

Maximizing Workforce Belonging and Success Through the Lens of Diversity

Shanta M. Zimmer, MD
University of Colorado
School of Medicine





Many thanks

<https://www.wocfrontlines.com/>

- My former residents at University of Pittsburgh, especially Vivian Chidi
- Chenits Pettigrew
- John Reilly
- ELAM program
- My medical students
- Regina Richards
- Christy Angerhofer
- SNMA, WC4BL
- Alda Gonzaga, Eliana Bonifacino, Eloho Ufomata
- Family, friends and beyond, especially my nephew



Disclosures

- No financial disclosures or relationships to report.
- I have biases and so do we all.



Objectives

- Describe how DEI adds value to your team and organization.
- Identify tools to bring different perspectives to bear on the overall mission.
- Foster a culture of belonging across generational differences.
- Practice responding effectively to mitigate the impact of biases in decision making.





Why does this matter in our teaching, mentoring, patient care and hiring processes?

- Health disparities exist in every specialty in medicine
- Diverse populations produce better outcomes
 - Medicine, science, business, education...sports
- Biases impact our decision making
- Implicit biases contribute to poorer patient outcomes
- Awareness of bias helps (It's a start)

“We aren't interested in diversity because it is the 'right thing to do;' we care about diversity because we are aspirational.”
JJR, Dean, CUSOM

Racial Disparities exist in the care of all our patients

- Cancer treatment
- CASHD
- CEA
- Premature birth
- HIV
- Obesity
- Hypertension
- Rheumatoid arthritis
- Pain management



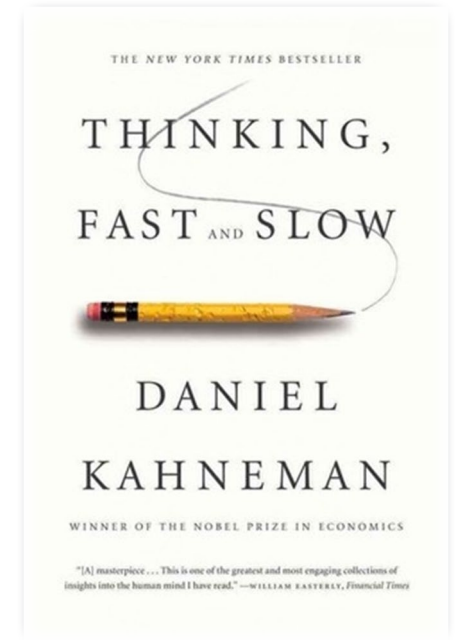
- Knee replacement
- Asthma
- PTCA
- Stroke
- Macular Degeneration
- Diabetes
- Breast feeding
- End of life discussions
- Mental Illness
- Sepsis

Impact of implicit racial bias on patient care

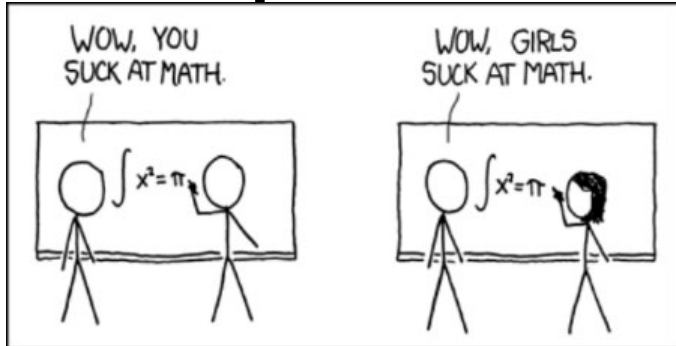
- 37 studies demonstrate mixed results for the role of implicit bias in disparities.
- Increased provider bias consistently correlates with poorer patient-provider interactions.
- Higher implicit bias was associated with disparities in treatment recommendations, expectations of therapeutic bonds, pain management, and empathy
- Studying the impact of implicit provider bias on real-world patient-provider interaction found that providers with stronger implicit bias demonstrated poorer patient-provider communication

System one or System two

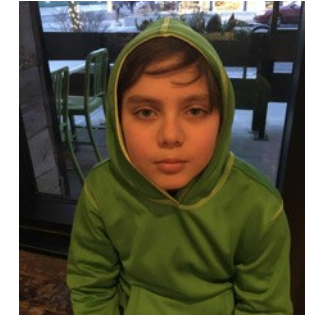
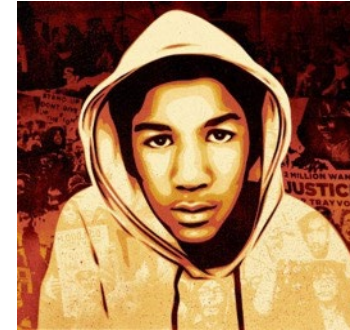
- The majority of our cognition is unconscious (system 1)
- <https://www.youtube.com/watch?v=JiTz2i4VHFw>
- Associations are everywhere
- IAT measures the relative strength of the implicit associations between concepts.
- Our implicit associations may not align with our explicit beliefs.



Examples are everywhere



- Education
- Jurors
- Police officers
- Medical Care
- Media



Women's stereotype threat-based performance motivation and prepotent inhibitory ability

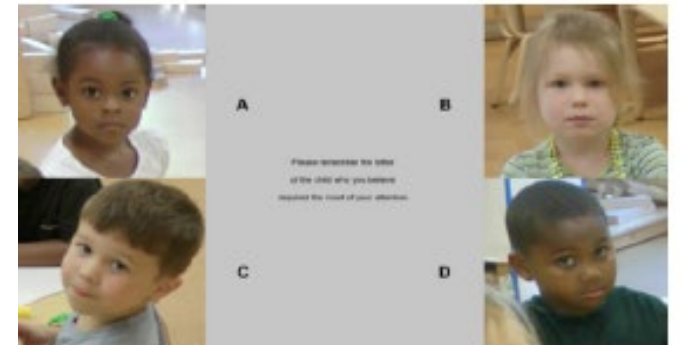
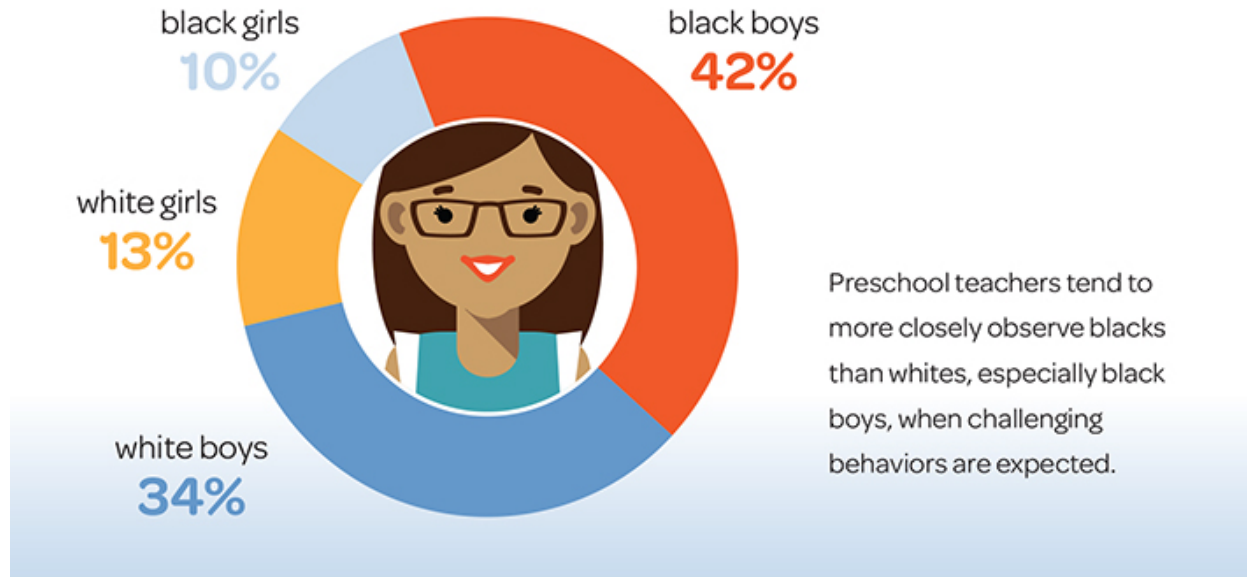
Russell R. C. Hutter Lucy C. Davies Constantine Sedikides Mark Conner

First published: 24 November 2018 <https://doi.org/10.1111/bjso.12298>

Todd AR, Thiem KC, Neel R. Does Seeing Faces of Young Black Boys Facilitate the Identification of Threatening Stimuli? *Psychol Sci.* 2016 Mar;27(3):384-93.

Yale Preschool Study: Gilliam W, et al 2016

Track the eyes: Which students are teachers watching?



When are we susceptible?

- Fatigue
- Excess cognitive load
- Time constraints
- Ambiguous or incomplete data
- Burnout?

Burgess, Diana J. et al. Mindfulness practice: A promising approach to reducing the effects of clinician implicit bias on patients. Patient Education and Counseling 2017.



Bias in teaching method or curricular materials

- An average of 1861 photographs and 237 graphics were assessed with 82% (1518 \pm 25.11) of photos and 97% (231 \pm 24.45) of graphics categorized as Fitzpatrick I to II.

It's not all White: Implicit Racial Bias in Imagery Used in Plastic Surgery Resident Education



Rachel M. Smith, MS,^{*} Emily S. Andersen MD,[†] Lauren E. Powell, MD,[‡] Olga A. Schuth, MD,[†] Paschalia M. Mountziaris, MD, PhD,[†] and Michael J. Feldman, MD[†]

^{*}Virginia Commonwealth University School of Medicine, Richmond, Virginia; [†]Division of Plastic and Reconstructive Surgery, Virginia Commonwealth University Health System, Richmond, Virginia; and [‡]Division of Plastic and Reconstructive Surgery, University of Minnesota Medical School, Minneapolis, Minnesota

Differences in Narrative Language in Evaluations of Medical Students by Gender and Under-represented Minority Status



Alexandra E. Rojek, AB¹, Raman Khanna, MD, MAS², Joanne W. L. Yim, PhD³,
 Rebekah Gardner, MD⁴, Sarah Lisker, BA^{1,5}, Karen E. Hauer, MD, PhD¹, Catherine Lucey, MD¹, and
 Urmimala Sarkar, MD, MPH^{1,5}

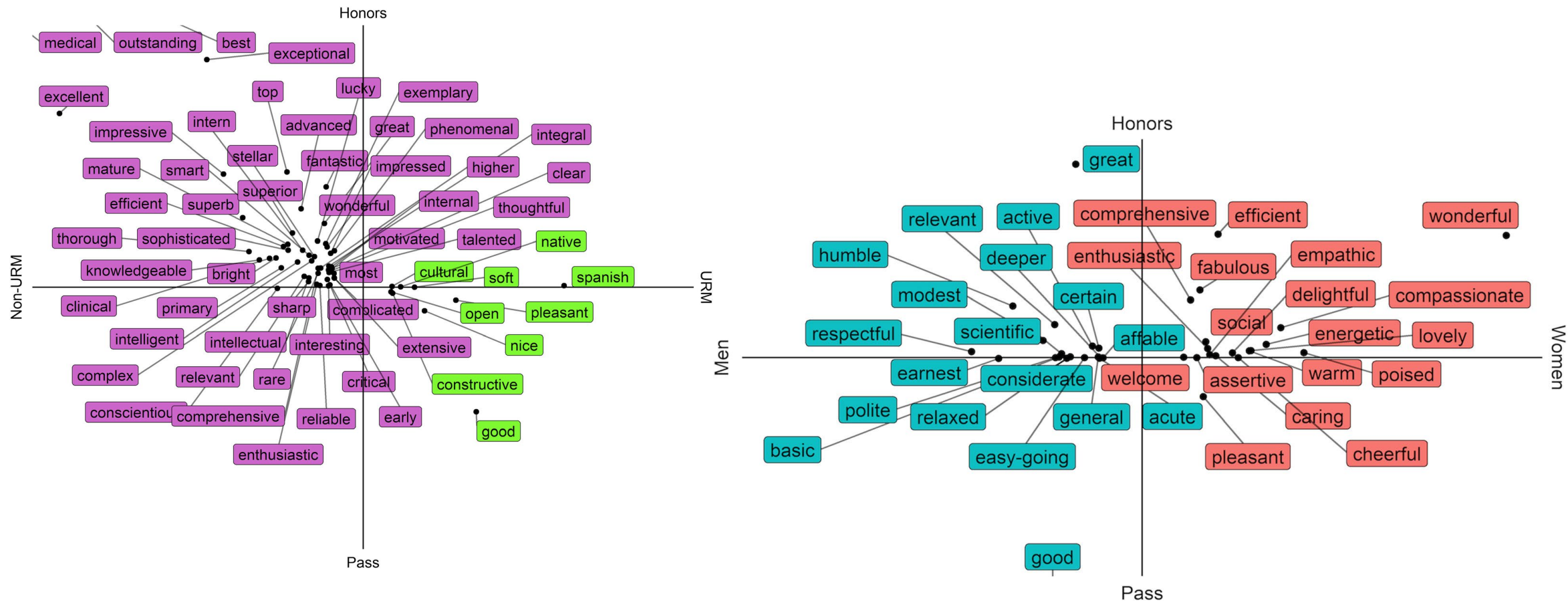


Table 2. Adjectives Describing Communal and Agentic Demeanors and Characteristics

Communal: Warmth-Based		Agentic: Competency-Based	
Positive	Negative	Positive	Negative
Approachable	Unapproachable	Competent	Weak
Warm	Cold	Thorough	Timid
Asks for help	Pushy	Quick learner	Unassertive
Trustworthy	Manipulative	Confident	Insecure
Eager	Not helpful	Hard-working	Passive
Polite	Abrasive	Efficient	Indecisive
Compassionate	Intimidating	Inquisitive	Unproductive
Reliable	Mean	Achievement	Lazy
Eager	Unreliable	Oriented	Not ambitious
Team-oriented	Selfish	Professional	Not self-directed
Enthusiastic	Conniving	Task-oriented	Unmotivated
Respectful	Not supportive	Effective	Not curious

What can we do?

- Diversity builds on diversity
- Surround yourself with images that defy stereotypes
- Improve the circumstances of your decision making
- Be mindful of your reactions
- Consider the other person's perspective
- Consider the opposite
- Ask a colleague to help you
- Be aware of your biases
- Do what we do best...Learn people's stories.



BMWC Youth Summit 2023

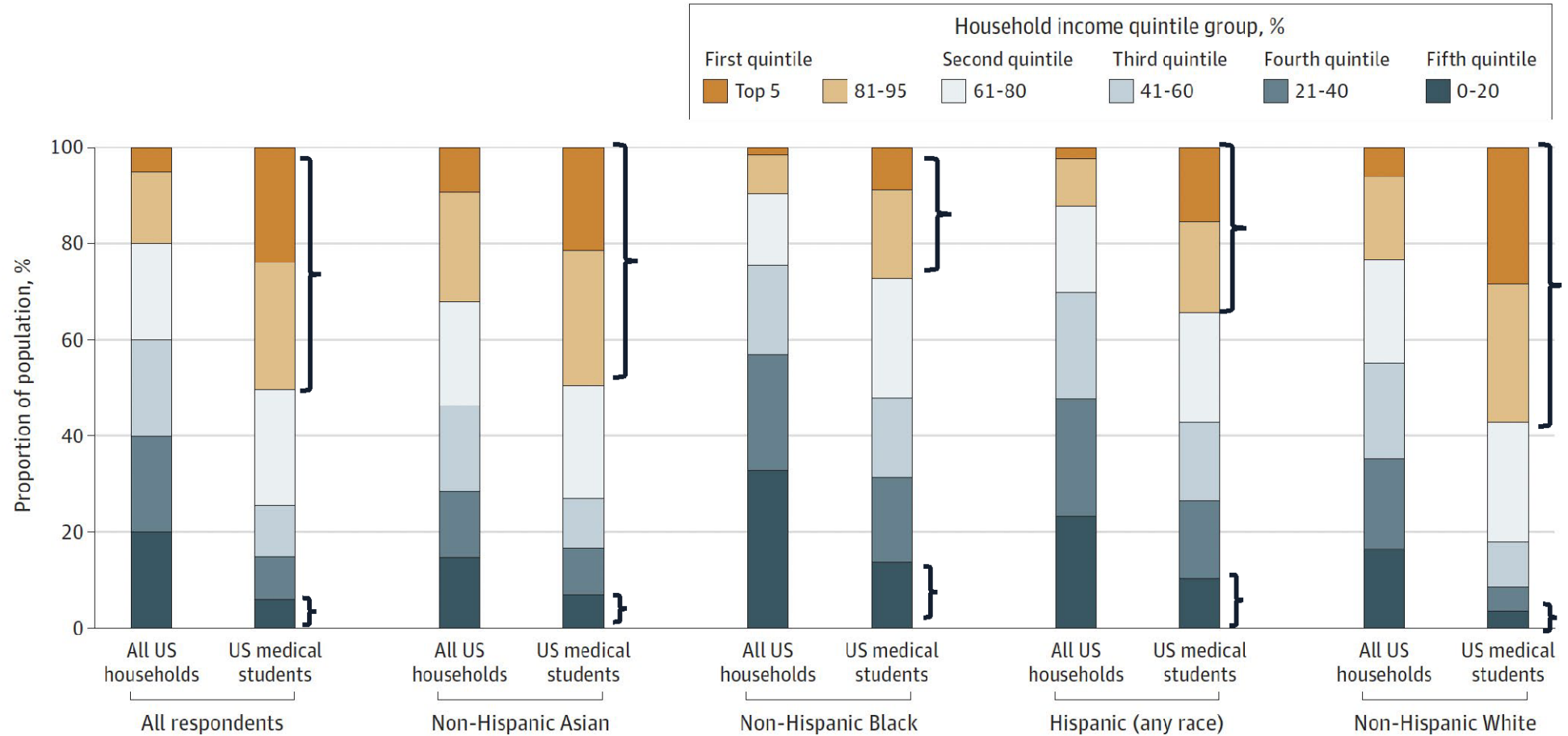


Growing the Pool of Diverse Applicants

Premedical Students

Medical Students

Figure. Comparison of Socioeconomic Composition of US Medical Students and US Households by 4 Major Racial and Ethnic Groups





What we can STILL do related to DEI efforts

Affinity groups

Specific donor-directed scholarship funds

Health equity

Financial and first-generation considerations

Implicit bias trainings

Upstander trainings

Mentorship programs

National organizations

Targeted recruitment strategies

Is there a generational divide?

SOCIETAL MATTERS

Generational “othering”: The myth of the Millennial learner

Joshua Jauregui¹  | Bjorn Watsjold¹  | Laura Welsh² | Jonathan S. Ilgen¹  |
Lynne Robins³

Relevant Review

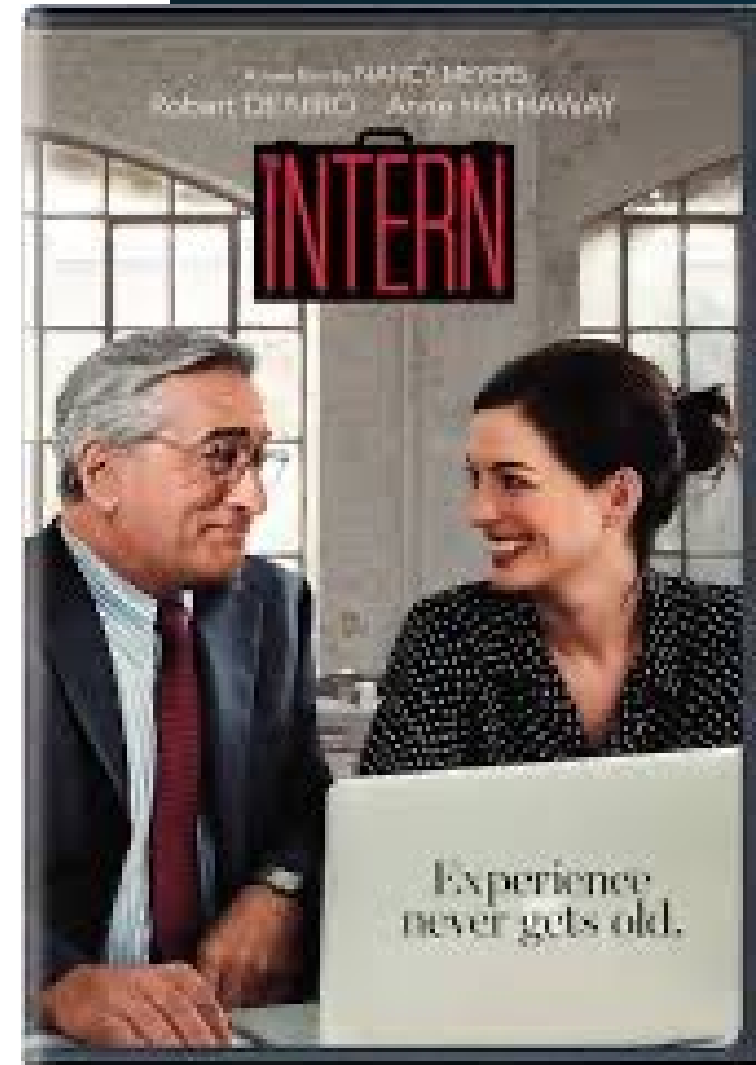
Stimulating Intrinsic Motivation in Millennial Students: A New Generation, a New Approach

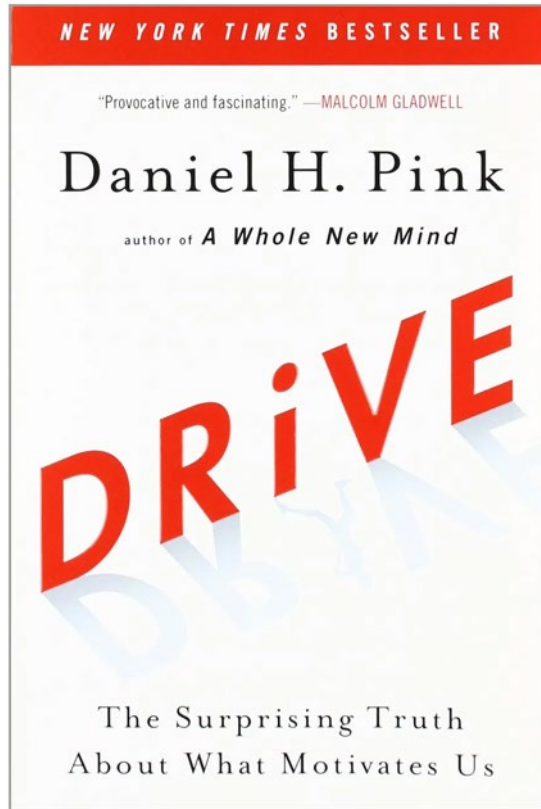
Joydeep Dutta Chaudhuri 

First published: 25 April 2019 | <https://doi.org/10.1002/ase.1884> | Citations: 25

Revisiting DEI principles and practices through the lens of age biases

- Consider the opposite
- Find common grounds
- What are the advantages of different perspectives
- Why does each group approach the problem this way?
- Advantages of various generations
- Intrinsic vs extrinsic motivation





INTRINSIC motivation



Interest and enjoyment in the task itself

EXTRINSIC motivation



Outcome that will result by doing the task

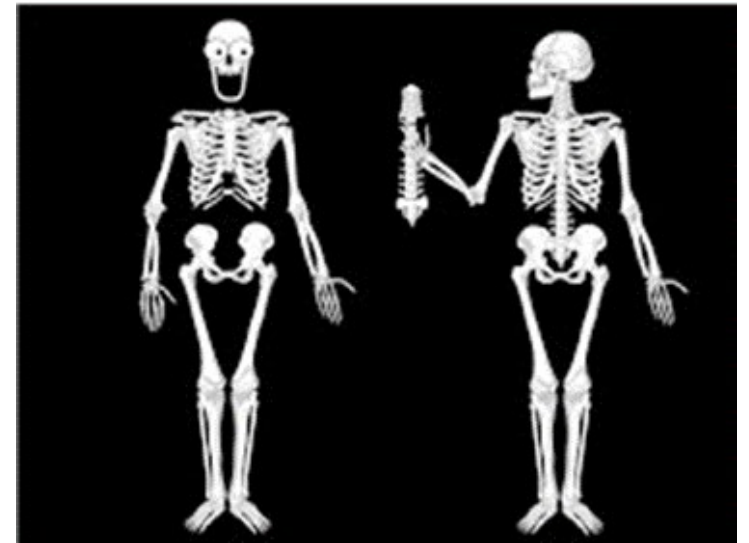
Where do you land, how about your colleagues?

Shifting
gears





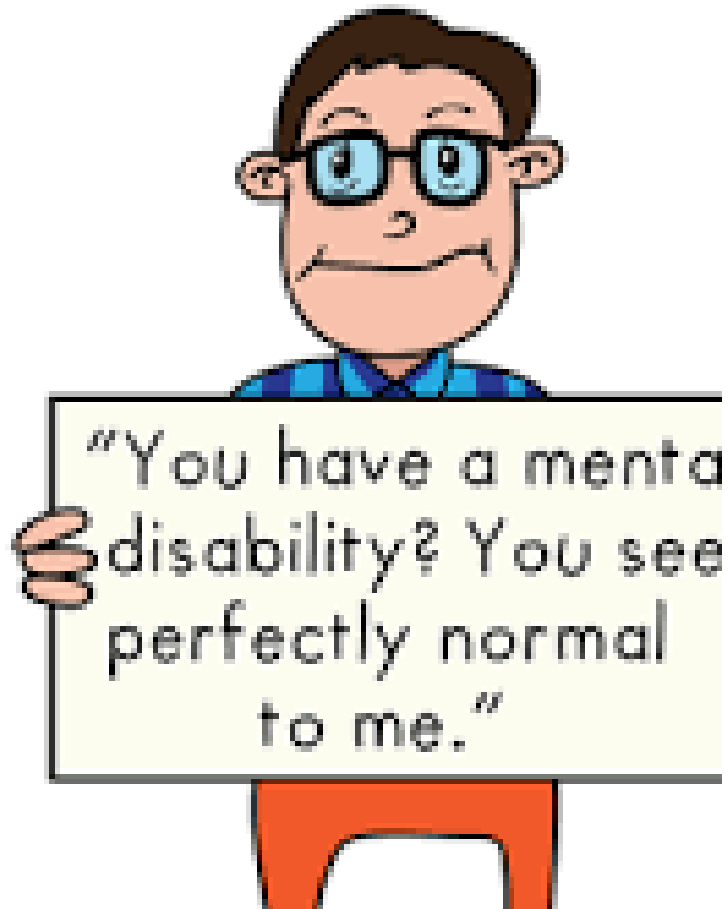
Addressing Microaggressions Requires Moral Courage (I don't always have it)



“I’ve got your back”

Supporting colleagues in the face of microaggressions or discrimination

Microaggressions



- Definition
- Examples
- Impact

Microaggression:

a subtle but offensive comment or action directed at a minority or other nondominant group that is often unintentional or unconsciously reinforces a stereotype: microaggressions such as "I don't see you as black."

- Categories/Themes of racial microaggressions:
 - Alien in own land
 - Myth of meritocracy
 - Colorblindness
 - Ascription of intelligence

Sue et al. Racial Microaggressions in Everyday Life. Implications for Clinical Practice. Am Psychol. 2007

Wing, Capodilupo, Torino, Bucceri, Holder, Nadal, Esquilin (2007). Racial Microaggressions in Everyday Life: Implications for Clinical Practice. *American Psychologist*, 62, 4, 271-286.

<http://sph.umn.edu/site/docs/hewg/microaggressions.pdf>

Examples of Microaggressions

“You speak English really well,” to someone born and raised in the United States.

“Are you a nurse?” to a female resident examining a patient.

“Are you the sitter?” to a black resident walking into a patient room .

“You look too masculine,” to a self-identified lesbian resident.

“Minorities are still hung up on race” to a fellow resident.

"Your people must be so proud of you" to a resident with an accent.

iMessage
Today 7:16 PM

I got called a [REDACTED] by a
patient

First day

Great



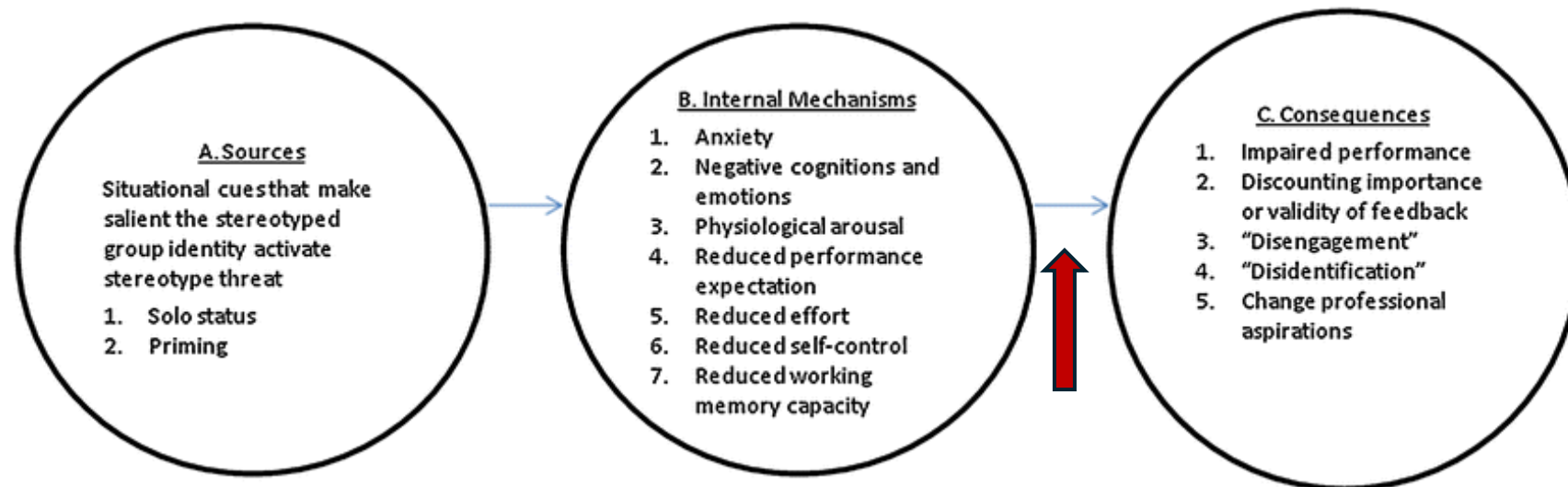
iMessage



When Microaggressions and Stereotype Threat Combine

Microaggressions can trigger “stereotype threat” by making negative stereotypes associated with an individual’s group status more salient.

Ex: Stereotype threat- “As a person of X background, I don’t belong in medicine”



Burgess et al. Stereotype Threat and Health Disparities: What Medical Educators and Future Physicians Need to Know. JGIM 2010

What is the Impact of Microaggressions?

- Individuals who perceive and experience racial microaggressions are likely to have negative mental health symptoms, such as depression, anxiety, negative affect (or negative view of the world), and lack of behavioral control
- Racial battle fatigue is a theoretical framework for examining social-psychological stress responses and the cumulative effects of microaggressions.

Nadal et al. The Impact of Racial Microaggressions on Mental Health: Counseling Implications for Clients of Color. *Journal of Counseling and Development*. 2014

Smith et al. Assume the position...you fit the description. Psychosocial Experiences and Racial Battle Fatigue Among African American Male College Students. *American Behavioral Scientist*. 2007

How do we respond?

Racism, Discrimination and Microaggressions (RDM) Strategies

- **Display Discomfort**-Use body language to show you noticed something wrong or inappropriate
- **Direct**-In the moment- FIRM. CLEAR.CONCISE. "What you just said is not ok".
- **Distract**- Shift the focus. Change the subject. A good tool for those who are not in supervisory roles
- **Delegate**-Speak to someone else. Document what happened. Know institutional policies to report and procedures for follow up
- **Delay**-It's never too late to do the right thing. "I was thinking about what happened. That was wrong. You ok?"

@Gradydoctor and •The University of Texas at El Paso DOT Initiative (n.d.). The Three D's of D.O.T Intervention: Direct, Distract, and Delegate.

What can institutions do?

- Take a strategic approach
 - Mission, vision, policies
- Improve processes
 - Guidelines for promotion, hiring, awards, appointments
- Collect data
- Provide faculty development and training sessions
- State, seek and measure inclusive outcomes
- Articulate no tolerance policies
- Cultivate an inclusive culture

http://m.youtube.com/watch?v=ThO74-oFt_Q (AT&T CEO, Stevenson)

Food for thought

- Where do you think bias might sneak into your work environment or policies?
- What are the most likely areas where microaggressions (micro-dissess) might occur?
- In what settings could employees, physicians or others feel pressure to “fit in”?
- What are some examples of language you have read in might have written that invoke stereotypes?
 - Gender, race, sexual orientation, religion
- What diversity exists in your decision-making committees?
- Would it be helpful to have someone sit on the committee with the purpose of a de-biasing lens?
- Have you looked at data in your area (research, clinic, classroom) through an equity lens?

#ThisIsOurLane

YOU CAN'T GO
BACK AND
CHANGE THE
BEGINNING,
BUT YOU CAN
START WHERE
YOU ARE AND
CHANGE THE
ENDING.
- C.S. LEWIS



Atatiana Jefferson

#sayhername



Nikkolas Smith

"Our struggle is not the struggle of a day, a week, a month, or a year, it is the struggle of a lifetime. Never, ever be afraid to make some noise and get in good trouble, necessary trouble."

<http://thenocturnists.com/the-nocturnists-black-voices-in-healthcare>