Diversity and Inclusion Case Studies

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Case: “Jamal”

- 2\textsuperscript{nd} 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

Interventional Cardiology Fellowship Training Program—
and Cultural Competency Evaluation

- **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?

- **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?

- **No experience**
- **1 experience**
- **More than 1 experience**

**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
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