health. We're looking at race and medicine. We look at gender and sexual diverse individuals. We look at social determinants of health. We just examine how all of them really intersect and create your health and what historically has led to marginalization could lead to maybe opportunities for growth. So with that, each JEDI, as we call them, has a project that they have a year or a couple more months after a year to complete that would then hopefully instill more trust in the community. And it depends on what community they choose to focus on. It could be the medical community, because I think, you know, within ourselves, if we have a lot of healing to do, too, to then be able to translate that to our local community and nationally and globally, even.

So that's in essence what the project is. We do sessions once a month. We reached out to community organizations as well to try to get them to come in and talk to us about what's going on a local level as well. It's been a very, I would say, life-changing program to do, because it really meeting people where they're at and then from there, you know, fostering a sense of inclusion for them to really connect the dots as to see why DEI or diversity, equity, inclusion and belonging are all essential to move us forward to like the Healthy People 2030 goal.

Brittäne: And so right now the project is mainly for graduate students?

Anais: It's actually for, so we have medical residents right now, because it's a pilot, it's in medicine. So medical residents and medical fellows, but we're looking into expanding it to everyone in the hospital hopefully because everyone has different perspectives, different communities that they touch. And so if we're able to kind of break down the silos that we've honestly created in a sense and have that interdisciplinary, multidisciplinary marination, that's kind of where we're hoping we can get the most out of this program.

Brittäne: That's a great pilot. So, we're excited to see where it goes from there.

Anais: Me too.

Brittäne: So thanks for sharing. We're going to move to Quentin. Quentin, you help found STRIVE which is "Students To Residents Institutional Vehicle for Excellence" program. We talked about it a little bit before on the DEI shift, but can you tell us again what that program is and what it entailed?

Quentin: Absolutely. Thank you so much for the opportunity. So STRIVE is essentially a mentorship program that connects residents and fellows to medical students for the purposes of mentorship. One of the things that I recognized, and I think many of us who are underrepresented in medicine recognized is that as a student, you might walk through the halls of the hospital and never see anybody who looks like you in residency or in fellowship, or even in faculty.

And that can be a challenge cause we all know how important representation can be and how hard it is. You know, you can't be what you can't see as the old saying says. When I was a medical student, actually, I had 3rd year internal medicine resident. His name was Dr. Ike Okwuosa and he took me and my friends under his wing.

I was interested in cardiology and he was going into cardiology. So he taught us EKGs and he taught us what does a history and physical look like. And he just gave us a lot of instruction about what medicine looks like. And it was so inspiring for me to see someone who was like me, a black man in medicine, doing what I was interested in doing.

And as I went on, you know, after that experience, I thought, and I spoke with some of my colleagues and said, wouldn't it be nice if we had a program that set that up so that it was a structure in place, so that you never walked around the hospital and didn't know anybody? You actually saw people who looked like you in the years ahead.

And that was kind of the idea that sparked STRIVE. It started in 2016 mainly as a mentorship program. I think one of the special things about the program is that it's not this one-on-one mentorship, which I think can be very powerful, but really it's kind of a group mentorship model. And so all the residents and fellows who were interested in being participants join in basically in sign-on to be mentors in STRIVE.

And then all the students essentially become mentees in STRIVE. And we send out reminders and letting people know that there are different events there, are three pillars of programming for STRIVE. The first is social events which has been rather hard actually in COVID, just because, you know, not being able to be in person and have food, which is a big draw for a lot of things. But we have been able to do a lot of connecting via zoom. The second component is actually review sessions. Curriculum review sessions for the first and second year students. So those residents and fellows, who let's say are going into cardiology, might do the review session for the cardiovascular module for the students, etc.

Then the third and final pillar of programming is panel discussions. So, as a matter of fact, later today, there's a discussion for the second years for them to transition into third years. Such a big transition period for students, what is expected of you in the different specialties. And we try to really have a lot of representation from all the specialties too. Surgeons, internal medicine, neurosurgery and really spans across all of the specialties. I think it's been really powerful to see how that connection has grown and really creating, sort of like, a family atmosphere.

And you mentioned, you know, breaking down silos, which I think is so important. The silos between the medical school and the hospital are really strong. So, we need programming to help to break those down as well.

Brittäne: One of the things that I've really admired about the work that you do is that it started years and years ago, and it's still ongoing. And I think that's one of the things, with any kind of initiative, is to make sure that it's sustainable and we'll talk a little bit about that later. Thank you for sharing about STRIVE.

Quentin: Thank you.

Brittäne: Next we're going to move to Lovelee. You were very involved and helping get the minority house staff organization off the ground at UCLA. So, can you tell us a little bit more about that?

Lovelee: I have to first say that I'm really inspired by all of the stories that are being told here on this panel and just really excited about what's happening in medicine. So, the UCLA Minority House Staff Organization really is a house staff driven organization. It's driven for action, I guess is probably the simplest way that I can encapsulate it. So, we have three main committees or focuses. One is for health system equity. At least for me, I view housestaff as being sort of at the nexus of our healthcare system and medical education, and then they are just their own community, especially when we think about underrepresented minority residents. So, the health system equity committee essentially engages with our health system working on increasing access for our patients in LA County, primarily focusing on Medi-Cal, which is the Medicaid for California. We also think about things like language justice, how our system interacts with the legal justice system. So that's just one area of big focus for us. I think a lot of our underrepresented medicine house staff really do want to best represent the patients that look like them.

The next big focus for our organization is what we call community and professional development. So as we bring in a more diverse future in medicine, we want to make sure that that community is actually invigorated. It has helped to bring community, bring people together. Not just through social events, but also to help them with the future of their careers. So, I do a fair amount of career development thinking about what does a career look like in academic medicine as a physician-scientist, as someone who works in the community. And even simple things like contract negotiation, like if you're a first generation student, you are first generation housestaff, you may never know how to negotiate your first contract or what to ask for, or what does it mean to go up in academic ranks? So, these are sort of the things that we try to help prepare our housestaff for, so that not only can they add to a growing and diversifying physician community, but essentially be set up for success to become future leaders within our community.

And the last step is essentially giving back, right? Giving back to our medical student population. So, we interface a lot with our local Latino Medical Student Association, our local SNMA (Student National Medical Association). We do resident and medical student round tables. We host an annual URiM medical student conference annually during the pandemic.

It actually was a blessing in disguise that we went virtual and served 200 students for the past two years through this virtual conference, which really helped to expose them to different types of residency programs, networking, learning from program directors, and house staff, and we even provided mock interviews.

So, I think we're trying to kind of like hit all of three domains, but the last, I think overarching sort of mission for the organization is to create opportunities where they previously didn't exist. And what I mean is that we've been really fortunate to have fairly generous funding from both the medical school and the health system. We've created grants for residents, our house staff, who want to do research or quality improvement research within the DEI space. Then we've also created travel grants for housestaff leaders who will represent our institution at the national meetings for SNMA and LMSA. And then on top of that, we say, well, we want to recognize these leaders and we've just created our own award show, right? Like I think one of the big things is that we have a lot of people who are leading in these spaces, but they're not actually publicly recognized so we just came to a point where we said, "We, as a community are going to recognize you and applaud you for the work that you've done."

Sarah: I also want to echo how inspired I am and seeing how you have really contributed and are leaders at every stage from just finishing medical school and already, I think doing more than I did, as a fourth year medical student, to being a first year faculty member and really being able to see the work that you do.

And even as you leave an institution, seeing the success of it continuing on as you support it physically there. Or maybe as you have, have left to go to another institution, but seeing it being carried on. And so one of the things that I want to acknowledge is when you hear about it after it's all done, it sounds great. And it is great. But it's not easy and so we really wanted to break it down into what are the steps in before you even come up with the initiative idea, to launching the initiative, to making sure it's sustainable.

Anais, maybe you can start off with, you know, how did you even know? And I think you've touched about it and everyone in our panel did a little bit about "the why" behind why you even decided to start an initiative and what was that needs assessment? Was it an experience, a person or a sort of collective of things that you were then able to quantify and say, "Hey, there's a need."

[23:14 - 29:05] Approach to developing a needs assessment

Anais: First, I want to say I'm really impressed by everyone here. I don't think I had a chance to say that earlier. You know, from my end of things, it happened in both formal and informal sense. I'm obviously not shy in speaking about where my position is regarding certain topics. And I would just point out and I would say, "You know, we should be talking about an equitable approach in "XYZ" thing. And I think as I was saying that and speaking up about it at the institution, I'd had multiple trainees comfortable with approaching me, telling me, "Hey, you know, I would like to explore certain pieces of medicine that we don't necessarily have exposure to. We're in the mountains, we have a mostly white population. So for us, it's not readily available to us to speak about how redlining affects health outcomes." So people wanted the space to speak about that. And I came from Providence, Rhode Island where I previously did a program, Brown Advocates for Social Change and Equity and that led me to understanding a little bit more about this, which was also a year-long curriculum. So in having those informal conversations, we then got a grant to do a formalized one where we basically qualified the experiences of our trainees at our health center regarding diversity, equity, inclusion topics.

And with that, the theme was there is not anything that's formalized in any of the residency programs or in any of the GME training that really exposed them to this in a level that they

wanted to feed that hunger. So that's kind of where, you know, through the informal, "Hey, I just want to talk to you about something" and then the formalized, "Okay, now we have objective data that backs up what we are trying to do", that kind of really helped the double hit of, "okay, we're doing this". It was really interesting because some people are ready for change. Some people are not ready for change, you know? And so I think it's really important to make sure that you take a temperature check and really work on engaging and creating a co-produced product.

Because if you don't do that, co-production, I honestly think that it can end up being something that's adversarial and something that really doesn't have a chance to be sustained. Versus if you do it together with your leadership, with your institution, that's where they can bring in other people that may have that knowledge that you don't have, to make something that's successful.

Sarah: I love that. I'm wondering if one of the other panelists can also comment on that. That sense of: you feel that lack, you feel that want, and that at times it can be frustrating. Sometimes to spark change, there's that analogy and change management of a "building on fire." I think that there are times where you feel such distress and such a lack that it motivates you to really go out and formalize these initiatives. But I love how you mentioned thinking about how you do it in a way that's productive and doing it in a way of understanding who is also feeling like they need to collaborate on this? And how do we work together within our communities in a way that's going to strengthen our community? And bring everyone forward.

I don't know if any other panelists have some thoughts on that?

Quentin: Yeah, I think it's really important to identify, sort of, the stakeholders who are going to benefit from or have a stake in what you're trying to do. And I think one of the things that we need to hopefully transition to is that "DEI work" should be interspersed in all of our work. Like it shouldn't be a separate component that requires a separate budget, that is talked about as separate meetings, but instead "DEI work" is something that is a foundation for all the work that we do. I think once we kind of make that shift, then we can help all stakeholders understand that they all have a stake in what we're trying to do and how we're trying to promote whether it's students or fellows or faculty members. For STRIVE, it was a sort of similar situation where it was kind of identify a need that exists and then go to the leaders at the institution and say, "Hey, like we should have something that's formalized that students can take advantage of" because the other benefit is that you teach residents and fellows or expose residents to fellows to mentorship and being mentors, which hopefully will continue on as they become faculty members.

Thankfully, I was fortunate enough to have a lot of support from the leadership, including the then Vice Dean of Education, Dr. Diane Wayne, at Northwestern. There's also diversity offices. Who are you going to talk to at the diversity office? Should this be in the Office of Medical Education? Where should it exist? So deciding those components of the program as well.

And then figuring out funding is so important. So, we ended up applying to a grant at Northwestern University to fund us initially and we reapplied. Actually we were grateful to get funding again, but I think the other thing is that these types of initiatives need to be aligned in the budget at our institutions to make sure that they are supported because as we all know without money, we won't be able to achieve and to actually do what we need to do. And it also obviously plays a role in sustainability.

Brittäne: I like how you said “DEI work”, right? The DEI shift: Diversity Equity and Inclusion. “The DEI work”.

Sarah: Yes.

[29:05 - 33:10] Steps for collaborating with key stakeholders

Brittäne: Well, you know, Lovelee, you talked a lot about the minority housestaff organization and it just is very comprehensive. You talked about how you pulled in other people and organizations like SNMA and LMSA. So, can you talk about how you went about just getting other people on board, including faculty? What did that look like?

Lovelee: Yeah, that's a really good question and to be honest with you. It took almost an entire year to research and develop this organization. We try to be very methodical. So, my fellow co-founder was also a chief resident at the time. So, this was built well now as a chief resident in internal medicine. We spoke with individuals who are leaders for their institutions, other minority housestaff organizations or something similar for five other institutions. And we just said, how did you build your infrastructure? We really put together a proposal, thought about how they use their funding, how they had administrative support and this sort of stuff. And it kind of helped us create a short list of who we needed to engage with.

In terms of engaging different faculty members in different student organizations, I think many of us as housestaff, junior faculty, and faculty probably have had at some point some touch point with these different student organizations or like local to grassroots organizations. It really did help to know some people, but then the idea was to have to come together and coalesce into an organized group. So the first people we had to talk to were the people who had the money. Sort of like Quentin was saying, getting appointments with the Chief Health Equity Officer at the health system, speaking with various Deans of the Medical School. Our institution has, in addition to our designated institutional officer, an assistant DIO (Diversity & Inclusion Officer) in DEI, which is very helpful to just have support at the housestaff level, medical student level and the health system. So, these were the three individuals or three offices that we wanted to talk to first.

Then, I think, at least for me, I had an advantage as the chief resident in internal medicine for DEI that I already had these connections with some of our medical student organizations and at Dartmouth, I was the Chapter Co-President for SNMA. So, it was nice to, sort of like, bring back some of these - it was almost full circle - some of these opportunities that I had as a medical student and then just continuing on and thinking, “Well, what would this look like on a bigger scale as I progress in my career?” So that helped me to figure out who I needed to talk with.

Brittäne: Yeah. I think that's really helpful. And just for our audience, too, to remember that you never have to do it alone and collaboration and partnership is so important and keeping your eyes and ears open and all the experiences that you had as a medical student, as a resident that you can bring these all together for your initiative.

Sarah: And I also appreciated the candor. You need money, you need support, you need funding to go and create initiatives that are sustainable.

This kind of transitions us.

I think, you know, one of the things that often a lot of us will do is pour our heart and soul into these efforts. And there is so much value in continuing to do that because you can absolutely still make an impact. But when we're thinking about transitioning that to a formal initiative, you do have to do your research. You do have to know who's on the short list and you have to know, 'Hey, where's the money?' Where can I make sure that the people who are doing this are supported? And so Quentin, not only did you have a sustainable initiative at STRIVE, you actually published about it. And I think that it's important to think about these things. As we think about DEI initiatives throughout all the work we do is also sustainability and dissemination. So, can you share a little bit about that process because it can be daunting to do this work and then where do you publish?

[33:10 - 39:50] Building sustainability and sharing your work

Quentin: Absolutely. I think those are really key. And I think you have to start thinking about sustainability kind of from day one, because really that's where your work is going to have true impact. You know, all of us in medicine, we know that sometimes our time that institutions can be very fleeting, but we don't want our impact to be fleeting. So we need to ensure that we have a plan in place to ensure that our initiatives can continue. So I started off as the first President and then pretty much immediately, I had a friend who I went to medical school with, she was a urology resident and she was very interested in and passionate about diversity, equity, inclusion work and about mentorship.

And so pretty much immediately within the first year or two, I brought her in as sort of like the Vice-President of the program and with the thought that, you know, hopefully ultimately she would become the leader of the program after I was done. Because another thing I should mention is that I think that one of the powerful things about the program is that it is resident-led. As I was transitioning to fellowship, I think you really need to have that close relationship and remember like what it was like to be a medical student, just because as we all know, as you get further out and, for me, closer to faculty, you can lose a little bit of insight about what the day-to-day life of a medical student is.

So, in keeping that, this is part of what's key for this program. Dr. Jennifer Adrissi became the President. And then she identified a resident in Emergency Medicine and OB-GYN who then became Co-Presidents and as a matter of fact, just earlier this week, we're having our third transition now. There's going to be three leaders of the program which I think is great because there'll be some dispersion of duties. It's not a lot of work but it is work in addition to busy residents' and fellows' schedules.

That makes me think about mentioning as well the whole concept of the minority tax. It is very hard to think that you have to be the champion for diversity, equity, inclusion issues when you're also trying to just be, learn how to be a good doctor. And I think that that is a big challenge and something that, you know, those of us who are passionate about this, we think about. But I think we, again, as Brittane just mentioned, we don't have to do it alone. We have to remember that we can lean on our support. And it should be, as I mentioned earlier, all of us lifting up these initiatives. So that is the sustainability part as far as building that in.

And then just briefly about dissemination. I think if you are doing this work, recognizing that a lot of institutions are also trying to do similar work and if it works, it's so important to share that with other people. And so that's why I'm so glad that the DEI Shift is having the podcast and sessions like this.

But then also if you can publish it, then I think it helps people be able to look it up on PubMed and go and see what works at their institution. Because you know, the last thing I'll say is that I think every institution is a little bit different. You have to really do some trial and error when you're trying to create systems like this, to make sure that they're sustainable within the microcosm of that specific institution.

Anais: I want to add on to that just because I think it's going to be really important to do a backdrop. So I tried to base our program off of the "Brown Advocates for Social Change and Equity" because I thought the context and everything was very similar. I was like, "Okay, then we could just do this." Very wrong! I think it's really important to adapt and make sure that you identify needs at your specific institution and see that, okay, this program worked at this place very well, but where are your differences? Identify them early on and try and making the changes to make it work for you. And if not, like do multiple PDCA (Plan-Do-Check-Act) cycles, rapid PDCA cycles, because if not, your initiative may lead into deeper waters.

Sarah: What didn't work?

Anais: Oh, for me?

Sarah: Yeah.

Anais: I think I tried moving too fast and I realized I gotta start with my floaty device, in shallow water before jumping in the deep end. I tried moving projects too fast. I think I introduced advanced topics. I think I didn't really take a good temperature check as to what my cohort was. So, I think, you know, figuring out and learning where everyone started was really important because people start at different levels and honestly, you're only as good as your weakest player in that sense. So making sure that you make everyone go at the speed that they're able to do, and then also balancing that clinical activity, cause everyone's kind of overwhelmed with clinical stuff already. So if we're sitting and I'm moving people forward too fast there, they're going to want to tap out. And so kind of doing that co-production again.

Brittäne: That's really important.

Lovelee: If I could just add on? Because that really resonated with me. What Quentin and Anais we're talking about. I think one of the biggest fallacies, at least for me, that we have to break down for DEI work is that it's not academic, right? And I think a lot of people say, "Oh, this is your passion project. This is something that you do in your extracurricular time as a physician." However do you find that time? I don't know. It sounds very magical. I think this idea of introducing QI or quality improvement concepts is really, really important, not just for improving your initiatives, but also for this publication factor. Making sure that other people benefit from the work that you're doing. So for our organization, it was actually really key that for each committee, of which we have three, each committee has a historian. Which is not just a

secretary that takes notes, but someone who thinks about what's the data that we need in order for this initiative to be successful. And then how do we evaluate it at the end?

Because I think when you're building an organization or building an initiative, actually it comes full circle with your funding aspect, right? Because at a certain point, if I were to dream pie in the sky, I would love for our organization to become endowed for us to go to alumni or other donors and say, this is the data that shows that our program works, and this is what we've actually achieved over time. And so to have, um, you know, those PDA cycles, that sort of QI mindset that helps to bring in the funding to bring in the research, I think is really, really key to reminding other people that what we're doing is not only good for the community, good for our patients, but academic as well.

[39:50] How to maintain involvement within the DEI space through transitions in training and employment/Protected time for DEI work

Brittäne: Yeah. I just really appreciate everyone's honesty and transparency about the work that you're doing and how there are some challenges and how to overcome them and if something doesn't work, you have to pivot. Anais, like you're talking about. I think that's very, very important.

So one last question I have for everyone. First of all, we want to recognize that as trainees and career physicians, we usually are transitioning to a new role or new institutions as we've talked about, such as, Jeshanah, transitioning from medical student to resident. We just want to hear from our panelists about how, first Jeshanah, how you think about using what you've learned and working with ACP Diversity, Equity, Inclusion committee on the project that you've done and how you would translate that as a resident. Have you thought about what you will focus on?

Jeshanah: First of all, I just want to say you guys are incredible. All of you guys. I mean, it's just so inspiring to be here and to hear your stories and what you're doing and how you've grown. I think the growth mindset is such a huge thing and something I am personally working on, especially moving throughout being a student to being more of a leader and a teacher, and while also still learning myself. And that's a big transition. And of course, I want to continue my work with DEI, continue to hopefully work with ACP in the future while also growing as a physician and being a good doctor.

One of the things that's really important to me is taking care of my patients in a medical sense, but also taking care of them in a well-rounded sense and making sure that I'm thinking about things like health equity. I'm not sure what the scenery is in Ohio, but I'm excited to kind of learn what that is and learn how to best care for my patients, what resources I have available, available, and learning from you guys about things that you're starting and growing in and how to use the people around you. It's just, it's really incredible. I hope that one of these days I can have such brilliant ideas like you guys have done and to use the people around me to kind of grow and help the community that I'm living in. So it's just been great to hear from you guys today.

Brittäne: Well, you have lots of partners now.

So just lastly, from the rest of our panelists, can you tell us a little bit about how you advocate for the time, the money to do this work that you do? Even just projecting forward, because Lovelee, you said, where do you find the time? Any comments on those things?

Anais: Ask for the FTE! In my future role, I specifically asked for the FTE to be able to continue doing work in this space.

Sarah: And what is FTE?

Anais: Oh, sorry. The full-time equivalent. And essentially, you want to be able to have time carved out from your already busy schedule to be able to like dedicate yourself to it. Because if not, then you're going to be pushing it to the end. Like, oh, I have to finish my clinic notes. Oh, I have to do my admin stuff. Oh, I have to do XYZ thing. Oh, I have this DEI thing that I have to do. Sorry "DEI thing" that I have to do... See, I've gotta transition there.

You know, you don't want to to keep rolling the ball down because honestly these projects, they took time. They take effort. You gotta put love in it. And if you don't do that, it's gonna show. And so you want to be able to protect yourself and protect the project that you have by asking for it: the time and money.

Quentin: I agree completely. I think it comes back a little bit to what Lovelee was mentioning. First of all, I think that we, academic medicine, needs to really value this work just as much as we value research and being good stewards in clinical patient care. All important components and diversity, equity and inclusion is also an important component. I'll highlight again that trying to transition some of this work into more academic products can also help. So things like publishing and presenting at national conferences, I think are important. But at the end of the day, I do think that just like anything[like in research, there's not extra hours in the day for anything, "DEI" again....

Group: ***Laughter***

Quentin: And really, a lot of times it is just, you know, at home on the couch, like writing emails and with your free time after you put the baby down, doing this kind of work. But I think that it's important work and it's, again, like you mentioned, it is really about the love of the work. And so oftentimes, you know, when I'm doing that kind of work at home, it doesn't really even feel like work. It's just something that I'm really driven to. I think all of us would probably agree with that. But at the same time, we have to ensure and try to really advocate with our leadership that this is going be helpful for us to be promoted. Those of us who are in academic medicine, we consider how can we get to associate professor and full professor one day? Because that is also important when we think about representation. And, unfortunately, as many of us know, we don't see a lot of underrepresented people who go on to be associate professors and full professors and get endowments and things like that. And so we really have to consider all of these components as we're using our time and energy to create new spaces and environments for trainees. So I think it's really complex, but I think it is something that is so important and something that can be done. I'll just leave it with...lean on those, that support system to really help you go the next step.

Lovelee: I think for me, like Anais was saying, you have to carve out the time. In full transparency for my particular contract, I asked for that time to be carved out because I knew that I wanted this work to be work that continued to bring me life and give me joy rather than something that was tacked onto the end of the day and the way that I do that is by incorporating it into the daily salary for work that I do. So that's one, and then I think the other component is that... maybe this is a little bit bold of me, but even as junior faculty, I've already gone back to my department to renegotiate my contract to say this is all the work and effort that I'm bringing to the department to the institution. Is there a way for us to start to value better DEI work within our institution and how do we look at that differently than RVUs (Relative Value Units) or research, or how do we look at that in conjunction with some of these other things? And then the last part is you can't discount administrative support. So, we have two administrators for our organization and they're at 25% time each because they do other DEI initiatives at our institution.

So, to be completely frank, our Road to Residency student conference probably could be 85-90% run by our coordinators, which is nice because then our housestaff and our faculty can just bring in the new ideas. Make sure that things are fresh and we don't have to worry about how many RSVPs and Zoom links and this kind of stuff. So, I think that's how you keep yourself at the forefront of bringing in good ideas and not burnt out by the logistical work of what needs to be done.

[47:30 - 48:53] Outro

Brittäne: Well, thank you to all of our guests for being here for sharing your wisdom and experience with our audience. We talked about how we define diversity, equity, and inclusion, ongoing D.E.I. or "DEI" projects by ACP and, and all of our panelists, and also the various stages of developing a project from doing a needs assessment, to ensuring lasting sustainability, publishing and also thinking about things outside of the box - administrative people that you might need to hire that can take on some more of the burden of the clerical work that goes into these projects.

So, we hope this conversation will empower all of you to think about launching your own initiative and give you concrete nuts and bolts on how to do that.

Sarah: And if you are interested in any of the resources mentioned today, this episode, once it's released on The DEI Shift podcast, we'll have detailed show notes posted on our website, and we hope this discussion continues. Thank you to our guests and to our listeners who are here in person and those who will be listening later on. We really appreciate your time today. So, we're actually going to take a few questions as well. But, I just want to do a round of applause for all of our guests.

Applause

[48:53 - 1:00:55] Audience Questions

Brittäne: Does anyone have any questions about diversity initiatives for our panelists?

It's Dr. Viet Do, one of my colleagues.

Viet: Hi, thank you all for such an important topic and sharing it with everybody here. A question I have for Dr. Valles and ourselves, our group doesn't have a lot of upper underrepresented minorities. How do you advocate, say the hiring practices, to really look at that from your perspective, like medical student, resident, and people coming up in your careers? How do you advocate that in your group to make sure that they're looking at those applicants or how to reach out for those applicants to come?

Anais: I would, especially, particularly in the academic space. You know, I would say your population just isn't only your population in the community. It's also your medical student population as well. And so, you know, kind of not necessarily taking a traditional road as to where you have your underrepresented individuals, you're training people that are going to go nationally everywhere. There should at least be that baseline. Okay, what are the numbers nationally? And that's kind of what you want to reflect in your institution because the teachings that you give where you're at are what's going to translate to the doctors tomorrow. And again, not everyone stays training in their space.

So, I think that's kind of, for me, where I first go and then from there you have medical students, again, who are looking for mentorship from an underrepresented individual. For me, I take personal pride in now being more involved with our Latino Medical Student Association. They had a really difficult time finding me and now that I made that connection, that has turned into something so fruitful and meaningful to me. And having at least one person to represent what this means to them in adulthood of medicine, I think it means a lot to them too.

So, so just so I think it's, it's approaching your population from a different angle.

Quentin: I'll just add as well, I agree 100% and I think during the recruitment process...one of the things that we've done over the last couple of years is send a survey at the end of our recruitment. And one of the things that has come out and that people have talked about is the fact that we talk about our values and the fact that diversity, equity, and inclusion is important to us.

I think that it's surprising. It was surprising to me to learn that a lot of places don't do that. And I think that it does make your program stand out. Just talking about these issues - you know, we care about health equity and we want to ensure that all of our trainees that exist in an inclusive environment. So, I think being clear about what your values are and then sharing that with applicants can help to draw more people or at least garner more interest in that regard.

Viet: Great. Thank you.

Brittane: Please state your name and question.

Angela: Hello, sure. I'm Angela Roscoe, I'm from Hopkins, also a fellow Bruin. So, go UCLA.

First off, just a huge applause to each of you. This is hard work. I also am sort of the inaugural APD in that space myself. I want to echo this is not being bold to ask for the FTE. This is a way of us honoring the value of this work. My big question to you, particularly Dr. Valles and everyone is that discord that we sometimes meet with trying to know our audience and know the

environment that we're in. For example, everyone was very excited now about working to be an anti-racist institution and I was sitting here thinking, "We've been wrestling about unconscious bias for a decade here."

I would love to hear just your strategies, your resources on how we ground ourselves again to continue in this hard work. I think leaning on our communities and villages is important, but I think that really spoke to me and I would love to hear your thoughts.

Anais: Thank you for sharing that. That was beautiful. I have a dog. The dog is one of my best dressers, honestly. No, but honestly going back to my why. So, I wrote a "why" statement when I finished my chief year as to why I'm in medicine. And I take a weekend off. I don't do any work and I literally sit with myself and that why statement. I go on a nice long walk. I'm in medicine because of my grandmother, because of my ancestors before me, because they need a voice and they need someone to sit and actually be the change, you know?

It kind of restarts my fire in a sense when it's put out because I've had conversations with individuals that don't really go the way I want them to go. But, I always go back to that. And when that stops working, I'm probably going to redesign it. But I think it's always kind of finding that internal motivation again. And I try hard to kind of guard myself as well from being personally hurt and making sure that I have those boundaries set, because if not, then I feel like I wouldn't have remained in this space for too long.

So those are just like the basic things that I use to kind of help keep myself in this and refuel, I would say, I don't know if that's helpful.

Brittäne: But I would say it's challenging, when now it seems to be recognized where those words are used and you're like, I've been here all along, right? I've been trying to push this forward. And I think, again, like our panelists have talked about really making it known that, "Hey, this is really, really important" and bringing on partners so you don't have to shoulder it alone is really helpful.

Dan: Hi, I'm Dan Pomerantz. I'm from New Rochelle, New York. I'm also an ACP Governor and really appreciate this presentation. To echo what Dr. Roscoe said, asking for resources, I think is crucial in my experience, institutions pay for what they value and value what they pay for. So, I'm interested to hear who helped you find the motivation to make that very important ask and who helped you deal with the pushback?

Lovelee: Sure. I think for us, we were very methodical about how much we asked for. So, in doing the research, speaking with sister institutions, they were very transparent with us and we're very fortunate that they were, so they gave us full access to their budget and we essentially asked them, how many active members do you have?

How many total underrepresented minority housestaff do you have? And then what's your budget? What do you do with that? And we essentially scaled up because we do have a larger, URiM population over at UCLA. So that essentially helped to build a target budget for us. And then, I happened to be very fortunate that one of our APDs for internal medicine also happens to be the Assistant DIO for DEI at UCLA.

And so she told me who I needed to talk to in order to ask for money. It also is good to have your ear to the ground. When we look back in time, June or the summer of 2020, and a lot of people were talking about anti-racism and building curricula, that's when a lot of the funding came in.

So, having your ear to the ground and seeing who has the money. And doing your research and essentially going to those people who do have those funds is really important because what I found is that there are some people who have the money and it's a big boon to have those resources, but it doesn't mean that every institution knows what to do with that money. So if you have a great idea and you say, "Hey, you have money. I have an idea. Let's work together." I think that works very nicely.

Brittäne: Great. I think we have time for one more.

BJ: My name's BJ Adio. I'm faculty at a young, growing community-based program. First of all, thank you to everyone of you. This has been a really great discussion. It seems like almost every one of you is probably in an institution where the DEI thing is already established.

So, my question is, it's probably easier to start an initiative and to try to carry that out. So, my question is for people who are in institutions where that really doesn't even exist - just the DEI culture, or just having advocates for that, and leaders in the right places or having institutions recognizing the value. How do you even start those conversations to at least create that office or those ideas before you even start initiating a project? How do you do that?

Brittäne: Thank you for your question.

Lovelee: I would actually love to start on this. I have a lot of passion and love for my institution, but to be transparent, a lot of our offices for DEI didn't start until after the summer of 2020.

Even though we're a larger institution and we have a diverse patient and how stuff population, we didn't coalesce together as a community until after sort of this like national social unrest. So, I think that puts into bigger picture that no matter where you are, I think a lot of people are just struggling with trying to figure out how to organize and put together these different initiatives. I think for me, even looking back at time earlier in my training, in my career, starting with your local community, however you identify, whether that be faculty and bringing the faculty of color, that BIPOC (Black, Indigenous & People of Color) faculty together, or housestaff from medical students and starting there, because the burnout is real. So you want to make sure that your community is nourished and then from there, think about what they need and then grow slowly. And that's essentially how I believe we started at UCLA.

Brittäne: Okay. Well, thank you so much. Thank you to Dr. Sarah Takimoto.

Sarah: Can I add something? You know, it's always going to be harder when you are not tied to a larger institution that has a lot of funding, but I agree before (actually what Lovelee said and what was happening in summer of 2020), it didn't exist. But here at this national conference and national organizations, we have said, 'This is a value to us'. And there are grants tied to organizations that are available to different individuals, regardless of whether you're in an

academic institution or others, if the idea is there. And so one of the things that sort of to recognize is even if it's not at your institution, remember that you are a part of this community and that there are different organizations that may be available on a professional level to offer those grants.

Brittane: Yeah. Yeah, absolutely. Okay. Thank you very much, everyone. Thank you.

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