



ACC.19™

68th Annual Scientific Session & Expo

Diversity and Inclusion Case Studies

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**NEW
ORLEANS**
MARCH 16 - 18
2019

Case: “Jamal”

- 2nd Year IM Resident at “University Hospital”
- Only African American in his residency class
- Most AA residents at University Hospital have gone into primary care or been in the designated PC track



“Jamal” vs his Co-Residents

“Jamal’s” Co-Residents

- Worked hard on Cardiology rotation
- Informed attendings of their interest in cardiology
- Cardiology attendings offered mentorship and invitation to participate in research project

“Jamal”

- Worked hard on Cardiology rotation
- Did not inform attending of his interest in cardiology
- Jamal received no such offers, but continued to “work hard”



“Jamal” vs his Co-Residents

“Jamal’s” Co-Residents

- Authors of LORs for Fellowship know them from 1) wards, 2) research, and 3) occasional mentoring mtgs
- Applied to Cardiology programs recommended by mentors
- All have USMLE Step 1 scores >230

“Jamal”

- Authors of LORs for Fellowship know him from wards only
- Applied to Cardiology programs based on what he read about them online
- Jamal’s USMLE Step 1 score=220



“Jamal” vs his Co-Residents

“Jamal’s” Co-Residents

- Applied to 15-20 programs where PDs know letter writers
- Fellowship programs “screen” applications by USMLE Step 1 scores; cutoff of 220
- All interviewed at multiple programs and ultimately matched into Cardiology Fellowship

“Jamal”

- Applied to 8 programs; most PDs do not know letter writers
- Fellowship programs “screen” applications by USMLE Step 1 scores; cutoff of 220
- Jamal got only 1 interview, did not “Match”



Dr. Betty Hernandez, 2nd yr Interventional Fellow

The Setting:

- Nationally ranked CV program; Booming PCI & structural practice
- 6 men/1 woman in trainee program.
- No women faculty in cath lab practice
- Male fellows share a locker room with the faculty. Dr. Hernandez has a locker in the tech/nurse locker room.
- Case assignments typically made 1st thing in the morning. Dr. Hernandez often finds out about her assignments from the other fellows.



Dr. Betty Hernandez in the Cath Lab

The “Climate”:

- Less often included in the “best” cases or as a co-author
- Doesn’t get asked the “hard questions” on rounds, treated less harshly than the men.
- Asks for faculty feedback; told she’s doing “fine”



Dr. Betty Hernandez in the Cath Lab

- An attending told Dr. Hernandez that he feels uncomfortable meeting with her in his office and won't mentor her; he regularly meets with male fellows there.
- She is regularly introduced by attendings to patients as "Betty" not "Dr. Hernandez". The male fellows are all accorded the title "Dr." in similar situations.



Dr. Betty Hernandez

- Not sure how to become a better interventionalist
- Uncertain if she's chosen the right career path.



Issues/Topics for Discussion

- Disparities in access to career resources (role models, mentoring, advising, feedback, sponsors, networks)
- Implicit Bias
- GME level issues
 - Is Step 1 Cutoff “Evidence-Based” or Random?
 - Priority of “Diversity/Ability to Enhance Cultural Competency” when making rank list
- “Benevolent sexism”



Potential Solutions (1)

- Operationalize formal mentoring programs
- Implicit Bias Training of Clinical Faculty
- Make Step 1 Cutoff “Evidence-Based”
 - Make “Diversity/Ability to Enhance Cultural Competency” a Priority in Interview/Ranking (New ACGME Accreditation Standard)



Make “Ability to Enhance Diversity/Cultural Competency of Program” A Priority When Ranking GME Candidates

BRT 130

Interventional Cardiology Fellowship Training Program and Cultural Competency Evaluation

logists with a proven track record of clinical excellence in interventional cardiology. We aim to produce top-notch fellows, leadership, and innovation. (ie, academic medicine)

2	3	superior
avg (good)	above avg	

rs specifically cite diversity/cultural competence as a trait? bi- or multi-lingual? Who are the letter writers v lab directors > Interventional cardiologists > no

2	3
specifically cite diversity/cultural competence as a trait	

med school through cardiology fellowship. Activities such as vo

2	3	2 or more s
None	1 activity	

cardiologists)

1	2	3	4
	Letters do not specifically cite diversity/cultural competence as a trait		

2. **Community outreach activities:** From med school through cardiology fellowship. Activities such as volunteering at health fairs or free clinics?

1	2	3	4
	None	1 activity	2 or more separate activities

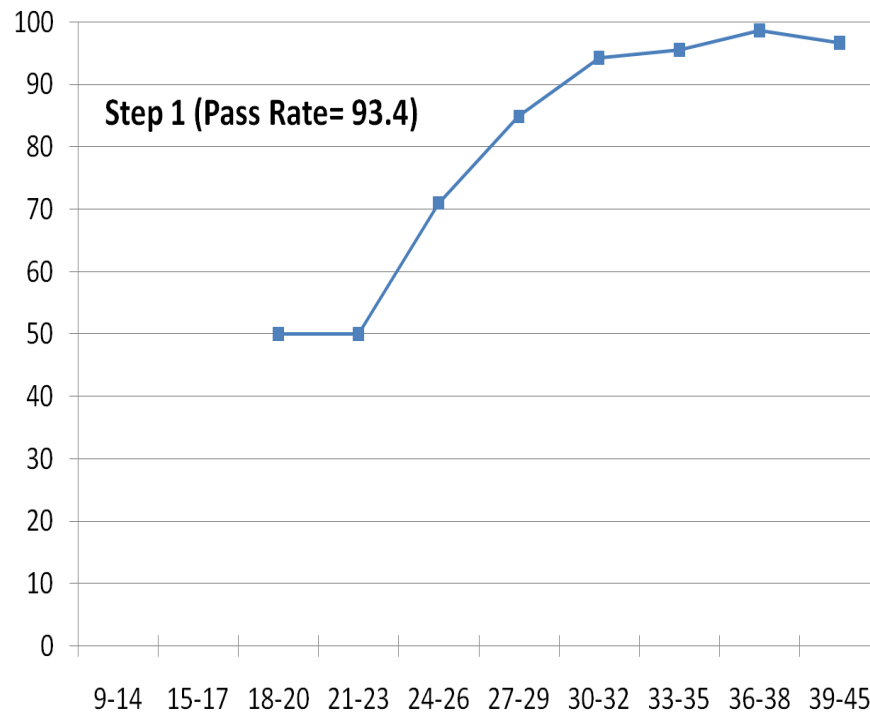
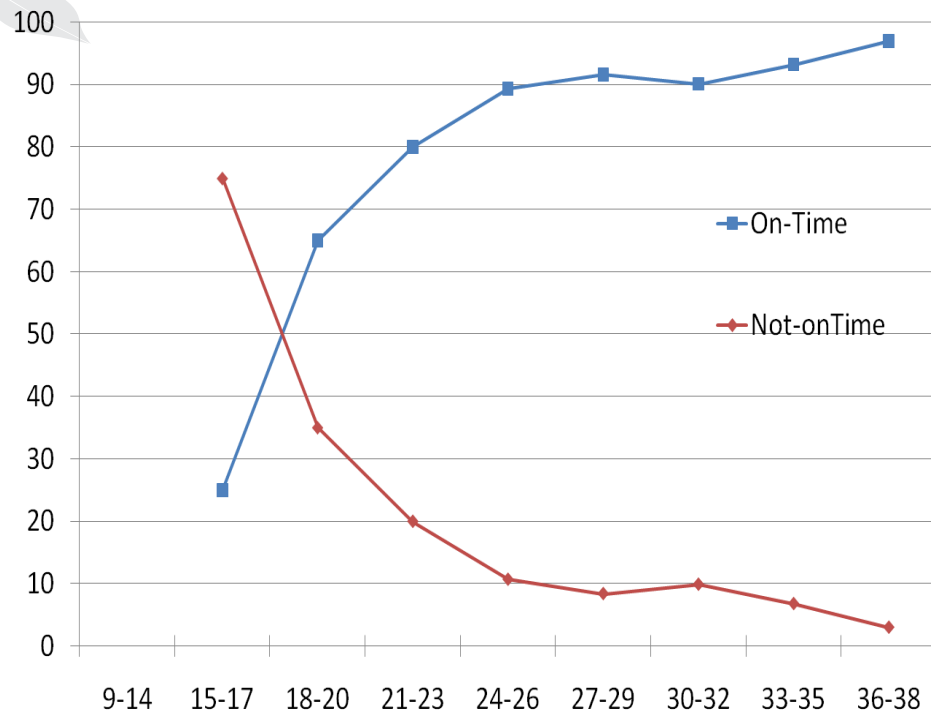
3. **Exposure to different cultures:** From college through cardiology fellowship, separate from patient care duties, has candidate had longitudinal experiences with cultures different from their own? Examples: study abroad, overseas global health activity, longitudinal volunteering at free clinic/Hispanic clinic/clinic that targets underserved/disadvantaged populations

1	2	3	4
	No experience	1 experience	More than 1 experience

4. **Clinical Exposure:** From medical school through cardiology fellowship, did candidate train in a program that serves a large volume of underserved/disadvantaged patients, i.e., county hospitals, city hospitals, hospitals founded to provide charity care?



The Case for “Evidence-Based” Cutoffs for Standardized Test Scores



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Potential Solutions (2)

- Address lack of access to the “informal curriculum” that excludes women/minorities
- Formalize processes for providing meaningful, specific, consistent competence-based feedback to trainees
- Assess equity in policy, processes, facilities (locker rooms, call schedule, case mix)



It goes without saying....

....“Zero tolerance” for discrimination & harassment



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Annual Implicit Bias Training of Faculty Screeners and Admissions Committee



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