

# STANDARDS UNDER DIRECT PURVIEW OF IM DEPARTMENT AND RESIDENCY PROGRAM

<u>Standard</u>	<u>Report card</u>
<p><b>STANDARD 1:</b> Programs should endeavor to recruit residency classes that reflect population parity, meaning that the racial, ethnic, and gender composition of each class should be similar to the population we serve. This data should be published on their websites along with transparency in our recruitment efforts and plans to increase Under Represented in Medicine (URiM) representation. A comprehensive approach should be taken to achieve this goal, including: recruiting and admitting undocumented and URiM residents, ensuring that standardized (USMLE) exams are not the primary drivers of admissions decisions, compensating URiM residents who participate in recruitment, and ensuring that activism for equitable, just treatment of all people regardless of race, gender, gender identity, sexual orientation, disability, etc. will not negatively impact an applicant's consideration for interview or ranking.</p>	<p>The department recognizes that patients are best treated by a workforce that includes diversity across race, sexual orientation, gender, socioeconomic status, and a variety of lived experiences. The department is committed to conducting a holistic review of each resident and fellowship candidate to achieve this diversity. The department has hosted specific programs to recruit diverse applicants for both residency and fellowship positions, e.g., the RYSE Virtual Clerkship Program and RYSE Fellowship Applicant Experience (RYSEFAX). These opportunities are open to all individuals.</p> <p>The program is mindful about the historic "minority tax" imposed on historically underrepresented residents when it comes to recruitment. Participation in recruitment is completely voluntary, and the program collaborates with residents to ensure they are not burdened by recruitment requests. Participation in formal evening recruitment sessions is optional; all resident participants receive a complimentary meal.</p> <p>LGBTQ+ applicants and allies can also attend GME wide (i.e., all Emory residency programs) sessions to connect with LGBTQ+ residents and faculty throughout the institution. There is a GME wide LGBTQ+ group, which receives funding directly from the GME office. The residency program is working to find additional ways to highlight LGBTQ+ experiences for applicants during the application process.</p> <p>We are working with department staff to assure data regarding the RYSEFAX and RYSE programs are consistently displayed on the website.</p> <p><b>Summary</b></p> <ul style="list-style-type: none"> <li>● <b>Major success: ongoing commitment to RYSEFAX and RYSE Virtual Clerkship</b></li> <li>● <b>Work in progress: regularly updating RYSE and RYSEFAX data on departmental websites</b></li> <li>● <b>Final grade: within reach</b></li> </ul>

## STANDARD 2:

Programs should endeavor to recruit faculty that reflect population parity, meaning that the racial, ethnic, and gender composition should be similar to the population we serve. This data should be published on our website along with transparency in our recruitment efforts and plans to increase URiM representation. A comprehensive approach should be taken to achieve this goal, including active recruitment of URiM faculty, greater transparency in the qualifications for faculty positions, compensation transparency and equity, career development support for URiM faculty, formal acknowledgement of racial justice-related labor (mentorship, recruitment, committees, etc.), more diverse senior faculty, and a commitment to advocate for more diverse leadership of Emory University School of Medicine.

The DOM is notable for its support of two funded roles dedicated to DEI initiatives, a vice-chair for DEI and an associate vice-chair of education. The department's DEI efforts are currently spearheaded by a nationally recognized expert in medical education and health equity, Dr Kimberly Manning, the vice-chair of DEI. The department's website details several initiatives dedicated to health equity. Some notable initiatives include a [DEI council](#) composed of internal medicine faculty committed to health equity and the internal medicine's department annual health equity day. All incoming faculty must also undergo bias mitigation training. The gender and racial composition of department faculty is [tracked annually](#) and publicly available to any individual affiliated with Emory.

### Summary

- **Major success: new DOM DEI council**
- **Work in progress: conduct regular roundtables between administration and residents so that progress on DEI initiatives is more readily shared.**
- **Final grade: achieved**

### STANDARD 3:

Resident educational spaces should acknowledge the contributions of diverse alumni and other physicians of color (through plaques, statues, portraits, and building names).

Named awards and conferences, presenters chosen to lead "expert" conferences, and processes for selecting chief residents should prioritize diversity.

The program has re-arranged several public spaces, most notably the photos displayed at the conference room at Emory University Hospital, to better reflect the diversity within the program's history and present. The program has also recognized notable diverse past alumni and faculty by naming the collaborative "houses"(aka groups) to which residents are assigned after these faculty and alumni. Examples include Dr Kenneth Leeper, a world-renowned Black pulmonologist at Emory and winner of numerous teaching awards and Nanette Wenger, a world renowned female cardiologist who has practiced at Grady for over 50 years.

As detailed below, noon conferences now include a monthly session about a health equity topic as part of the CDIC run health justice curriculum. These sessions have included presentations from community organizations in Atlanta, who are compensated for their time by the department. The program has not yet developed a formal tracking method of the faculty representation that regularly delivers conferences; this is a potential area of future growth. Currently, the main way to report concerns about noon conference topics or lecturers is by reaching out to chief residents/ program leadership or through an end of year survey. We are working with the current chief residents to create additional methods for noon conference feedback.

The selection of future chief residents includes direct input from current residents as well as program leadership, and adheres to the mission of the program and its priorities for general resident recruitment, including racial, cultural, and socioeconomic diversity. You can read about our current chief residents [here](#).

#### Summary:

- **Major success: renaming and rearranging of public spaces and awards**
- **Work in progress: tracking noon conference speakership**
- **Final grade: within reach**

## STANDARD 4:

URiM residents should have access to opportunities for affinity group spaces and support staff. The program should routinely (at least annually) survey URiM residents about their satisfaction with this support and create a follow-up plan to address deficiencies.

The residency program has established The [Churchwell Diversity and Inclusion Collective](#), a resident run organization that cultivates a safe and welcoming space for diverse and URiM residents. The department provides CDIC with logistical and financial support. For instance, CDIC has held bimonthly social gatherings at POC-owned business and semiannual service events. The department also supports the GME LGBTQ+ affinity group. Members of CDIC are invited to participate in monthly DEI council meetings.

The program has access to some data about resident views of diversity in the IM residency program. These data include responses from the national ACGME residency survey, in which the Emory IM program generally exceeds the national average in responses to diversity-specific questions. The program also has access to health system and university wide survey data about diversity and inclusion on campus. The residency program itself has not routinely gathered data about resident perception of diversity in the program within the last two years; residency leadership is considering incorporation of these questions into the annual program survey and PGY3 exit survey.

### Summary:

- **Major success: favorable ranking in national survey highlights program commitment to DEI efforts**
- **Work in progress: specific IM residency surveys to better ascertain needs of URiM residents in this program**
- **Final grade: within reach**

## STANDARD 6:

All resident physicians should receive a badge from their program that makes their role as a physician clear to avoid the frequent misidentification of female and URiM residents as non-physician staff. This badge should be legible from several feet away.

All residents now have badges that clearly identify them as physicians. The resident planned evaluation of this project did not occur due to time constraints.

### Summary:

- **Major success: badges acquired**
- **Work in progress: ensure supply going forward**
- **Final grade: achieved**