

# AAMC Townhall: Leadership in Diversity, Equity, and Inclusion: Getting to the New Normal for Learners, Faculty, and Staff

June 2, 2020

## Summary of the Chat Comments (by topic):

- **Curriculum Change:**
  - How do we overcome the cruelty built into medicine's training hierarchy to remove the racism systemically built into medicine?
  
- **Anti-racism Efforts:**
  - Members are requesting guidance in the form of toolkits to combat racism and provide anti-racism training and resources
  - Anti-racist toolkits for students, faculty and staff
  - Anti-racist training requirements
  - Upstander guides:
    - [https://lsom.uthscsa.edu/diversity/wp-content/uploads/sites/80/2020/04/UpstanderActionGuiderev04152020\\_2.pdf](https://lsom.uthscsa.edu/diversity/wp-content/uploads/sites/80/2020/04/UpstanderActionGuiderev04152020_2.pdf)
  - ISMMS Racism and Bias Initiative:
    - <http://changenow.icaahn.mssm.edu/race-bias/>
  - Help students use their voices for change
  - Strategies for getting past Development and directly contact the alumni and donors
  - Navigating white fragility among faculty
  - How to persuade colleagues to stand in solidarity and demand change while also assisting in producing solutions
  - Addressing fear of retaliation within BIPOC DEI professionals and avoiding being passive
  - Resources on obtaining more resources from Medical school to Diversity, Equity & Inclusion efforts (funding)
  - Facilitate/participate in grass roots effort for a comprehensive system of economic consequences to every city, state, corporation and business that doesn't implement a meaningful program of diversity, inclusion and equity that is transparent and measurable -- basically adjust the existing barometer for socially responsible purchasing and investing. This should be the challenge to our universities – change where you place your endowments and buy your products. This is built on what helped dismantle apartheid in South Africa.
  
- **Accountability:**
  - How do we create accountability? Accountability within the criminal justice system, within healthcare, among leaders of academic medical education? Do we need to make recommendations into mandates? Does implicit bias training (repeated/ongoing) for academic faculty need to be mandatory? How do we instill

accountability in healthcare and medical education when there appears to be none in government, from the lowest to highest level?

- AAMC to find ways to increase accountability requirements for academic medical centers/programs to have Health Equity index and requirements for faculty to complete anti-racist trainings similar mandated HIPAA and CITI training.
- **Diversity Indexes**
  - U.S News and World Report – need to have some sort of criteria for ranking schools based on diversity and equity initiatives
  - We need to have an HEI Healthcare Equality Index type of rating for the health systems that expands to all types of diversity. Health systems respond to grading and rating systems
  - AAMC to find ways to increase accountability requirements for academic medical centers/programs to have Health Equity index and requirements for faculty to complete anti-racist trainings similar mandated HIPAA and CITI training.
- **Role of LCME**
  - Ask LCME to set a new standard requiring each school to demonstrate that student mistreatment is reported
  - AAMC, ACGME and LCME to work more cohesively
  - LCME can set a new standard requiring each school to demonstrate that student mistreatment reported is remediated whenever feasible. Ed Callahan
  - LCME could assess the budget allocations for office of diversity
  - Strongly support the idea that LCME gives more teeth to its Diversity standard in order to change behavior. This will go a long way to help diversity and thus excellence.
  - Properly funding DEI leaders, initiatives, offices, teams should be an LCME standard or it won't get done uniformly and not doing so allows institutions to get away with not investing in these efforts
- **Engaging White People**
  - How to get white colleagues to see and talk about the problem when there is defensiveness there.
  - Working though white fragility is exhausting.
  - How white colleagues can engage others:
    - <https://medium.com/progressively-speaking/message-to-white-allies-from-a-black-racial-dialogue-expert-youre-doing-it-wrong-39c09b3908a5>
    - <https://cue.usc.edu/about/equity/equity-mindedness/>
  - First step is awareness of privilege
  - Blaz: I identify as white and have been struggling to this. I am trying to create programs centered around white caucus to have those conversations as white

people, and to identify action items and advocacy we can use our privilege to make change, so it doesn't fall on people of color to push this forward.

- Sometimes the force for change emanates from the students in their evaluations of instructors. A student calls out, the OME person reads the eval, flags the instructor to the attention of the Course/Clerkship Director and... a request for remediation is sent from OME.
  - White faculty and staff have been noticed to make a large impact if they take the initiative of educating their white colleagues about issues of diversity and inclusion.
  - Caroline Nestro: We run a Summer Series and last Summer we focused on "White Culture". A frustration is that few in leadership attend unless they have had a brush with overt racism in their own department that they were compelled to walk up to. Has anyone been successful with making "self-work" for White leaders mandatory?
  - Another question is how BIPOC DEI professionals take care of ourselves amongst the fear of calling people in and/or out. Of not being passive? How do BIPOC get pass the fear to push the anti-racist agenda?
  - What do we need to go to get white people and white presenting people who are hellbent on preserving systemic inequity to acknowledge that it is literally killing BIPOC?
- **Data and other Research:**
    - Share data on the complaints and aggregated data on the cost for violations to policy on harassment and discrimination
    - Medical faculty to lean on sociology, psychology, social work, public health departments/scholars to produce solutions
    - Working to expand much of the valuable DEI content we're giving our students and find ways to reach our faculty.
    - How to prevent students from unlearning the DEI content taught in the classroom in days on service following the example of faculty, who leave a larger and long-lasting mark on how students and residents will practice medicine
    - Conduct more townhalls and opportunities to share ideas/resources and discuss issues with DEI community
  - **Other Resources Shared:**
    - University of California Academic Personnel and Programs Tools for Department Chairs and Deans
      - <https://diversity.ucsf.edu/sites/diversity.ucsf.edu/files/Tools%20for%20Department%20Chairs%20and%20Deans.pdf>
    - University of Southern California Center for Urban Education
      - <https://cue.usc.edu/about/equity/equity-mindedness/>
    - AAMC Statement:
      - <https://www.aamc.org/news-insights/press-releases/aamc-statement-police-brutality-and-racism-america-and-their-impact-health>