AME site-based meetings
Summary Notes on Diversity and Inclusion
February 2016

The most consistently raised, proximal challenges for us:
To mitigate the impact of micro-aggressions on our learners, patients, colleagues
To learn how to intervene when something disruptive/difficult occurs

Perceived Barriers:
• Feeling unfairly excluded or discriminated against leads to lasting impact
• Making assumptions based on appearance, culture, gender, age etc. (v. “mirror-tocracy”)
• Our clinical scripts at times reinforce bias and stereotype
• Too often we are often not equipped to facilitate/support the emotional aspects of stimulus material developed for cases, small groups etc.
• Regardless of intent, there is perceived bias (as learners, patients) – implicit or unconscious?
• Huge inequities, and stasis that imposes, in our learning and workplaces – e.g. do staff have voice, feel heard?

Key Needs
• SG facilitator skills – how to intervene in the moment; how to help a group that we are not necessarily part of
• Improving our interface with remediation, and the role that diversity plays – especially in one-on-one meetings; how to provide the support with that awareness
• What do you do once you do recognize your own unconscious bias? How do you deal with it? Often need resources, support.
• How to make a group that is not diverse more accepting, inviting, open? How to provide a community for someone who IS different?

Strategies and Opportunities
• As a team/group leader:
  o admit/acknowledge that discussions about race/racism will be uncomfortable
  o Set comfortable learning environment that extends the model from medical knowledge (safe to say “I don’t know”) to difficult conversations about difference: if I don’t notice/raise it, do let us know and hold me accountable
  o Don’t make assumptions - question, verify – about bias/discrimination embedded in teaching materials, e.g. ref. on race as marker for genetics (and many examples beyond race, including those who are obese, drug addicted, etc.)
  o When a patient declines care from a certain (kind of) trainee, makes racist comments, etc. remember the patient is vulnerable, may be in pain, is not at her/his best. If possible, sit down and acknowledge (give pt. an out), but also explain need for mutual respect so that full team can function well, provide best care – ALSO models best practice for trainees
In working with patients/students/colleagues – are we looking at more than skin color? Getting to self-identification?

- Educate: define, explain - and include patients
- Develop “scripts” for how to intervene when things are said that stereotype individuals or are disparaging based on their race or body habitus, for example
- Develop awareness of potential microsystem assumptions (e.g. F.O.B for “father of baby” not “fresh off boat”)
- Find alternate ways to encourage participation (e.g. writing instead of being called on, discussing in pairs/trios instead of whole group)
- Assess individuals’ identity, and confidence in that identity
- Allow code switching (when real)
- Expand feedback horizon to include learners – intention vs. impact is an issue for all of us

- **With colleagues:**
  - start the conversation about issues you’ve observed regarding race, either 1-1 or in department meetings; ask/suggest chair to lead discussion
  - Health providers may have more empathy for patients than for colleagues/students

- **Overall:**
  - Stories! Elicit individuals’ stories – need time and opportunity; respect
  - Make your “ally-ship” visible (signaling safety): e.g. wear “blacklivesmatter” button, rainbow flag, yellow star etc.
  - Always important to have open conversations following incidents (DIVA “stop-action” example – class learning halts, entire group addresses issue)
  - Call out “diversity compromises”
  - Affirm and support action (e.g. whitecoats4blacklives: support students, they’re taking a risk)
  - Approach everyone with flexibility and awareness of differences – cultural humility
  - Work on your own assumptions and develop systematic approaches
  - Take conversation from large level to personal level – advocate for individuals, seek to avoid “foot in mouth” by aligning intentions with impact
  - Ensure all members of learning or workplace have voice, can feel heard

- **Changing the system:**
  - Invest funding (innovations and larger UC system) in clinical learning environment – interventions re: micro-aggressions
  - Require modules on micro-aggressions for everyone (like Sexual Harassment training) - not an ideal learning approach, but does send message re: importance, and develops a shared language
  - Work with different sites to ensure evaluation is occurring fairly (examples of characteristics being evaluated for men v. women)
  - Expand modeling: Fresno example of students’ positive feedback on being taught about health system by strong female CEO
Can’t be us v. them, needs to be diversity for all
- Look at other existing/successful models e.g. Fresno: platform of women’s support group (NB. takes time to build trust!)
- There are a lot of things we know we are doing that are “diversity forward”, but which things are actually helping? Look at literature to find existing and successful interventions

**Resources at UCSF (share these across departments, schools, sites!)**

- **The Diversity Hub**: [https://diversity.ucsf.edu/diversity-hub](https://diversity.ucsf.edu/diversity-hub)
- **Differences Matter**: [http://medschool.ucsf.edu/differences-matter](http://medschool.ucsf.edu/differences-matter)
- **Intervening in the moment**/when something disruptive/difficult is said (from Understanding Medical Professionalism, by Ginsberg, Hafferty, Levinson, Lucey) – brief slide set at: [https://ucsf.box.com/s/ivv1heuzzd58te7a8pmeekmbpybjz09l8](https://ucsf.box.com/s/ivv1heuzzd58te7a8pmeekmbpybjz09l8)
- Recent “Policy Forum” article in Science on “Taking race out of human genetics”: [http://science.sciencemag.org/content/351/6273/564.full.pdf+html](http://science.sciencemag.org/content/351/6273/564.full.pdf+html)
- **Whistling Vivaldi: How Stereotypes Affect Us and What We Can Do (Issues of Our Time)**, by Claude Steele – great read, recommended resource on “stereotype threat”
- Physical Therapy: each class has an identified “Diversity Inclusion Ambassador” who can bring concerns anonymously from students to faculty
- GME: Diversity Committees, focus on recruiting and retention
- Some groups offer Diversity Curriculum (e.g. Neurology GME curriculum); offer/show film series to prompt race related conversations
- Learn about and collaborate with existing pipeline programs (e.g. SF State; UCSF-Fresno/Fresno State Doctors’ Academy programs)

**With special credit and appreciation to:**

Beth Wilson, Calvin Chou, Carol Miller and Denise Davis - for crafting and facilitating our sessions. The core slide set for the sessions is here: [https://ucsf.box.com/s/g8dgji9odk5pujvr0o4glw7sa8h7en3u](https://ucsf.box.com/s/g8dgji9odk5pujvr0o4glw7sa8h7en3u)

Alicia Fernandez, Alma Martinez, Andre Campbell, Bill Shore, George Saba, Sharad Jain and Shelley Adler - along with our remarkable staff team: